



Washington State
Hospital Association



WSHA COVID-19 Member Call with State Leaders

July 27, 2020

Agenda

Current State and Future Plans – Vice Admiral Raquel Bono, DOH

Epi Report and Remdesivir – Dr. Kathy Lofy, DOH

“Staying Open, Staying Safe” Workgroups – Cassie Sauer, WSHA

Data Reporting Quagmire – Christy Remedios, WSHA

Non-Urgent Procedures Proclamation: Moving from Contingency Phase to Crisis Phase – Taya Briley, WSHA

Advocacy Reminders – Cassie Sauer, WSHA

If you have questions, raise your hand!

Current State and Future Plans

Vice Admiral Raquel Bono



Epi Report and Remdesivir

Dr. Kathy Lofy



WSHA Role in Remdesivir Distribution

- Urging and helping hospitals to report to feds so we receive shipments
- We are not deciders about who receives it, but advocating on policy-level decisions
- As purchased shipments are planned:
 - Thursdays: DOH gives us list – who and how much and we contact hospitals
 - Fridays by 3:00p: need to know if hospitals do **not** want or want less of their allocation
 - Following week, hospitals are contacted by AmerisourceBergen for confirmation and shipping
- If you have urgent need, we can help:
 - State still has donated stock
 - Unused donated hospital stock can be transferred to other hospitals
- We are all happy with how this works; could be used for other emerging limited resources
- If process should change, we will let you know

WSHA point of contact for remdesivir is Josh Russell joshr@wsha.org

4th Allocation of Remdesivir to Purchase

Astria Sunnyside

Astria Toppenish

Capital Medical Center

Confluence Central WA

EvergreenHealth

CHI St. Clare

CHI St. Francis

CHI St. Joseph

CHI St. Anne Hospital

CHI St. Michael

Grays Harbor Community Hospital

Kadlec Regional Medical Center

Kittitas Valley Hospital

Lake Chelan Community Hospital

Legacy Salmon Creek

Lourdes Medical Center

Mid-Valley Hospital

MultiCare Allenmore

MultiCare Auburn

MultiCare Deaconess

MultiCare Good Samaritan

MultiCare Mary Bridge

MultiCare Tacoma General

MultiCare Valley

Newport Hospital

Othello Community Hospital

Overlake Medical Center

PeaceHealth Southwest

PeaceHealth St. Joseph

Prosser Memorial

Providence Centralia

Providence Holy Family

Providence Everett

Providence Sacred Heart

Providence St. Mary

Providence St. Peter

Pullman Regional Hospital

Samaritan Healthcare

Skagit Valley Hospital

Skyline Hospital

Snoqualmie Valley Hospital

Summit Pacific Medical Center

Swedish Cherry Hill

Swedish Edmonds

Swedish First Hill

Swedish Issaquah

Trios Southridge Hospital

UW Harborview Medical Center

UW Medical Center

UW NW Medical Center

UW Valley Medical Center

Virginia Mason Medical Center

Virginia Mason Memorial

Western State Hospital

“Staying Open, Staying Safe” Workgroups

Cassie Sauer



State/Labor/Management “Staying Open, Staying Safe”

Private-Public Collaboration Workgroups

Areas of Collaborative Work

Congregate living/group homes/SNF/etc. hot spot or impending hot spot identification and support activities, with emphasis on vulnerable communities

PPE strategic sourcing and distribution

Covid-19 testing, tracking, tracing and data management

Hospital inpatient & outpatient surge capacity planning and visibility

Want to be part of a workgroup, representing the whole health care system?
Send name and which one to Josh Russell joshr@wsha.org

First Group: PPE

Goals of PPE Workgroup

- Adequate PPE so that health care can be fully and safely operational, in the context of a green agenda, without the need to utilize PPE conservation/reprocessing protocols
- Develop and implement a reliable and verifiable reporting and monitoring approach for PPE inventory and usage that includes information from both hospitals and long-term care organizations
- Build reasonable PPE inventory supply reserves to prepare for future respiratory season patient volume increases/surges
- Support alternate source of PPE including, if feasible, locally manufactured PPE
- Clarify State's role in PPE procurement to backstop healthcare systems' access to necessary PPE

PPE Workgroup Participants

Category	Name
ID Physicians	<ul style="list-style-type: none"> • John Lynch, MD, UW Medicine • Mike Myint, MD, MultiCare
Supply Chain SMEs	<ul style="list-style-type: none"> • Erik Walerius, Chief Supply Chain Officer • Jason Moulding, VP of Strategic Sourcing, MultiCare • Greg Conover, Client Executive, EWA-MT for Resource, Engineering & Hospitality Group, Providence • Brian Davis, Providence • David Efroymsen, Sr. Director of Supply Chain, Kaiser Permanente • Morgan Anderson, Material Management, Kittitas Valley HC
Nursing Leaders	<ul style="list-style-type: none"> • Jessica Symank, WSHA • Susan Stacey, CNO & COO, Providence Sacred Heart
ASCs	<ul style="list-style-type: none"> • Emily Studebaker
Private Practice Physicians	<ul style="list-style-type: none"> • Dr. Nariman Heshmati, Medical Director of Surgery, Everett Clinic
LTC	<ul style="list-style-type: none"> • Albert Munanga, DrBH, MSN, RN, Era Living • Elena Madrid, EVP for Regulatory Affairs, WHCA
Labor	<ul style="list-style-type: none"> • Jane Hopkins, SEIU • Stacey Opiopio, UFCW
Dentistry	<ul style="list-style-type: none"> • Bracken Killpak, Executive Director, WSDA
State Team	<ul style="list-style-type: none"> •

State-Acquired N95s

- State will not be getting 3M N95s
- We urge hospitals to try the BYDs – varying reports

Appendix A: Authorized Imported, Non-NIOSH Approved Respirators Manufactured in China (Updated: July 24, 2020)

The table below includes a list of non-NIOSH respirators authorized by [this Umbrella EUA](#) for emergency use during the COVID-19 public health emergency.

Beijing Topnew Import & Export Co., Ltd. TOPNEW IMPORT & EXPORT CO., LTD.	ZY95	<ul style="list-style-type: none"> • IFU
BYD Precision Manufacture Co. Ltd.	BYD KN95 Particulate Respirator (Model Number(s): DG3101, DN1102)	<ul style="list-style-type: none"> • DG3101: IFU • DN1102: IFU
Careable Biotechnology Co., Ltd.	CARE002, CARE003	
Changsha Changjiu Medical Technology Co. Ltd.	KN95-05, KN95-08	

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas>

Data Reporting Quagmire

Christy Remedios



- HHS change in process and fields for daily COVID-19 hospital reporting --- all hospitals must use the HHS TeleTracking portal to submit data
- Hospitals are urged to report all fields daily. HHS will use data to inform its Remdesivir distribution and for other resource allocations.
- WA hospitals must report to both HHS TeleTracking and WA Health – WSHA strongly advocates finding ways to leverage WA Health to report on behalf of hospitals
- If you need help or support from WSHA, please contact me at christyr@wsha.org. For issues with accessing the TeleTracking portal, contact TeleTracking Technical Support at 1-877-570-6903.

Non-Urgent Procedures Proclamation: Moving from Contingency Phase to Crisis Phase

Taya Briley



Governor's Proclamation 20-24.1

Area of Focus: Expansion/Contraction of Care



Issues to consider

- **Metrics**
- **Geography**
- **Role of hospitals – and other providers**
- **Role of health care coalitions**

Expansion/Contraction of Care Plan

Each health care, dental or dental specialty facility, practice, or practitioner must develop an expansion/contraction of care plan that is both congruent with community COVID-19 assessment described above, consistent with the clinical and operational capabilities and capacities of the organization, and responsive to the criteria provided below.

Expansion/contraction of care plans should be operationalized based on...

...the standards of care that are in effect in the health care facility, practice or practitioner's relevant geography *as determined by that region's emergency health care coalition*, as follows:

- **Conventional Care Phase – All appropriate clinical care can be provided.**
- **Contingency Care Phase – All appropriate clinical care can be provided so long as there is sufficient access to PPE and, for hospitals, surge capacity is at least 20%.**
- **Crisis Care Phase – All emergent and urgent care shall be provided; elective care, that the postponement of which for more than 90 days would, in the judgement of the clinician, cause harm; the full suite of family planning services and procedures, newborn care, infant and pediatric vaccinations, and other preventive care, such as annual flu vaccinations, can continue.**

Questions

- **At what point do coalitions step in to trigger the Crisis Care Phase, meaning hospitals' efforts to coordinate and level load are not enough?**
- **How are other parts of the health care community factored in – dentists, independent practitioners, other providers?**
- **What are metrics to use?**
- **What geographic approach to use? Regional? Statewide?**

Advocacy Reminders

Cassie Sauer



Advocacy Reminders

Urge masking, constantly:

“What we need is hospital leaders standing shoulder to shoulder with local elected and other local community leaders getting folks to wear face coverings.”

-John Wiesman, Secretary of Health

Offer to be on a legislator’s town hall

- Great way to connect with the legislator
- Great way to share key information with the community
- Great way to generate support for the hospital



Thank you for your leadership!
Questions? Discussion?

