Advice from the Surge

Monday, June 29, 2020

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Connecticut Surge

- First COVID case identified March 7—NY resident
- First known hospitalization announced March 8—CT resident
- Restaurants and bars closed March 16
- Schools closed March 17
- First known death March 18

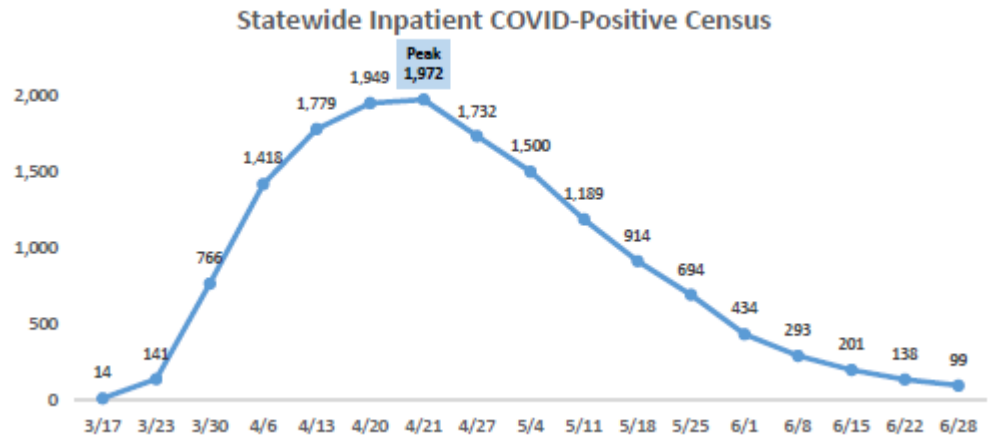
The following is a summary of the day-to-day newly reported data on cases, deaths, and tests in Connecticut. It is important to note that these newly reported updates include data that occurred over the last several days to a week. All data in this report are preliminary, and data for previous dates will be updated as new reports are received and data errors are corrected.

Overall Summary	Statewide Total (includes confirmed and probable cases)	Change Since Yesterday
COVID-19 Cases	46,206	+147
COVID-19-Associated Deaths	4,311	+4
Patients Currently Hospitalized with COVID-19	106	-21
COVID-19 PCR Tests Reported	427,567	+12,678

Reported from the Governor's office Thursday June 24

COVID patients hospitalized to date (3/1/20-6/27/20)

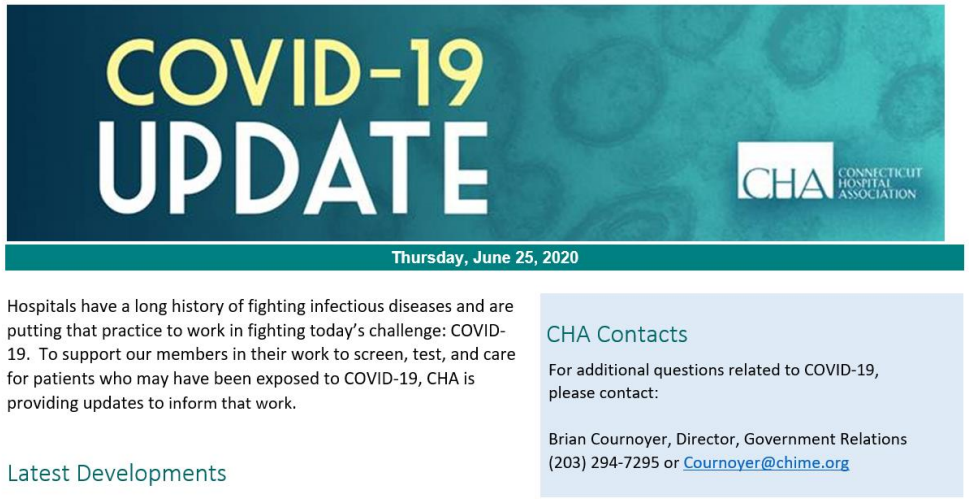
Current hospitalized census	104	1.0%
Total discharged	8,082	78.6%
Total deaths	2,095	20.4%
Total hospitalized patients	**10,281**	



What worked well to support the hospitals?

- Non-stop communication, e.g.,
  - Daily update via e-mail
  - Frequent calls with all hospital groups
    - Daily CEO
    - Weekly IPs, QMs, PCEs, Physician Execs
  - Multiple calls and Zooms with state agencies and legislators
  - Supply chain resource list
- Deep dives, e.g.,
  - Convalescent plasma
  - Scarce resource utilization
  - Re-opening
- Making the case for resources
  - PPE
  - Medications
  - Money

- Collaboration
  - Policies, procedures, and practices
  - Moved patients around
- Best practice sharing, e.g.,
  - Proning
  - High oxygenation
  - Moving equipment outside the room


COVID-19 UPDATE

CHA CONNECTICUT HOSPITAL ASSOCIATION

Thursday, June 25, 2020

Hospitals have a long history of fighting infectious diseases and are putting that practice to work in fighting today's challenge: COVID-19. To support our members in their work to screen, test, and care for patients who may have been exposed to COVID-19, CHA is providing updates to inform that work.

Latest Developments

CHA Contacts

For additional questions related to COVID-19, please contact:

Brian Cournoyer, Director, Government Relations
(203) 294-7295 or Cournoyer@chime.org

What were opportunities that you will do differently the next surge?

- We were all going as fast as we could, but….
- Address HCW wellness early on
  - Very worried because guidelines kept changing
  - Remind and reassure staff about compliance both in and out of work
  - Put in many options to keep them and families safe
  - HCW prevalence lower than community prevalence
- State laws on telehealth and immunity
- Post-acute care
- Community buy-in
  - Impact on knowledge and behaviors
  - Impact on disparities in outcomes
  - Visitor policies

Advice from the Surge

Monday June 29, 2020

Lorraine Ryan
Greater New York Hospital Association
Senior Vice President
Legal, Regulatory and Professional Affairs
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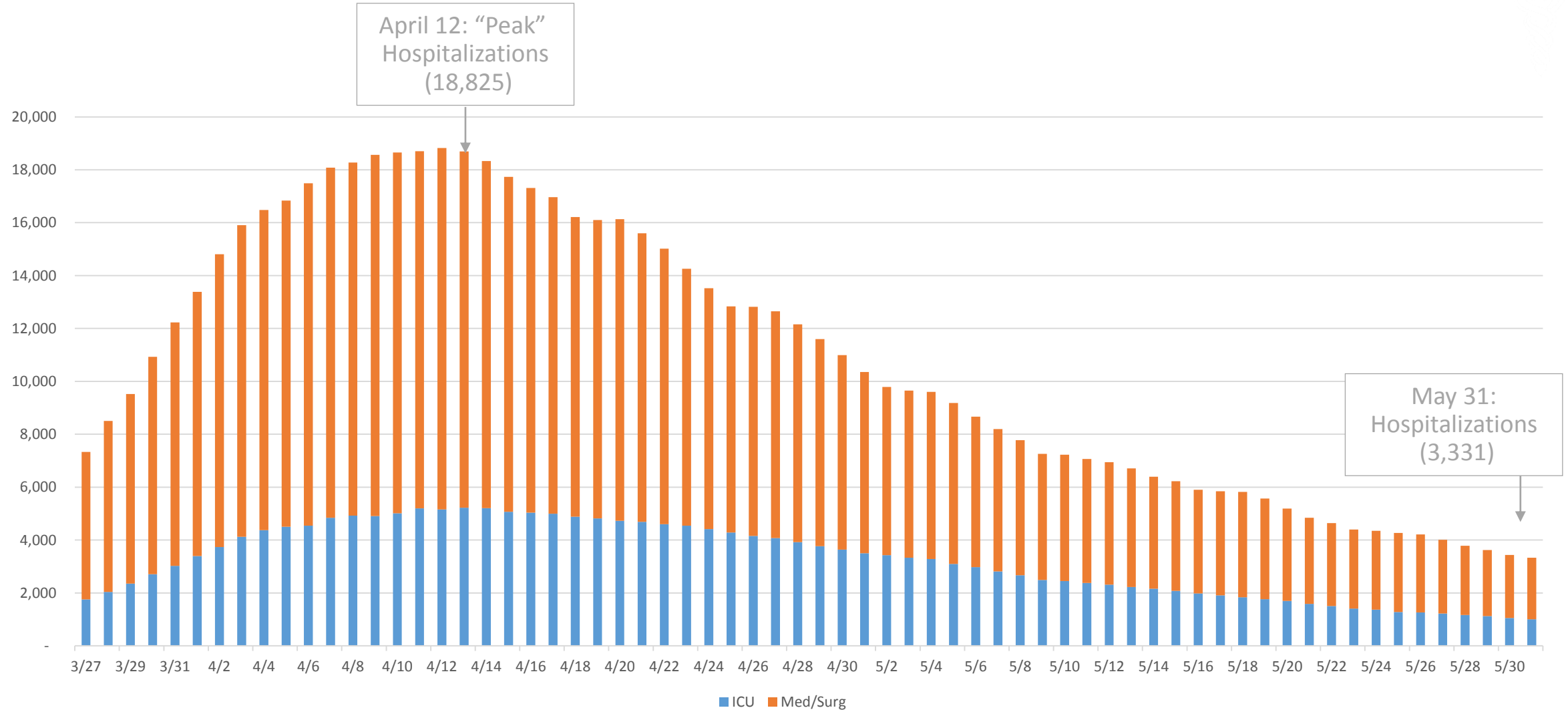
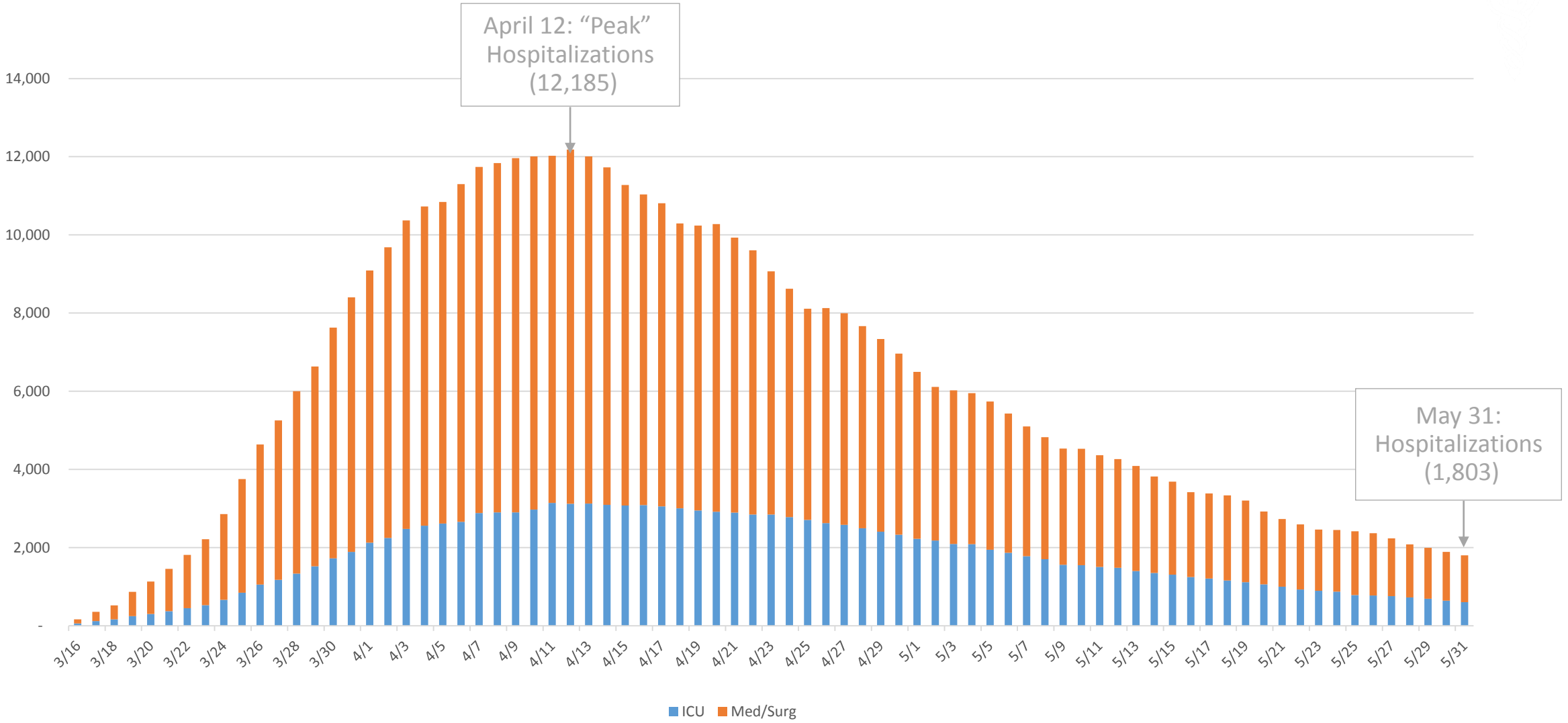
NYS Hospitalization Trend;

Timeline of New York's COVID-19 Surge and Response



NYC Hospitalization Trend



What worked well to support the hospitals?

Breadth of COVID-19 Response:
Largest Deployment of Health Care Resources in US History

Access to Gov't Stockpiles & Allocations	Alternate Care Site Coordination	Clinical Innovations	Discharge Planning & Options	Fatality Management
Funding Sources & Advocacy	Patient Transfer Support	PPE & Supplies Sourcing	Infection Control Guidance	Surge Staffing
Staff Needs (transportation, food, alternate housing)	Testing	Telehealth	Vulnerable Populations	Waivers

What would you differently in the future?

- Coordinated “System” (Federal, state and local level) Response
  - Targeted support for “stand alone” and safety net hospitals
- Supply Chain
  - PPE, oxygen, equipment, medications, dialysate
- Crisis Standards of Care
- Testing
- Immunity Protections
- Deferred and Elective Procedures
- Visitation Policies
- Recovering Patients
  - □ Placement challenges (rehab, ventilator and dialysis dependent)
  - □ Reimbursement rate adequacy for “hot spots”
- □ Immediate Clinical Staffing Needs
  - □ Staff Resilience and Well-being
- □ Reduce data burden
  - □ Waivers

Advice from the Surge

Monday June 29, 2020

4 pm

HANYS NYS Statewide Response

Loretta B. Willis

Vice President, Quality Advocacy, Research & Innovation and

Post-Acute/Continuing Care

Healthcare Association of New York State (HANYS)

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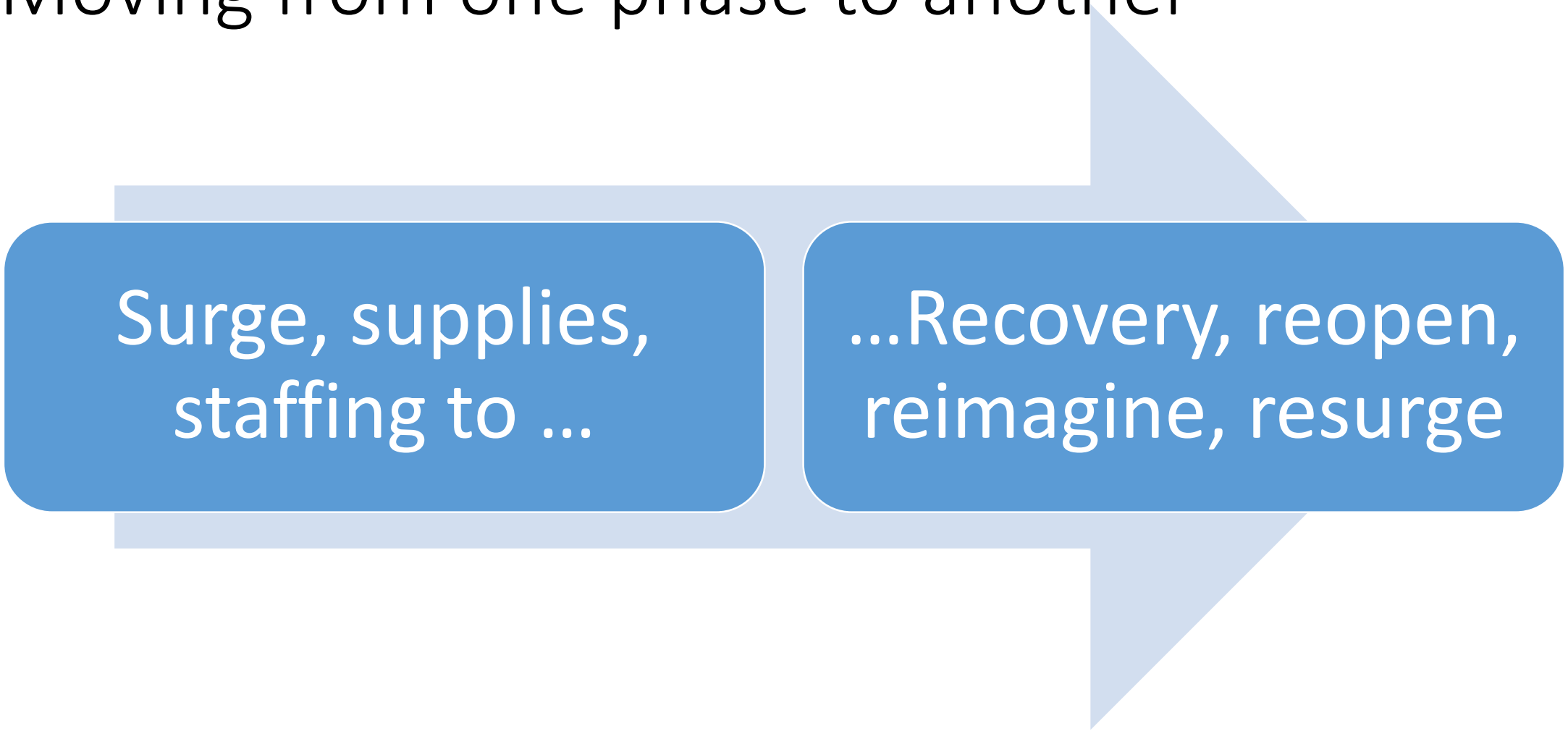
Visit our COVID-19 resources page.

New York State:
Moving from one phase to another



HANYS:
What worked well to support the hospitals?

- Statewide Coordination
  - Governor's Office; NYSDOH; NYC DOH; Regional Associations
- Member Communications
  - Standing Member Calls
  - Member Communications
- Member Support
  - CMS/NYS guidance and reporting
  - Supplies; transfers; staffing etc.
  - Advocacy: waivers; reporting
  - Pandemic & Recovery Series
- Social Media Campaign: #Safe.Supplied.Staffed

What were opportunities that HANYS will do differently the next surge?

- Immediate use of *Lean* strategies and tools
  - Issue leads;
  - shared electronic folders;
  - shared calendar;
  - huddles etc.

- Immediate initiation of Member/Regional Association calls

- Early use of social media
  - Debunk false messaging

Advice from the Surge

Monday June 29, 2020

4 pm

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Vice President of Clinical Performance and Transformation
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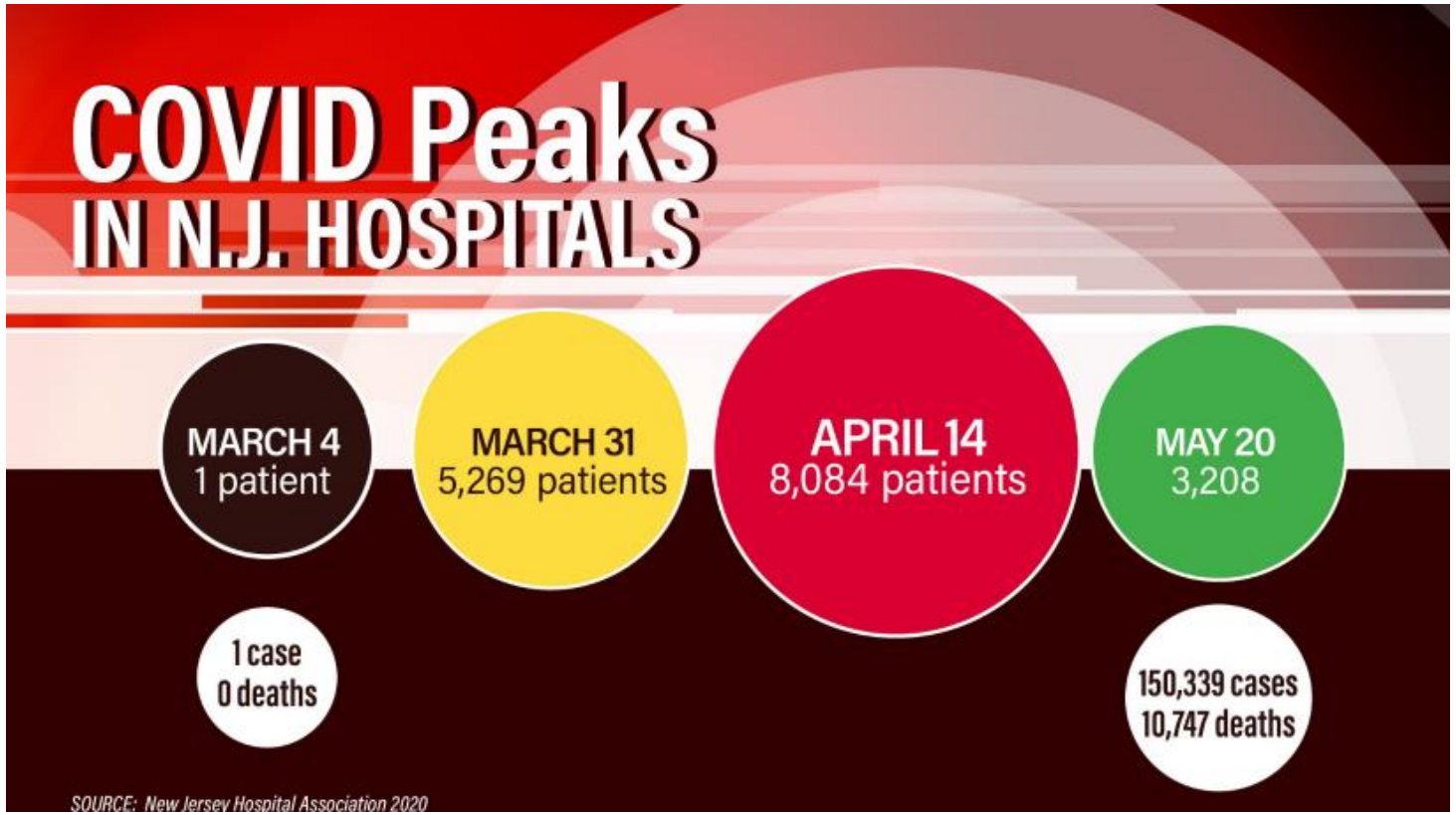
Describe your surge in your state



TODAY?....

What worked well to support hospitals

- Weekly CEO calls with DOH and Commissioner of Health.
- During the surge NJHA conducted CNO/CMO calls 3X's a week to share sticking points, best practice and innovation inclusive of all our hospital membership.
- Interdisciplinary calls 3X's a week including:
    - Respiratory Therapy, Social Work, Behavioral Health, Facilities, Pastoral Care, Dietary and Nutrition, Nursing Educations, Community Health, Pharmacy, Environmental Services, Infectious Disease.
- Community partnerships

What worked well to support long term care?

- Data analytics- NJHA identified meaningful data elements, aggregated and analyzed the data and turned the data into actionable items. This was critical within the long term care settings, but also across settings with partners in acute care, home health, etc.
- NJHA provided mutual aid and coordination of emergency preparedness and response between long term and post-acute settings and with acute care, public health and OEM.
- Regional or county facilities identified as COVID-19 only or with COVID only units may be more effective and may be easier to staff, resource with PPE and other equipment.
- Prioritization of testing and PPE for long term care populations is critical.
- Transparency and frequency of communication with residents, families, patients, staff – many opportunities electronically; better to over-communicate.

Promoting Resilience and Wellness

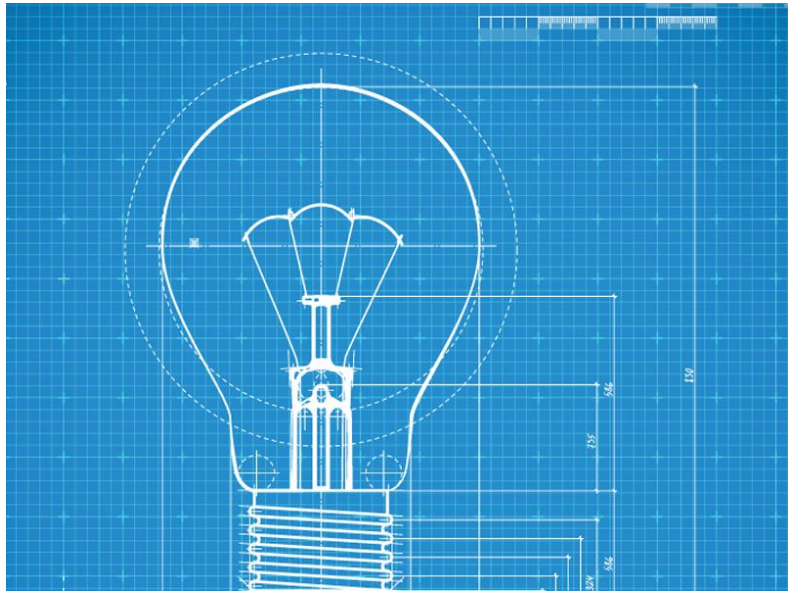
- Response to the emotional wellness needs of staff, patients and families ranged from
  - Enhanced EAP supports
  - Pastoral care rounding and call lines – prayer lines, multi language/multi denominational
  - Celebrations for discharge – but recognition of those who passed (patients and employees)
  - Bringing families together through technology/window visits, memory boxes for those who passed, yellow flowers for the deceased.

- Shift to telehealth model for support, assessment and even therapies
  - group models from 5 to 50 participants with special break-out for therapist/client interaction if there is a suspected escalation or trigger happening
  - New models for outpatient programming

- Focus on the here and now, and the anticipated
  - Beginning to see an uptick in crisis screening
  - Healthcare workers – PTSD-like symptoms
  - Communities – isolation, job loss, etc.

What were opportunities that you will do differently the next surge?

- Continue to work with EOM and State Department and have stakeholder involvement for SME.
- Prioritizing staffing plans, and PPE allocation/supply.
- Promote best practice mitigation planning from an interdisciplinary approach.



Advice from the Surge

Monday, June 29, 2020

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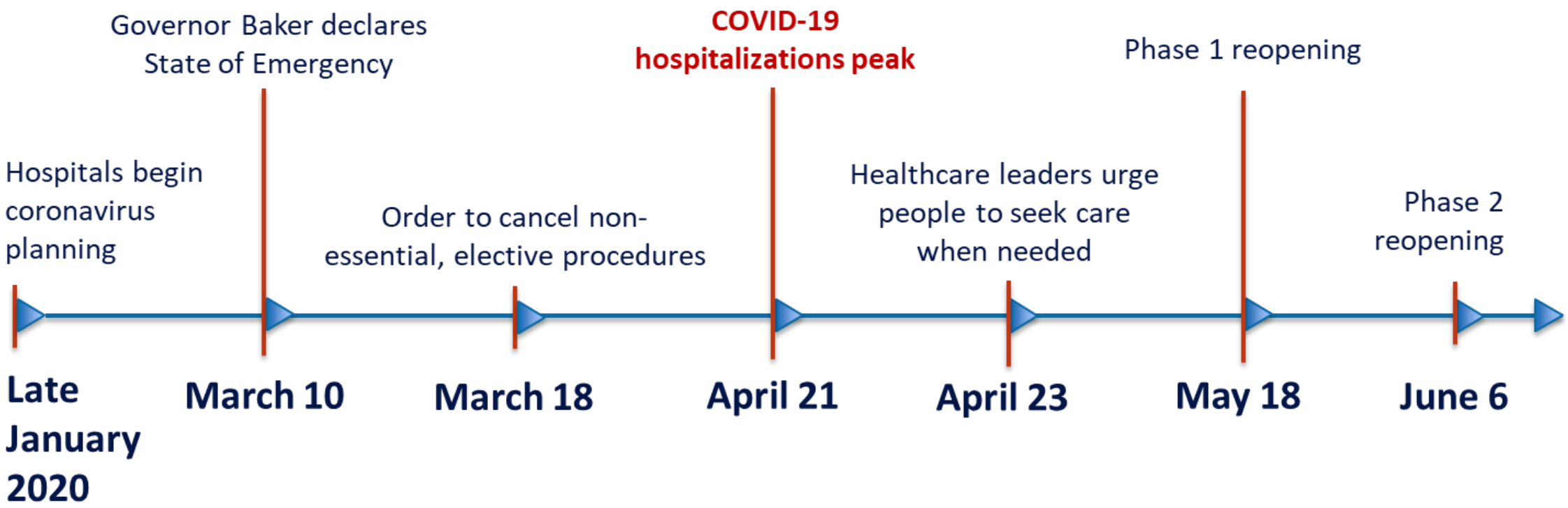
Massachusetts COVID-19: Timeline Snapshot



During this time, hospitals never closed and continued to treat every patient in need of care.

Massachusetts Department of Public Health COVID-19 Dashboard - Sunday, June 28, 2020

Dashboard of Public Health Indicators

Below is the status as of June 5, 2020:

Measure	Status
COVID-19 positive test rate	●
Number of individuals who died from COVID-19	●
Number of patients with COVID-19 in hospitals	●
Healthcare system readiness	●
Testing capacity	●
Contact tracing capabilities	●

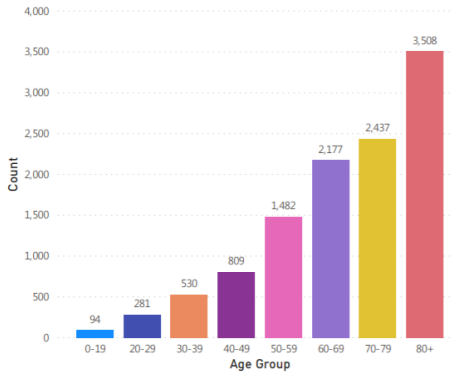
Legend
- Positive trend
- In progress
- Negative trend

Newly Reported Cases Today: 224	Total Cases: 108,667
Newly Reported Deaths Today: 19	Total Deaths: 8,060
New Individuals Tested by Antibody Tests: 650	Total Individuals Tested by Antibody Tests: 70,476
Total Molecular Tests Administered: 1,048,942	New Individuals Tested by Molecular Tests: 9,391
	Total Individuals Tested by Molecular Tests: 830,666

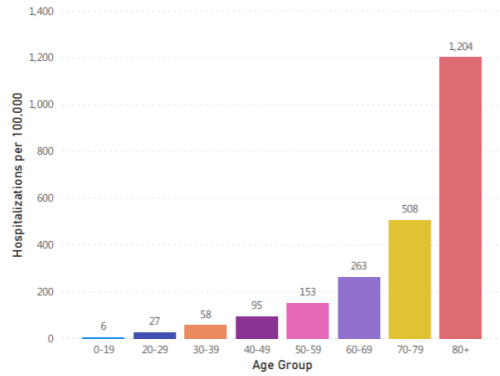
Massachusetts Department of Public Health COVID-19 Dashboard - Sunday, June 28, 2020

Hospitalizations & Hospitalization Rate by Age Group

Total COVID-19 Cases Reported as Hospitalized* by Age Group



Rate (per 100,000) of Total COVID-19 Cases Reported as Hospitalized* by Age Group



Average Age of Total Cases Reported as Hospitalized*: 68

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018; Tables and Figures created by the Office of Population Health.
Notes: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalization refers to status at any point in time, not necessarily the current status of the patient, demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital surveys. Includes both probable and confirmed cases. 16

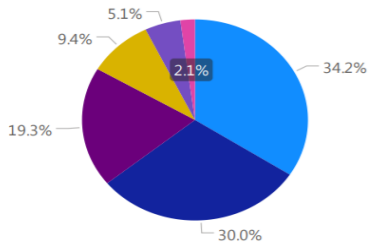
Massachusetts Department of Public Health COVID-19 Dashboard - Sunday, June 28, 2020

Cases, Hospitalizations, & Deaths by Race/Ethnicity

The following caveats apply to these data:
1. Information on race and ethnicity is collected and reported by laboratories, healthcare providers and local boards of health and may or may not reflect self-report by the individual case.
2. If no information is provided by any reporter on a case's race or ethnicity, DPH classifies it as missing.
3. A classification of unknown indicates the reporter did not know the race and ethnicity of the individual, the individual refused to provide information, or that the originating system does not capture the information.
4. Other indicates multiple races or that the originating system does not capture the information.

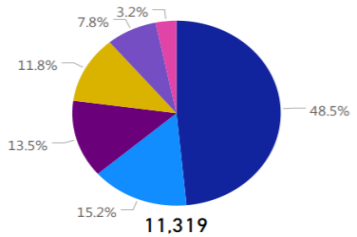
Note: COVID-19 testing is currently conducted by dozens of private labs, hospitals, and other partners and the Department of Public Health is working with these organizations and to improve data reporting by race and ethnicity, to better understand where, and on whom, the burden of illness is falling so the Commonwealth can respond more effectively. On 4/8, the Commissioner of Public Health issued an Order related to collecting complete demographic information for all confirmed and suspected COVID-19 patients.

Total Cases by Race/Ethnicity



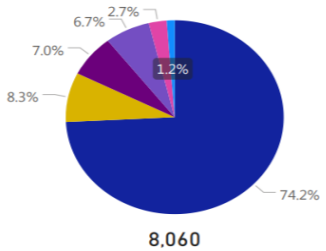
108,667
Total Case Count

Total Cases Reported as Hospitalized* by Race/Ethnicity



11,319
Total Cases Reported as Hospitalized

Total Deaths by Race/Ethnicity



8,060
Total Deaths

Hispanic · Non-Hispanic Asian · Non-Hispanic Black/African American · Non-Hispanic Other · Non-Hispanic White · Unknown/Missing

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.
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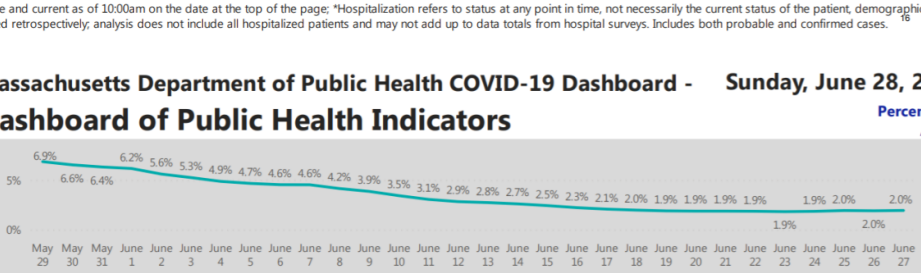
Massachusetts Department of Public Health COVID-19 Dashboard - Sunday, June 28, 2020

Dashboard of Public Health Indicators

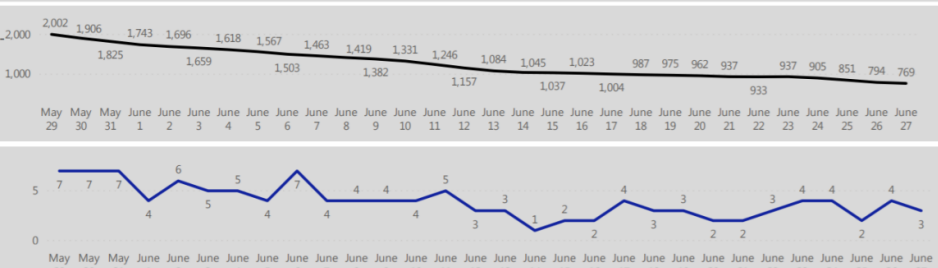
Percent Change Since April 15th

7 Day Weighted Average of Positive Molecular Test Rate



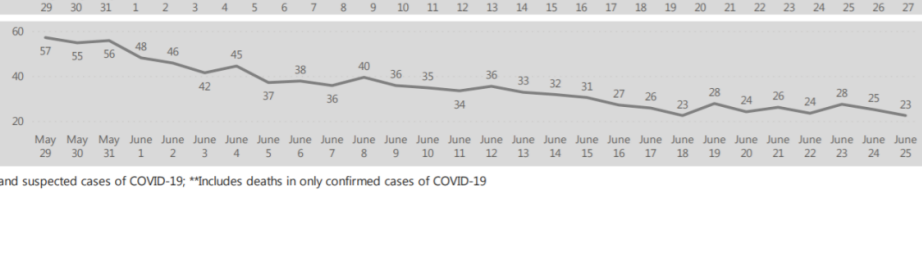
-93 %

3 Day Average of Number of COVID-19 Patients in Hospital*



-79 %

Number of Hospitals using Surge Capacity



-86 %

3 Day Average of COVID-19 Deaths**

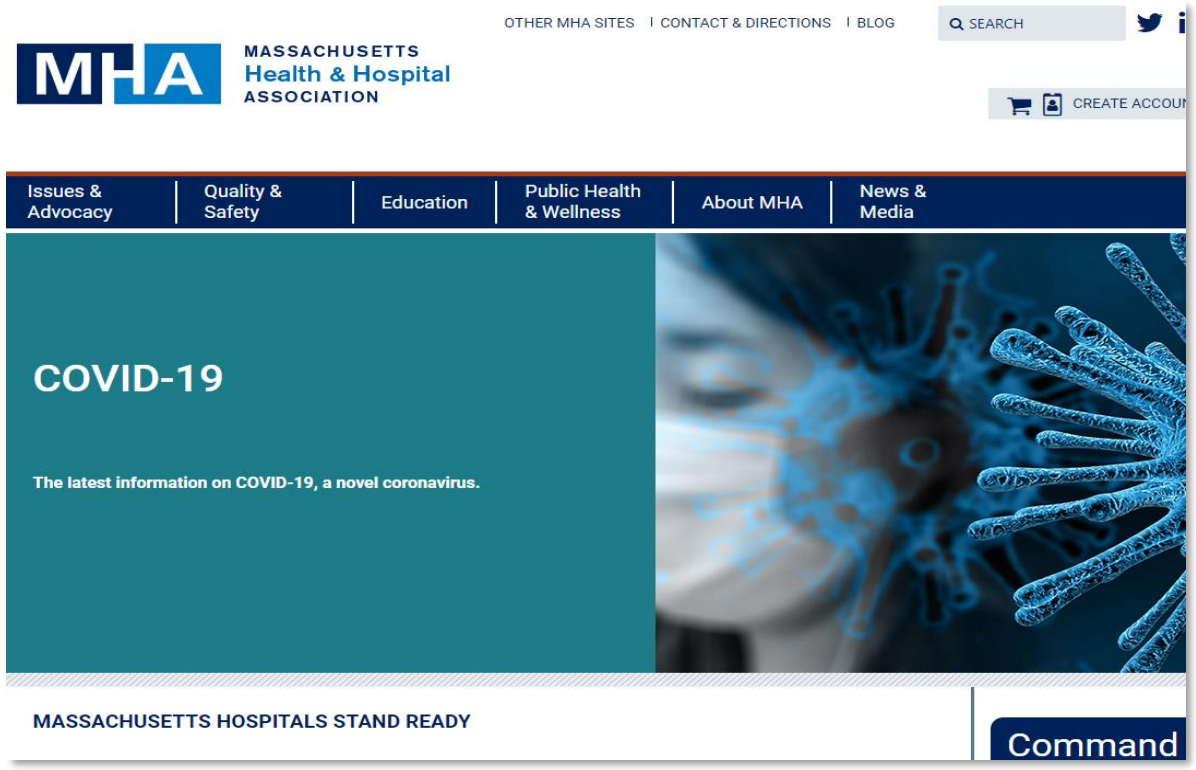
-85 %

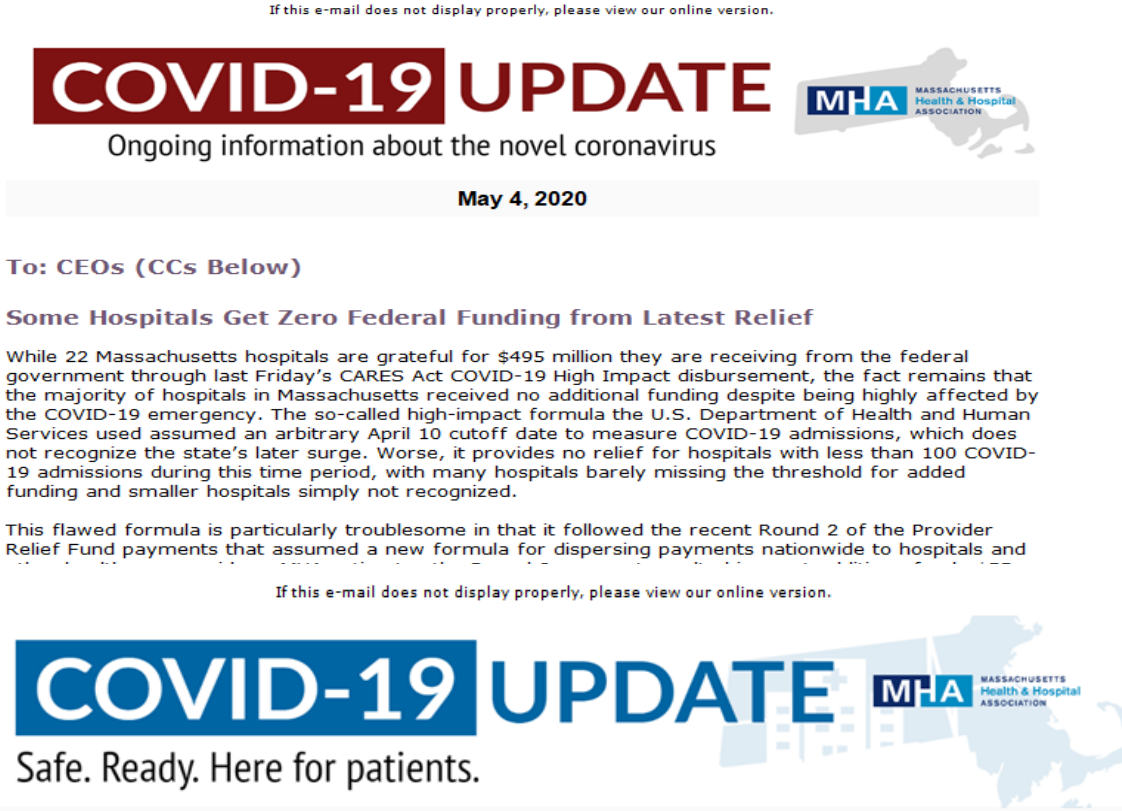
*Includes both confirmed and suspected cases of COVID-19; **Includes deaths in only confirmed cases of COVID-19

3

www.mass.gov/

Dedicated COVID-19 Webpage & Member Updates





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COVID-19 UPDATE

Ongoing information about the novel coronavirus

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

May 4, 2020

To: CEOs (CCs Below)

Some Hospitals Get Zero Federal Funding from Latest Relief

While 22 Massachusetts hospitals are grateful for $495 million they are receiving from the federal government through last Friday's CARES Act COVID-19 High Impact disbursement, the fact remains that the majority of hospitals in Massachusetts received no additional funding despite being highly affected by the COVID-19 emergency. The so-called high-impact formula the U.S. Department of Health and Human Services used assumed an arbitrary April 10 cutoff date to measure COVID-19 admissions, which does not recognize the state's later surge. Worse, it provides no relief for hospitals with less than 100 COVID-19 admissions during this time period, with many hospitals barely missing the threshold for added funding and smaller hospitals simply not recognized.

This flawed formula is particularly troublesome in that it followed the recent Round 2 of the Provider Relief Fund payments that assumed a new formula for dispersing payments nationwide to hospitals and

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COVID-19 UPDATE

Safe. Ready. Here for patients.

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

June 23, 2020

To: CEOs (CCs Below)

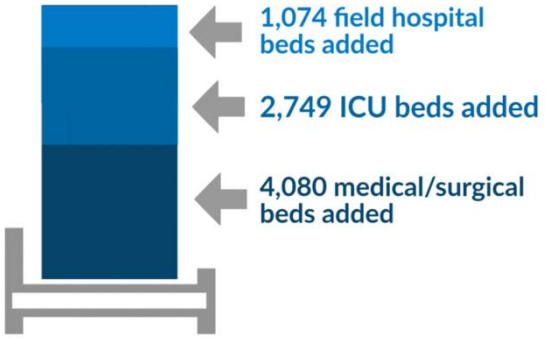
MassBio-MHA Globe Op-Ed on Coronavirus Vaccine

Bob Coughlin, the president and CEO of MassBio, and MHA President & CEO Steve Walsh teamed up to write **an op-ed that ran in today's Boston Globe**. Titled "Pioneering a coronavirus vaccine through Massachusetts innovation," the op-ed calls on the life science and healthcare sectors to step up work with state government and other stakeholders to ensure Massachusetts residents have widespread access to a vaccine when one becomes available. The two leaders outline a plan that involves using existing infrastructure to fast-track clinical trials and then ensuring that the state can effectively distribute a vaccine on a large scale in a short amount of time. They write: "If it can leverage public-private partnerships to achieve critical population immunity through vaccination, and couple that with proper social distancing measures and contact tracing, the Massachusetts economy will recover faster,

Elements of our Response

Safe. Ready. Here for you.

Building capacity



PPE / caregiver protection

Workforce flexibility & liability

Post-acute coordination

Treating non-COVID patients

Commitment to collaboration

Public health messaging

The Road Ahead: Opportunities of Note

- **Acquiring personal protective equipment**, especially with competition from every reopened business.
- **Addressing healthcare inequities** for the communities and demographics most affected by COVID-19.
- **Financial stability** for hospitals and healthcare organizations.
- **Maintaining important tools implemented during the state of emergency**, specifically surrounding telemedicine and workforce flexibility.
- **Mitigating a second COVID-19 wave**, which is a looming public health threat and will likely place additional strain on providers.
- **Reminding patients that hospitals are safe places to seek care**, especially for medical emergencies.