

Agenda

Admiral Bono Update

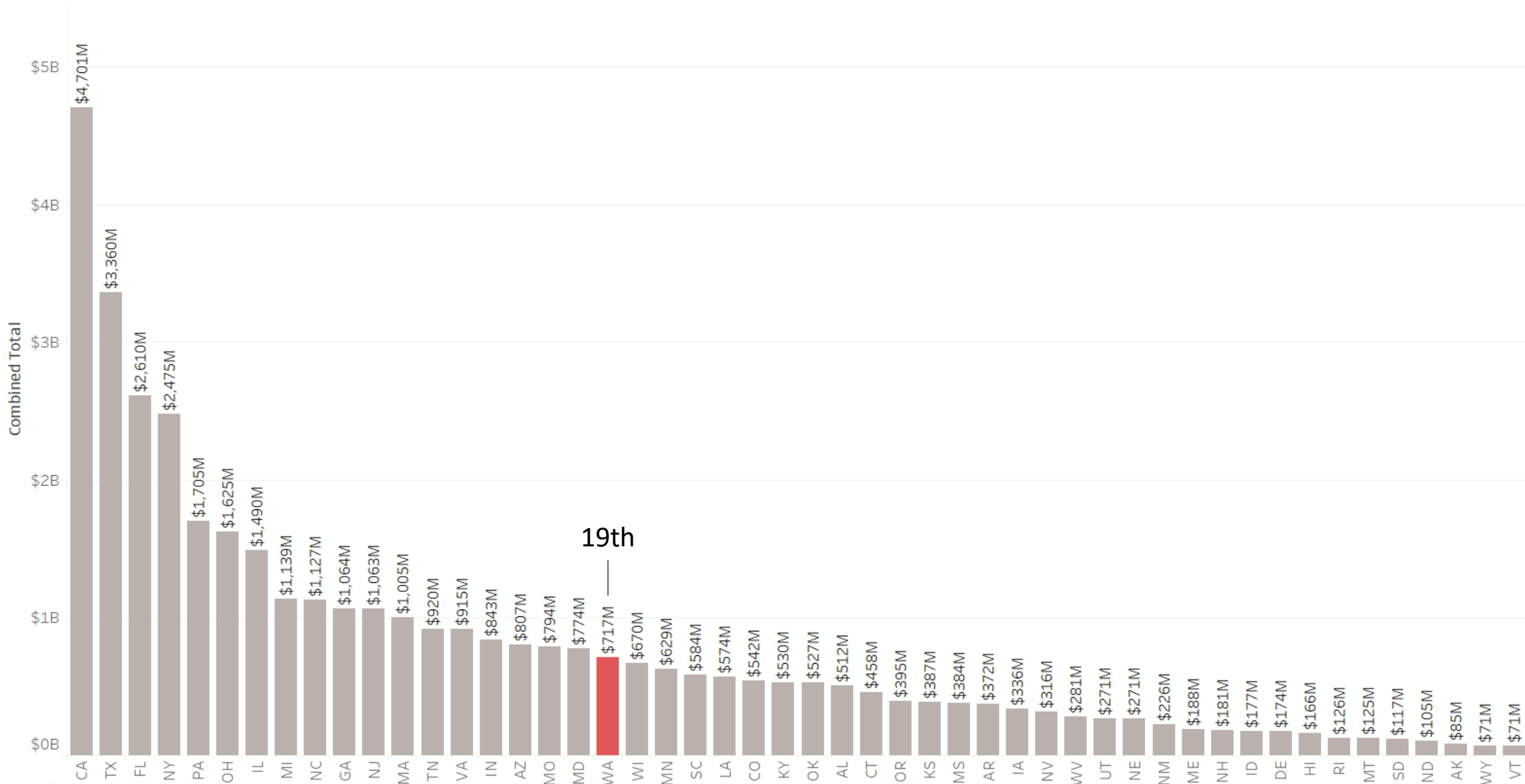
CARES funding – Washington’s relative position – Chelene Whiteaker

Get Care When You Need It Campaign – Beth Zborowski

DRAFT Triage/Trigger Guidelines – Cassie Sauer

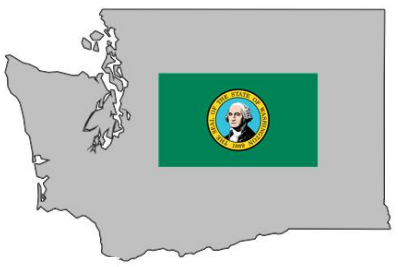
Status of Waivers – Taya Briley

Disbursement for all Eligible Providers through April 24th
 Hospitals received an estimated 45-50% of funds

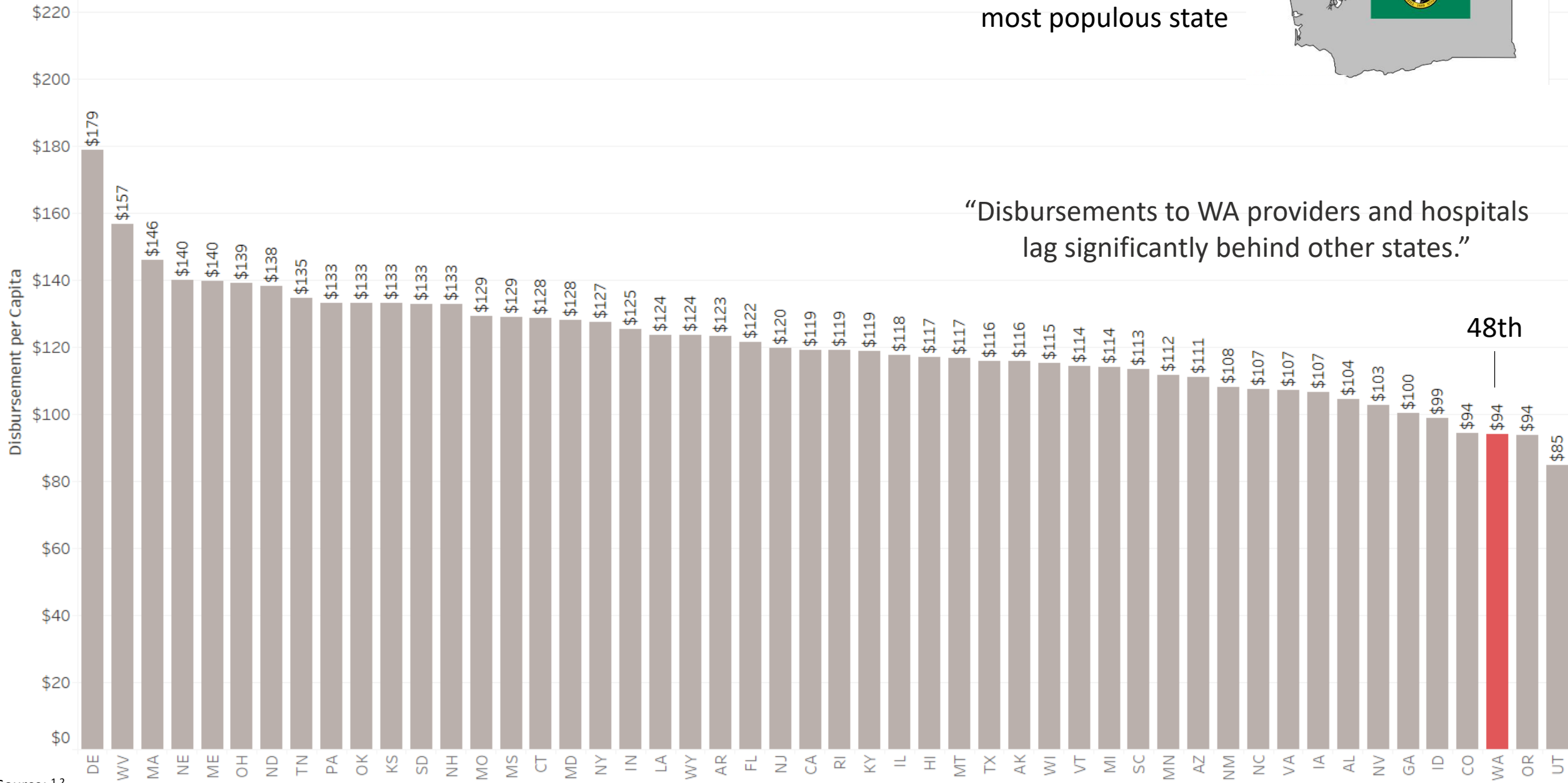


Source: 1

Estimated Disbursement per Capita
Hospitals received an estimated 45-50% of funds



- Washington State 13th most populous state



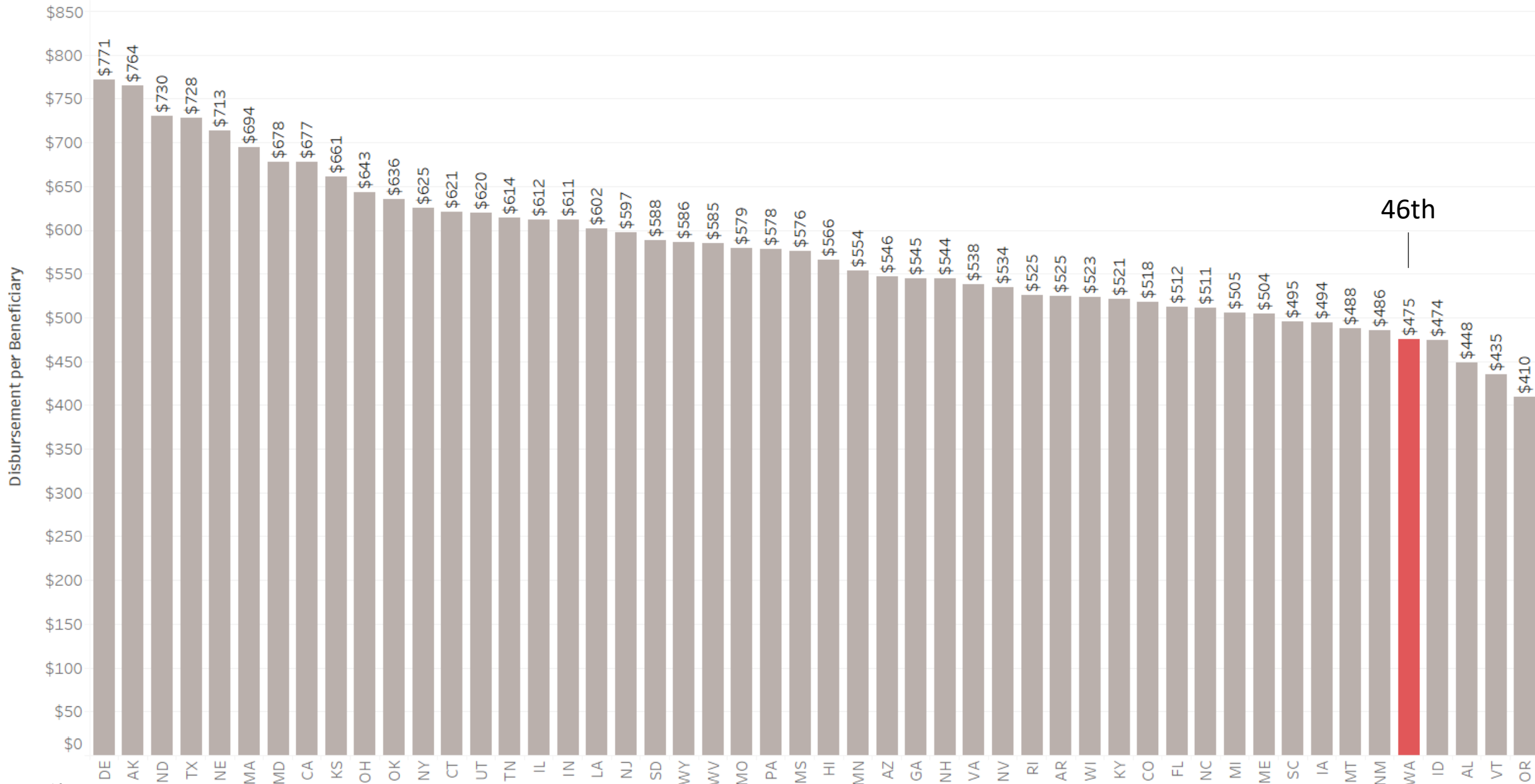
“Disbursements to WA providers and hospitals lag significantly behind other states.”

48th

Source: 1,2

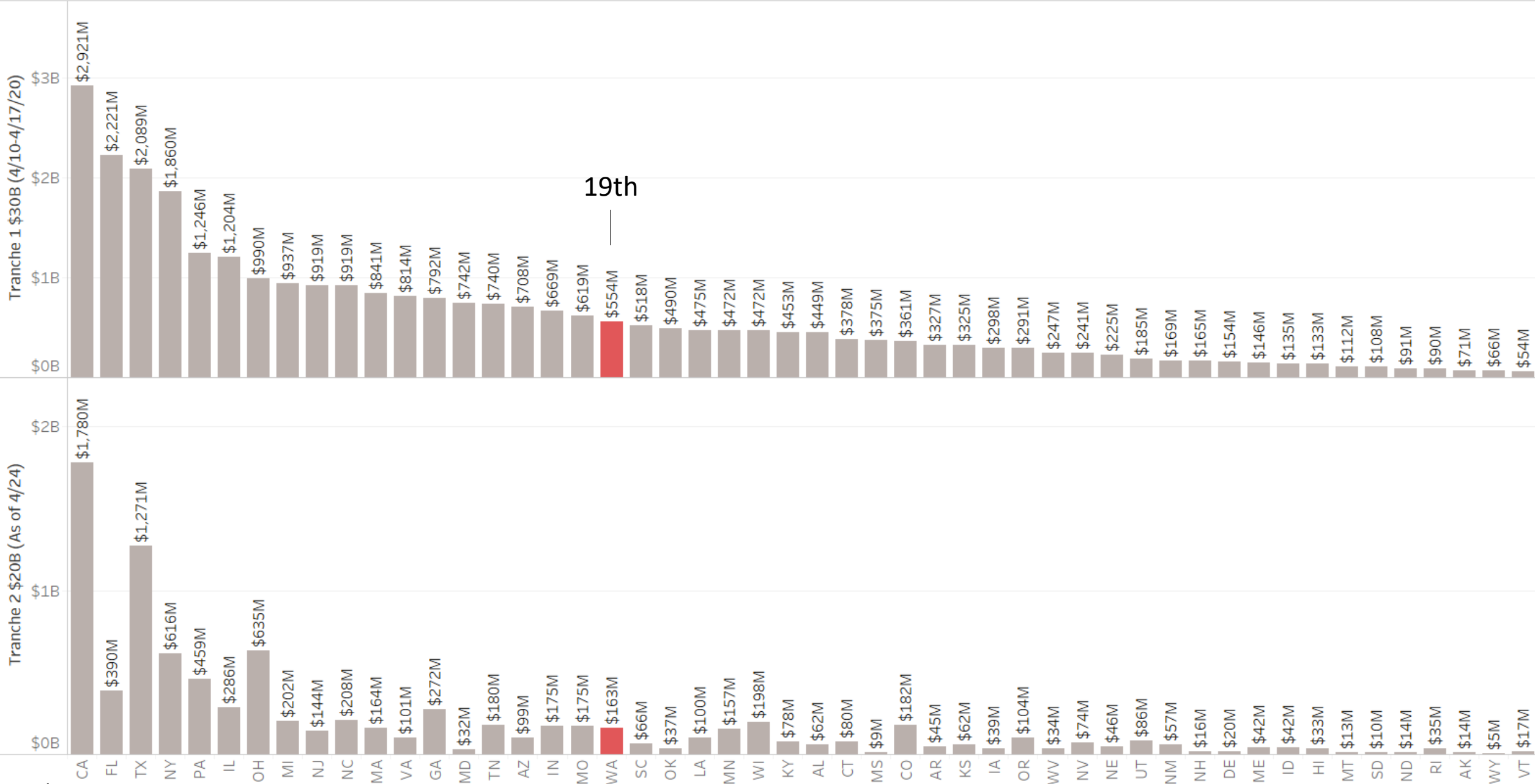
Estimated Disbursement per Eligible Medicare Beneficiaries

Hospitals received an estimated 45-50% of funds



Source: 1,3

Disbursement for all Eligible Providers through April 24th
 Hospitals received an estimated 45-50% of funds



Source: 1



Washington State
Hospital Association



Get Care When You Need It

PSA campaign

Beth Zborowski

May 1, 2020

WSHA PSA Campaign

The need: Members have expressed an increase in people delaying care until it becomes emergent, sometimes life-threatening.

The proposal: A statewide PSA campaign aimed at encouraging people to continue to manage chronic conditions and to seek care when they have concerning symptoms.

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
- Washington State Medical Association

Campaign Purpose & Goals

Campaign Purpose:

- Build confidence that it is safe to seek care
- Encourage people not wait to seek care for urgent symptoms

Campaign Goal: Increase the number of patients appropriately health care services across all settings (clinics, telehealth, emergency, and urgent care.)

Why care is delayed

“It’s not important.”

“It can wait.” “My emotional health is not essential.”

**“They’re too busy
for me.”**

“The hospital is not safe for my family.”

“They don’t have a room for me.” “It’s not a big deal.”



WebMD HEALTH A-Z DRUGS & SUPPLEMENTS LIVING HEALTHY FAMILY & PREGNANCY NEWS & EXPERTS CORONAVIRUS UPDATE CHECK YOUR SYMPTOMS FIND A DOCTOR FIND A DENTIST FIND LOWEST DRUG PRICES SEARCH

First Aid & Emergencies >

What should I do if I feel chest pains at home?

ANSWER

If you feel chest pains, whether from a heart attack or something else, stop doing whatever is giving you pain. Stay calm, and call 911.

- Lie down in a comfortable position with your head up.
- If you have regular adult aspirin, chew one if you don't have aspirin allergy. Taking more won't help, and may cause side effects.

From: Chest Pain Treatment WebMD Medical Reference
Reviewed by Carol DieSartorian on May 15, 2018

NEXT QUESTION: [What do you need to know about using an automated external defibrillator \(AED\)?](#) >

"The hospital is not safe for me."

Washington's 110 hospitals are taking every measure to identify and isolate COVID-19 patients – which means the emergency room is open (and safe) for you.

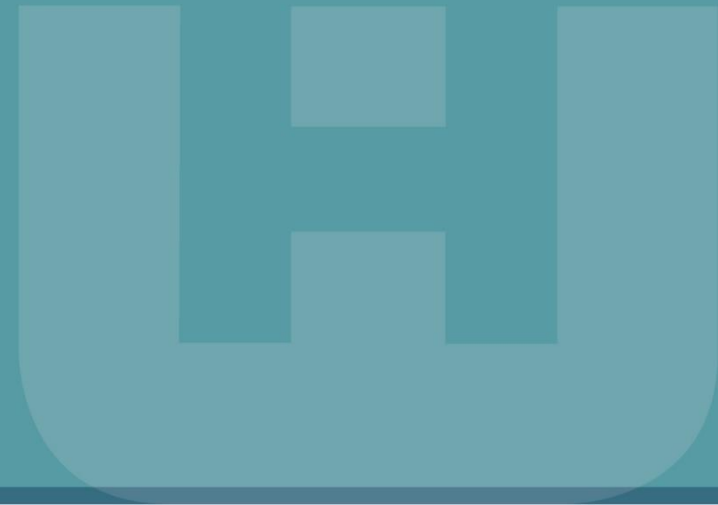
Chest pain?
Loss of consciousness?
Hit to the head?

[We're here.](#)

 Washington State Hospital Association



Non-Urgent Procedure Interpretative Statement



Addressed Concerns on PPE:

Facilities must provide health care workers with appropriately sized and sufficient quantities of PPE:

- Must follow DOH guidance on PPE (yellow)
- Facilities must have on-hand and in the facility 7 days of appropriate PPE
- Facilities must report PPE counts, as well as PPE on order and use
- Health care workers have access to COVID-19 testing and to timely notification (within 8 hours of awareness) of exposure to COVID-19
- Facilities must report on COVID-19 positive health care workers by facility and profession/position to the WA Health system



Patient Harm Definition

When considering potential harm to a patient's health and well-being:

- Expected advancement of disease process
- Possibility that delay results in more complex future surgery or treatment
- Increased loss of function
- Continuing or worsening of significant or severe pain
- Deterioration of the patient's condition or overall health
- Delay would be expected to result in a less-positive ultimate medical or surgical outcome
- Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality
- Non-surgical alternatives are not available or appropriate per current standards of care
- Patient's co-morbidities or risk factors for morbidity or mortality, if inflicted with COVID-19 after procedure is performed

Also, criminal penalties helpfully clarified

Capacity Restriction: Very Unclear

“For permitted procedures requiring an overnight stay, hospitals will not exceed 80% of available bed (licensed and **staffed beds**) capacity.”



Next Steps: Non-Urgent and Elective Services

One Possible Path



Trigger/Triage Guidelines DRAFT



Trigger/Triage Guidelines DRAFT

Elective Surgery Triage Suggestions Based on Evolving COVID-19 and Other Pandemic Threat Levels

Triage suggestions are based on patient diagnosis acuity, patient general health and co-morbidity (as relates to potential for contraction of COVID-19 in the perioperative period), and evolving threat levels of communicable infectious disease (CID) in the region and locale. Suggestions are meant to assist, not supplant a clinician's overall clinical impression and judgement.

Patient Diagnosis Acuity

- **Tier 1:** Low/"Fully Elective" – Conditions which, if left untreated for more than 90 days, are NOT expected to cause significant pain, significant dysfunction in patient's daily life or work, and/or are NOT progressing, nor at significant risk to progress.
- **Tier 2:** Medium/ "Semi-Urgent" - Conditions which, if left untreated for more than 90 days, ARE expected to cause significant pain, significant dysfunction in patient's daily life or work, and/or ARE progressing, or at significant risk to progress.
- **Tier 3:** High/"Semi-Urgent, Time Sensitive" - Conditions which, if left untreated in a timely fashion (3 weeks or less), ARE expected to cause significant pain, significant dysfunction in patient's daily life or work, and/or ARE progressing, or at significant risk to progress, but do not necessarily fall into the category of "Urgent" care for other reasons.

Patient General Health and Co-morbidities (as relates to contraction potential, and severity of COVID-19)

- "Type A" Patients – American Society of Anesthesia Physical Status class 1 and 2
- "Type B" Patients – ASA PS class 3 and above
 - Overall health, comorbidities and other relevant risk factors of patient relative to COVID-19 or other pandemic disease risk should be considered by clinician in deciding between types "A" and "B"

Trigger/Triage Guidelines DRAFT

Threat Levels of Communicable Infectious Disease (CID) in Region or Locale. The Washington State Department of Health will advise which level our state is in. In collaboration with the regional disaster preparedness coalitions, and in response to varying levels of disease in different regions, DOH may designate different regional threat levels in Eastern and Western Washington.

- **CID Threat Level 1:**
 - No current or soon-expected local or regional CID epidemic or pandemic threats identified, OR
 - CID epidemic or pandemic threat has already occurred, peaked, and resolved, AND
 - The health system has adequate capacity
- **CID Threat Level 2 – EITHER:**
 - Local or regional CID epidemic or pandemic threat identified, but not on significant upward infection curve/rate, OR
 - CID epidemic or pandemic infection curve/rate has peaked, and is on downward trajectory, and is reasonably assumed to stay on downward trajectory, but not fully resolved, OR
 - The health system is nearing full capacity
- **CID Threat Level 3 – EITHER:**
 - Active local or regional CID epidemic or pandemic, on upward infection curve/rate trajectory, or peaking, or staying at peak levels, before beginning significant downward resolution trajectory, OR
 - The health system is stressed for capacity

Trigger/Triage Guidelines DRAFT

Patient acuity & health	CID Threat Level 1	CID Threat Level 2*	CID Threat Level 3*
Tier 1, type A (ASA class 1-2)	Surgery/procedure at hospital, HOPD, ASF	Consider postponement until return to level 1	Postpone until return to level 2 (as noted) or 1
Tier 1, type B (ASA Class 3+)	Surgery/procedure at hospital; possible HOPD, or ASF based on anesthesia consultation and local guidelines/protocols	Postpone until return to level 1	Postpone until return to level 1
Tier 2, type A (ASA class 1-2)	Surgery/procedure at hospital, HOPD, or ASF	Surgery at hospital, HOPD, or ASF	Strongly consider postponement, in accordance with evolving recommendations and consultation with the healthcare team
Tier 2, type B (ASA Class 3+)	Surgery/procedure at hospital; possible HOPD, or ASF based on anesthesia consultation and local guidelines/protocols	Consider postponement until return to level 1 ○	Postpone until return to level 2 (as noted) or 1
Tier 3, type A (ASA class 1-2)	Surgery/procedure at hospital, HOPD, or ASF	Surgery at hospital, HOPD, or ASF	Consider postponement on case-by-case basis, in accordance with evolving recommendations and consultation with the healthcare team
Tier 3, type B (ASA Class 3+)	Surgery/procedure at hospital; possible HOPD, or ASF based on anesthesia consultation and local guidelines/protocols	Consider postponement until return to level 1	Postpone until return to level 2 (as noted) or 1

Waivers

Waivers/Expirations:

- Healthcare Worker Licensing – May 4
- Health Care Facilities and Hand Sanitizer – May 9
- Long Term Care Facilities – May 9
- Nursing Assistant Registered – May 9
- DSHS Facilities – May 9

DOH Guidance

- Alignment with Federal 1135 Waivers – through end of presidential declaration

WSHA Waiver Tracker:

http://www.wsha.org/wp-content/uploads/State-waiver-tracker_4.30.2020.pdf

Thank you

Questions?

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