



News briefs

Request One-on-One COVID-19 Health Disparities Grant Assistance

Interested in applying for the COVID-19 Health Disparities Grant but not sure which program best suits your organization? Or do you need application help? Request one-on-one information and assistance from Jeannie McCarrel.

Through the federal COVID-19 Health Disparities Grant, the Wyoming Department of Health, with Align's assistance, is offering up to \$9.8 million in reimbursable grants to help eligible entities to build up the health care infrastructure and address historical inequities in Wyoming communities.

This informational meeting will be conducted using Zoom (link and dial-in numbers are included – video is not required but be prepared to view a shared screen if needed).

This 30-minute online meeting can be used for:

- Technical support/troubleshooting for the application portal (including post-award reporting and disbursement processes)
- To answer questions regarding grant program areas, current funding availability, and eligibility requirements
- Guidance around processes and procedures for award acceptance, disbursements, and contracting once an application has been reviewed and an award has been offered

For more information: <https://thealignteam.force.com/fundingprograms/s/>

Request assistance: <https://thealignteam.force.com/fundingprograms/s/contactsupport>

On December 15, 2022, the daily CMS-required bed reporting data will transfer from Teletracking to CDC's National Healthcare Safety Network system (NHSN).

If you are currently reporting your daily bed information in EMResource (formerly referred to as HAvBED), you can continue to report the data in EMResource and the department will upload it for you. If you currently report directly to Teletracking, you will need to change your reporting to EMResource.

If you have any questions, please contact David B. Edwards, MA, CEM, WEM, Healthcare Preparedness Program Coordinator.

david.edwards@wyo.gov
307.777.6904 - Office



WHA PAC WYOMING HOSPITAL ASSOCIATION Friends of WHA PAC

Ben Franklin Club

Irene Richardson
Mike McCafferty

Chairman's Circle

Timothy Thornell
Barry Burkart
Eric Boley
Terry Moss
Michael Phillips
Maureen Cadwell

Capital Club

Ken Harman

Other

Douglas McMillan
Robin Roling
Doug Faus

2022 Goal vs Current Contributions





WDH Monitoring Pediatric Hospitalizations

The Wyoming Department of Health (WDH) is closely monitoring the high numbers of pediatric hospitalizations for severe respiratory illness that are occurring at many pediatric hospitals nationwide.

Nationally, over the past several weeks there has been an increase in pediatric hospitalizations due to respiratory syncytial virus (RSV) infection; current hospitalization levels are similar to peak hospitalization levels occurring in the winter months of previous years. This follows pediatric hospitalizations related to enterovirus and rhinovirus earlier this fall. Given the upcoming influenza season and potential for increased COVID-19 transmission in the winter months, this raises concerns about both the capacity to care for pediatric patients in Wyoming and to transfer severely ill pediatric patients to pediatric hospitals in neighboring states if hospitalizations continue to increase.

WDH is monitoring hospital capacity in Wyoming and is in contact with neighboring states. At this time, capacity is not critical in Wyoming and pediatric hospitals continue to accept Wyoming patients. WDH will continue to monitor this situation and will be in contact with Wyoming hospitals if conditions worsen.

CMS Continues to Relax Enforcement of COVID-19 Vaccination Requirements

Written by: Nick Hut, senior editor with HFMA, Downers Grove, Ill

CMS has revised its guidance to state survey agencies regarding assessment of healthcare provider compliance with COVID-19 vaccination requirements for staff.

The revisions seek to “ensure that deficiency citations recognize good-faith efforts” to comply, CMS stated in a memo issued Oct. 26. It’s the agency’s latest move to ease up on the requirements and follows a June statement that assessments would be conducted during initial and recertification surveys only when there had been complaints alleging noncompliance. That memo also established that surveyors should communicate with their CMS liaison if they intend to cite condition-level violations or violations categorized as causing immediate jeopardy or actual harm.

The latest changes clarify that many violations can be cited at the standard level, which means non-compliance with narrow regulatory standards. Examples of such viola-

tions in the context of the vaccination requirements include “less than 50% of staff being unvaccinated and/or one or more of the policies and procedures have not been implemented as required, but good faith efforts are being made toward compliance with the staff vaccine requirements,” CMS wrote.

A condition-level violation is a more serious designation that indicates a breach of Medicare and Medicaid conditions of participation. The category should be used for violations of the vaccine mandate only in cases of “egregious noncompliance, such as a complete disregard for the requirements,” CMS wrote. Such a violation might be called for if more than half the staff is unvaccinated (excluding those with exemptions), for example.

Since February, when the mandate became effective in all states in the wake of the omicron surge and unsuccessful legal challenges by a handful of states, “Most providers

and suppliers surveyed by states have been found to be in substantial compliance,” CMS wrote.

The memo adds that regardless of a facility’s compliance status, “Surveyors should closely investigate infection prevention and control practices to ensure proper practices are in use, such as proper use of personal protective equipment, transmission precautions which reflect current standards of practice, and/or other relevant infection prevention and control practices that are designed to minimize transmission of COVID-19.”

Of note, there has been no change to the definition of fully vaccinated, which continues to refer to staff who have received a single-dose vaccine or all required doses of a multi-dose vaccine, regardless of when they received their shots. No booster shot is required for an employee to be considered fully vaccinated.