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WHA Information Center Creates COVID-19 Hospital Data Dashboard

To help policymakers and other key constituencies better understand the impact of the COVID-19 pandemic in Wisconsin, the Wisconsin Hospital Association Information Center (WHAIC)

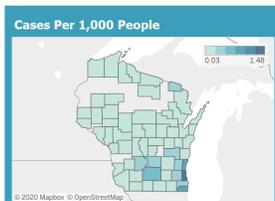


has created a data dashboard related to daily COVID-19 hospitalizations and equipment capacity. The information is available [here](#), with data updated daily.

COVID-19 Situational Awareness Update



Choose your Healthcare Emergency Readiness Coalition region (HERC) All **133** total hospitals



Hospital Admissions	
Current Admissions	24 Hr Δ
Total COVID-19 Patients	446 95
ICU COVID-19 Patients (included in total COVID-19 patient count above)	196 39
Inpatients With COVID-19 Test Pending	295 18

# Hospitals with 7 Days or Less of PPE	
Face Shields	66
Goggles	71
N95 Masks	49
Gowns	65
Paper Medical Masks	46

Positive COVID-19 Cases Identified	
Total Cases	2,756
Total Cases - 24-Hour Increase	178

Bed Count		
	Beds Immediately Available	Total Beds
ICU	455	1,311
Intermediate Care	248	687
Medical Surgical	2,217	7,217
Neg Flow Isolation	1,020	1,774

Ventilator Availability	
General Use Bedside Vent (Critical Care)	1,233
Ventilated Patients	330

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EDUCATIONAL EVENTS

April 14, 2020
Health Care Workforce Resilience Webinar Series: Coping With Change and the Neuroscience of Hope Webinar

April 15, 2020
Health Care Workforce Resilience Webinar Series: Enhancing Resilience: Three Good Things Webinar

April 21, 2020
Coronavirus ICD-10: CM Coding Applications Webinar

WHA Outlines Key Priorities to Lawmakers for COVID-19 Legislation

WHA released a [memo](#) to the Wisconsin State Legislature on April 7, reacting to Governor Tony Evers’ recent COVID-19 proposals. The memo was timely, as the Legislature is preparing to call itself into extraordinary session in order to take up pandemic-related legislation of its own, likely early next week.

“In any legislation taken up by the Assembly and the Senate in response to the COVID-19 pandemic, ensuring Wisconsin hospitals have the resources to continue operations should be the state’s top priority,” reads the memo, which was authored by WHA’s President and CEO Eric Borgerding and Senior Vice President of Government Relations Kyle O’Brien. WHA shared support for some of Gov. Evers’ proposals while suggesting modifications to others. Areas of feedback include:

Resources for PPE, Testing Supplies and Other Hospital Related Costs

Hospitals not only continue to face a shortage of personal protective equipment (PPE), but prices for PPE have increased. Hospitals also face shortages in testing supplies

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(WHA Outlines Key Priorities to Lawmakers for COVID-19 Legislation . . . continued from page 1)

needed to identify COVID-19 patients and are struggling with ongoing staffing costs. The memo requests that any legislative proposal include funding that can directly help hospitals with these necessary equipment and staffing resources.

Hospital Funding and Stability

Federal directives from the U.S. Surgeon General and the Centers for Medicare and Medicaid Services have caused hospitals to cancel elective procedures, resulting in significant hospital revenue losses in Wisconsin: about \$170 million per week. These measures are being required to conserve personal protective equipment and ensure hospital bed capacity for a potential surge of patients with the novel coronavirus. When adding health system physician and clinic services to that ledger, WHA's estimate for weekly revenue lost grows to \$266 million. This is creating significant cash flow challenges for hospitals and systems, leading to workforce reductions that also means less access to care at exactly the wrong time.

Significant questions about the amount, timing and distribution of federal funding coming to Wisconsin makes state action in this area even more urgent. The memo lauds Gov. Evers' proposal to include \$75 million in supplemental hospital payments to help cover significant hospital losses.

Hospital and Other Health Care Data

WHA has consistently supported expanding the collection and reporting of COVID-19 data. The memo notes the long-standing expertise of the respected WHA Information Center (WHAIC), and suggests that WHAIC could be a valuable resource in producing additional COVID-19 data that can help policymakers in future decision-making related to the pandemic. Following publication of this legislative memo, the WHAIC released a COVID-19 Situational Awareness Update dashboard to the general public. (See related story on page 1.)

Liability, Worker's Compensation Coverage for COVID-19 Exposure

The memo notes that many states have already granted liability protections for health care providers during a public health emergency and suggests Wisconsin should follow suit. It also points out a challenging aspect of current worker's compensation law in Wisconsin, which can be interpreted to require that in order for a health care worker to qualify for worker's compensation coverage due to virus exposure, the worker must prove that the exposure occurred at work. The memo gives support to Gov. Evers' second legislative proposal which appears to create an appropriate worker's compensation presumption standard.

WHA's Borgerding Q&A in Wisconsin Health News



WHA President and CEO Eric Borgerding recently sat down (via conference call) for a lengthy chat with Wisconsin Health News founding editor Tim Stumm. The two discussed how the COVID-19 pandemic has upended typical hospital and health

system operations, including how hospitals "stepping up" to help during a COVID-19 surge has resulted in dramatic net revenue losses for hospitals across the state.

Borgerding and Stumm also discussed continuing uncertainty regarding federal stimulus legislation that included \$100 billion to the states for a wide range of health care entities, and how WHA is working with the State Emergency Operations Center and the state's Department of Health Services to bolster publicly-reported data related to COVID-19 hospitalizations.

The interview, which is also available [here](#):

WHN: What's the financial impact of canceling elective procedures and other steps that hospitals are taking to prepare for the COVID-19 crisis?

EB: It ranges from hospital to hospital, but I talked to one of our rural hospital CEOs two days ago, he said their revenue is down 40 to 50 percent on a weekly basis... If you factor in the impact on hospitals, then also the impact on clinics and the procedures and appointments that are being canceled there, it's net about \$262 million in revenue not coming in the door in Wisconsin a week. That's net, not charges. That's actual reimbursement.

And this has been going on now for a couple of weeks. Hospitals are taking these steps at the direction of the federal government. We're not disputing that these are wise steps, but hospitals are taking steps to prepare for COVID-19 and at the same time some are standing, in a lot of ways, almost empty.

I know that there are hospitals that have furloughed staff because they're just not needed right now. But, for the most part, a lot of those workers are still being paid. Because whenever the limitations on procedures goes away, we need those people to come

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back. It's putting a fairly significant and growing financial strain on hospitals all across Wisconsin. And every day that goes by that strain becomes larger and more widespread in terms of its severity.

WHN: Do you anticipate that some smaller hospitals may shut down as a result of this?

EB: We are concerned about the short, medium and long-term impact of the loss of \$262 million a week in net operating revenue. We're very concerned about the ongoing impact of that and I do think that it could threaten the viability of some of our smaller, maybe more at-risk hospitals if this continues for the foreseeable future.

WHN: The latest federal stimulus package included \$100 billion for healthcare providers. What impact will this have on Wisconsin hospitals?

EB: We still do not know how or when those dollars will flow. We are as anxious for information on that assistance as anyone. The [Legislative] Fiscal Bureau was quoted in their analysis saying it's unknown how much funding, if any, Wisconsin healthcare providers will receive. And I can't at this point offer anything concrete that would disagree with what the Fiscal Bureau said.

WHN: As you meet with lawmakers about this, what is your message to them?

EB: We understand that there are some hospitals and states across the country that are dealing with these issues at a greater level than we are, at least currently. But, the impact of being shut down is significant here, and that's a good part of what those dollars were meant to address.

This is about making sure we are stabilizing our hospitals in Wisconsin. Making sure that the short-term impact of COVID-19, and the preparations that are taking place don't damage them in the medium or long-term.

WHN: State and federal officials are working on a field hospital at the State Fair Grounds in West Allis to prepare for a surge of COVID-19 patients. What role are area health systems playing in this project?

EB: They're providing a lot of the administrative support. The administrative structures and leadership are coming together from existing or recently retired hospital and health system leaders. They're also very closely coordinating with the state and local governments, so the (State Emergency Operations Center) and the local EOC in Milwaukee, and other emergency government and planning agencies, to get a good sense of what's needed, get a good sense of the supplies that are necessary, and get a good sense of the staffing that is going to be necessary. And then once they have that in place, and I think that's moving along quite nicely, then going to (Federal Emergency Management Agency) and the federal government for resources there, first and foremost. And then also trying to make contingency plans for what can be provided from within those health systems themselves to help stand up the alternate care facility.

WHN: On Friday, Department of Health Services Secretary-designee Andrea Palm said the state is working with hospitals to provide more real-time data on ICU bed occupancy and the number of available ventilators. When will this information be available to the public?

EB: No one wants more data available than the hospitals in Wisconsin. We need data in order to get an accurate picture of what's going on in the state, do planning, those kinds of things. So do other decision-makers like lawmakers, policymakers, the governor. We need robust sets of data that help us not only plan, but gauge what the impact is of this pandemic in Wisconsin. And gauge it over a period of time. Looking at data on a daily basis is important, but you also have to have that information over time.

We worked with the State Emergency Operations Center to add data points to that system that has been in existence. It's not a system that WHA runs. It's not a system that we administer like the hospital data that we collect at the Wisconsin Hospital Association Information Center. And it's a system that doesn't so readily have, for example, COVID-19 hospitalizations in it. Those things have been added. We've been a strong advocate for adding that type of data to be collected.

WHN: What additional information will be added?

EB: Some of the things that can be really important that we think are coming next are back to those gauges of the impact of COVID on healthcare systems' capacity. We know total hospitalizations, which is a rate of positive COVID tests. What we need, and I expect we'll see very soon, is COVID positive hospitalizations on a daily basis. So, how many COVID patients are occupying inpatient and ICU beds today? How many patients under investigation are there today in the hospital? Because when they have to be monitored and isolated in an inpatient facility, that's essentially the same as taking up a bed of your COVID-positive patient. And then also ideally being able to look at that, say, regionally. We think that all of these are critical pieces of information that should be not only gathered but also reported. Other states are doing this. Wisconsin should be doing this.

Wisconsin Congressional Delegation Calls for Equitable Distribution of Hospital Relief Funds

In a [letter](#) April 3 to U.S. Department of Health and Human Services Secretary Alex Azar, Wisconsin's Congressional Delegation requested details on the allocation of funds from a \$100 billion pot meant to provide financial relief for hospitals struggling due to the COVID-19 pandemic.

The bipartisan letter, signed by all nine members of Wisconsin's Congressional Delegation, praised Wisconsin hospitals and health systems for heeding calls from the U.S. Surgeon General and Centers for Disease Control and Prevention in mid-March to postpone non-essential elective procedures and services. Recognizing the financial challenges those federal directives created due to significant loss of revenue, the lawmakers requested more details on how \$100 billion in funding authorized under the Coronavirus Aid, Relief, and Economic Security, or CARES Act (PL 116-136) would be allocated. Noting that past funding formulas have disproportionately benefitted a few states with the highest population concentrations, the lawmakers requested details on how hospitals and health systems could access this funding as soon as possible, and transparency in how it would be allocated to ensure funding is fairly distributed to all states, and that Wisconsin does not get shortchanged.

On April 7, the Centers for Medicare and Medicaid Services Administrator, Seema Verma, announced at a White House news briefing that the first \$30 billion would be distributed based on how providers bill Medicare. While no official details have yet been made available, initial analysis by WHA suggests basing payments on Medicare rates could unfairly penalize Wisconsin. Wisconsin currently receives lower-than average Medicare rates despite more efficiently utilizing Medicare services and having some of the highest quality marks in the country. WHA is continuing to stay in close contact with Wisconsin's Congressional Delegation and sources close to the Administration to urge them to ensure Wisconsin is not unfairly shortchanged.

Contact WHA Director of Federal and State Relations [Jon Hoelter](#) for more details.

Annual Partners of WHA Awards

The Partners of WHA are again proud to announce that the application process for their annual awards (WAVE and BOB) are open for your consideration.



BOB (Best of the Best)

The annual "Best of the Best Administrative Award" honors one top on-site administrator of a Wisconsin hospital who demonstrates a cooperative, supportive, enthusiastic, and well-defined relationship with his or her volunteer organization. For more information and to submit a nomination, please click [here](#).

WAVE (Wisconsin Awards for Volunteer Excellence)

The Wisconsin Awards for Volunteer Excellence (WAVE) program was established by Partners of WHA, Inc. to recognize outstanding contributions of organized volunteer programs and is patterned after the AHA (American Hospital Association) HAVE (Hospital Award for Volunteer Excellence) Awards program. The WAVE Award recognizes volunteer programs whose work directly furthers the mission of the institution they serve. One WAVE Award may be given to a program in each of the four categories:

- Community Service
- Fundraising
- In-Service
- Community Outreach and/or Collaboration

For more information and to submit a nomination, please click [here](#).

Harold Macomber Coon, M.D. Memorial Award

Established In 1969, the **Coon Memorial Award** recognizes excellence in hospital administration and leadership at the community and statewide levels. Through the years, this award has also been known as the **Excellence in Health Care Management Award** and is currently called the **Distinguished Service Award**. Though the name has changed through the years, the award continues to honor health care executives who have made exemplary commitments to WHA and the communities they serve. The original award consisted of a \$100 gift to the recipient and an appropriate plaque. Today's award recipients are awarded a \$250 donation to the charity of their choice and presented with a special recognition award at a time that is convenient for the recipient and nominating organization.



The Harold Coon Memorial Award was established for Excellence in Hospital Administration. Dr. Coon, who at the time of his death on February 28, 1962, was the administrator of the Milwaukee County General Hospital, had served for 16 years, from 1941-57, as superintendent of the University of Wisconsin Hospitals. He served as president (chair of the board) of WHA in 1943 and 1944. He received the WHA Award of Merit in 1955 and the Tri-State Award of Merit in 1955. Read [Dr. Coon's complete bio](#).

Read the [original criteria](#) for the Harold Macomber Coon, M.D. Award.

Read a [guest column](#) written by Dr. Coon in the Wisconsin State Journal on May 13, 1945.

See the [Award recipients](#) from 1969 – 2020.



Among 6500 attending Atlantic City Meeting, reading left to right, Wm. L. Coffey, Mrs. E. Kletzsch, Dr. James Crabtree, N. Hanshus and Dr. H. M. Coon.



WHA award brochures over the years:

Harold Macomber Coon, M.D. Memorial Award

Established in 1969, the Coon Memorial Award recognizes excellence in hospital administration and leadership at the community and statewide levels.

Matthew Hubler, executive vice president of Sacred Heart Hospital in Eau Claire, is the 1990 recipient of the Coon Memorial Award in recognition of his 17 years of leadership in the hospital industry and within WHA.



1989— Robert Drisner, Community Memorial Hospital, Menomonie 1979— Kenneth Creswick, Southwest Health Center, Cuba City

Excellence in Health Care Management Award

Recognizes a Wisconsin hospital administrator who has demonstrated exceptional management skills and leadership at the community and statewide levels. This tribute to excellence was originally the "Harold Macomber Coon, M.D. Memorial Award."

1969 - Edward Logan, Milwaukee Children's Hospital
1970 - Karl York, St. Luke's Hospital, Racine
1971 - Robert Jones, Waukesha Memorial Hospital

WHA WISCONSIN HOSPITAL ASSOCIATION
ADVOCATE. ADVANCE. LEAD.

Call for Nominations

WHA 2019 Distinguished Service Award

2019

(WHA Information Center Creates COVID-19 Hospital Data Dashboard . . . Continued from page 1)

Working collaboratively with the state’s Department of Health Services, the data is compiled from information received by the state’s seven Healthcare Emergency Readiness Coalitions (HERCs) and COVID-19 case-related data from DHS. The dashboard shows information related to hospital admissions and bed count, available ventilators and the number of hospitals with seven days or fewer supplies of personal protective equipment (PPE). The dashboard is interactive, with the ability to display both statewide data and those of individual HERCs.

“WHA has consistently supported expanding the collection and reporting of important COVID-19 data,” WHA President and CEO Eric Borgerding said. “This dashboard can help the public understand what hospitals and health systems have been doing to ramp up capacity for their communities, while also providing important data points for policymakers to inform future decision-making.”

The WHAIC has served as a public source for health care data for 16 years, operating the [CheckPoint](#) and [PricePoint](#) websites, which have provided quality and cost data directly to health care consumers since 2004 and 2005 respectively. These groundbreaking transparency efforts have been frequently cited and lauded by Wisconsin lawmakers, and WHAIC’s PricePoint website is so well regarded that 10 other states use it to provide price transparency information for their own citizens. Through partnership and collaboration, WHAIC remains a national leader in hospital and health care transparency – the COVID-19 dashboard is yet another example.

Contact WHA’s [Ann Zenk](#) or [Jennifer Mueller](#) with any questions.

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