



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 23, 2020

Kentucky COVID-19 - Fourth death Reported 124 Positive Cases as of 5 PM.

(Governor's Office) Gov. Andy Beshear announced Monday the fourth death related to the novel coronavirus (COVID-19), an 82-year-old woman in Lexington with underlying health conditions. As of 5 p.m. March 23, the state's COVID-19 patient information includes 124 who have tested positive. [Click here](#) for the list with details.

On Sunday, Gov. Beshear announced the closure of all nonessential retailers effective 8 p.m. today. Life-sustaining retail businesses that will remain open include grocery stores, pharmacies, banks, hardware stores, gas stations and other businesses that provide staple goods. A full list of categories of life-sustaining, in-person retail businesses is attached to [the order](#). Gov. Beshear also mandated all elective medical procedures cease.

Full Press Release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=102>

- 3/23/2020: Gov. Beshear signed an [executive order](#) to [cease](#) all elective medical procedures. He previously [recommended](#) ceasing them, but additional action was necessary since some groups did not follow the original guidance.
- 3/22/2020: Gov. Beshear [announced](#) that all in-person retail businesses that are not life sustaining will close effective Monday, March 23, 2020, at 8 p.m.

Page with Governor's actions: <https://governor.ky.gov/covid-19-response>

President Trump hints at a short shutdown but his team warns of an alarming "attack rate" in New York.

(NY Times - March 23) President Trump, at his near-daily coronavirus briefing, hinted on Monday that the economic shutdown meant to halt the spread of the virus across the country would not be extended. But even as he seemed to see an end to the crisis, his team warned of an alarming spread in New York.

Dr. Deborah L. Birx, the White House's coronavirus response coordinator, said that the New York metro area is experiencing a virus "attack rate" of nearly one in a thousand, or five times that of other areas.

Mr. Trump signed an executive order to keep people and businesses from hoarding supplies needed in the fight against the novel coronavirus, and from engaging in price gouging.

Attorney General William P. Barr recently directed federal prosecutors across the country to prioritize fraud schemes related to the pandemic and to prosecute offenders.

Read more: <https://www.nytimes.com/2020/03/23/world/coronavirus-updates-usa-world.html#link-3e958774>

CMS Announces Findings at Kirkland Nursing Home and New Targeted Plan for Healthcare Facility Inspections in light of COVID-19

(CMS - March 23) - Today, the Centers for Medicare & Medicaid Services (CMS) is announcing the preliminary results of a recent inspection of the Life Care Center nursing home in Kirkland, Washington – the epicenter of the 2019 Novel Coronavirus (COVID-19) outbreak in that state. The inspection, which the Agency conducted with the Washington Department of Social & Health Services, has helped inform CMS's national strategy for keeping patients safe in nursing homes and other healthcare facilities.

CMS Press Release: <https://www.cms.gov/newsroom/press-releases/cms-announces-findings-kirkland-nursing-home-and-new-targeted-plan-healthcare-facility-inspections>

FDA updates COVID-19 testing guidelines to allow self-swab tests

The FDA has updated its guidelines for COVID-19 testing procedures to make the process easier and less uncomfortable for patients, as well as to help limit the impact of testing on the supply of personal protective equipment (PPE) used by healthcare workers, including protective masks, face shields, gloves and gowns.

The change means that people taking a test will be able to conduct their own swab, which will involve swabbing shallowly in their nose. The existing process required a healthcare professional to take the swab, and to collect a sample from further up in the nasal cavity. This change does not mean there's any difference in the FDA's guidance regarding at-home sample collection – that is still [specifically disallowed by the agency's rules, something the FDA clarified over the weekend](#) in order to put an end to at-home test collection kits being distributed by diagnostic startups.

Individuals will still have to go to authorized clinical or drive-through testing sites, and will still have to meet the [Centers for Disease Control and Prevention](#) (CDC)'s screening requirements in order to get tested in the first

place. But Vice President [Mike Pence](#) said that this will mean that testing conditions are safer for frontline medical personnel in addition to lowering the drain on PPE resources.

Pence also added that all state and private labs now required by law to report all of their results by law to the CDC, whereas previously, some states were reporting only positive results, which obviously skewed the data in terms of the number of people in the U.S. tested and the resulting positive diagnoses.

Source: <https://finance.yahoo.com/news/fda-updates-covid-19-testing-225437369.html>

Preparing for Potential FEMA COVID-19 Reimbursement Hospitals Should Track COVID-19 Expenses

Federal funding may become available for COVID-19-related expenses through the Federal Emergency Management Agency. We shared some guidance on this in the March 22nd edition of the *KHREF Emergency Preparedness Update*, and FEMA has a website that goes into more detail (link below). Hospitals which may want to consider applying for these funds would be well-served to review the materials, and ensure that those COVID-19 related expenses are appropriately documented per FEMA standards.

We would also point out that right now only *non-profit* hospitals are potentially eligible; BUT the American Hospital Association has been reaching out to key Congressional leaders and committees to have even the investor-owned hospitals declared a "critical resource" which should be included in the provisions of the FEMA COVID-19 Public Assistance declaration. We have also requested that Kentucky Emergency Management consider having a briefing for hospital/health care system finance teams to explain how the Public Assistance program works and what needs to be done.

As a best practice, some hospitals are setting up COVID-19 Response Cost Centers. This ensures that hospitals have expenses tracked and sufficiently documented. Hospitals are reporting that they are electronically assigning staff time and wages, supplies and equipment purchases used to treat patients. Such practices help quickly assess the cost of COVID-19 and substantiate future possible reimbursement opportunities.

The following Hospital Incident Command System (HICS) forms may be helpful in identifying and recording expenses.

- [Compensation Claims Unit Leader](#)
- [Cost Unit Leader](#)
- [Finance Administration Chief](#)
- [HICS.207-Hospital Incident Management Team](#)
- [HICS 214-Activity Log](#)
- [HICS 252-Section Personnel Time Sheet](#)
- [HICS 253-Volunteer Registration](#)
- [HICS 256-Procurement Summary Report](#)
- [HICS 257-Resource Accounting Record](#)
- [Procurement Unit Leader](#)
- [Time Unit Leader](#)

FEMA Site: <https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures>

Extracts from AHA Today for [March 23, 2020](#)

FEMA releases updated COVID-19 advisory. The Federal Emergency Management Agency today released a [COVID-19 pandemic advisory](#) describing in general terms what actions it is taking, how community-based testing sites will be managed, and information about the Defense Production Act. [Read more in this AHA update](#), which includes information on the extended public assistance deadline and links to fact sheets.

Department of Labor urged to define 'health care provider.' The AHA has [asked](#) the Department of Labor to accurately define "health care provider" as it promulgates regulations implementing key sections of the recently-enacted Families First Coronavirus Response Act and clarify how this policy will be operationalized, including how it interacts with state law. "We applaud Congress and the Administration for steps already taken to assist hospitals as they help combat this public health emergency and ask that you provide further assistance to ensure that an adequate workforce will be available to care for our communities."

CMS offers regulatory relief across its quality measurement programs. The Centers for Medicare & Medicaid Services yesterday [granted](#) a range of data reporting exceptions and extensions across its quality reporting and value-based payment programs for hospitals, post-acute care facilities and clinicians to relieve provider burden during the COVID-19 crisis. Specifically, the agency made it optional to submit data for the

fourth quarter of 2019 (October through December) and first two quarters of 2020 (January through March, and April through June). In addition, CMS will not use data from Jan. 1 through June 30, 2020 to calculate performance in its quality reporting and value-based purchasing programs.

CMS releases suite of Medicaid/CHIP waiver tools. CMS Sunday released a series of COVID-19 checklists and tools for states to use for their Medicaid and Children's Health Insurance Programs. CMS says that, used together, these new resources form a comprehensive Medicaid COVID-19 federal authority checklist to make it easier for states to receive federal waivers and implement flexibilities in their program. The following tools are now available:

- [1115 Waiver Opportunity and Application Checklist](#)
- [1135 Waiver Checklist](#)
- [1915\(c\) Appendix K Template](#)
- [Medicaid Disaster State Plan Amendment Template](#)

Furthermore, CMS is providing states the option to request these waivers and other authorities be made effective retroactively, to at least March 1, 2020, the effective date of President Trump's national emergency declaration.

ATTACHED - AHA Advisory on FDA Vent Guidance (March 23)

CDC [What's New](#) on COVID-19

- [Coronavirus disease 2019 \(COVID-19\) Checklist: Older Persons](#) Monday, March 23, 2020
- [Schools, Workplaces & Community Locations](#) Monday, March 23, 2020
- [People Who are at Higher Risk](#) Monday, March 23, 2020
- [Testing in the U.S.](#) Monday, March 23, 2020
- [Get Your Community- and Faith-Based Organizations Ready for Coronavirus Disease 2019](#) Monday, March 23, 2020
- [Travelers from Countries with Widespread Sustained \(Ongoing\) Transmission Arriving in the United States](#) Monday, March 23, 2020

NIOSH-Approved N95 Particulate Filtering Facepiece Respirators

(March 12) Includes manufacturer's Donning Procedures.

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html

In case you missed it: OSHA Temporary Enforcement Guidance for Respirator Fit-Testing in Healthcare during COVID-19 Outbreak (March 14)

News release: <https://www.osha.gov/news/newsreleases/national/03142020>

Extracts from DHS Cybersecurity Edition of Healthcare and Public Health Sector Highlights for March 23, 2020

NTIC Cyber Advisory on COVID-19 Cyber Threats

The National Capital Region Threat Intelligence Consortium (NTIC) has put together a [Cyber Advisory](#) detailing multiple types of cyber threats to the Healthcare and Public Health Sector during the COVID-19 Pandemic. Review the advisory to learn what cyber threats your organization may be vulnerable to during the COVID-19 pandemic.

ACSC Advisory on COVID-19 Cyber Threats

The Australian Cyber Security Centre (ACSC) has released an advisory that provides indicators of compromise (IoCs) and recommendations to assist health organizations protect themselves while they respond to COVID-19. Organizations should implement the recommendations in this advisory in order to prevent the delivery or execution of ransomware against their network. The ACSC advisory includes a [summary document](#) and [spreadsheet of the indicators of compromise](#).

Enterprise VPN Security

As organizations prepare for possible impacts of Coronavirus Disease 2019 (COVID-19), many may consider alternate workplace options for their employees. Remote work options—or telework—require an enterprise virtual private network (VPN) solution to connect employees to an organization's information technology (IT) network. As organizations elect to implement telework, the Cybersecurity and Infrastructure Security Agency

(CISA) encourages organizations to adopt a heightened state of cybersecurity. [Learn more on the Cybersecurity and Infrastructure Security Agency \(CISA\) website.](#)

**Domestic violence in the age of coronavirus:
What happens when you're stuck at home, but home isn't safe?**

Story link: <https://www.usatoday.com/story/news/health/2020/03/18/coronavirus-domestic-violence-shelters-prepare-hotlines-open/5067349002/>

***The Growing Chaos*
Inside New York's Overburdened Hospitals**

With more than nine thousand six hundred confirmed cases in New York City as of Sunday, hospitals are already struggling to keep pace. They were starting to see “bounce-backs”: people who came to the E.R. with a mild illness and returned days later, having swiftly deteriorated.

E.R. doctors pride themselves on being able to “flex and surge,” she said—to adapt to the rush of patients on holiday weekends, or during a normal flu and cold season. So far, the emergency room had managed to adapt: the hospital had transformed an outpatient surgical clinic into a *COVID* unit, and built temporary walls in an exam area to create more private rooms. But the makeshift facilities were starting to fill up. And anxiety was building around the supply of personal protective equipment—masks, gowns, goggles.

Read full story: <https://www.newyorker.com/news/our-local-correspondents/shits-really-going-to-hit-the-fan-inside-new-yorks-overburdened-hospitals>

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 added or deleted, 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.