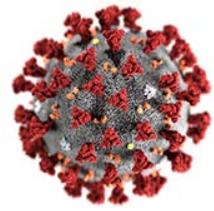


**COVID-19 Statewide
Hospital Huddle
Summary
Tuesday, Feb. 16, 2021**



Welcome – Chad Austin

We hope everyone is staying warm and healthy during this frigid time. We appreciate you taking out of your hectic schedule to join us. Since our last huddle on Feb. 2, there have been a lot of activity, we continue to see a decline in the number of positive COVID-19 cases as well as hospitalizations. As it relates to vaccines, I know many of our staff members have been talking with hospitals from across the state who are working very closely with their local health departments and other community providers to develop vaccination plans for their communities. In addition, KDHE continues to communicate how the vaccines are being distributed across the state. Phil Griffin from KDHE is joining us today to share the latest related to vaccine distribution as well as data reporting activities. In addition, Jason Barb with BKD will provide a finance and reimbursement update on some of the COVID-related items. If there is anything that our staff can do at KHA to help you, don't hesitate to reach out to us.

COVID-19 Preparedness and Response Update – Ron Marshall

The first page of the KHA dashboard is aggregated by KHA districts generated from TeleTracking data. Hospitalizations, new cases and deaths are all on the downward trend, which is good news. There have been several theories why Kansas and the rest of the US have seen this downward trend. These include increased vaccination rates across the country; a move by public health to focus more on vaccinations which may be resulting in less testing. Probably, in my opinion, most importantly is the continued efforts by the public on mitigation efforts: masking, social distancing, hand hygiene and avoiding large gatherings. Also, there is some theory that it may be a seasonal virus issue that is causing the decline, but it is all good news.

The downward trend is occurring, however the drop off that we compare is coming from the terrible peak that we experienced in the October-November months. While we are on that steep downward trend, you can see that if you look historically back into spring, we are still 2-5 times higher in cases than we were. We'll take the downward trend, but we also need to recognize that we are still way above where we were last year. The number of cases has declined, but the number of deaths has stayed a little bit more constant. We haven't seen a large decline in the number of deaths. Since our last call two weeks ago, there have been another 597 Kansans who died of COVID-19 related illness. Although Sally Othmer could not be on the call today, she continues to update the dashboard. We want to thank you for your continued support of TeleTracking data. We also want to remind you to make sure you report the administered doses in WebIZ, VaccineFinder and the allocations.

Vaccination/Data Reporting – Phil Griffin

Phil Griffin, Director of the Bureau of Disease Prevention, KDHE expressed his appreciation for the opportunity to communicate where the State of Kansas is at this point. He thanked everyone for all the work that they have been doing in the last couple of weeks. Hospitals have tried to identify some of the issues we have had with data reporting. As you are aware, Kansas is being reported behind many other states. We stay in the bottom five or six states repeatedly at this time. We do not believe that is where we are with administration rates. As of Feb. 15, CDC was reporting that 67 percent of doses distributed across the state are being administered. We know anecdotally that this is definitely higher than that. Through the work with you all, we have been able to identify two different reasons this is happening: delays or lags in provider reporting, being overwhelmed with the number of vaccines being administered and not having the support to get those

entered. In some situations, there may be some back-end IT issues with the data transfer, whether that is with the HL7 connections or for some other reason, such as incorrect entry of data being entered rather than being entered administered, it is being entered as historical data. That causes the clinic or hospital or facility to not be associated with the administration of the vaccine. We are working to clean that up and turn that ability to do that off so that it forces everyone into the process of having to enter the doses as administered rather than as historical. Historical traditionally with vaccines has been if the patient comes in and provides information of like childhood vaccinations as an adult or they received their flu vaccine somewhere else and it was not recorded. Maybe they received it out of state, or they received it at a provider who had not properly reported it in WebIZ. There are a variety of reasons why historical data is important, but with the COVID vaccine, it needs to be reported as administered by the facility that is administering it. We are working to clean that up. We also know that there are a few providers that have been holding on to vaccine, trying to build up to do a larger pod. We have been working with them to let them know that is not appropriate use of the vaccine. It needs to be administered within 7 days of receipt.

Currently, providers are recording it through WebIZ and also reporting an inventory through VaccineFinder. This is due every day at 6 pm. We appreciate the reminder that you all have on the website of those requirements to be done each 24 hours. In order to continue to move forward in resolving these issues, we are going to be taking a few steps over the course of the next week. It will be additional education put on the all-provider call this week. There will be a special all-provider call held tomorrow (1-2 pm on 2-17-21) to announce the different steps that are going to be taken. Effective next Monday, there will be a new vaccine tracking reporting tracker that all providers who receive vaccine will be required to enter data into on a daily basis. That will add to what is actually being collected in Vaccine Finder to be able to get a daily reconciliation of exactly where we are with numbers. It will be a quick survey. It will be entering the same number for inventory that was entered into VaccineFinder. This will be due at 10 am each morning. It will include that inventory number. But it will also most importantly include the number of vaccines administered in the last 24 hours by the facility and the number of vaccines that have been received as well as any that have been transferred. Those could be transfers in or transfers out. At the same time, anybody who is having difficulties with showing their vaccine administration, if HL7 is not working properly or they are not able to keep up with the data entry, will be required to do the flat file process. Many of you have been working with that and have been submitted your data through using a flat file. For a period of time at least, that will be required for anybody who is not able to get their vaccines reporting within 24 hours. We are also in parallel with all of this are doing some additional work with our vendor for WebIZ. We are working with them to discover if there are some back-end issues that our system generated that are not related to the standard HL7 or if there are flaws in the HL7 that are causing a problem across the state. We don't believe that is the case, because we are receiving HL7 from many sites correctly. But we are working with them to hopefully identify where there could be some hang-ups in other parts of the system or if there are a particular flag that certain HR vendors are not getting correct. We can correct that. That will be beginning next Monday. Daily reporting will be done. Those that are identified as having submission issues will be required at that point to do the flat file. We really need everyone's cooperation in meeting these new requirements so that we can create a clear picture and be able to give credit where it is due that we are doing a better job than it appears with all the national reports as well as what we are reporting internally through our website and others of the vaccine administration. We will be able to do this to get things caught up and cleaned up. We know this is an added burden initially but hope to use it to be able to resolve these problems and get everything back into a good flow.

We are seeing some slow and steady increases in vaccine being allocated to the state in a variety of ways. As of the vaccines that will be ordered this week, which will be delivered next week, all Pfizer vaccines will then be counted as six doses, so it will be ordered in six. Instead of a tray of 975, the tray will be roughly a little over 1100 count for a Pfizer tray. That will take effect with the orders coming in next week. The other thing that is going on is the retail pharmacy program. We received 9700 doses. We were projected at 8700. CDC has not been able to answer how it is that we ended up with actually 9700 delivered to 82 pharmacies across the state

in 32 counties. Most of those pharmacies received 100 doses. A small group of them received 200 doses, primarily in western Kansas where there were fewer pharmacies for a broader span. [That information is available on our website as to who received and how many they received.](#) That will continue this week. We do not have numbers this week on what is going to be available to them. There have been massive delays due to the weather holding some shipments, even from last Thursday forward. We just received word this morning that Moderna will still not deliver or ship out today. We hope they will be back in operation tomorrow, which means the Moderna vaccine for this week that would normally arrive on Monday or Tuesday will start arriving on Thursday or Friday. So that is creating a lot of challenges with scheduled clinics for vaccination and so forth, but nothing within our control due to the weather. The Pfizer vaccine, a little bit of it is being shipped out of different facilities today. We have about ten different Pfizer vaccines deliveries scheduled for this week. Two of those will go out today. The balance will go out tomorrow, so those will arrive Thursday and Friday of this week. The other thing that is happening is the federal FQHC program is going to open next for Kansas. There was a pilot done with about seven FQHCs across the country. We were not in that initial pilot group, but we do have two FQHCs that will potentially be receiving the vaccine next week. We do not have any transparency yet on the population numbers for that. Those vaccines will specifically target their populations to be addressing minority and low-income populations that are at greatest risk and the elder populations in great need there. This is another federal program. It does not impact our state allocations. It is a separate pot of vaccine just as the retail pharmacies is a separate pot of vaccines. Those additional doses coming in are helping us to get a little better equity across different counties as they are hitting some of the largest counties as well. We are going to be pausing some of the county allocations with orders going out for next week for those counties just simply because of size and the limitation of the numbers of vaccines that go out and order. 100 minimum for Moderna and 955 minimum for Pfizer naturally is causing some counties to be getting further into Phase 2 numbers than others. With the new pulling vaccines back on a synchronized system to push some more vaccine into some of the counties that are lagging further behind in getting the numbers of vaccines for the Phase 2 population. Those calculations are being worked out today.

I want to encourage hospitals to continue to work with your providers, particularly those that are in the larger counties that are getting greater numbers of vaccine to be able to open some clinics and help with some mass vaccination efforts within those counties. Some counties are doing better than others at working with partners in doing that. We know your capabilities as hospitals and really appreciate your efforts there and want to encourage you to be working with the local partners in those plans so as to be able to administer as much vaccine as possible. We do continue to have an expectation that vaccine is going to be administered within 7 days of arrival as additional vaccine will be coming the following week in most situations.

New Monoconal Antibodies – Karen Braman

In other news regarding COVID-19 therapeutics, Eli Lilly received emergency use authorization from the FDA for its monoclonal antibody combination bamlanivimab and etesevimab. The two are authorized for administration together for the treatment of mild to moderate COVID-19 [in adults and pediatric patients (12 years of age or older weighing at least 40 kilograms)] in patients who test positive for COVID and who are at high risk for progressing to severe COVID-19. Etesevimab is NOT authorized for use alone.

As with bamlanivimab alone and the Regeneron monoclonal antibody cocktail, the combination is not authorized for patients who are hospitalized due to COVID-19 or require oxygen therapy. According to Lilly, the combination product with etesevimab demonstrated similar clinical benefit to bamlanivimab alone; and could reduce the risk of resistance potentially emerging as COVID variants arise.

Additionally, in the newly approved EUA for Lilly's monoclonal antibody combination, the FDA approved a shortened minimum infusion time of 21 – 70 minutes, dependent on infusion volume and patient weight. The FDA also approved shortened infusion times for bamlanivimab administered alone to 16 – 60 minutes,

dependent on infusion volume. For more detailed information, there are updated fact sheets for both the new combination product and bamlanivimab alone.

The updated fact sheets are posted on [KHA's COVID webpage on the Clinical and PPE Guidance page](#). KHA has also posted the Lilly letter to health care providers with more detailed information on bamlanivimab and etesevimab administration to help avoid medication errors.

Lilly has indicated that the same allocation and distribution process will be used for the combination product as for bamlanivimab alone and I have yet to see an HHS allocation dashboard for the combination product. If any of our members have received an allocation or additional information from KDHE or Amerisource Bergen, we are interested in hearing about your experience. We have also had several hospitals share their templates or policies for monoclonal antibodies that we have posted on our [website](#), so if you would like to share, please let KHA know.

Finance and Reimbursement Update – Jason Barb, BKD

Provider Relief Funds Reporting Portal – There are no updates listed on the portal website. Reporting due date was previously listed as Feb. 15, 2021. There is still no ability to enter data in the portal. Our current understanding is that there is no finite date, so there has not been a date established as to when that will actually open so providers can enter information. However, we have an understanding now that once it does open, we will have a minimum of 30 days to get that entered. As of today, it looks like March 15 is the earliest that would be due but stay tuned. We will continue to update as we have more of a definite date on there.

Provider Relief Funds Use of Funds – There is nothing new since last call. The latest FAQ's are the Jan. 28, 2021.

Sequestration – Reminders as you look at cash flow projections and forecasts into the future. The first is on Sequestration. The CARES Act suspended sequestration from May 1 to Dec. 31, 2020. The Consolidated Appropriations Act extended that through March 31, 2021. As of April 1 of this year, sequestration will go back into effect and we will see those 2 percent reductions come back into play.

Medicare Accelerated Payments – There have not been changes to that. Just a reminder that as we are getting to a year from when folks who requested those would have received them. We know that many providers would have received those funds somewhere around the middle of April 2020. Under current law, recoupment begins one year from date accelerated payment was issued. For anyone who received those payments in mid-April 2020, look back to the date that you received those funds and calculate one year from that date that recoupment begins. Currently, that is scheduled to take place for the first 11 months of that recoupment process. That will be at 25 percent of your Medicare payments.

Keep those two things in mind as you look forward to next six weeks or so and look at cash flow expectations for Medicare programs.

State and Federal Advocacy Update – Audrey Dunkel and Tara Mays

Health Insurance Marketplace – The special enrollment for the Health Insurance Marketplace will run from Feb. 15 through May 15 for 2021. A [digital toolkit entitled Get Covered 2021](#) provides resources to help promote this special enrollment period. You can use this as you identify individuals in your community who have lost their coverage.

Budget Reconciliation COVID-19 Relief – The House is expected to complete their budget discussions this week, which will include COVID-19 funding. Look for a [KHA Grassroots Alert](#) to reach out to the Kansas congressional delegation to ask them to include in the package:

- Significant funding for COVID-19 vaccination outreach, planning, administration and distribution efforts;
- More funding for the Provider Relief Fund (PRF). Given allocations made to date and COVID-19 relief legislation passed in December directing use of the funds, only \$4.4 billion will be available for disbursement to hospitals and health systems and other health care providers;
- Forgiveness for Medicare accelerated payments for hospitals; and
- An extension of the moratorium on the Medicare sequester cuts.

State Issues – KHA is excited that the Rural Emergency Hospital designation bill (HB 2261) will be up for hearing in House Health today at 1:30 p.m. On the Senate side (SB 175) was scheduled for hearing this morning but has been rescheduled due to some weather-related postponements and will now be next Tuesday.

HB 2237 extending the state's rural opportunity zone program was up for hearing in House Financial Institutions and Rural Development this week and is likely to be worked by the committee in the coming days.

Other bills up for hearing this week include SB 129 licensure of dental therapists and HB 2256/SB174 dealing with APRN Scope of practice.

State emergency orders are set to expire on March 31. The Senate is looking to break out regulatory topics by topic and have committees individually take those items up in the coming weeks.

Member Questions – Cindy Samuelson

Q1: *Can you share a contact person for approval of our CDC supplemental COVID-19 vaccine redistribution agreement at KDHE? We have redistributed but haven't received approval to do so.*

A1: Phil – You don't need to receive a response back. If you have signed it and submitted it to the program, then consider it done. Just keep it on file yourself as well. I would go ahead with that redistribution.

Q2: *If a hospital entered COVID vaccine as historical data as you mentioned, can a hospital go in and change it to administered? If so, how do they do that?*

A2: Phil – At this time, just hold on that. We are doing some work with the vendor to script that over and not cause you to have to redo it. If you would send an email to the immunization registry help desk at kdhe.immunizationregistry@ks.gov and notify them the name of the hospital and explain that they were entered as historical so that we can more quickly be able to identify them.

Q3: *How will facilities know if they will be required to submit a flat file? Is KDHE reaching out to all the facilities that will need to do a flat file?*

A3: Phil – We will follow up after the initial surveys are started on Monday. Based on the information, it will take a week or two to get sorted. We will notify those that are required to start doing a flat file submission. Hospitals will hear (mid to late) next week whether they need to submit a flat file.

Q4: *There are three reporting systems, WebIZ, VaccineFinder, and the new system that is starting next Monday. Correct?*

A4: Phil – Correct.

Q5: Are the Vanishpoint 1 ml syringes going to continue to be part of the ancillary kits? They are essential to get the next doses out for the Pfizer vaccines.

A5: Phil – That is the information that we have from the federal level is they will continue to supply those with Pfizer vaccines.

Q6: Can you clarify the new vaccine daily reporting requirement? This will be in addition to VaccineFinder, TeleTracking and WebIZ. Correct?

A6: Phil – It will begin Monday. All the details will be provided in provider calls this week at 10 am Thursday (2-18-21). There will be a special call tomorrow (1-2 pm on 2-17-21) that information is in the daily email from KHA and on KSHAN. We will push that out to all the lists that are receiving the Thursday information. Reporting will begin on Monday (2-22-21). It will be a quick survey in addition to entering into VaccineFinder and the regular entry into WebIZ, whether that's through HL7, direct entry or required flat file.

Q7: Do you have any idea how long you anticipate the additional reporting requirements will be in effect?

A7: Phil – I do not at this time.

Q8: Do you know when our hospitals and clinics are going to get vaccine to give to their patients?

A8: Phil – The best thing right now is to work with local health department. I guess some of them are beginning to push out, and some are even having us allocate directly to hospitals at this time. It really depends on what the local landscape is as vaccine available to those counties. The best way is to work with the health departments. As far as when additional will be coming, it depends on our allocations as they increase coming in. Certainly, as Johnson and Johnson gets the EUA, which we anticipate in the next couple of weeks, we think that within a month we should begin to see that vaccine coming into the state as well. We should see significantly more vaccines available. At that time, we will certainly broaden the landscape of providers and eventually get it out to everybody that is wanting it.

Q9: A hospital had been reached out to about a week ago about the number of vaccines KDHE was showing as received and administered. That amount was incorrect, and they were trying to address that. Has an updated report been shared with KHA?

A9: Phil – It has not. Right now, we are trying to sort through that. Part of it is through the work KHA has done and helped to really create a better picture of the inaccuracy of some of the data that we have. KDHE will work with KHA to reach back out to members and let them know how things are looking in next couple of weeks.

Q10: Can you talk about the reporting portal for the RHC testing grant? This hospital got their first email to report January expenses, and it's due by February 28. However, they do not have a method to report expenses for the 2020 year.

A10: Jason – I have not heard that one. From everything I have seen, all of the information flows through the same report portal, but it has not been opened up to enter data yet. That one may be good to get some additional information from that hospital. We can try to provide guidance. I have not seen any specific information on that particular fund. My understanding was that all of the funds were to report on a consolidated basis within that one portal. See more information in A13 below.

Q11: Facilities have been facing multiple VFC numbers. This hospital believes it is contributing to some of the reporting errors.

A11: Phil – That is definitely part of the issue. Vaccine has been shipped to a VFC number that has been assigned for the hospital as the COVID vaccine facility. But it ended being administered under another VFC number. So the people entering the data or even through an HL7 was being sent through a subsidiary. That is throwing off some of this as far as we have discovered. Through some of the feedback you have given us, we have been able to track that and recognize that different parts of the facility or different parts of the hospital

system that are reporting those. That's why some of this misalignment has happened. We were required to have a separate COVID VFC number versus for a standard Vaccine for Children number. There's not a whole lot of hospitals, but there are a lot of clinics within the hospital system that were VFC providers. This would impact that they would have a vaccine for children number for their routine vaccines. They also received a COVID VFC number. It's that COVID VFC, the different one they need to be working with. Part of the challenge with the HL7 messages were connecting with some clinic VFCs rather than, and it never got flipped over and switched to incorporate to maybe the hospital primary VFC number. That is a challenge. We also know there have been challenges with a lot of the Phase 1 data records were entered into HR systems for tracking. Those HR systems are not connected like the patient systems are within the hospitals through HL7. That has been a challenge for some. There is some confusion around that. If there is ever a question, contact the Immunization Registration Helpdesk at the email I gave earlier. They can verify for you which VFC number. You can also look at the shipping order that comes with the vaccine to know which VFC number it is assigned to. Cindy – Sounds like you are working on a lot of these challenges in the hope that you will be able to share what you are seeing with us at KHA. Phil – We are trying to come up with the best solution. The last thing I want is for people to have to be entering double and triple time. That is not useful for anybody. One quick solution I think we are going to come up with is that it could be as simple as if you received it under the hospital, but you are administering it under a different VFC because that is who your HL7 is connected with, it would be a simple matter of transferring the vaccine in WebIZ from the receiving VFC number to the administrating VFC number. That would solve that problem immediately. There can be some of those quick fixes. It has really been a matter of having to dig in and get all these different scenarios. We are collecting more with the information next and will really be able to nail down. Some of the things that are hypothesized right now, we need to see those specific answers to. Probably the biggest challenge is we've got roughly 300 different providers across the state who receive vaccines at this point and probably 150 different reasons why some of these problems occurred.

Q12: I know you mentioned a special provider call Wednesday in addition to the normal Thursday provider call. Are you going to be able to share information on that so we can share that information with those that are our members who are on the call today? You also mentioned you will be putting together some communication about the new reporting that you will send everybody that was starting next Monday. Is that also something you can share with KHA so we can send to everybody on this list?

A12: Phil – Yes, absolutely. We will make sure that all the associations are getting that so it gets pushed out. It is also for working on all those documents and set ups right now. This is all stuff that got finalized yesterday. We want to really get ahead of it and work through the associations to get this information out as quickly as possible. This is all very dynamic this week. We will make sure that everybody is getting everything and ask you to push it out as far and wide as you possibly can. Information is in the 2-16-21 Daily COVID-19 Update.

Q13: We received an additional email for the specific RHC reporting.

A13: Jason – There is information regarding Rural Health Clinic COVID-19 Testing Program at: <https://www.hrsa.gov/rural-health/coronavirus/frequently-asked-questions#rhc>. About a third of the way down the web page there is a section on reporting. For reporting questions, you can also go to: <https://www.rhccovidreporting.com/> The provider will need to create an account if they have not already done so.

Q14: Can you clarify the vaccine distribution schedule that you highlighted that is happening this week? We know there are some delays.

A14: Phil – It started last Thursday. We had some shipments that were due to be shipped out from the warehouses last Thursday that started getting delays because of weather in Memphis and Louisville. We have not had any vaccines sent into the state since last Wednesday. Normally Moderna arrives on Monday and Tuesday. All of that has been held. At this point, it is held again today. The word we got today is they anticipate possibly being opened back up and deliveries starting tomorrow. They would ship out tomorrow.

Moderna arrives overnight in most cases so we would start seeing vaccine Thursday or Friday for Moderna. Pfizer ships directly out of the Pfizer manufacturing warehouse. It has been held until today. They are shipping some priority orders out today, two per jurisdiction. There will be 2 of our 10 orders for this week will be shipping today is what we anticipate. It is possible they could arrive tomorrow, or it may be Thursday. The others they would anticipate are going to ship out tomorrow and would arrive Thursday or Friday of this week. We should see everything that was ordered for this week in by Friday barring any other major weather disasters.

Q15: You mentioned that this number might appear on the vaccine, but how does a hospital know what their COVID VFC number is? They never received any information about having an additional VFC pin.

A15: Phil – Send a request to the immunization registry help desk, and they can provide that to you. They should have had an email that went out initially to the primary contact indicating what the assigned numbers are. But if that did not happen, they can get that for you through the registry help desk at kdhe.immunizationregistry@ks.gov.

Q16: Do hospitals count clinic patients if they are vaccinated at our county vaccine POD on our hospital's TeleTracking?

A16: KHA will follow up and find out the answer to that one and send it to the group.

Q17: How do hospitals specifically know if the doses administered and entered into WebIZ are showing up correctly in the KDHE system?

A17: Phil – We'll be reaching out and contacting people beginning next week to let them know what we are finding once we get that additional information.

Q18: The Cerner HL7 at this hospital does not seem to be working correctly. They are struggling to get some answers. Who are the best ones to help resolve that issue?

A18: Phil – That is KDHE.onboarding@ks.gov. We have hired a consultant many of you know, Michael McPherson who actually started in the early days with HL7 and WebIZ. He is working with us now and is prioritized to address those types of issues.

Q19: This hospital's interface is not working correctly, but they don't have the staffing to produce the flat file. Will future allocations to them be reduced?

A19: Phil – We are going to work with hospitals to get those problems resolved, whatever it takes. My goal is to avoid anybody being reduced because of that.

Q20: Our local health department has been allocating a percentage of vaccines to the FQHC. With the federal program you mentioned, should the local health department stop the FQHC allocations?

A20: Phil – Not necessarily. There are only two FQHC that will receive vaccines starting next week through that federal program. We don't know how many those are at this point. It is really up to what is happening locally. Not knowing where this is coming from or who actually is asking. There are many more FQHCs in the state than the ones that will receive vaccine next week. That may change over time, but my guess is it is not going to be a whole lot of vaccine to start with. Just like the retail pharmacy program, there are not huge pots of federal vaccine out there that they are not already allocating, so I don't see it being large numbers initially. Depending on how many we are actually getting, whether that impacts that local plan or not, we will have to determine once we start getting that information.

Q21: Our hospital's clinic has been entering administered doses into WebIZ because they are familiar with that system. The hospital is the enrolled provider. Does this create an issue, and If so, is there anything the hospital should do?

A21: Phil – It really depends on how they are signing in. It would be most helpful if you sent that scenario information to the immunization registry so we can sort that out. That could be one of those I was mentioning where it was received under one and reported under another. It really depends on how the people who are entering it are logging it in. It could be as simple as transferring the vaccine from one VFC to another VFC that is within the same system.

Q22: *If all the vaccine allocated to the county is now being sent to the health department, and if it is administered by the health department as well, does the hospital have to continue the daily reporting requirements if they are reporting zero doses in inventory?*

A22: Phil – No, it would only be the initial completion of the survey that will account for the cumulative previous vaccine that the hospital had. When it shows a zero inventory, they would not be expected to go back in every day and enter zero. Hospitals will need to fill it out the first time, but if they have no inventory, they will not need to continue.

Next KHA COVID-19 Hospital Huddle

Hospital Huddles will occur on the first and third Tuesdays of each month. Our next Hospital Huddle will be **at 10:00 a.m. on Tuesday, March 2**. Email [Cindy Samuelson](#) if you have guest speakers you would like to have present on an upcoming Hospital Huddle.