FLORIDA HOSPITAL ASSOCIATION
COVID-19 RESPONSE

FEBRUARY – JULY 2020
At the end of July 2020, new cases of COVID-19 and hospitalizations began to stabilize in Florida. This much hoped-for reprieve follows several weeks of near daily record highs of new COVID-19 cases and hospitalizations. To say that hospitals have been on the frontlines of this pandemic has become almost cliché, but how else can we describe the unceasing work of hospitals statewide in delivering COVID-19 related care since early March, from setting up drive though testing sites to providing ICU treatment? Indeed, hospitals’ work even went beyond care delivery. For example, it extended to sharing expertise and best practices with post-acute facilities to ensure the health and safety of those patients and residents. It is particularly noteworthy that hospitals also often led on new policy implementation. For example, volunteering to share COVID-19 status information with post-acute facilities and suspending elective procedures before state rules were adopted to mandate these activities.

The purpose of this report is to acknowledge and honor the scope of hospitals’ work during the earliest weeks and months of the pandemic and to lay the groundwork for hospitals’ advocacy in Washington and in Tallahassee as we approach the 2021 legislative session.

The financial impact from COVID-19 on hospitals is in the scores of billions. The American Hospital Association estimates losses exceeding $320 billion for 2020. Florida’s hospitals are estimated to lose approximately $8 billion by the end of August from reduced revenues and increased unreimbursed costs related to COVID-19, even after accounting for federal relief. With the outlook for a vaccine optimistically months away, nationally COVID-19’s devastation is likely to continue well through 2021. This includes significant financial losses for hospitals. Hospitals will need sustained public and legislative support from state and federal partners to continue serving their communities as heroically as they have to date.

The physicians, nurses, respiratory therapists and other health care professionals who care for patients in our facilities also need support. Burnout and emotional exhaustion, even post-traumatic stress disorder, are increasing among the health care workforce. Resiliency strategies as well as workforce shortage mitigation strategies will be essential.

This report is anchored in time. It represents a snapshot of the work of Florida’s hospitals and of the Florida Hospital Association (FHA) as of July 31, 2020. We know it is only a sliver of the work that will be done. As we learn more about COVID-19 – its transmission, disease burden, long-term impacts and treatment and prevention – hospitals’ response and needs will evolve. What will remain constant, however, is hospitals’ mission to care and FHA’s commitment to supporting that mission for all hospitals.

Thank you for all you do. We are honored to be your association.
RESPONSE AND READINESS

FHA Presence in the State Emergency Operations Center

On March 9, Governor Ron DeSantis issued Executive Order 20-52, declaring a State of Emergency for COVID-19. With that declaration, the state established an incident management team to coordinate response activities and activated a dedicated command post for on-site response activities. The Tallahassee-based State Emergency Operations Center (SEOC) serves as the central clearinghouse for disaster-related response and information. FHA staff serve as a member of the medical and health response, Emergency Support Function 8 (ESF-8), team. FHA staff is embedded in the SEOC to ensure that hospitals’ perspectives and needs are forefront in the state and counties’ emergency planning and response.

As case counts skyrocketed in June and July, the physicians, nurses, respiratory therapists and other mission-critical employees who had been caring for COVID-19 patients began to feel the strain. Many were exhausted. In addition, community spread of the virus left many health care workers exposed or infected themselves. Many hospitals began experiencing significant staffing shortages at the same time COVID-19 hospitalizations were at an all-time high. FHA’s advocacy, in partnership with Governor DeSantis, resulted in the deployment of over 2,300 medical personnel throughout Florida to help manage the surge. Both the Florida Department of Emergency Management, the Florida Department of Health and U.S. Department of Health and Human Services worked to ensure hospitals had needed staffing resources.

Coordination with Post-Acute Care Facilities

In the earliest weeks of the pandemic, older individuals were disproportionately affected by the virus – getting sick in larger numbers and experiencing more severe symptoms, greater likelihood of hospitalization and increased mortality. Post-acute care facilities, including nursing homes, assisted living, intermediate care, developmentally disabled and group home facilities, quickly curtailed visitors to minimize virus exposure for their vulnerable patients and residents. However, the need to improve coordination and information sharing with acute facilities became evident, as movement of residents and patients between acute and post-acute facilities raised questions and concerns.

At the request of the Florida Department of Health, FHA stepped in to help address this challenge, hiring infection preventionists across the state to work with nursing homes, assisted living facilities and other long-term care providers. To date, FHA’s infection preventionists have completed over 2,700 missions, providing critical assessments, education and training alongside state strike teams in post-acute care settings.

To facilitate communication between hospitals and post-acute facilities during patient transfers and admission, FHA developed and revised tools beginning in March to communicate and document COVID-19 status. Developed in collaboration with, and endorsed by, the Florida Health Care Association, Florida Senior Living and Leading Age, the tools are based on current guidance from federal and state health care agencies and have been modified over the course of the pandemic in response to evolving clinical and regulatory guidance.
Examples include:

- The [Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment](#) form is designed to give post-acute facilities information on infection status when patients are discharged from the hospital.

- The [Post-Acute Care and Behavioral Health to Hospital Transfer – COVID-19 Assessment and Communication](#) form is designed to give hospitals and EMS information on residents/patients’ COVID-19 status.

This joint effort led to a partnership with the Florida Health Care Association and Leading Age of Florida. Over the course of 16 days, the group hosted 21 regional calls to assist hospitals and nursing homes in working together to care for patients with COVID-19. Participants discussed issues such as inconsistent interpretations of state and federal guidance; ability to test all patients due to numerous asymptomatic cases; test result delays impacting timely patient placement; limited communication during nursing home to hospital transfers; and nursing homes sending asymptomatic COVID-positive patients to the hospital when unable to cohort patients. Several hospitals shared that they were educating their local nursing homes on proper personal protective equipment (PPE) donning and doffing and assessing PPE needs. A second round of calls is scheduled the last week of August.

**Suspension of Elective Procedures**

As the number of COVID-19 infections across the nation grew, so did hospitals’ need for PPE to ensure the health and safety of their workforce. PPE, however, was increasing in short supply. A lot of PPE is manufactured in China, where COVID-19 in January and February disrupted its ability to keep up with the growing demand, not just in the U.S. but in every country across the globe. Combined with panic buying, hoarding and misuse of equipment, the supply chain disruption was cataclysmic. In response, the FHA Management Corporation compiled a [vetted vendor list](#) to assist hospitals with securing critical PPE supplies.

Given the dire need to ensure the availability of PPE for our workforce, in mid-March, the FHA Board of Trustees [took the bold step](#) of standing in support of postponing elective surgeries and procedures. This was not an easy decision to make, given the very real and serious negative impact on long-term patient care and hospitals’ finances, but it was the right thing to do given the unknowns at that time.

As PPE supply and hospital capacity stabilized and the infection rate curve began to flatten, hospitals and health care professionals began to consider ways to safely resume procedures. The long-term impact on patient health and outcomes for non-COVID-19 conditions was a primary motivation, as data and anecdotes emerged from delayed emergency care resulting in poorer cardiac outcomes, unnecessary deaths, decreased vaccination rates and less preventive, primary and chronic care management.

FHA developed a [plan](#) for hospitals and ambulatory surgery centers to safely resume elective surgeries and procedures, which it shared with the governor’s Task Force to Re-Open Florida. The “OPEN” plan was designed to inform the task force’s recommendations. It also was designed to give hospitals flexibility in determining when to resume procedures and to what extent, based on hospital capacity, community need and COVID-19 rate of occurrence. Following the FHA guidance, the governor allowed the resumption of elective surgeries and procedures, as of May 4.
Crisis Standards of Care

As the pandemic continued throughout March and predictive models suggested an immediate surge of cases that potentially could overwhelm available hospital resources, the need became evident for a transparent ethical framework to guide decision making about allocation of scarce resources. The Florida Bioethics Network, after engaging in lengthy and candid discussions with advocacy groups for people with disabilities, proposed to FHA ethics guidelines for crisis standards of care during a public health emergency. On April 9, the FHA board voted to support those guidelines. This vote followed careful, thoughtful, lengthy and holistic deliberation over several weeks and involved several FHA committees composed of hospital members. The guidelines are voluntary and are meant to ensure that the highest standards of care are maintained and that any decisions to triage resources are not made capriciously, inconsistently or unjustly.

MEMBER RESOURCES AND PUBLIC-FACING COMMUNICATIONS

Real-Time Information Sharing and Explanation/Implications of Official Guidance

To help hospitals keep up with the sometimes hourly release of new guidance and requests for information from state and federal agencies, FHA created a dedicated web page for COVID-19 information and began distribution of daily situation updates. This e-mailed update includes data, reports, screening tools, advisories and resources from state, federal and local partners.

As clinical guidance from state and federal agencies changed, FHA also created a Frequently Asked Question [FAQ] document to provide clear information on urgent issues such as N95 respirator mask disinfection, discontinuing isolation for previously COVID-19 positive patients, expedited testing at state laboratories and determining high-risk travel areas. In addition, FHA conducted weekly web meetings with hospital C-suite executives to share COVID-19 state and federal regulatory updates and clinical updates, as well as answer member questions.
To further assist hospitals, the FHA Management Corporation compiled a list of vetted companies to help hospitals navigate the COVID-19 crisis, including disaster recovery assistance, staffing solutions, revenue cycle enhancement, coding documentation and compliance, 340B administration, accounts payable, operational efficiency, health care management consulting and grant writing.

The Assistant Secretary for Preparedness and Response (ASPR) at the U. S. Department of Health and Human Services (HHS) awarded $9.8 million to FHA to enhance hospital and other health care entities preparedness and response efforts to safely identify, isolate, assess, transport and treat patients with suspected or confirmed COVID-19. The FHA ASPR COVID-19 Program supports increasing Florida’s health and medical system capacity and capability to prepare for, respond to and recover from a pandemic like COVID-19 or any other highly infectious disease outbreak.

In July, when cases spiked, and the supply of remdesivir was insufficient to meet the growing need, Florida’s hospitals, the governor and state agency leadership, and the Congressional delegation combined forces to ask HHS to expedite delivery of desperately needed remdesivir doses. In response to our advocacy, the federal government sent a one-time emergency allocation of additional doses. At Governor DeSantis’ invitation, FHA participated in his July 21 roundtable with media to discuss the need for remdesivir and the state and federal governments’ response.

In mid-July, HHS changed the requirements of hospital reporting of bed capacity, utilization, PPE and in-house laboratory testing data and added a requirement for reporting of remdesivir doses. HHS uses the reported data to determine each state’s remdesivir allotment. FHA distributed an urgent member alert, notifying hospitals of the reporting change and strongly encouraging accurate reporting so that medication distributions are correct and Florida’s hospitals get the doses their patients need.

**External Communications**

While communicating timely, clear and actionable information to member hospitals was a significant focus, external communications, were and continue to be, a priority. Conveying trusted information to the public while also clearly portraying hospitals’ immense needs is the task of not just FHA communications staff but the communications staff in every hospital. Requests for information and interviews from local, statewide and national media were frequent, with questions ranging from the hospitals’ perspective on bed and ICU capacity to the efficacy of drug treatments. In just four months, FHA’s communications team fielded more than 100 media requests and interviews, resulting in hundreds of thousands in media impressions. FHA coordinated with numerous member hospitals on these media requests to provide a local perspective whenever possible.
With the pandemic showing no sign of letting up as National Nurses Week and National Hospital Week approached in May and the health care workforce experiencing circumstances many had never seen before, the country united in their support for the health care “heroes.” In concert with our members, FHA organized the “Behind the Mask” campaign to put a face and biography to the men and women laboring around the clock in hospitals across the state to save lives. Stories and photographs of nurses, therapists, x-ray technologists and other health care professionals were featured on FHA’s social media channels and a dedicated Behind the Mask web page. FHA also authored an op-ed to honor hospitals’ workforce.

When elective procedures were allowed to resume and the state began loosening restrictions on business activity and public movement, hospitals had to pivot quickly to reassuring the public that they not only had sufficient capacity but also were safe and doing everything possible to protect their patients from infection. The general public has remained reluctant to resume health care utilization at pre-pandemic levels, and FHA engaged in a messaging campaign to reassure the public that hospitals are safe and ready to care for all patients with all conditions.
In addition, FHA partnered with the Florida Medical Association to demonstrate the united front of hospitals and physicians to encourage the public to feel confident in seeking necessary emergency, preventive and primary care, including vaccinations. The campaign launched in early July and will continue to feature paid, earned and digital messages. FHA has expanded the “safe and ready” campaign to include messaging on back-to-school vaccinations and steps the public can take to “slow the spread” of COVID-19.

ADVOCACY
Central to FHA’s and every hospital’s COVID-19 work has been advocacy to keep hospitals’ needs and challenges front and center as state and federal policymakers make regulatory and funding decisions.

Federal
On March 27, FHA submitted a request to the U.S. Department of Health and Human Services for waivers of certain regulatory requirements to give hospitals greater flexibility to meet their communities’ need for services. Florida was the first state to submit such a request and to receive federal approval of Section 1135 waivers.

To provide additional relief for hospitals, FHA facilitated, and successfully authorized, an initiative to reduce duplicative COVID-19 data reporting. At FHA’s request, the Agency for Health Care Administration submitted a request to the Federal Emergency Management Agency to submit the required COVID-19 hospital data to the Centers for Disease Control and Prevention National Healthcare Safety Network on behalf of Florida-licensed hospitals using the data already reported to the state Emergency Status System.
When the first round of funding from the CARES Act was distributed, it became clear that the distribution methodology disadvantaged some hospitals. Because the $30 billion in funds was distributed based on Medicare fee-for-service payments, hospitals that care for disproportionate numbers of patients enrolled in Medicare Advantage plans and in Medicaid were not equitably funded. FHA worked closely with the Florida Congressional delegation to bring this to the attention of the HHS Secretary and CMS administrator to ensure the next round of funding was allocated using a more equitable methodology.

With financial losses mounting from increasing numbers of uninsured, suspension of elective procedures, investments in PPE, staffing and other resources, and the public’s reluctance to resume health care utilization at pre-pandemic levels, FHA retained Manatt Health to thoroughly document COVID-19’s financial impact. Manatt’s analysis found that from March through June, Florida’s hospitals lost $3.8 billion. Projecting through August, losses exceed $7 billion. Federal relief funding to date, although indispensable, has been insufficient and is not aligned with losses.

FHA will use these data in its advocacy not only with federal lawmakers but with the state and general public as well. The ramifications of losses of this magnitude will be far-reaching and long-lasting.

**State**

At the state level, as businesses, schools and day care centers shut down in response to stay-home orders and official guidance to social distance, hospitals needed to support the first responders and health care professionals who could not stay home. For those essential workers with children, having safe and reliable childcare was an utmost priority. FHA worked with the Florida Department of Education’s Office of Early Learning to expand the eligibility requirements to include and prioritize childcare for the children of health care workers and first responders. To date, more than 20,000 children of first responders and health care workers have utilized this program.

In mid-April, as conversations were deepening about how to rebuild the state’s economy after the devastation wrought by COVID-19, FHA joined a collaborative task force to focus on policy recommendations and initiatives to guide the rebuilding efforts. The Restore Economic Strength through Employment & Tourism task force is the combined effort of FHA, the Associated Industries of Florida, Florida Retail Federation and National Federation of Independent Businesses, along with 90 other trade and advocacy associations. FHA and Florida Blue serve as co-chairs on the Health Care Working Group, which is focused on developing policy solutions and using lessons learned, to support and improve health care delivery and response during the pandemic.
EDUCATION
Because of the newness of COVID-19, everyone is learning about and adapting to it in real time. Thus, ensuring Florida’s health care workforce has access to the latest information on the evolution of care, treatment and prevention is critical.

From the outset of the pandemic, FHA’s education department coordinated virtual meetings to share best practices, highlight regulatory issues, provide clinical education and access funding resources. In addition, FHA offered several workforce resilience and leadership programs focused on a variety of critical topics, such as reducing burnout, health policy, financial and strategic planning, health equity and the new health care ecosystem.

LOOKING AHEAD
At the time of this report’s writing, the situation in Florida is hopefully stabilizing, showing signs that the positivity rate is beginning to decrease with fewer hospitalizations. However, with schools reopening in August, the outlook for the fall is unclear. Mask wearing, continued social distancing and limited group activities continue to be strongly encouraged. On top of the virus, hurricane season is here, and Mother Nature is unlikely to change her behavior in response to a pandemic. Every hurricane season, hospitals must be prepared to respond and provide care in their communities in some of the most challenging of circumstances. That will be no different this year. Indeed, the state already experienced a close call in late July with Tropical Storm Isaias.

The good news is that hospitals have learned a great deal over the last five months as they have adjusted to the “new normal” and new collaborations are emerging. For example, hospitals have far better visibility into PPE inventories, usage rates, and when needed, conservation strategies. They have broadened their purchasing networks, while domestic PPE manufacturers have ramped up production, and multiple new PPE manufacturers have emerged. Thanks to strong advocacy from Florida hospitals, Governor DeSantis and Florida’s Congressional delegation, supplies of remdesivir have increased. In addition, with FHA and member hospital leadership, a new partnership with post-acute facilities has been solidified, with formalized plans for on-going collaboration through the five-year project of Alliant Health Solutions, the federally funded Quality Improvement Network-Quality Improvement Organization (QIN-QIO) for the state.

The long-term challenges of fostering a resilient health care workforce and stabilizing hospitals’ finances will require that we all work together towards a common goal. Participating in association activities and advocacy has never been more important, as we must speak with one voice to ensure our priorities are heard and heeded. FHA is committed to doing everything it can, including education, advocacy, communications, quality and patient safety initiatives, to protect Florida’s hospitals and, most importantly, the patients they serve.