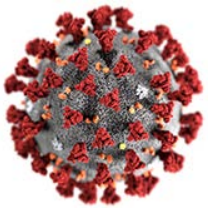
COVID-19 Statewide Hospital Huddle Summary
Tuesday, Jan. 19, 2021



Chad Austin welcomed everyone to the Hospital Huddle. A lot has occurred since the last huddle earlier this month, not only has the Kansas legislative session started, but the country is getting prepared to see the presidential transition this week. As it pertains to COVID-19, the state continues to receive vaccine for front line and long-term care residents and staff. We are pleased to have KDHE Secretary Lee Norman to provide an update on the latest COVID-19 activity for the state of Kansas, including vaccinations. KHA staff continues to work with KHA membership to identify existing needs. Overall, it appears that all Kansas hospitals have received the vaccine. If you have any questions or additional needs, don't hesitate to reach out to our staff at KHA to see how we may be able to help you. The Legislature has been discussing the extension of the emergency declaration. We have been advocating for extension of several policies that would assist some Kansas hospitals. I wanted to remind everyone that this week is the first week that Tish Hollingsworth of our team has started her retirement. It is a partial retirement as Tish has agreed to work with us for one to two days per week until the time that her official replacement comes on board later this spring. With that said, we will be working with BKD to help provide temporary assistance as well. Today we are pleased to have Jason Barb from BKD to provide an update on the CARES Provider Relief Funding. Please don't hesitate to contact us if you should have any needs or any questions.

KDHE Update – Secretary Lee Norman, MD
Sec. Norman expressed his appreciation for the invitation to participate in the Hospital Huddle. Being a hospital person, he feels like he is among colleagues when dealing with KHA and all participants respectively. There has been a lot going on. Tomorrow is the "one year anniversary" when that first patient was identified in Washington. This Friday will be the one year anniversary of when we stood up our 24/7/365 incident command. That has been a long slog. We actually had "incident command light" just to keep an eye on it starting December 2019. We have been following this a long time.

On balance, let me start with some of the hottest topics. Top of the list is certainly the vaccine. It has been a struggle to get vaccine into the state of Kansas. The allocation methodology used by Operation Warp Speed and the White House have been that Kansas, on a per capita basis represents about 1% of the nation's population. If there is one hallmark word, it is just plain shortages. When we get requests for 25,000 doses going into a single county for example and can deliver only 1,800, it is not very gratifying for anybody. Regular communication, of course, with Gen. Gustave Perna who is the commanding officer and the chief operating officer for Operation Warp Speed. I think on balance, Operation Warp Speed was terrifically helpful in working with the manufacturers and the FDA to get product available to us. By the way, the two vaccines that are available are showing to be quite good. Where Warp Speed has really fallen down is on delivery on the schedule we have been promised. We have been at it about a month now. There have been some terrific successes, really. We have really gotten about 300 vaccinating sites and have since day 1. We anticipate doubling or maybe even tripling that number as the vaccine starts coming in. That won't happen until we get a third or maybe a fourth vaccine coming in, AstraZeneca and Johnson and Johnson. We're going to have to be patient. As of this morning, we have vaccinated 125,479 Kansans. Most of those with one dose. Some have received a second dose. When you look at the total number of doses delivered, that represents (such as is recorded in the data that the CDC has) 58% of the doses delivered to Kansas have been administered to patients. I say "such as the data represents," because this is something we need to talk about. In the series of events, when someone is a vaccinating site, they have to be able to load the data into the state system that is called WebIZ. That is a Kansas statute that requires vaccinating sites to use WebIZ. Then the CDC pulls those

data directly from the data feed from WebIZ, and that's where the CDC gets those numbers. There are about 18 states that use WebIXZ, other states use other vaccine registers. We got off to a slow start, not in vaccinating, but in getting data in. You may have seen early on that we were at the bottom of the heap. That was simply a data artifact, and we have fixed that. Our mantra has been all along, collect the information you need, usually on a register form, either paper or an online form. Collect the information, vaccinate, and then batch entry. It takes longer to put in the data than it does to vaccinate. There's a second one, which is a federal requirement for the CDC Vaccine Finder, which is an inventory management system so that the CDC knows at every moment from an accountability and quality control perspective where the vaccine is. I know that Ron was kind enough to send me the most recent survey from McKenzie and Company that shows that physician offices is where adults feel comfortable getting vaccines. And we do have a lot of vaccinating sites already. It's mostly physician or medical groups or hospitals that are already trained on the data management systems. We have on our website www.Kansasvaccine.gov is our devoted COVID-19 site. There is a terrific amount of information on there. One of those is the provider enrollment form. We get asked by medical groups or even individual physicians what it would take to become a vaccinating site. The application process is there. We just brought 87 new providers on within the last week or so. That will put us well over 300. Most of the sites at this point in time are the 100 or so local health departments, 50 or so safety net clinics, and then hospitals ... approximately 130 hospital sites are vaccinating sites as well. It's going to be really critical that people enter the data into WebIZ. This is an awkward moment in time with the change from the Trump administration to the Biden administration. Outgoing Secretary Azar of HHS states that if you don't hit certain thresholds in terms of vaccinations going into peoples' arms, you will be penalized by cutting back the number vaccine doses you get. So I want to make sure we get to the 70% or above. We are not there yet. We are at about 58%. We are doing considerably better than the US average 39%, but I want to get in that top tier of 70% being recorded. I know that more than 70% have gotten into people, because we survey vaccinating sites twice a week to find out what kind of reserve stock they have. Last week in a call with Gen. Perna, because there was all this hyped up promise of letting loose of the reserves. Secretary Azar came back and said there really are no reserves. It will just come at the same rate for now until the manufacturers increase their production or the additional vaccines come online. There will be a little, tiny uptick of 1% or 2% of the total vaccine supply because they are not going to hold back for second doses for a rainy day.

So, where are we? As you know, we are in Phase 1. That is also on www.kansasvaccine.gov. You click on Availability, and that opens up to 4-5 really good documents on there. One of them is the Vaccine Prioritization Plan that gives the rationale for why individuals ended up in Phase 1 and others in Phases 2, 3, 4, or 5. We number ours a little different than other states. Every state has its own rendition. We found the nomenclature 1A, B, C to be a little confusing. To us it seemed like 1, 2, 3, 4, 5 was more straightforward. I think that for the most part, most of the people in Phase 1, health care workers, long-term care residents and staff and EMTs, paramedics and a few that are persons that are necessary for continuity of government or continuity of operations have gotten the vaccine. We're getting right down to the end of Phase 1. I think after we distribute the vaccine this week, the two days that we do that, I think we'll have a pretty good estimate.

I think it's going to be pretty soon when we find ourselves entering into Phase 2 of the vaccination plan. The Phase 2 operational guidance for public health providers and medical providers who are vaccinators will be publicly available at the end of the day today. *(Attached it the Daily COVID-19 Update 01-19-21).* It's a terrific document that says everything from soup to nuts how to register and be a provider. What does it entail? What does a provider agreement say? How do you handle the product? How do you data, etc. We are welcoming providers to continue to apply to be vaccinating sites. That will come out today and be available. It also goes through the allocation methodology, which is always controversial when the bigger counties get more than the smaller counties. We didn't want to lock out any counties, because every county has people that need to be vaccinated. The other thing that I think is going to be interesting to watch and not easy to manage as time goes on is how rigid or how flexible on these 1, 2, 3, 4, 5. The detailed User Manual will discuss that kind of flexibility for the front lines and within that vaccinator's market area, if you will. How can

you fine-tune it to meet your community's needs? We don't think that it is a great idea for the state to dictate everything, because that is not very Kansas. Secondly, there could be some fine points that are debatable. For example, if somebody, when you say with a significant or severe medical risk, is there a bright line? We discussed that in the prioritization document. Just because there is no research available on certain things doesn't mean that it's not a hot topic. We will hope that people won't want to jump to line, but the other side of that is that the vaccinating sites can manage the prioritization. Vaccine Provider Resources are online.

How will people schedule? One, we want to try to train people to go to our website so they know what kind of phase we are in. We are going to be roaming out a public information campaign within the next week and one on vaccine hesitancy as well. Also we will have press releases to keep people apprised. Governor Kelly and I in our weekly press conferences will talk about what phase we are in. Phase 2 will be the biggest phase. Persons aged 65 and older, and those with risk factors that put them at increased risk like congregant living settings and also what we call "high contact" critical workers. Those are all examples given in the prioritization document. With 140,000 different job types, you can't run a list of the high contact critical or essential workers.

As for testing: we've really done a lot of testing since the first of December. We have increased almost 300,000 tests above what our baseline was. We were able to leverage the CARES Act monies to build up more testing stations with free testing. www.gogettested.com/kansas is the website. They have 40 sites now in addition to the sites where we were already testing. I think we have caught up significantly, and we are about middle of the pack in terms of where we are concerning testing per capita. Kansas' infectivity factor, if it's 1 or above, the virus will continue to spread. If it is below 1, it will eventually die out. Particularly if we have the vaccine and have good habits. Ours has been .91 or .95. That's why our hospitals are not as overrun as they were when our state was up around 3 or 4. Ron, Chad and I talk with many of you on a regular basis every week. It's been good to see the hospitals having some breathing room for the most part. I think we are catching up. We are still encouraging people to test for free at our testing sites. Those are not easy to set up. It is easy to run lab tests. We can run 1 million lab tests in a week. The hard thing is sampling. There seem to be more and more self-sampling kits on the market like home pregnancy tests, but they are not widely used. They have their own problems.

Another provider network I wanted to talk about is the federal retail pharmacy partnership. The long-term care has been done through the long-term care pharmacy partnership with CVS and Walgreens. That vaccinated about 95 percent of the facilities in Kansas. There are a few orphans that KDHE provided vaccine for. As of about a week ago when I met with General Perna of Warp Speed, they were putting the final touches on the contracts with many, many different pharmacies, such as Walmart and Kroger and other ones that will be vaccinating sites around the country, in our state and our counties. Watch for that roll out. I want to reemphasize it, on the detailed user manual that will go out this afternoon for vaccinating sites, it has the allocation method in there. I feel very strongly that we do not want to have the allocation method behind a closed door where people get suspicious of how it's done. It's spelled right out there. It is based on population and prioritized groups and ages within that population by zip code. It is a very sound method.

On our www.kansasvaccine.gov, there are a couple of things being added such as a public-facing dashboard that shows how much vaccine is being distributed. The next thing that will be added is a "find a provider" mapping tool. We are not going to run a statewide vaccination scheduling system. What we are going to do, by having an interactive map on www.kansasvaccine.gov people can hover over their county and find out where the vaccinating sites with their phone numbers and websites for scheduling. We have been able to keep ahead of that demand, except in Johnson County, in which I think the scheduling program has crashed a few times just because of the sheer demand.

The last thing is the B117 United Kingdom variance. We are not seeing it yet in Kansas or Missouri. We are doing genome sequencing on a regular basis at the state lab and soon at K-State and commercial labs. But we've not seen that strain yet in Kansas or Missouri, but I'm sure it's here. I don't think we should spend a lot of resources, because it's going to be a dominant strain anyway. The thing I care about is whether the vaccine is good for it. It seems to be that it is. There is a South African strain. It's also a bit genetically different, but it appears that either of the vaccines work for that.

I will answer some of the questions I have received from you in the last week.

When will the state of Kansas move to Phase 2?
We will know by the end of the week. I think it will probably be within the next week or so.

When and how will the information be commuted to providers?
It will be through press releases and announcements and the www.kansasvaccine.gov as well as newspapers.

In advance of moving to Phase 2, when can we expect detailed communications?
That will start flowing out today. Local health departments and FQHCs are bearing a lot of the vaccine responsibility right now. They are very experienced in ambulatory patient vaccine distribution. Hospitals won't get many this week, just because of the fact that we are told through the surveys that most hospitals are at second doses at this point in time. So the first doses of Moderna are going this week primarily out to the FQHCs and health departments. I have heard that physician offices are at the top of the heap about where adults would like to get vaccines. I would like that, and I encourage probably your larger medical groups. I think it would surprise me if a 1-3 doctor office would want to do that, just because the data reporting requirements, required training and the like.

High throughput capacity.
We've seen our hospitals at this point in time doing 1,500-2,000 a day vaccines. We haven't had enough vaccines to merit flipping that switch for the most part. Stormont Vail did one at the Stormont Vail Event Center. I think it was a very successful way to do it. As described to me, it was also a way to use it as an opportunity to make sure they had all their gear humming. I think they are going really well.

The vaccine and ancillary supplies are being provided, there remains a significant cost to administer vaccine. Does the state have plans to utilize federal relief funds to assist in covering the cost?
I've not been asked to do that. If that's a big issue, I'll just need to know more about it. I know that commercial insurers can be billed for the vaccination or associated cost. I would to think that if people don't have means and don't have money for a copay or the administration cost, I would hope that we would not have to burden people or scare them aware from getting the vaccine. If that's a hot topic, then let's continue that discussion.

This is going to be a long slog as we are only getting 40,000 doses or 50,000 doses a week. I just hope people will bear with that and sign up, especially when we get more vaccine coming in. We would love to have your help, especially with the higher throughput ones. It's going to be a big demand in Phase 2 with those 65 and older.

Statistics Relative to COVID and Dashboard Update - Sally Othmer *(slides attached to today's Daily Update)*
An additional 12,320 new COVID-19 cases were identified since last Monday with 37,389 new cases in January and 3,525 Kansans have perished since the beginning of the pandemic. Our positivity rate has remained at 23% since early January. Thirty-six (36) counties have more than 10% of their populations infected. Six of those counties have more than 15% of their population infected. New cases in all regions are down this week. KHA pulls data from TeleTracking to report staffing shortages, hospital capacity and COVID patient activity on the

first page of the dashboard. The shortage questions are now defaulted to 'No' in TeleTracking. This is an important element for advocacy purposes and is a critical element when measuring capacity, so please continue to report if staffing shortages are anticipated.

Staffed adult ICU beds are highlighted as they are a better indicator than total beds, which is defined very broadly in TeleTracking. Because this is not real time, it is not an ideal indicator of available beds by region but is a snapshot in time.

The number of deaths reported on the table on the first page are specific for deaths from COVID within hospitals or their Emergency Departments reported for the prior day. It is not cumulative.
The remaining graphics are populated by data published by KDHE on Mondays, Wednesdays and Fridays. The number of deaths reported from KDHE is not specific to in-hospital deaths.

TeleTracking Updates – On Jan. 12, HHS updated their guidance adding 7 additional elements to the TeleTracking data collection gathering data on vaccinations of health workers and patients. Please note, these are not yet mandatory. We appreciate that you are already reporting vaccines in two places and will continue to advocate for reducing reporting burden.

Updates to TeleTracking and resources are available on the presentation and at the KHA website.

COVID-19 Preparedness and Response Update – Ron Marshall
Infection Prevention – KHA has received some questions regarding changes by CMS in the Revised COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care, dated Dec. 30, 2020. I thought I would provide a brief review of those changes this morning. In Kansas the interpretation of the previous Infection Control Survey Tool dated April 30, 2020, required facilities to screen all staff for the presence or absence of a fever prior to their work shift. The Revised Survey Tool now allows staff to self-report the presence or absence of a fever before their work shift OR have the facility continue to perform the temperature screening.

We have confirmed with KDHE health facilities surveyors will be looking for the following during the survey process. Does the facility have a screening process that demonstrates that all staff are reviewed prior to, or at the beginning of their shift for:

- Exposure to others with known or suspected COVID-19;
- Signs/symptoms of illness; and
- Fever (screened upon arrival to facility or self-reported).

I know many facilities have purchased devices to help streamline the screening of staff. If you have a process that is efficient and works for your facility you certainly may continue to choose what works best to keep your staff, patients and visitors safe.

Some other changes were added/clarified in the document:
Does the facility have a screening process for those entering the facility (patients and visitors) to mitigate COVID-19 exposure (for example exposure to COVID-19 screening questions and assessment of symptoms/illness)?
If visitation is permitted, facilities must restrict their visit to the room of the patient they are visiting. Appropriate mouth, nose and eye protection (e.g. facemasks or respirator with goggles or face shield) along with isolation gowns are worn for patient care activities or procedures that are likely to contaminate mucous membranes, generate splashes of blood, body fluids, secretions, or excretions. Unless additional source control is needed, facemasks are worn by all staff while they are in the healthcare facility.

The Survey Tool contains several references to using appropriate EPA-registered disinfectant for health care settings. Additional details, including the memo (QSO-21-08-NLTC) from CMS and the Revised Infection Control Survey Tool were sent out in the Jan. 11 KHA Daily Update and can also be found on the KHA website.

BinaxNOW - COVID-19 Rapid Tests – Kansas has a large supply of Abbott BinaxNow COVID-19 Antigen test cards for rapid POCT. These tests are now available to hospitals, public health departments, schools and LTC facilities. They do have an expiration date, so please consider that if you request a supply. While I don't have the full details on how to order the BinaxNow cards, I believe the process will be to order through your county emergency manager. Once we receive more details, we will include this information in a future KHA Daily Update.

Finance and Reimbursement Update – Jason Barb, BKD
Provider Relief Funding Reporting – The main thing I had hoped to update everyone on is the reporting portal on the HHS website for the Provider Relief Funds. That portal was actually opened as scheduled last Friday on Jan. 15. However, at this point in time, the only thing that you can do is to go register as a portal user. We've got a couple of links that will be sent out after the call that will get you there. Though the primary thing right now is, if you go to register, it appears that HRSA estimates that it will take about 20 minutes to do that. When you go in and do it, you will need to go all the way through the process. If you try to stop in the middle, anything you have entered at that point will be lost. Right now, when you look at the website on there for the portal, it indicates that there is no functionality available currently to enter your data. As of this time, it is really just a registration. As of today, I still have not seen any delays in the reporting deadline, which would be Feb. 15. So we have a pretty short window between when the registration will occur and when you need to get that reported. Again, that is reporting for any provider relief funds that were utilized any point in time during calendar year 2020.

Hopefully we will see more updates soon, and we will get those out as they become available. Get out there and get set up user and await when the portal opens up to input your data.

State and Federal Advocacy Update – Audrey Dunkel/Landon Fulmer/Tara Mays
Federal – It looks like we have already seen as of Friday the incoming president's $1.9 trillion COVID-19 Relief Plan. We will send out in our notes a link to the AHA Special Bulletin. So far, these are the details:

- $20 billion for a National Vaccine Program
- $50 billion for Testing Capacity
- $30 billion for PPE
    - Another $10 billion for domestic manufacturing
- Direct OSHA to issue a COVID-19 Protection Standard
- Build national capacity to track virus outbreaks and mutations
- Extension and Expansion of COVID-related Paid Leave
    - Extended through September 2021 (expired in December)
    - Increase leave to 14 weeks
    - Applies to more employers – over 500 employees
    - Tax credits for employers with less than 500 employers and state and local governments
- Subsidies for insurance premiums in the marketplaces
- $4 billion for mental health and substance use disorder services
- $20 billion for veterans
- $350 billion to state, local and territorial governments
    - Employ frontline workers, distribute vaccine ,increase testing, reopen schools and maintain vital services, which is intended to be flexible
- Increase minimum wage to $15, eliminated the tipped minimum wage and the sub-minimum wage for people with disabilities.

There are some policy issues as well as the funding. I didn't mention any PRF funding, because we didn't see that in any summaries we have received. However, OSHA is being directed to issue a COVID-19 protection standard. They are also extending and expanding the COVID related paid leave. It expired in December, and it will be extended through September 2021. The leave has increased to 14 weeks. Some policy issues will address the way we function a little bit in health care.

This is the opening salvo. Obviously, even though the democrats will control the majority in the Senate, they are going to operate under a power-sharing agreement. This means that democrats and republicans are going to have to figure out ways of bringing bills to the floor and essentially playing nice in committee with one other in order to pull bills out of committee. This is a big landmark piece of legislation that the president will be looking to pass.

There are some things I think we would like to see in it, that are not included at least in the initial salvo. Those include additional PRF funding and the liability shield. These are things that are definitely going to be part of the discussion going forward. Depending on how those discussions proceed, particularly in the Senate where the two parties have to come to an agreement about a whole range of things about bringing bills to the floor and how they're going to be passed. Those will definitely come up. We'll have out a list of all the various items that are in it, but this is going to be fiercely debated and contested as time goes on after the inauguration tomorrow and as the senators move to their committee assignments and start going through the bill.

State – We are off to a running start. Last week, on the COVID flexibilities bill, both the House and Senate judiciary committees heard their respective bills. The Senate committee actually passed theirs out, and the Senate passed it with no amendments. That extends the disaster emergency to March 31, 2021. It continues until 2022 the provision prohibiting the Governor from proclaiming any new state of emergency relate to COVID-19 without the approval of at least six legislative members of the State Finance Council. It extends the telemedicine flexibility, extends temporary licensure by Board of Healing Arts and for other health care providers. There were some provisions in the previous flexibility bill that do not need to be extended because the liability provisions do not end for health care providers. Both that and the freedom to exceed licensed bed capacity and use alternative space for patients are in effect until 120 days after the end of the state of disaster emergency. So those things are not included in the bill, because they continue without any further action.

A few other things legislatively are Senate Bill 13. It is similar in context that was discussed last year. It requires county clerks across the state to notify the taxing authorities on or before June 15 each if their revenue will exceed revenue-neutral rates. Then it offers an option to return the overage or go through a series of public mailers and public meetings that would be processed at the expense of the taxing subdivision. The bill has also made its way through the Senate chambers and is now in the house for further review and amendments.

Additional items that are moving quickly through the process include the value them both constitutional amendment that would be before the Kansas voters on the Aug. 2, 2022 ballot.

At KHA we are working on each of our priority legislative items:

- COVID-19 response extensions;
- Provider Assessment Fees budget proviso language extension that will allow KHA to continue to receive the state funds necessary to keep the program whole until CMS approval is achieved at the federal level;
- KanCare Expansion, which is a highlight of the Governor's legislative agenda. We will learn more about that proposal next week;
- Increasing Telemedicine Access; which will allow consent to treatment and services without patient being physically present, affirm that audio-only communications that otherwise protects patient

privacy is allowable; allows the originating care site can be a non-licensed physical location; and allows that distant site for services can be a non-licensed physical location;
- KHA will be introducing the Rural Hospital Model bill that would allow for the licensure that aligns with the newly created rural emergency hospital model and fits with some of the previously proposed legislation by KHA allowing for rural health models to provide right sized care for the communities that they serve; and
- Non-economic damages; is likely to be introduced by KMS modeled after similar legislation that was introduced during the 2020 legislative session, Maintains a cap on non-economic damages in medical malpractice.

We continue to work with key legislators in leadership, on the health and budget committees and meet with the newly elected legislators to introduce them to the 2021 KHA legislative priority items.

Member Questions – Cindy Samuelson

Q1: How will the state determine the number of doses going to each county? Will health departments receive those vaccines for the general population before the clinics and others who are registered to give the vaccine?

A1: Dr. Norman – We surveyed the vaccinators and tried to come up with the best estimate as to the number of vaccine doses that will be necessary. We don't like to flood anybody and have them have a ton left over because of the concern about storage and the fear of waste. It is the same process we have going. I mentioned the Provider Manual *(Attached it the Daily COVID-19 Update 01-19-21)* will go out today that has the allocation methodology. I think people will get a really good feel for that. It is a fairly detailed one-pager on methodology. So far, it has worked pretty well. I think we will send it to about 150 different vaccinating sites. There is always a little grousing about having enough. No one ever complains about having too much. And, by the way, to that end, we are not going to be sticklers. I don't care if it is small, medium or large. If they get down to the population they scheduled and have 30 doses left over, if there is a community organization in town they want to share it with. I would really encourage the hospitals to work with the clinics and the FQHCs and others. We would rather have vaccines going into the arms of people who want it rather than to ever run the risk of wasting it. You will never hear criticism from us. People always worry about watching each other to see if people jump the line. I realize there is some sensitivities there. Our goal is not to be judgmental about it, but to try to adhere to the standards.

Dr. Norman – Before we go on to the next question, I want to make one comment on something someone else said about TeleTracking. I have been continually working with HHS and trying to have them ratchet to the essential TeleTracking items. I know you guys are burdened with capturing data. I am a constant nag with HHS to have the essential things that you guys find helpful and that they absolutely need. I've been complaining a little with them. Ron and I have been grafted at the hip regarding the monocloneal antibodies. Kansas has done such a great job, and I think it is affecting the hospitalization rate which is going down, paired up with nursing home vaccines. These antibodies that doctors and facilities that are using them feel like it makes a big difference. Granted, it's not a controlled study. I even got a call from Secretary Azar about why Kansas is at the top of the heap in using these antibodies, the monocloneal antibodies. I think that it's because we pushed them out and tried to make it easy through the emergency management and emergency operation center to get in a rapid manner to you guys. Now they want to start capturing all that in TeleTracking. I said, "Don't kill the program." We'll see where we go with all that.

Q2: When will Phase 2 begin?

A2: Dr. Norman – We want to get all the vaccine out there and see how much of a gap there is after we get all the vaccine out there. I think it will be within the next week. The governor will probably talk about this later in the week.

Q3: When will hospitals find out how many vaccines they can expect to receive in Phase 2? Do hospitals need to request a certain amount for what they anticipate they will be able to give to patients?
A3: Dr. Norman – Some hospitals have stated that they will not vaccinate any in the community at all. Others want to have very large and aggressive plans to vaccinate the community at large. So through a survey process, and this is spelled out through the Provider Manual *(attached it the Daily COVID-19 Update 01-19-21),* they are going to be calling a cadence in terms of the vaccines for the prime dose and the booster dose. The prime and booster doses are each ordered once per week. So there are two orders placed and two deliveries per week. That cadence is all explained through that too. We have pretty much not been able to give everybody as much as they want, but we try to give them as close as we can get to as much as they want. We try to give everybody as much notice as we can, but honestly we don't know from one week to the next what we're getting. It's kind of just-in-time inventory management. You guys will get frustrated with it like we do, but that's what we are getting from the feds. I don't know if the Biden administration will have something magical up their sleeves or not. The Provider Manual will be shared today. It will be available on our website on the www.kansasvaccine.gov. We want to be very transparent and available.

Q4: Regarding the signed Provider Agreement, would it be the hospital's responsibility to make sure that a clinic they share vaccine with has a signed Provider Agreement. Or can one system with a centralized purchasing system share vaccine in a system to appropriately vaccinate the population they are serving?
A4: Dr. Norman – If it's a health system that has its own clinic, is one Provider Agreement with the health system and then the providers automatically come along with. You are asking who the party to the agreement is. I don't know the answer to that. In my mind, I thought it was probably would be a medical group having an agreement with KDHE. But it that's a wholly owned clinic within a health system, I don't know the answer to that. I will have to get you that information.

Q5: There was some discussion earlier on returning it to KDHE?
A5: Dr. Norman – We don't want the vaccine back, but we do request that you let us know where it's going. There is a phone number and email to do that. From an accountability perspective, we have to account for where every dose is going. It's not onerous.

Q6: You mentioned the map that you will have at www.kansasvaccine.gov. This health system has a centralized email mailbox and centralized phone number where they direct the vaccine related inquiries for their facility. What is the process for that health system submitting this contact information so KDHE can make sure it is included on this new interactive e-map? Is there any kind of link that when you see where the sites are that people are able to click on to either make an appointment or get more information?
A6: Dr. Norman – The information will be in the manual.

Q7: Do you have an estimated date on when that interactive map will up and running?
A7: Dr. Norman – I keep hearing "any day now." KHA will push it out to you as soon as we know.

Q8: *What is the plan for school staff? Will their doses be allocated to the health department? This hospital's school systems are reaching out to the hospital to hold a clinic for their staff, but they weren't sure if they should be doing that as a hospital allocation or if those doses are going to go somewhere else?*
A8: Dr. Norman – I believe that the health departments are going to run in-school vaccine clinics for the teachers, staff, etc. But I don't know of any reason why it necessarily has to be the health department, except they do that already. I know that Phil Griffin will know that.

Q9: This hospital needs 4 additional doses of Pfizer to be able to give everyone who got their first dose their second dose. They have done an email to KDHE to reach out to the immunization coordinator but has not had a response. How can they ensure that they are going to receive those four doses they need to complete those series?

A9: Dr. Norman – I think they need to make real clear in the survey that is coming out each week about the number of doses. Just add them on. The thing that people have to remember about the booster doses with Pfizer 21 days and Moderna 28 days. It can't be given before that period, but it can be given after that period and still be effective as a booster. I know that people want to get it done. I don't know why you haven't gotten anything back, except they are getting a ton of those kinds of letters, needless to say.

Q10: This hospital has a Kansas WebIZ account, but the account has been locked for an unknown reason. They have tried to reach out to folks at the help desk for a couple of weeks, but have not gotten a response.
A10: Dr. Norman – We've got to get that fixed. Ultimately, if people can't put into WebIZ, we won't continue with the vaccine. Not to punish them, but we can't have them go places where it's not going to be recorded. I know we have a WebIZ person that helps to troubleshoot. KHA will forward contact information to any hospitals that are having trouble getting a call back.

Q11: Do you or anyone on your staff team know when a hospital enters data into the HHS about the vaccine. How do they account for other health care personnel from the community that they gave vaccine to that are not employed by the hospital?
A11: Dr. Norman – That is in TeleTracking, but I was not aware that the information has to go into TeleTracking - it is not required. Vaccine Finder is CDC and WebIZ is state. Sally – TeleTracking data is not mandatory. It just started asking for it on Jan. 12. Dr. Norman – I think TeleTracking cares about how vaccinated hospital staff are. I think that is the origin of your question.

Q12: Can Kansas facilities give vaccinations to their primary care patients that are residents of other states (i.e. the KC metro area where people cross the state line for health care often)?
A12: Dr. Norman – On the question of can hospitals and clinics provide vaccine to their patients that are not Kansas residents ... this is a policy question and KDHE needs to do more research on before providing an answer. State allocations are specific to each state, and Kansas does not receive any additional vaccine given to out-of-state residents.

Next KHA COVID-19 Hospital Huddle
Hospital Huddles will occur on the first and third Tuesdays of each month. Our next Hospital Huddle will be **at 10:00 a.m.** on **Tuesday, Feb. 2.** Email Cindy Samuelson if you have guest speakers you would like to have present on an upcoming Hospital Huddle.