WSHA COVID-19 Member Call with State Leaders

May 19, 2020

Agenda

Non-Urgent Procedures Proclamation – Bill Robertson

Current State and Future Plans – Admiral Bono

Remdesivir – Dr. Lofy

Get Care When You Need It Campaign – Beth Zborowski

WSHA Board Direction:

- PPE
- Testing planning

If you have questions, raise your hand!

Non-Urgent Procedure
New Proclamation

Washington State Hospital Association

News Release

HOME | ABOUT | NEWS & MEDIA | ISSUES | THE OFFICE OF THE GOVERNOR | BOARDS & COMMISSIONS | CONTACT

Flag Status: Full-staff

You are here: Home > News & Media > News

- News & Media
  - News Release Archive
  - Photos
  - Op-Eds
  - Speeches
  - Upcoming Events
- Social Media

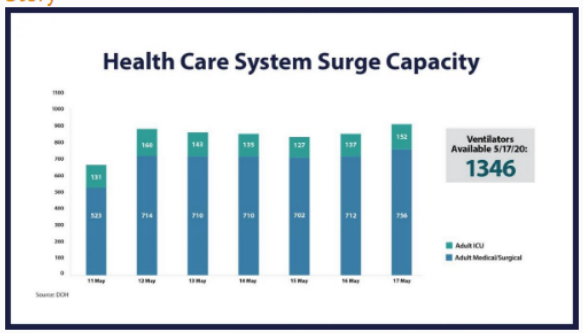
Tags

COVID-19 (Coronavirus), News & Media,

Inslee announces restart of all medical services in Washington

May 18, 2020

Story



Gov. Jay Inslee today announced the state's plan for all elective procedures to resume. Each medical or dental practice will assess their own readiness and their communities' COVID-19 activity to determine whether, and to what degree, they will reopen.

"Our health care system was one of the first in the nation to be hit with COVID-19 cases when there was much we were still learning about the novel virus. Because of the great work of our health care system and communities, we managed the peak of COVID-19 activity in April without having a crisis in our hospitals," Inslee said. "This plan was developed with many partners in our health care delivery system — including nurses, surgeons, pediatricians, dentists, community health clinics and hospitals."

Aside from being determined by the COVID-19 activity in different regions of the state, the reopening of health care services are based on three standards of care. Readiness will be determined by the availability of PPE, hospital capacity and more.

Under this plan, each health care or dental provider must meet certain criteria to be able to begin performing elective procedures. Each provider evaluates their readiness to begin and must maintain standards to continue to see patients.

Read the rest of the story on the governor's Medium page.

Media Contact

Public and constituent inquiries | 360.902.4111
Press inquiries | 360.902.4136

Proclamation 20-24.1

JAY INSLEE
Governor

STATE OF WASHINGTON
OFFICE OF THE GOVERNOR
P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • www.governor.wa.gov

PROCLAMATION BY THE GOVERNOR
AMENDING AND EXTENDING PROCLAMATIONS 20-05 AND 20-24

20-24.1
Reducing Restrictions on, and Safe Expansion of,
Non-Urgent Medical and Dental Procedures

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued amendatory Proclamations 20-06 through 20-53 and 20-55, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person to person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State, and significantly increasing the threat of serious associated health risks statewide; and

WHEREAS, the health care personal protective equipment supply chain in Washington State has been severely disrupted by the significant increased use of such equipment worldwide, such that there are now critical shortages of this equipment for health care workers. To curtail the spread of the COVID-19 pandemic in Washington State and to protect our health care workers as they provide health care services, it is necessary to prohibit all medical, dental and dental specialty facilities, practices, and practitioners in Washington State from providing non-urgent health care and dental services, procedures and surgeries unless specific procedures and criteria are met; and

WHEREAS, the extensive public-private collaboration between our state and local governments, and the state's hospitals, health systems, and other providers of clinical services in addressing the health care issues created for people and communities by the COVID-19 pandemic is commendable; and

Criteria – WSHA Can Help

Criteria for Resuming Non-Urgent Procedures

Until there is an effective vaccine, effective treatment, or herd immunity and until supply chains for PPE return to a more normal status, hospitals and LHJs will work together to maintain some level of surge capacity in our health care system and prudently use PPE so that we can keep health care workers safe and provide the needed health care to our communities. To this end, the following must be met by health care, dental and dental specialty facilities, practices, and practitioners:

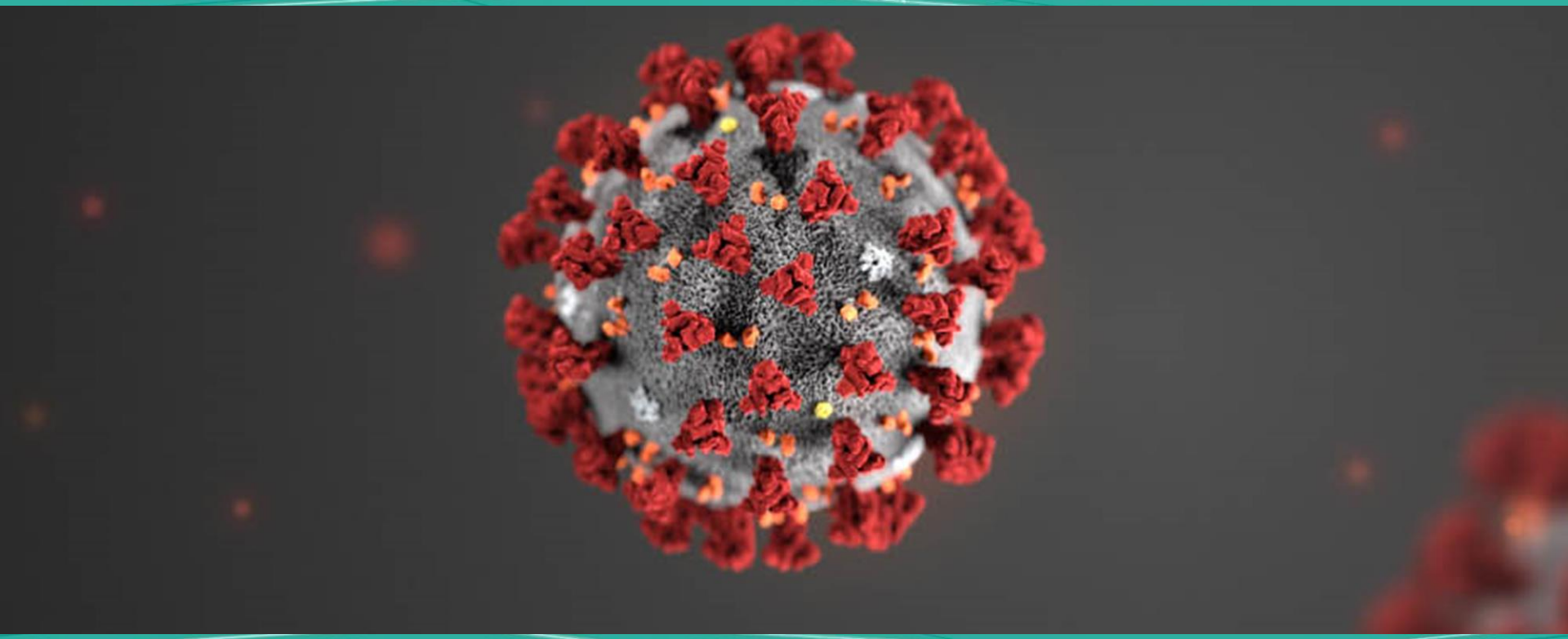
- Exercise clinical judgment to determine the need to deliver a health care service, in the context of the broader health care and dental needs of patients and communities and in the context of the pandemic, and within the parameters of operation provided by the health care, dental or dental specialty facility, practice or practitioner setting in which they are providing services.
- Continuously monitor capacity in the system to ensure there are resources, including ventilators, beds, PPE, blood and blood products, pharmaceuticals, and trained staff available to combat any potential surges of COVID-19, participation, as required by Department of Health guidelines, with the WA HEALTH data reporting system to allow for a state-wide common operating perspective on resource availability.
- Follow Department of Health's current PPE conservation guidance, which will be regularly reviewed and updated by the Department of Health, as published on the Department of Health website at https://www.doh.wa.gov/Emergencies/Coronavirus. If the health care facility, practice or practitioner's PPE status deteriorates, adjustments to expansion of care will be required.
- Review infection prevention policies and procedures and update, as necessary, to reflect current best practice guidelines for universal precautions.
- Develop a formal employee feedback process to obtain direct input regarding care delivery processes, PPE, and technology availability related to expansion of care.
- Appropriately use telemedicine. Appropriate use of telemedicine will facilitate access to care while helping minimize the spread of the virus to other patients and/or health care workers.
- Use on-site fever screening and self-reporting of COVID-19 symptom screening for all patients, visitors and staff prior to (the preferred approach), or immediately upon, entering a facility or practice.
- For clinical procedures and surgeries, develop and implement setting-appropriate, pre-procedure COVID-19 testing protocols that are based on availability, Department of Health guidance, if any, and/or relevant and reputable professional clinical sources and research.
- Implement policies for non-punitive sick leave that adhere to U.S. Centers for Disease Control and Prevention (CDC) return-to-work guidance.
- Post signage that strongly encourages staff, visitors and patients to practice frequent hand hygiene with soap and water or hand sanitizer, avoid touching their face, and practice cough etiquette.
- Maintain strict social distancing in patient scheduling, check-in processes, positioning and movement within a facility. Set up waiting rooms and patient care areas to facilitate patients, visitors and staff to maintain ≥6 feet of distance between them whenever possible, consider rooming patients directly from cars or parking lots, space out appointments, and consider scheduling or spatially separating well visits from sick visits.

Web Address

https://www.governor.wa.gov/sites/default/files/20-24.1%20-%20COVID-19%20Non-Urgent%20Medical%20Procedures%20Ext%20.pdf

Also findable at governor.wa.gov

Admiral Bono



Coronavirus Disease 2019 (COVID-19)

Washington State Department of Health

Remdesivir Allocation

May 18, 2020

Remdesivir

- Investigational antiviral drug (not FDA-approved)
- On May 1, FDA authorized emergency use of remdesivir for treatment of adults and children with severe COVID-19; administered IV in hospitals
- NIH-sponsored randomized controlled trial (preliminary)
  - Median time to recovery: 11 days in remdesivir group vs. 15 days in placebo group
  - Mortality rate: 8.0% in remdesivir group vs. 11.6% in placebo group **(p=0.059)**
- NIH: Recommends remdesivir for treatment of severe COVID-19 (i.e, SpO2 ≤94% on room air, requiring supplemental O2, mechanical ventilation, or ECMO (BI)
- IDSA
  - No guidance on use of remdesivir

Source: https://www.niaid.nih.gov/news-events/nih-clinical-trial-shows-remdesivir-accelerates-recovery-advanced-covid-19

Shipment #1 (800 vial)

- Gilead donated remdesivir to the US government
  - Federal government is allocating drug to states based on COVID-19 activity
- Convened DMAC and community health equity experts on May 11th
  - How should remdesivir be distributed in Washington?
  - Which patients should be highest priority for receiving remdesivir?
- Washington received first shipment (~100 courses) on May 12

Allocation of Shipment #1 (800 vials)

- DOH will allocate remdesivir to hospitals based on:
  - Incidence of COVID-19 cases in the county during the past week
  - Number of COVID-19 patients in the hospital
  - Prioritize communities experiencing disproportionate burden of disease
  - Access to remdesivir through a clinical trial or the Gilead Expanded Access Program (Hospitals who are currently participating or recently participated in a remdesivir trial or the Gilead Expanded Access Program will not receive any of the initial remdesivir shipment.)

Remdesivir Clinical Trials

City	Institution	Study
Kirkland	EvergreenHealth Infectious Disease Service	NIAID (NIAID study: NCT04280705)
Seattle	The University of Washington - Virology Research Clinic	
Spokane	Providence Sacred Heart Medical Center	
Tacoma	Madigan Army Medical Center - Infectious Disease Clinic	
Everett	Providence Regional Medical Center Everett	Gilead SIMPLE Studies (Gilead study in patients with moderate disease NCT04292730 and severe disease NCT04292899)
Kennewick	Kadlec Regional Medical Center	
Olympia	Providence St. Peter Hospital	
Seattle	Virginia Mason Medical Center	
Seattle	Swedish Center for Comprehensive Care	
Spokane	MultiCare Deaconess Hospital	
Tacoma	MultiCare Tacoma General Hospital	
Tacoma	St Joseph Medical Center	

Gilead Expanded Access Program

- Overlake Hospital Medical Center
- Investigational Drug Services UW Medicine Valley Medical Center

- Note: As remdesivir distribution transitions from Expanded Access Program to Emergency Use, Expanded Access Program will wind down

Hospital Allocations for Initial Remdesivir Shipment

Name	County	Licensed Beds	# confirmed COVID cases hospitalized		County Incidence*	Approx. Number Patients	Number Vials
			05/10/20	05/11/20			
Trios Health	Benton	111		5	2.7	5	40
Central Washington Hospital	Chelan	176		6	1.5	5	40
PeaceHealth Southwest Medical Center	Clark	450		8	0.3	10	80
Highline Medical Center	King	133	12	12	2.1	5	40
MultiCare Auburn Medical Center	King	195	7	13	2.1	10	80
UW Harborview Medical Center	King	413	17	17	2.1	15	120
Multicare Good Samaritan	Pierce	365	11	11	1.3	10	80
St Clare Hospital	Pierce	106	7	8	1.3	10	80
Providence St Mary Medical Center	Walla Walla	142		4	3.2	5	40
Astria Sunnyside Hospital	Yakima	38		3	9.7	5	40
Virginia Mason Memorial	Yakima	226	15	19	9.7	20	160
TOTAL						**100**	**800**

* Incidence calculated as cases/100 population/day during the week of April 26, 2020

Shipment #2 (1640 vials)

- Shipment #2 (1640 vials) arrived in Washington on May 18th
- Convened DMAC on May 17th
  - Recommended giving allocations to the large health systems and maintaining an allocation at the state for smaller hospitals to access
  - Created clinical recommendations for offering remdesivir to patients
- On May 18th, DOH learned that WA will receive shipment #3 (1640 vials) later this week
- Gilead donating 300,000 more doses to federal government on or about June 1

DRAFT Proposal—Shipment #2

- Allocate doses proportionally based on confirmed COVID-19 admissions over the past two weeks (May 1-14)
  - Large health systems
  - Few large hospitals
  - Hold allocation at the state for rest of hospitals
- Require systems to complete RedCap form (~10 questions) for each patient who receives state supply
  - Ensure equitable distribution

DRAFT Clinical Recommendations

- Inclusion criteria
  - Lab-confirmed COVID-19 infection
  - Oxygen saturation (SpO2) </= 94% on room air or requiring supplemental oxygen
  - eGFR >30 mL/min
  - AST/ALT <5 times upper limit of normal
- Exclusion criteria
  - Will likely die within the next 24 hours
  - Improving and likely will be discharged within 72 hours
  - Access to the drug through another means (i.e. trials, Compassionate Care, etc.)
  - Intubated > 5 days (unless delay accessing drug)
  - Hospitalized for >10 days

DRAFT Clinical Recommendations

- Other considerations
  - Prioritizing patients requiring oxygen but not yet requiring mechanical ventilation
  - For those require mechanical ventilation: favoring the least number of days on either
  - Using a second 5 day course if no improvement or worsening or need for persistent mechanical ventilation after first 5 day course

Gilead SIMPLE: https://www.gilead.com/news-and-press/press-room/press-releases/2020/4/gilead-announces-results-from-phase-3-trial-of-investigational-antiviral-remdesivir-in-patients-with-severe-covid-19

Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Washington State Hospital Association

WSHA Role in Remdisivir Distribution

- We got hospitals to report to feds so we received shipments
- We are not deciders about who receives it, but advocating on the policy-level decisions
- As shipments arrive:
  - DOH gives us list – who and how much
  - We contact hospitals – do you want it, how many vials and when to retrieve
  - We help coordinate pickup (new storage facility)
  - We help collect required documentation
  - Currently verifying data for shipment #2 allocation
  - Josh Russell main contact joshr@wsha.org

Get Care Campaign

Public Education Campaign

The need: An increasing number of people are delaying care until it becomes emergent, sometimes life-threatening.

Campaign goals:

- **Build confidence that it is safe to seek care and in-person visits aren't the only option**
- **Encourage people to not wait to seek care for urgent symptoms**
- **Increase the number of patients *appropriately* seeking health care services across settings (doctor's offices, clinics, telehealth, emergency, and urgent care.)**

PSA Work Group Participants

- Cascade Medical Center
- Confluence Health
- CHI Franciscan
- EvergreenHealth
- Grays Harbor Community Hospital
- Kittitas Valley Health
- Mid-Valley Hospital
- MultiCare Health System
- Overlake Medical Center
- Providence Health & Services
- UW Medicine
- Seattle Children's
- Summit Pacific
- Swedish Health & Services
- Virginia Mason
- PeaceHealth
- Whidbey Health
- Washington State Medical Association

The Campaign

Four weeks – earned and paid

- **Digital, social, newspaper, radio, television**

72% of 65+ rely on TV news (+21%); only 34% of 18-29 household

40% of 18-29 households get news from social media (friends/family) (+8%)

38% of households with >$100k visit national news outlets daily (+11%)

The Campaign - 81,000,000 + impressions

Digital Impressions:	44,603,730
TV Impressions:	29,248,792
Newspaper Impressions:	648,000
Radio Impressions:	7,075,472
Total Campaign Impressions:	81,575,993

Earned Media

US death toll could be double official figure, expert warns as thousands avoid seeking medical help over coronavirus fears **The Independent**

Focus on COVID-19 has health officials concerned about people neglecting regular health care **NCW Life**

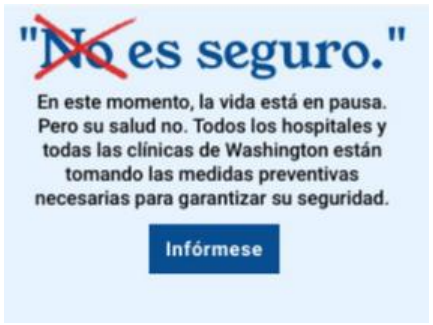
Local hospitals: don't skip routine care **KOMO**

Reporting metrics

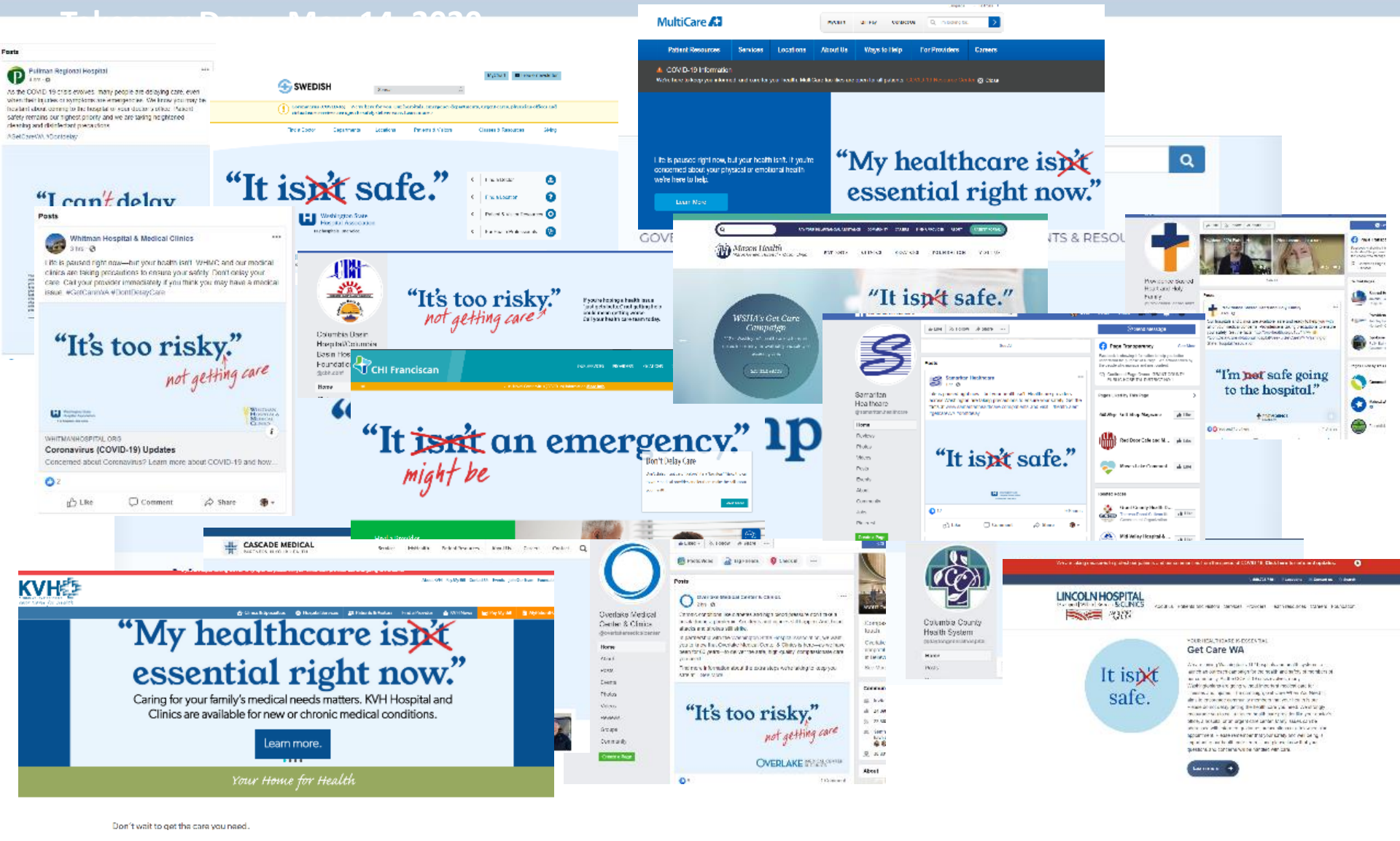
- Engagement
- Changing attitudes around seeking care
- Increased volume

Why care is delayed

Get Care When You Need It PSA Campaign



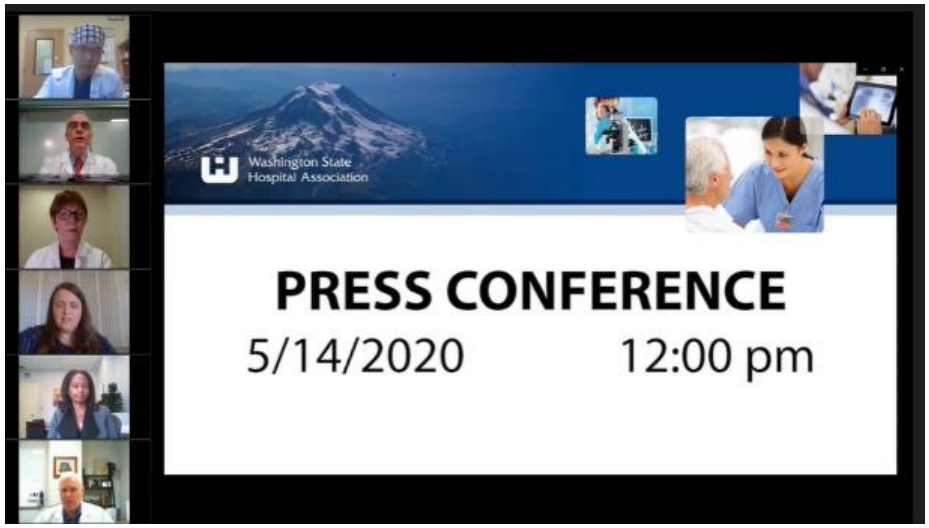
Washington State Hospital Association



Don't wait to get the care you need.

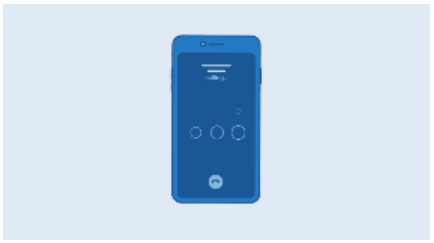
Virtual Press Conference

- Dr. Francis Riedo, EvergreenHealth
- Dr. Elizabeth Wako, Swedish First Hill
- Dr. Stuart Freed, Confluence Health
- Dr. Ruth McDonald, Seattle Children's
- Dr. Sam Hsieh, Coulee Medical Center



Washington State Hospital Association

Video



www.wsha.org/getcare

WSHA Board Direction

- PPE
- Testing planning

PPE

Organization	Masks Requested	Masks Received	Remaining Balance
Adult Family Home Council	110,000	85,000	25,000
American Behavioral Health Systems	10,000	10,000	0
Oregon Association of Hospitals and Health Systems	100,000	0	100,000
Arbor Health Morton Hospital	5,000	5,000	0
Assoc. of Alcoholism and Addiction Programs of Washington State	40,000	40,000	0
Astria Sunnyside Hospital	100,000	30,000	70,000
Astria Toppenish Hospital	50,000	30,000	20,000
ATU 587 (transit operators)	5,000	0	5,000
Cascade Medical	27,500	22,500	5,000
Catholic Community Services Home Care	5,000	0	5,000
Columbia Basin Hospital	5,000	6,000	0
Coulee Medical Center	25,000	25,000	0
Dayton General Hospital/Columbia County Health System	5,000	5,000	0
DESC (Downtown Emergency Service Center)	50,000	28,000	22,000
East Adams Rural Healthcare	2,500	2,000	500
Evergreen Health Monroe	75,000	74,000	1,000
EvergreenHealth	100,000	100,500	0
Fairfax Behavioral Health	1,000	2,000	0
Ferry County Health	20,000	20,000	0
Forks Community Hospital	20,000	19,000	1,000
Garfield County Hospital District	5,000	6,000	0
Grays Harbor Community Hospoital	20,000	10,000	10,000
Health Care Authority	5,000	0	5,000
island Hospital	10,000	10,000	0
Jefferson Healthcare	20,000	20,000	0
King County Behavioral Health and Recovery Division - Emergency Service Patrol	300	0	300
King County Public Health - HCHN	150,000	0	150,000
Kittitas Valley Healthcare	20,000	10,000	10,000
Klickitat Valley Health	1,000	2,000	0
Leading Age Washington	45,000	41,000	4,000
Mason General Hospital	25,000	24,000	1,000
Mid-Valley Hospital	20,000	19,000	1,000
Ocean Beach Hospital and Medical Clinics	30,000	31,000	0
Okanogan County Public Hospital Dist No 4 d/b/a North Valley Hospital	15,000	15,000	0
Olympic Medical Center	60,000	60,000	0
Othello Community Hospital	5,000	5,000	0
PeaceHealth System	250,000	99,000	151,000
Prosser	10,000	10,000	0
Pullman Regional Hospital	4,000	4,000	0
Samaritan Healthcare	15,000	16,000	0
Seattle Childrens	200,000	99,000	101,000

Board said:

Continue this work

Cover WSHA costs

Offer to others outside WSHA

Expand what is offered

- Gowns
- N-95s?
- Gun thermometers?

Offer training to non-hospitals

We are looking for advisory group: bethz@wsha.org

Testing Planning

Washington State Hospital Association

Due to Memorial Day, the next meeting is:

Wednesday, May 27 10:00am – 12:00pm

(please update your calendars)