TAHOE FOREST HOSPITAL DISTRICT

2020-08-18 Board Quality Committee Meeting

Tuesday, August 18, 2020 at 12:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Board Quality Committee meeting for August 18, 2020 will be conducted telephonically through Zoom.

Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting.

Board Committee Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: https://tfhd.zoom.us/j/98633107394

If you prefer to use your phone, you may call in using the numbers: (346) 248 7799 or (301) 715 8592, Meeting ID: 986 3310 7394

Meeting Book - 2020-08-18 Board Quality Committee Meeting

08/18/20 Board Quality Committee

TAHOE FOREST HOSPITAL DISTRICT

QUALITY COMMITTEE
AGENDA

Tuesday, August 18, 2020 at 12:00 p.m.

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Public comment will also be accepted by email to mrochefort@tfhd.com. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the three minute time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

1. CALL TO ORDER

2. ROLL CALL
Mary Brown, Chair; Alyce Wong, RN, Board Member

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

4. INPUT – AUDIENCE
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. APPROVAL OF MINUTES OF: 05/14/2020 ..... **ATTACHMENT**

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Safety First

6.2. Patient & Family Centered Care

6.2.1. Patient Experience Presentation

Patient will share their experience with Tahoe Forest Health System.

6.2.2. Patient & Family Advisory Council (PFAC) Update .....ATTACHMENT
An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.3. Provider STAR Ratings .....ATTACHMENT
Quality Committee will review provider ratings from patient satisfaction data and comment reports.

6.4. Patient Safety

6.4.1. BETA HEART Program Progress Report.....ATTACHMENT
Quality Committee will receive a progress report regarding the BETA Healthcare Group Culture of Safety program.

6.5. Healthcare Facilities Accreditation Program (HFAP)
Quality Committee will receive an update on the HFAP accreditation survey process.

6.6. Quality Assurance/Process Improvement Plan (QA/PI)
Quality Committee will review the QA/PI 2020 Priorities and discuss other key indicators and educational opportunities for the upcoming year.

6.7. Board Quality Education
Committee will discuss the following educational articles:

6.7.1. *What's New in the Guidelines*.....ATTACHMENT
Retrieved on July 29, 2020 at https://www.covid19treatmentguidelines.nih.gov/whats-new/

6.7.2. *Overview of COVID-19: Epidemiology, Clinical Presentation and Transmission.*
.....ATTACHMENT
Retrieved on July 29, 2020 at:
https://www.team-iha.org/files/non-gated/quality/boardbrief-navigating-the-challenges-covid-19.aspx

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE
The next committee date and time will be confirmed.

9. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

TAHOE FOREST HOSPITAL DISTRICT

QUALITY COMMITTEE
DRAFT MINUTES

Thursday, May 14, 2020 at 9:00 a.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Board Quality Committee meeting for May 14, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Committee Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 9:03 a.m.

2. ROLL CALL

Board: Mary Brown, Chair; Alyce Wong, RN, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Judy Newland, Chief Operating Officer; Karen Baffone, Chief Nursing Officer; Dr. Shawni Coll, Chief Medical Officer; Dorothy Piper, Director of Medical Staff Services, Dr. Peter Taylor, Medical Director of Quality; Lorna Tirman, Patient Experience Specialist; Eileen Knudson, Director of Behavioral Health; Martina Rochefort, Clerk of the Board

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 01/22/2020

Director Wong moved to approve the Board Quality Committee minutes of January 22, 2020, seconded by Director Brown.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Safety First

Janet Van Gelder, Director of Quality, presented Safety First topic on using masks and hand sanitizer.

6.2. Patient & Family Centered Care

6.2.1. Patient Experience Presentation

Patient shared their experience with Tahoe Forest Health System.

Quality Committee reviewed how patients can access the Health System's behavioral health programs.

Lynelle Tyler, Clinical Psychologist, can see patients through three grants. The AEGIS grant addresses substance abuse disorder and the program was just approved for another year. HRSA is a $600,000 grant. The first of three years ends in August. The PRIME program also has a behavioral health component.

Primary care does referrals to the program. Sarah Redgrave distributes the cases. Clinical Psychologist typically sees patients within 48 hours. The caseload is approximately 62 patients. New referrals average between 0-3 per day. Some things can be resolved in one phone session.

There is an algorithm built into screenings so patients can be intervened with immediately.

Mr. Corliss departed the meeting at 9:33 a.m.

6.2.2. Patient & Family Advisory Council (PFAC) Update

Quality Committee received an update related to the activities of the Patient and Family Advisory Council (PFAC).

Press Ganey will share what high performing hospitals do. Some high performing hospitals also post and share what they have done based on feedback.

Patient Experience Specialist will share response rates when she presents to the board.

The PFAC is made up of 11 volunteers. Doug Wright has been on the committee for over 5 years. Volunteers have made a great commitment to helping the organization.

6.3. Patient Safety

6.3.1. BETA HEART Program Progress Report

Quality Committee received a progress report regarding the BETA Healthcare Group Culture of Safety program.

Each domain is validated every year. The District is ready for 4 of the 5 domains to be surveyed.

BETA is continuing their training and education. Director of Quality estimated almost 30 physicians and staff have attended a training.

Board members could easily attend in September if the conference is hosted virtually.

Resilience Rounds were rolled out by Human Resources and run by Stephen Hicks, Natasha Lukasiewich, and Ashley Davis. Staff were invited to join the virtual meetings every Thursday. Resilience Rounds is part of peer support program.

CMO commented that some malpractice carriers are giving rebates to providers during the pandemic. Director of Quality will have Risk Manager follow up with BETA.

6.4. Healthcare Facilities Accreditation Program (HFAP)

Quality Committee received a status report of the HFAP accreditation survey process.

Director of Quality continues to reach out to HFAP every couple of weeks. HFAP is based in Illinois, which is still under a shelter in place order. The District anticipates the unannounced survey will be in the summer months.

HFAP Fairs were held in early March.

California Department of Public Health (CDPH) has been here multiple times to assess our emergency practices in the Extended Care Center, Tahoe Forest Hospital and Truckee Surgery Center. There have been no deficiencies at Tahoe Forest Hospital. Centers for Medicare Services (CMS) mandated the Long Term Care surveys.

6.5. Quality Assurance/Process Improvement Plan (QA/PI)

Quality Committee reviewed the Quality Assurance/Process Improvement Plan (QA/PI) 2020 Priorities.

Quality improvements within the PRIME program include a Behavioral Health Intensivist that was hired in the fall of 2019. They are an integral part of the Primary Care team that identifies, triages and manages patients with medical and behavioral health problems. They also provide education strategies. The Primary Care Coordinator helps to address any gaps by alerting providers in the patient's electronic health record (EHR). The Health System has continued the bilingual Chronic Disease Self-Management Pain Group through a virtual platform. The PRIME program is able to provide Medication Assisted Treatment services to address substance abuse disorders.

Josh Fetbrandt, Quality Analyst, received his EPIC certifications which has helped the Health System to retrieve reporting data out of EPIC. The organization is also switching to Physician Billing model, which has better report functionality.

TeleDoc was selected as the provider for telemedicine. CIIO submitted a grant proposal. COO said the District is looking at how to use telemedicine for outpatient.

6.6. Board Quality Education

6.6.1. American Hospital Association (AHA) Report on Rural Communities

Committee discussed the following educational article: *BoardBrief: Navigating the Challenges of COVID-19*. governWell. Retrieved on April 21, 2020 at: https://www.team-iha.org/files/non-gated/quality/boardbrief-navigating-the-challenges-covid-19.aspx

The Health System addressed all of the seven areas referenced in the article. March and April have been very busy months preparing for the COVID-19 pandemic. Incident Command continues to meet twice a week.

Director Brown asked if leadership would share lookback with the board. COO noted the District has started to resume services and will need to focus on the fall and winter in case another surge happens.

Director Wong felt the organization was very proactive and thought a lookback would probably come next year.

COO noted the Health System's limited resources provided consistency throughout the event since the incident command team remained the same.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

No discussion was held.

8. NEXT MEETING DATE

The next Quality Committee meeting was confirmed for August 18, 2020 at noon.

9. ADJOURN

Meeting adjourned at 10:16 a.m.

Patient and Family Advisory Council (PFAC) Summary Report

November 2019 to May 2020

Submitted by: Lorna Tirman, RN, PhD

Patient Experience Specialist

- Some members have shown an interest in serving in other areas of the hospital in addition to the monthly PFAC meetings. Kevin Ward volunteers in the Quality Department tracking our service recovery toolkits. Kevin Ward will also now be serving on our Board Quality Committee, which meets quarterly. Pati Johnson will be serving as a volunteer on our Cancer Committee.

- Meetings focus on improving processes and behaviors to continue to provide the Perfect Care Experience to our community and visitors.

- Plan for 2020 is to continue to review patient feedback and comments from patient experience surveys, help improve quality, safety, and patient experiences.

- We agreed to continue to invite departments to PFAC meetings to illicit input where needed, to improve processes or strategies in that specific area.

- At every meeting, an example of a patient complaint is shared, to illicit input on how to best perform service recovery and improve the process so the complaint will not happen again to another patient.

- January meeting: Jim Sturtevant gave an update on our Home Health, Hospice and Palliative Care services, including how our two thrift stores contribute to these programs.

- February Meeting: Dawn Colvin, Safety Officer, presented on our current Beta Heart program, transparency and disclosure programs and also discussed our Peer Support Team and what they do for our staff and providers. Dawn invited members of the PFAC to interview for our Peer Support Team if they are interested.

- March meeting cancelled due to onset of Covid-19 and limiting of gatherings and meetings.

- April 21 was a virtual meeting: Harry Weis gave an update to current hospital operations as well as answer questions from the committee.

- May 15 was a virtual meeting: Harry Weis gave another update on Covid and opening up of services while keeping patients and staff safe

- June 16 was a virtual meeting: Pete Stokich, Director of Diagnostic Imaging gave an update on our Outpatient Imaging and Mammography services and how we have already caught up on routine screening and elective procedures since the closure of services during onset of covid. Ken Munsterman, Director of Specialty Clinics gave an update on clinics opening back up to see patients in person and if necessary via zoom. Update on added specialists in our clinics to our community.

- No meeting in July or August 2020 as per annual PFAC calendar.

- Plan to send at least one PFAC member to annual Patient and Family Centered Care meeting in Los Angeles which has been moved to September 2020 and is now virtual.

- The Tahoe Forest Hospital Patient and Family Advisory Council meets every month, 9 months in the year. We do not meet July, August, or December.

- Next PFAC Meeting is September 15, 2020.

Current members:

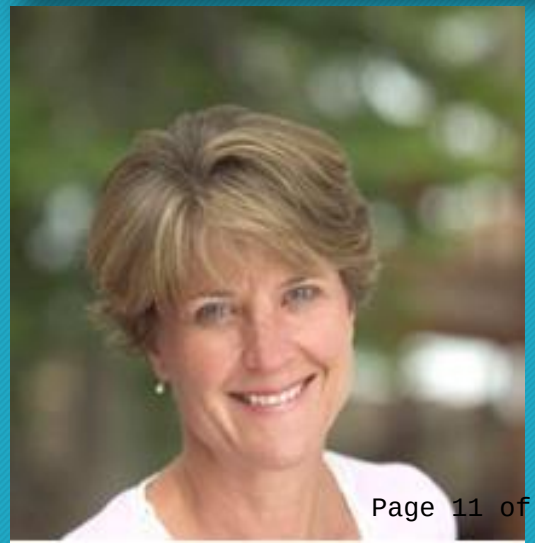
Name of PFAC Volunteer	**Start Date**
1. Doug Wright	2/4/2015
2. Anne Liston	3/9/2016
3. Mary K. Jones	5/17/2017
4. Dr. Jay Shaw	8/11/2017
5. Pati Johnson	3/22/2018
6. Helen Shadowens	5/24/2018
7. Sandy Horn	9/5 /2019
8. Kevin Ward	9/20/2018
9. Parminder Hawkesworth	9/20/2018
10. Violet Nakayama	10/31/2019
11. Alan Kern	2/20/2020

Provider STAR Ratings and Comments Reports

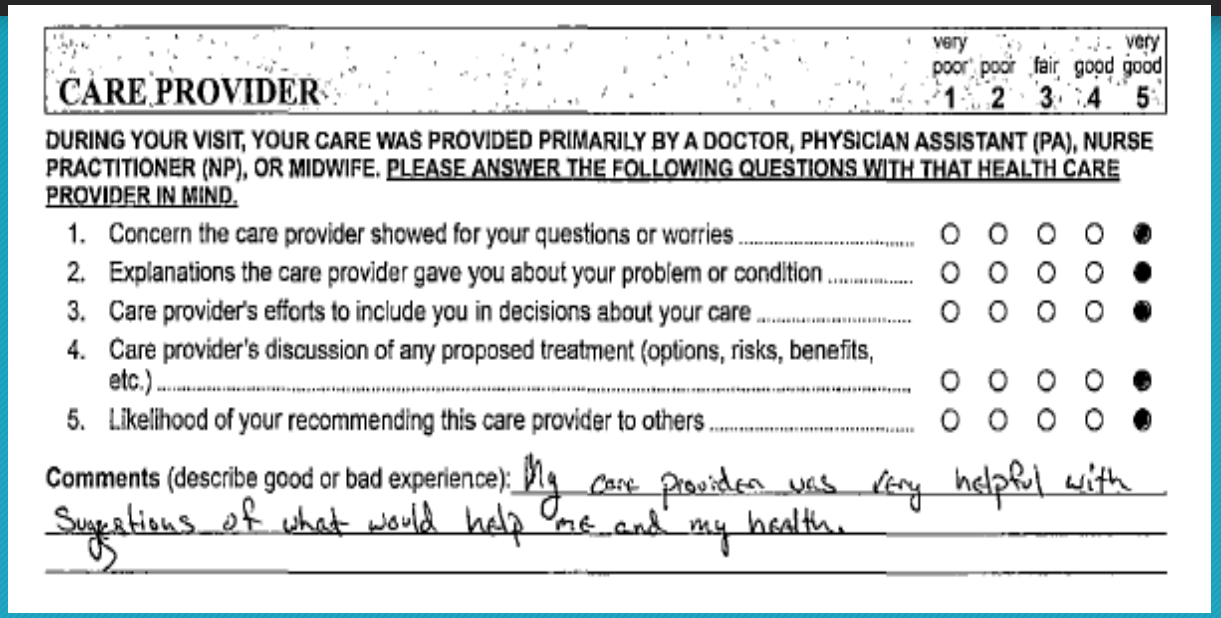
Lorna Tirman PhD, MHA, RN, CPXP

Patient Experience Specialist

Tahoe Forest Hospital



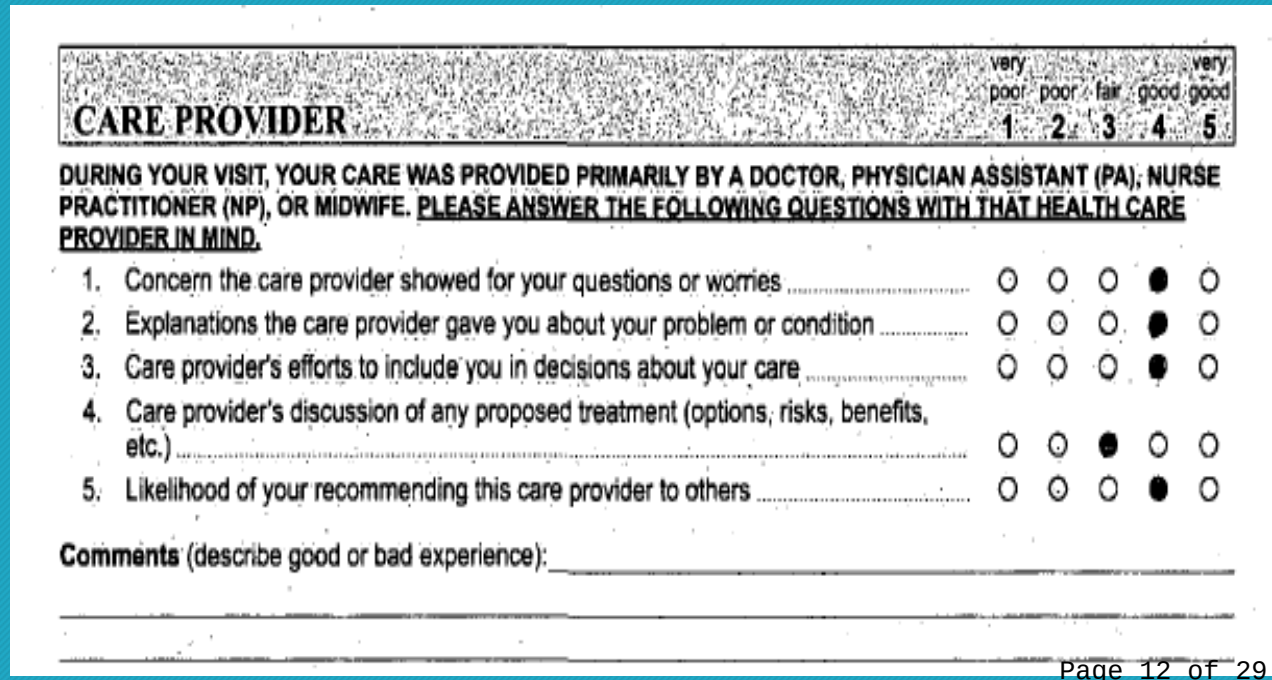
Patient Satisfaction Survey Care Provider Questions



CARE PROVIDER

	very poor 1	poor 2	fair 3	good 4	very good 5
DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.					
1. Concern the care provider showed for your questions or worries	○	○	○	○	●
2. Explanations the care provider gave you about your problem or condition	○	○	○	○	●
3. Care provider's efforts to include you in decisions about your care	○	○	○	○	●
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	○	○	●
5. Likelihood of your recommending this care provider to others	○	○	○	○	●

Comments (describe good or bad experience): My care provider was very helpful with Suggestions of what would help me and my health.



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2. Explanations the care provider gave you about your problem or condition	○	○	○	●	○
3. Care provider's efforts to include you in decisions about your care	○	○	○	●	○
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	●	○	○
5. Likelihood of your recommending this care provider to others	○	○	○	●	○

Comments (describe good or bad experience):

Where do mean scores and ranks come from

Mean Score Scale

Patient Rating of Experience			Mean scores we are given
Very Poor	**=**	**1**	**0**
Poor	**=**	**2**	**25**
Fair	**=**	**3**	**50**
Good	**=**	**4**	**75**
Very Good	**=**	**5**	**100**

Distribution of Scores Matter: We Strive for Very Goods with every patient

Care provider # 1

Mean Score

236	**Care Provider**	0 0.0%	0 0.0%	0 0.0%	7 3.0%	229 97.0%	97.0
47	CP explanations of prob/condition	0 0.0%	0 0.0%	0 0.0%	1 2.1%	46 97.9%	97.9
48	CP concern for questions/worries	0 0.0%	0 0.0%	0 0.0%	1 2.1%	47 97.9%	97.9
47	CP efforts to include in decisions	0 0.0%	0 0.0%	0 0.0%	2 4.3%	45 95.7%	95.7

Mean Score

Care Provider # 2

48	**Care Provider**	5 10.4%	5 10.4%	5 10.4%	1 2.1%	32 66.7%	66.7
10	CP explanations of prob/condition	1 10.0%	1 10.0%	1 10.0%	0 0.0%	7 70.0%	70.0
10	CP concern for questions/worries	2 20.0%	0 0.0%	1 10.0%	1 10.0%	6 60.0%	60.0
9	CP efforts to include in decisions	0 0.0%	1 11.1%	2 22.2%	0 0.0%	6 66.7%	66.7

Quarterly Medical Practice Report

Tahoe Forest Hospital District 1/1/2020 - 3/31/2020

MEDICAL PRACTICE REPORT

10.1 National Facilities Percentile Scores

This section presents the mean scores associated with particular percentile ranks in the National Facilities peer group. Your facility's mean scores and percentile ranks are listed in the first two columns of data. The corresponding range of mean scores is displayed in bold in the [illegible]e on the right.

Overall Section / Question	Your Mean Score	Your Rank	10%	20%	30%	40%	50%	60%	70%	75%	80%	90%	95%	99%
Overall Rating	93.7	74	87.9	90.3	91.4	92.2	92.7	93.1	**93.5**	**93.7**	94.0	94.5	95.0	95.8
Care Provider	95.9	84	90.3	92.5	93.4	94.0	94.6	94.9	95.3	95.5	**95.7**	**96.2**	96.7	97.5
CP explanations of prob/condition	95.8	80	90.6	92.6	93.5	94.2	94.6	95.0	95.4	95.5	**95.8**	96.3	96.7	97.6
CP concern for questions/worries	96.4	88	90.8	92.8	93.7	94.4	94.8	95.2	95.6	95.8	**96.0**	**96.5**	97.0	97.8
CP efforts to include in decisions	96.1	87	90.6	92.6	93.5	94.2	94.7	95.0	95.3	95.6	**95.8**	**96.3**	96.7	97.7
Likelihood of recommending CP	96.1	85	90.1	92.4	93.4	94.1	94.6	95.0	95.4	95.6	**95.8**	**96.4**	96.8	97.8
CP discuss treatments	95.8	85	90.0	92.1	93.0	93.6	94.2	94.6	95.0	95.2	**95.5**	**96.0**	96.5	97.5
Overall Assessment	95.5	74	90.2	92.5	93.5	94.1	94.5	94.9	**95.3**	**95.5**	95.7	96.2	96.7	97.4
Staff worked together care for you	95.4	72	90.4	92.6	93.5	94.2	94.6	95.0	**95.3**	**95.5**	95.7	96.2	96.7	97.5
Likelihood of recommending	95.7	75	89.9	92.4	93.4	94.1	94.6	95.0	95.4	**95.6**	**95.8**	96.4	96.9	97.7
Moving Through Your Visit	90.1	79	79.6	83.4	85.6	86.8	87.7	88.5	89.3	**89.7**	**90.1**	91.1	91.9	93.4
Information about delays	89.9	78	79.5	83.3	85.4	86.6	87.5	88.4	89.2	**89.6**	**90.0**	91.0	91.9	93.5
Wait time at clinic	89.8	77	78.8	83.2	85.5	86.6	87.5	88.4	89.3	**89.6**	**90.1**	91.1	91.9	93.4

Data tells us WHAT to work on, Comments tell us HOW

Dr. Tirdel was professional and personable. He listened to my concerns and took time to explain his answers.

Dr. Kim is the best! She is very thorough...patient...extremely knowledgeable...helpful. I am so very glad I made the change making her my primary provider. You are fortunate to have her as part of your system.

Dr. Watson was excellent and explained each step of the exam and treatment.

Dr. Semrad addressed all of my questions and took her time explaining EVERYTHING!

Provider STAR rating/ Transparency Report

Comment Summary Report

Account Tahoe Forest Health System

Date Range Mar 16, 2019 to Mar 15, 2020

All Surveys (83)

All Comments (23)

Approved Comments (20)

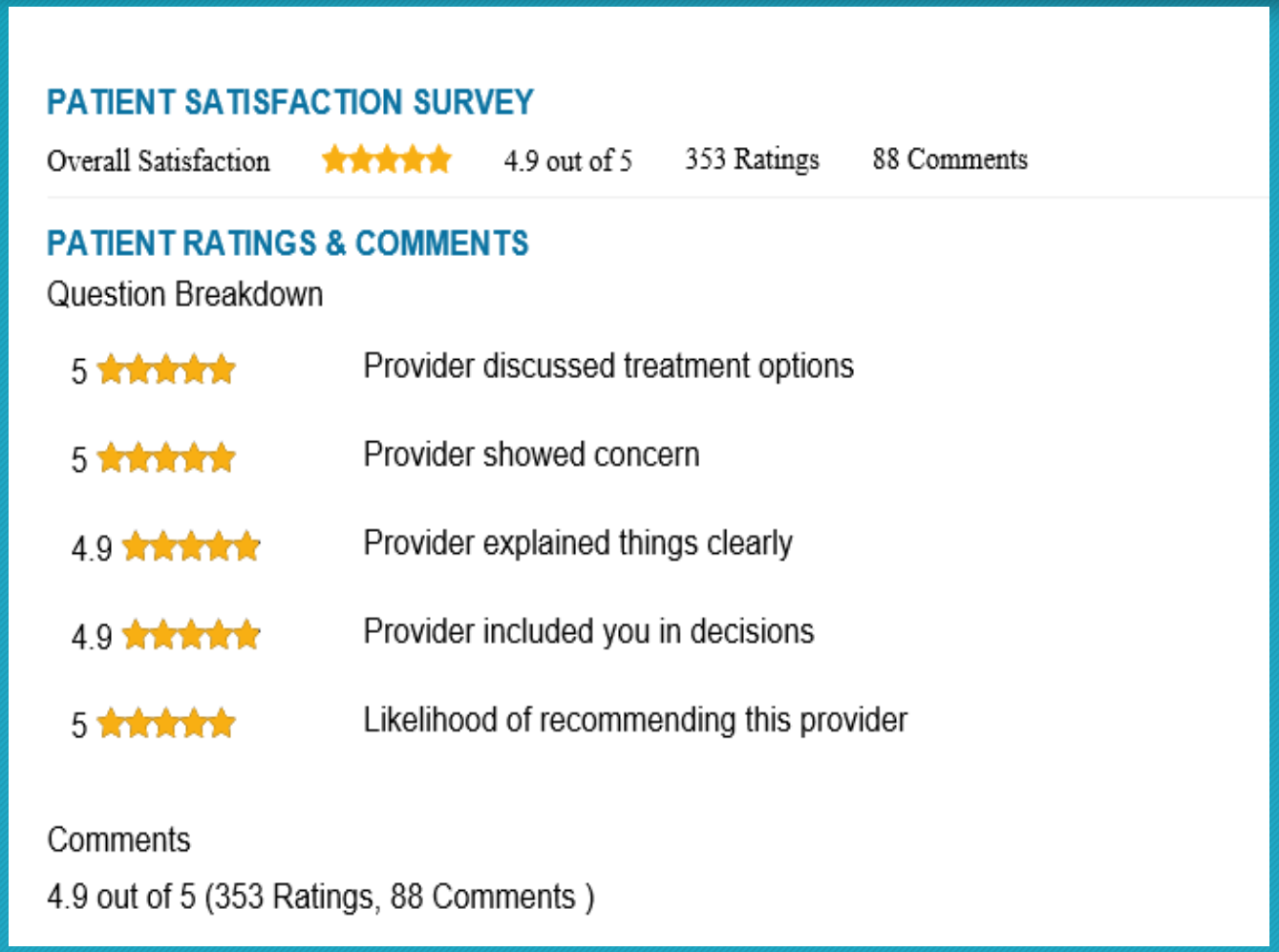
Appealed Comments (0)

			All Surveys			All Comments				Approved Comments			Appealed Comments			
Provider	NPI	Overall Rating	Total	Rating	No Rating	Total	Approved	Rejected	Pending	Edited	Not Edited	Total	Approved	Rejected	Pending
ALL PROVIDERS		4.9	83	83	0	23	20	2	1	2	18	0	0	0	0
[redacted]		4.9	83	83	0	23	20	2	1	2	18	0	0	0	0

Approved Comments

ID	Provider	NPI	Comment	Overall Rating	Comment Date	Last Approval Time	Last Published Time
12823410			I actually already did recommend to other people - my parents!	5.0	March 22, 2019	Dec 13, 2019, 01:50 PM	--
12823413			was exceptional. Took her time explaining everything. Even went online to look at ingredients of over the counter meds I took.	5.0	March 22, 2019	Dec 13, 2019, 01:50 PM	--
12823317			is wonderful, compassionate and thorough.	5.0	May 2, 2019	Dec 13, 2019, 01:32 PM	--

How to find your STAR Ratings and comments



Go to the Tahoe Forest Web site

Type in the last name of a provider

Click on View Profile

STAR Ratings are only available for our providers in our Medical Practice Clinics

Criteria to Remove or Appeal a comment

About the survey instrument

Billing or insurance comments

Critique of medical decision-making

Libelous

Comments about Medical/ front office

Off topic

Profanity

PHI

Related to another provider

Edits are made if names are spelled incorrectly or titles are incorrect

Tips to Improve Patient Experiences

1. Sit while engaging with patient, making eye contact and smiling
2. Always introduce who you are, what you are going to be doing and how long it might take. Acknowledge family in the room, making sure patient is okay with them being there.
3. Try not to focus just on the computer
4. Fully listen to understand what their issues and questions are
5. Explain the care plan in a way the patient understands and agrees to.
6. Always end with " is there anything else I can do for you before you leave"
7. Do not be distracted during visit, be fully present with patient and their questions, worries and fears.
8. Follow up visit with written summary, after visit summary for next steps

Please reach out if you have any questions!

Please email Lorna Tirman with questions and or comments

Ltirman@tfhd.com
Or call at 530-582-6567

Beta HEART Progress Report for Year 2020 (updated July 2020)

*Beginning in 2020, Beta HealthGroup changed their annual Incentive process to be "Annual", meaning that each year the 5 domains have to be re-validated each year to be eligible for the incentive credit. General Updates for 2020:

- Beta HEART conferences in May and September are virtual instead of in person.
- SCORE Survey for 2020 (year 3 for TFHD) was canceled. Next survey will be in March 2021.
- Peer Support training by Beta was placed on hold; Peer Support Committee will attend team training in Reno in August 2020.

Domain	History of Incentive Credits (2% annually)	Readiness for next Validation	Comments
Culture of Safety: A process for measuring safety culture and staff engagement (Lead: Dawn Colvin)	2019: $13,101 2020: $19,829	100%	Validation completed in May 2019 resulting in 2% reduction/incentive SCORE survey year 2 completed with 83% response rate. Excellent improvement in all domains of SCOR survey for TFHD. Patient Safety officer has conducted debriefings and worked with leadership team/all departments to set Year 2 goals. Survey for 2020 cancelled – departments are continuing to work on goals. Validated for 2020.
Rapid Event Response and analysis: A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying Just Culture principles (Lead: Todd Johnson)	2019: not validated 2020: $19,829	100%	Components in place. Todd Johns (RM) and Janet Van Gelder (Dir Q&R attended cognitive interviewing training (Feb 2020); formalize process diagram for event response. Working with Reliability Management Team to coordinate process, language. Beta has changed some of the validation requirements to include an actual event/case review with external committee via Beta. Validated for 2020.
Communication and transparency: A commitment to honest and transparent communication with patients and family members after an adverse event (Lead: Janet Van Gelder)	2019: not validated 2020: $19,829	100%	Components in place. Revised disclosure checklist to reflect best practices. Quality team will take the lead on most major disclosures. October 23, 2019 communication training attended by over 30 people and was well received. Developed guidelines for leadership to perform internal/small issue disclosures (see attached). Validated for 2020.
Care for the Caregiver: An organizational program that ensures support for caregivers involved in an adverse event (Lead: Stephen Hicks)	2019: not validated 2020: $19,829	100%	Lauren Caprio (HR) and Stephen Hicks (Educator) are co-chairing Peer Support. Policy, Peer Support team (some with formal training), process, education, Name/Logo all have been completed. Resilience Rounds occurring during COVID19 outbreak. Ongoing education in Pacesetter and via emails. Activation plan with House Supervisors using Everbridge. Collaboration with Northern Nevada Peer Support Network NNPSN (1st responder network) and developing lists of resources. 4 PS events in April. Proposal for bringing in outside trainer approved by AC on 6/11/20; scheduled for 8/21-22/2020. Validated for 2020.
Early Resolution: A process for early resolution when harm is deemed the result of inappropriate care or medical error (Lead: Todd Johnson)	2019: not validated 2020: $19,829	100%	Many components in place. This domain typically is the final one to validate as it includes components from the other 4 domains. TFHD is participating as a test site for the Beta HEART dashboard, which will formalize data collection for the HEART program. Beta Dashboard process is being finalized. One case went all the way for Early Resolution. This will be submitted as the "validation case". Conditionally validated for 2020.

NIH: What's New in the Guidelines

July 24, 2020

Key Updates to the Guidelines

Remdesivir

The recommendations for using remdesivir to treat COVID-19 have been revised to account for the patient's supplemental oxygen requirements and the mode of oxygen delivery. In this revision, patients who require supplemental oxygen are divided into two groups:

- Those who require supplemental oxygen **but not** high-flow oxygen, noninvasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO); *and*
- Those who require high-flow oxygen, noninvasive or invasive mechanical ventilation, or ECMO.

Previously, the COVID-19 Treatment Guidelines Panel (the Panel) recommended using remdesivir for patients who were on high-flow oxygen, mechanical ventilation, or ECMO. This recommendation has been revised due to uncertainty regarding whether starting remdesivir confers clinical benefit in these patients.

The revised recommendations are as follows:

Recommendation for Prioritizing Limited Supplies of Remdesivir

- **Because remdesivir supplies are limited, the Panel recommends that remdesivir be prioritized for use in hospitalized patients with COVID-19 who require supplemental oxygen but who are not on high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO (BI).**

Recommendation for Patients with COVID-19 Who Are on Supplemental Oxygen but Who Do Not Require High-Flow Oxygen, Noninvasive or Invasive Mechanical Ventilation, or ECMO

- The Panel recommends using **remdesivir** for 5 days or until hospital discharge, whichever comes first **(AI)**.

- If a patient who is on supplemental oxygen while receiving remdesivir progresses to requiring high-flow oxygen, noninvasive or invasive mechanical ventilation, or ECMO, the course of remdesivir should be completed.

Recommendation for Patients with COVID-19 Who Require High-Flow Oxygen, Noninvasive Ventilation, Mechanical Ventilation, or ECMO

- Because there is uncertainty regarding whether starting remdesivir confers clinical benefit in these groups of patients, the Panel cannot make a recommendation either for or against starting remdesivir.

July 17, 2020

Key Updates to the Guidelines

Remdesivir

In situations where remdesivir supplies are limited, the Panel recommends prioritizing **remdesivir** for use in hospitalized patients with COVID-19 who require supplemental oxygen but who are not mechanically ventilated or on extracorporeal membrane oxygenation **(BI)**. The overall recommendations for the use of remdesivir are being revised and will be updated soon.

Corticosteroids (Including Dexamethasone)

The Corticosteroids (Including Dexamethasone) section is a new subsection of Immunomodulators Under Evaluation for Treatment of COVID-19. This new section is based on the Recommendations for Dexamethasone in Patients with COVID-19 section that was released on June 25, 2020. The Panel continues to recommend the use of **dexamethasone** in patients who are mechanically ventilated **(AI)** and in patients who require supplemental oxygen but who are not mechanically ventilated **(BI)**. The new Corticosteroids (Including Dexamethasone) section also discusses the clinical data on the use of other corticosteroids in patients with COVID-19, the potential adverse effects of corticosteroids, other considerations when using corticosteroids, and recommendations for the use of dexamethasone in pregnant patients.

New Sections of the Guidelines

Mesenchymal Stem Cells

A new subsection on mesenchymal stem cells was added to Immune-Based Therapy in the Blood-Derived Products Under Evaluation for the Treatment of COVID-19 section. The Panel **recommends against** the use of **mesenchymal stem cells** for the treatment of COVID-19, except in a clinical trial **(AII)**.

Adjunctive Therapy: Vitamin C, Vitamin D, and Zinc Supplementation

Vitamin and mineral supplements have been promoted for the treatment and prevention of respiratory viral infections; however, their roles in treating COVID-19 are yet unproven. Three new sections were added to the guidelines to discuss the proposed rationale for the use of vitamin C, vitamin D, and zinc supplements.

Special Considerations in Solid Organ Transplant, Hematopoietic Stem Cell Transplant, and Cellular Therapy Candidates, Donors, and Recipients

Solid organ transplant, hematopoietic stem cell transplant, and cellular therapy donors and recipients are at risk of complications associated with COVID-19. This new section provides recommendations for screening transplant candidates and donors for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection before donation and transplant. Clinicians should follow the guidelines for evaluating and managing COVID-19 in nontransplant patients when treating transplant and cellular therapy recipients **(AIII)**. In this section, the Panel also emphasizes the importance of consulting a transplant specialist and reviewing concomitant medications for drug-drug interactions and overlapping toxicities.

Other Updates to the Guidelines

Introduction

The Panel has expanded the explanation of the types of recommendation statements used in the guidelines.

Overview of COVID-19 : Epidemiology, Clinical Presentation, and Transmission

The section has been updated with recent epidemiologic data on COVID-19 in the United States. Emerging evidence suggests that racial and ethnic minorities in the United States experience higher rates of COVID-19 and subsequent hospitalization and death.

Prevention and Prophylaxis of SARS-CoV-2 Infection

This section discusses general prevention measures for reducing the risk of acquisition and transmission of SARS-CoV-2, the types of vaccines that are currently being studied, and the drug therapies that are being investigated for pre-exposure and post-exposure prophylaxis.

Hydroxychloroquine Plus Azithromycin

New clinical data from a large, retrospective, observational study have been added to this section and Table 2A. There is no change to the Panel's recommendation.

Lopinavir/Ritonavir and Other HIV Protease Inhibitors

New data on lopinavir/ritonavir pharmacokinetics in patients with COVID-19 and new data on combination therapy with lopinavir/ritonavir plus interferon beta-1b plus ribavirin for the treatment of COVID-19 have been added to this section and Table 2A. There is no change to the Panel's recommendation.

Blood-Derived Products Under Evaluation for the Treatment of COVID-19

New clinical data have been added to the Convalescent Plasma section. A new section has been created for SARS-CoV-2-specific immunoglobulins. There are no changes to the Panel's recommendations.

Immunomodulators Under Evaluation for the Treatment of COVID-19

New clinical data for interferon beta-1b were added to the Interferons (Alfa, Beta) section, and the Panel changed the recommendation for interferons: The Panel **recommends against** the use of **interferons** for the treatment of severe and critically ill COVID-19 patients, except in a clinical trial **(AIII)**. There are insufficient data to recommend either for or against the use of **interferon-beta** for the treatment of early (<7 days from symptom onset) mild and moderate COVID-19.

The Kinase Inhibitors section was expanded to include additional Janus kinase (JAK) inhibitors and to include Bruton's tyrosine kinase (BTK) inhibitors. The Panel **recommends against** the use of **BTK inhibitors** and **JAK inhibitors** for the treatment of COVID-19, except in a clinical trial **(AIII)**.

NIH: Overview of COVID-19: Epidemiology, Clinical Presentation, and Transmission

Last Updated: July 17, 2020

Epidemiology

The COVID-19 pandemic has exploded since cases were first reported in China in December 2019. As of July 9, 2020, more than 12 million cases of COVID-19—caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection—have been reported globally, including more than 550,000 deaths. Cases have been reported in more than 180 countries, including all 50 states of the United States.[1,2]

Individuals of all ages are at risk for infection and severe disease. However, the probability of serious COVID-19 disease is higher in people aged ≥60 years, those living in a nursing home or long-term care facility, and those with chronic medical conditions. In a recent analysis of more than 1.3 million laboratory-confirmed cases that were reported in the United States between January and May 2020, 14% of patients required hospitalization, 2% were admitted to the intensive care unit, and 5% died.[3] The percentage of patients who died was 12 times higher (19.5% vs. 1.6%) and the percentage of patients who were hospitalized was six times higher (45.4% vs. 7.6%) in those with reported medical conditions than in those without medical conditions. The mortality rate was highest in those aged >70 years, regardless of chronic medical conditions. Among those with available data on health conditions, 32% had cardiovascular disease, 30% had diabetes, and 18% had chronic lung disease. Other conditions that may lead to a high risk for severe COVID-19 include cancer, kidney disease, obesity, sickle cell disease, transplant recipients, and other immunocompromising conditions.[2,4-9]

Emerging data from the United States suggest that racial and ethnic minorities experience higher rates of COVID-19 and subsequent hospitalization and death.[10-14] However, surveillance data that include race and ethnicity are not available for most reported cases of COVID-19 in the United States.[2,15] Factors that contribute to the increased burden of COVID-19 in these populations may include over-representation in work environments that confer higher risks of exposure to COVID-19, economic inequality (which limits a person's ability to protect against COVID-19

exposure), neighborhood disadvantage,[16] and a lack of access to health care.[15] Structural inequalities in society contribute to health disparities for racial and ethnic minority groups, including higher rates of comorbid conditions (e.g., cardiac disease, diabetes, hypertension, obesity, pulmonary diseases), which further increases the risk for severe illness from COVID-19.[14]

Clinical Presentation

The estimated incubation period for COVID-19 is up to 14 days from the time of exposure, with a median incubation period of 4 to 5 days.[6,17,18] The spectrum of illness can range from asymptomatic infection to severe pneumonia with acute respiratory distress syndrome (ARDS) and death. Among 72,314 persons with COVID-19 in China, 81% of cases were reported to be mild (defined in this study as no pneumonia or mild pneumonia), 14% were severe (defined as dyspnea, respiratory frequency ≥30 breaths/min, SpO_2 ≤93%, PaO_2/FiO_2 <300 mmHg, and/or lung infiltrates >50% within 24 to 48 hours), and 5% were critical (defined as respiratory failure, septic shock, and/or multiple organ dysfunction or failure).[19] In a report on more than 370,000 confirmed COVID-19 cases with reported symptoms in the United States, 70% of patients experienced fever, cough, or shortness of breath, 36% had muscle aches, and 34% reported headaches.[3] Other reported symptoms have included, but are not limited to, diarrhea, dizziness, rhinorrhea, anosmia, dysgeusia, sore throat, abdominal pain, anorexia, and vomiting.

The abnormalities seen in chest X-rays vary, but bilateral multi-focal opacities are the most common. The abnormalities seen in computed tomography (CT) of the chest also vary, but the most common are bilateral peripheral ground-glass opacities, with areas of consolidation developing later in the clinical course.[20] Imaging may be normal early in infection and can be abnormal in the absence of symptoms.[20]

Common laboratory findings of COVID-19 include leukopenia and lymphopenia. Other laboratory abnormalities have included elevated levels of aminotransferase, C-reactive protein, D-dimer, ferritin, and lactate dehydrogenase.

While COVID-19 is primarily a pulmonary disease, emerging data suggest that it also leads to cardiac,[21,22] dermatologic,[23] hematological,[24] hepatic,[25] neurological,[26,27] renal,[28,29] and other complications. Thromboembolic events also occur in patients with COVID-19, with the highest

risk in critically ill patients.[30] The long-term sequelae of COVID-19 survivors are currently unknown.

Recently, SARS-CoV-2 has been associated with a potentially severe inflammatory syndrome in children (multisystem inflammatory syndrome in children or MIS-C).[31,32] Please see Special Considerations in Children for more information.

Routes of SARS-CoV-2 Transmission and Standard Means of Prevention

Transmission of SARS-CoV-2 occurs primarily through respiratory secretions, and, to a lesser extent, contact with contaminated surfaces. Most transmissions are thought to occur through droplets; covering coughs and sneezes and maintaining a distance of six feet from others can reduce the risk of transmission. When consistent distancing is not possible, face coverings may further reduce the spread of droplets from infectious individuals to others. Frequent handwashing is also effective in reducing acquisition.[33] The onset and duration of viral shedding and the period of infectiousness are not completely defined. Viral RNA may be detected in upper respiratory specimens from asymptomatic or pre-symptomatic individuals with SARS-CoV-2.[34] An increasing number of studies have described cases where asymptomatic individuals have transmitted SARS-CoV-2.[35-37] The extent to which this occurs remains unknown, but this type of transmission may be contributing to a substantial amount of community transmission.