



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 21, 2020

Kentucky reports third COVID-19 death; 87 positive tests

(Governor's Office) - March 21 - Gov. Andy Beshear announced Saturday that the state has confirmed the third death related to the novel coronavirus (COVID-19), a 67 year-old male from Anderson County. To show a small, yet significant message of compassion, empathy and renewal, Gov. Beshear said the Governor's Mansion would be lit green in honor of every Kentuckian who passes related to the virus. [\[Click here\]](#) for the list with details.]

While many would often go to their houses of worship on Sunday, Gov. Beshear said those services should be done remotely through social media, livestreams, through radio stations or on television. "We now have very specific examples in multiple parts of the state about where this coronavirus has been spread in a house of worship," the Governor said.

Gov. Beshear said, on a positive note, both of the children who have been diagnosed with COVID-19 in Kentucky, one eight months old and one who is six years old, are recovering. The eight-month-old was never in the hospital, but is improving at home. While the 6-year-old needed hospitalization, the child has been discharged and is recovering at home

Full Press Release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=100>

*The following video was created by the
National Emergency Training and Education Center
to help health care providers who have not done the NP Swab
collection procedure required for the COVID-19 test.*

NETEC Creates Just in Time "How To" Training Video on Taking an Nasopharyngeal Swab Test

Video link: <https://www.youtube.com/watch?v=osl9W-0005g>

Here is previous NETEC video on
CORONAVIRUS PPE and Using PPE for Infectious Patients:

Video link: <https://www.youtube.com/watch?v=bG6zISnenPg>

**[THERE IS MORE THAN VIDEO BEHIND THIS LINK!
Some of this would be great "JUST IN TIME" refresher for personnel.]**

KHA Guidance on Elective Surgeries & Non-Essential Procedures

KHA has received requests to share its guidance on elective procedures more widely. This guidance was crafted by member hospital/system Chief Medical Officers, reviewed and supported by Kentucky Public Health Commissioner Dr. Steven Stack and is actually the model CMS considered when creating its own elective surgeries and non-essential procedures guidance. The KHA guidance materials go farther than what CMS has posted.

It should be noted that it IS the intention of Commissioner Stack and the Governor that this would apply to outpatient and freestanding surgical centers, as well as acute care hospitals. Please remember, that the objectives for these strategies are to both conserve PPE resources for more critical patient care, and to potentially create additional medical surge capacity for the health care system as the number of cases grows.

KHA Guidance: <https://www.kyha.com/assets/docs/COVID19/KHAElectiveProceduresGuidelines.pdf>

Nearly 40% of Hospitalizations in U.S. COVID-19 Cases Involve Adults Under 55

(HealthDay News) -- As the battle against coronavirus continues in the United States, new government data suggests that every American, old *and* young, is at risk of severe illness. Nearly 4 in every 10 cases requiring hospitalization involved people under the age of 55, according to a report from the U.S. Centers for Disease Control and [Prevention](#).

Researchers examined outcomes for the 4,226 cases of non-imported [COVID-19](#) reported in the United States as of March 16. Similar to earlier data out of China, 80% of people who died were at or above 65, "with the highest percentage of severe outcomes among persons aged 85 years [or older]," wrote the CDC's [COVID-19](#) Response Team.

But the study also found a higher-than-expected rate of hospitalization, including admission to the ICU, among much younger patients. For example, among hospitalized cases, 38% were aged between 20 and 54, the report found. And among those most critical cases -- those requiring admission to an ICU -- 12% were for patients ages 20 to 44, and 36% were for patients between 45 and 64, the CDC team said. Less than 1% of hospitalized patients were under the age of 19

Full story: <https://www.medicinenet.com/script/main/art.asp?articlekey=229007>

Almost Half of Coronavirus Patients Have Digestive Symptoms

<https://news360.com/article/523694651>

LTC guidance to prevent sick workers from exposing residents

This updated guidance from the Department for Public Health and Office of Inspector General related to monitoring all employees for temperature and any signs and symptoms of illness. We need to prevent any sick workers from exposing our long term care residents. At the end of the notice is a monitoring form you can use if you choose. Please send this out to your membership, sister facilities, or anyone you know in long term care.

Link: <https://chfs.ky.gov/agencies/dph/covid19/guidancefortongtermcarefacilitiescv19.pdf>

Potential costs of coronavirus treatment for people with employer coverage

As the new coronavirus spreads within the United States, questions have arisen over the potential costs people may face if they become severely ill and need treatment. To address concerns over costs associated with COVID-19, Vice President Pence [met](#) with a group of large private insurers, who agreed to waive copayments and deductibles for COVID-19 tests. However, America's Health Insurance Plans (AHIP) [clarified](#) that the out-of-pocket costs for treatment – such as hospitalizations for more serious cases – would *not* be waived, meaning people with private insurance who face deductibles could be on the hook for large costs.

Beginning with the total cost of treatment, paid for by a combination of the employer plan and the employee's out-of-pocket costs, we find that the average cost of an admission for pneumonia with major complications and comorbidities is \$20,292 in 2018. However, costs vary greatly across the country, with admissions for pneumonia with major complications or comorbidities ranging from \$11,533 (25th percentile) to \$24,178 (75th percentile).

Those without major complications could see lower total costs for a pneumonia admission, averaging \$13,767 for people with less serious complications or comorbidities and \$9,763 for those without any complications or comorbidities. **The cost of inpatient admissions for COVID-19 treatment could top \$20,000.**

Read more: <https://www.healthsystemtracker.org/brief/potential-costs-of-coronavirus-treatment-for-people-with-employer-coverage/>

Ethicists agree on who gets treated first when hospitals are overwhelmed by coronavirus

Pandemics bring ethical dilemmas into sharp, terrible focus. Around the world, hospitals have been unable to cope with the millions who need treatment for coronavirus. China [created makeshift hospitals](#) and [denied treatment](#) to those who needed non-coronavirus care; Italians [wait an hour on the phone](#) to get through to emergency services. Few countries will fare better: The United States has fewer than [100,000 ICU beds](#), and is expected to need a minimum of [200,000 to cope with coronavirus](#); the UK has [just 8,200 ventilators](#) and is getting an extra 3,800.

The decision to prioritize those with good survival odds is reinforced by several moral theories. Utilitarianism, for example, argues that morality is determined by the consequences of actions, and so we should strive to create the maximum good for the maximum number of people. "If we give scarce treatments to those who don't stand to benefit (and have a high chance of dying anyway), then not only will they die, but those with higher likelihood of survival (but require ventilator support) will also die," says Lydia Dugdale, professor of medicine and director of the center for clinical medical ethics at Columbia University. "It's not fair to distribute scarce resources in a way that minimizes lives saved."

The dire consequences of any decision made under such extreme circumstances means that, despite agreement, the best course of action is hardly favorable.

Read full story: <https://qz.com/1821843/ethicists-agree-on-who-should-get-treated-first-for-coronavirus/>

[ASPR TRACIE Topic Collection: Crisis Standards of Care](#)

The KHREF Emergency Preparedness Update is assembled several times a week. When events make it necessary, the Update may be sent out several times a day to keep our hospital and the healthcare community advised on preparedness news and information. Most of this information is compiled from open sources, and where possible reference links will be provided. There is an archive of [Emergency Preparedness Updates available here](#). If you would like to add or delete, or have something you would like to contribute to a future edition of the Emergency Preparedness Update, please contact rbartlett@kyha.com (include your current email address). The preparedness program for the Kentucky Hospital Association (KHA) and KHREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.