

The Montana Health Care Coalitions Newsletter is a publication of the Montana Hospital Association published on Thursdays.



Montana Hospital Association | December 8, 2022

An Important Message from Healthcare Preparedness Program Manager Don McGiboney

Happy Winter to everyone. I bid you all adieu.

These past years we have grown from one Health Care Coalition to now having 4 within Montana. The ongoing and developing partnerships is impressive. I am thankful for everyone's part they played in working together to get through some very trying times. We truly cannot get through a disaster without the assistance of our neighbor.

I thank everyone for their contribution to continuing to work together to improve patient safety and positive outcomes through teamwork. Your professionalism and teamwork have made my job easier.

I leave you all in good hands as I begin a new chapter in mine and my family's life. I will miss you all and the time we have spent together.

Best wishes,
Don

New & Noteworthy

Upcoming Transition from TeleTracking to NHSN for HHS Data

On **Thursday, December 15, 2022**, we will be transitioning the COVID-19 hospital data collection to the CDC's National Healthcare Safety Network (NHSN).

- Starting on December 15, the TeleTracking portal will no longer be active for submitting data (with the exception of editing past submissions), and all data will be collected through NHSN.

- If needed, editing past TeleTracking submissions must be done through TeleTracking, and must be completed before the end of the year.
- Facilities and states should NOT need to make any changes in their regular reporting processes prior to the December 15, 2022 transition date.
- The NHSN COVID-19 module is currently available for testing purposes so submitters can test their reporting capability prior to the transition date. **We encourage you to test submitting data before the transition.**
- There are many resources on the [transition webpage](#) to help you prepare for the transition, such as:
 - Newly scheduled twice-weekly webinar replays on submitting data and office hours for the month of December.
 - Resources for entities [reporting on behalf of multiple facilities](#) (bulk uploaders), including webinar recordings, [bulk upload guides](#), and slides for prep & submitting data.
 - Resources for hospitals who [report as individual facilities](#), including webinar recordings, and slides for prep & submitting data.
 - [Frequently asked questions](#), including [FAQs on API](#)

I use EMResource to update my COVID data, what do I need to do differently beginning December 15th?

The short answer is: NOTHING. **Please continue reporting to EMResource as you have been** and your data will be pushed to NHSN just as has been to TeleTracking.

Information is being shared with your Infection Preventionist and others within your organization regarding this transition. We encourage you to reach out to them to explain the current processes for data reporting and contingencies for when data is missed so that everyone can be on the same page for this transition.

Changes in COVID-19 Rapid Antigen and PCR Testing Support

We wanted to provide an update on changes happening in the near future regarding the COVID-19 testing services offered by Montana Department of Public Health and Human Services (DPHHS).

Over the course of the COVID-19 pandemic, DPHHS has provided COVID-19 rapid antigen test kits and polymerase chain reaction (PCR) testing through the state Public Health Laboratory (SPHL) and our reference laboratories at no cost to many organizations across the state to support our pandemic response. The federal funding to support these testing activities is ending and near exhaustion. Therefore, DPHHS will cease the distribution of free rapid antigen test kits and free PCR testing to all organizations, with two exceptions (below), beginning on December 11, 2022. Organizations/facilities will need to directly purchase COVID-19 rapid antigen test kits from vendors. A list of selected vendors that provide rapid antigen test kits is attached. COVID-19 PCR testing will still be provided by the SPHL and MAKO reference laboratory but there will be a charge associated with the test (see below).

COVID-19 PCR testing:

After December 11, 2022, the SPHL and MAKO can continue to provide COVID-19 PCR testing but there will be a charge associated with this work. The SPHL will charge the ordering provider for PCR testing and MAKO will bill patients' insurance. The MAKO laboratory requisition forms include the additional patient information that will need to be completed to bill patients' insurance. In addition to the SPHL and MAKO there are other clinical laboratories that can provide COVID-19 PCR testing.

Testing support to K-12 schools, early child care facilities, and local/Tribal public health departments:

DPHHS does have federal funding from CDC (through June 30, 2023) specifically to support the free distribution of rapid antigen tests to K-12 schools and early child care facilities in coordination with local and tribal health departments. This federal funding allows schools, early childhood education facilities (ECE), daycares, and health departments to use this funding to support the detection and mitigation of COVID-19 in communities to maximize in-person learning days. To order testing supplies, use the following link: https://PHEP.formstack.com/forms/covid_testing_supplies_request

State health care facilities:

State health care facilities can continue to order rapid antigen test kits from DPHHS as needed. To order testing supplies, use the following link: https://PHEP.formstack.com/forms/covid_testing_supplies_request. These facilities can also continue to submit specimens for COVID-19 PCR testing to the SPHL or MAKO. These services will continue to be provided until the remaining and limited federal funding is exhausted. These facilities include the Montana State Hospital (Anaconda), the Veteran's Homes (Columbia Falls, Glendive, and Butte), the Montana Mental Health Nursing Care Center (Lewistown), the Intensive Behavior Center (Boulder), and the Montana Chemical Dependency Center (Butte).

Updated Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

[CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#) is now available. The "core practices" were previously recommendations of the Healthcare Infection Prevention and Control Practices Advisory Committee (HICPAC). CDC considers these core practices to be fundamental standards for wherever healthcare is delivered.

On any given day, about [one in 31 hospital patients](#) has at least one healthcare-associated infection. Infection prevention and control stops the spread of germs and helps keep patients safe.

Minor updates have been made to the original HICPAC recommendations from 2014, including:

- Consider broader use of source control during periods of higher levels of community respiratory virus transmission.
- Develop and implement systems to quickly detect and manage potentially infectious people as soon as they arrive for care.

- Prepare medications in a designated clean medication preparation area that is separated from potential sources of contamination, including sinks or other water sources.

These core practices are intended to serve as a standard reference and reduce the need to repeatedly evaluate practices that are considered basic and accepted as standards of medical care. Future updates to the Core Practices will be guided by the publication of new or updated CDC infection prevention and control guidelines.

[Read more](#)

Infection Prevention and Control Resources Now Available

A new report from the [Agency for Healthcare Research and Quality \(AHRQ\)](#) aims to help educate EMS clinicians about the latest evidence on infectious pathogen exposure among the EMS workforce. These evidence-based recommendations address the prevention, recognition and control of infectious diseases and other related exposures for EMS clinicians.

Key findings in this new resource, [“Infection Prevention and Control for the Emergency Medical Services and 911 Workforce.”](#) include:

- EMS clinicians are at higher risk for exposure to infectious diseases compared to other frontline workers.
- Regular hand hygiene decreases the spread of methicillin-resistant *Staphylococcus aureus* (MRSA).
- Standard precautions, such as gloves, decrease the chance of needlestick exposures.

Read Report

This report was released by the Evidence-based Practice Centers (EPCs) at the AHRQ. This project is supported by NHTSA’s Office of EMS, which strives to reduce death and disability by providing leadership and coordination to the EMS community in assessing, planning, developing, and promoting comprehensive, evidence-based emergency medical services and 911 systems.

EMS agencies are encouraged to inform their community about the new report by sharing on social media. Customizable social posts can be [found here](#).

EMResource API Update

The EMResource API Specialist with the Healthcare Preparedness Program has been participating in bi-weekly calls with Juvare to track the implementation of the EMResource API. To date, less than 25% of all eligible facilities have completed the [Interest Form](#) and only 7 facilities have received testing information to

begin this API build. We understand that this is a rather large undertaking, particularly for facilities with limited IT staff but we are requesting that facilities consider this option to ease the data reporting burden.

If your facility has not done so yet, you are encouraged to review the recording of the Juvare API Kick Off webinar held on October 3 [here](#), the passcode is **9gb%m*hn**. This API is intended to focus on the HHS required data elements and **ease some of the reporting burden for facilities**. By utilizing the API, facilities will be able to populate EMResource directly from their EHR. The amount of data that is able to be pulled will be dependent on the capabilities of the facility's EHR and the ability to map the fields from one platform to the other.

If you have questions or would like to schedule a one-on-one call to discuss this platform, please email casey.driscoll@mtha.org and we will connect with you as quickly as possible.

Data & Situational Awareness

Update on Transition from TeleTracking to NHSN

Please see the update above. In mid-December reporting of COVID-19 hospital data will transition from TeleTracking to the National Healthcare Safety Network (NHSN). Facilities will be able to continue to utilize the exact same process for updating data in EMResource as HHS transitions from TeleTracking to NHSN. All of the required elements will be in place for the data to transfer from EMResource to NHSN just as it has been doing to TeleTracking. Facilities are encouraged to develop processes for entering the information in NHSN if a day is missed or if weekends are not reported into EMResource.

If your facility has not done so yet, you are encouraged to review the recording of the Juvare API Kick Off webinar held on October 3 [here](#), the passcode is **9gb%m*hn**. This API is intended to focus on the HHS required data elements and **ease some of the reporting burden for facilities**. By utilizing the API, facilities will be able to populate EMResource directly from their EHR. The amount of data that is able to be pulled will be dependent on the capabilities of the facility's EHR and the ability to map the fields from one platform to the other. Please email casey.driscoll@mtha.org if you have questions or would like additional information.

Upcoming Events

Meetings

Health Care Coalition Executive Committee Meetings

Executive Committee meeting will resume after the holiday season.

Webinars

CISA Insider Threat Mitigation

January 17, 1300 - 1500

[Register](#)

All Hazards Consortium – Virtual National Resilience Exchange Summit

January 24-26, 2023, 1030 -1600 daily

No cost

[Register](#)

HHS IEA Weekly Monkeypox Briefing

Thursdays, 12:00 MT

[Register](#)

First Responder Resilience TeleECHO Program

Every other Monday, 14:00 - 15:00 MDT

[Register](#)

EOC Virtual Classes hosted by EMI

View the full Course Catalog [here](#)

Montana Health Network Course Catalog

In-Person Trainings

Colorado Wildland Fire & Incident Management Academy

January 7-12

Colorado College, Colorado Springs

or

February 20-24

Marriott, Colorado Springs

[Registration](#)

Group and Individual (Peer Support) Crisis Intervention Training

January 31 - February 2

Alder MT

POC:

Group and Individual (Peer Support) Crisis Intervention Training

February 13 - 15

Superior, MT

[View Flyer](#)

Save the Dates

K0428 Community Emergency Response Team (CERT) Train-the-Trainer (Virtual)

Multiple dates beginning December 2022

[View Flyer](#)

Tribal Nations Training Week

March 11 - 18, 2023

Center for Domestic Preparedness (CDP) in Anniston, AL

CDP training is completely funded for state, local, and tribal emergency responders to include travel, meals, and lodging.

[Register](#) through CDP

ICS449 Train-the-Trainer for FEMA ICS Courses

March 27 - 31, 2023

Fort Harrison, instructed by TEEX

Registration coming soon, email [Betsy Ross](#) for more information.

L0212 Hazard Mitigation Assistance: Developing Quality Applications

May 1 - 5, 2023

Helena, MT

More Information Forthcoming

| Engagement & Other News

CISA Cyber Update

Click [here](#) to view the most recent CISA Cyber Update.

Cybersecurity Training Online Course Catalog

CISA released a [Cybersecurity Training Online Course Catalog](#) that includes no-cost cybersecurity online trainings. The catalog is organized into two sections highlighting introductory cybersecurity courses, and intermediate level courses compiled from the Federal Virtual Training Environment (FedVTE), DHS HQ Interim Training Site (HITS), CISA Virtual Learning Portal, and Microsoft.

Questions?

We are committed to supporting you and answering questions as quickly as possible. Please send any questions or comments to hppcoordinators@mtha.org.

Visit the [Montana Regional Health Care Coalitions](#) website for additional information and resources.



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Montana Hospital Association
2625 Winne Ave.
Helena, MT 59601

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