

# PARTNERS

*of Wisconsin Hospital Association, Inc.*

## Northwestern District Newsletter Spring 2021

### NORTHWESTERN DISTRICT CHAIR REPORT

Hi Everyone and Happy Spring!

Just a few words to update on our district since the Fall meeting in Ashland. Our Spring Tour is upon us, and we will yet be virtual. It is May 12<sup>th</sup> hosted by Superior. Bev and I are working on the agenda and will be sending out the necessary reports to you in the next couple of weeks. The zoom meeting invitation has been sent out already to the local presidents, and they can forward it to any members who want to join the meeting. I hope that a few of our members are able to attend especially the officers of the local groups.

It has been difficult for all of us in the last year not having access to our hospitals to help and, of course, not seeing each other in person to share stories and lots of laughs. I look forward in the next few months to being more in person. If you have any questions regarding the May 12<sup>th</sup>. Meeting just contact Bev or I.

So until we are together again please stay safe and healthy. That light at the end of the tunnel is getting brighter every day.

Respectfully submitted April 20, 2021

Beth Burnham and Bev Lazar  
Co-chairs Northwestern District of Partners

## Partners of MMC, Ashland

The year 2020 ended with the Thrift Shop and Gift Shop being open sporadically. In spite of that, the Partners of MMC contributed over 1,750 hours in 2020. Beginning January 8 the Thrift Shop began operating five days a week with the Gift Shop manager working on Fridays. The Gift Shop has been operating as a concession stand since it reopened late in the summer. The gift part of the shop has been closed.

Lifeline has continued to operate. Many new installations were done by subscribers or their family members. A few were done by MMC employees.

Beginning January 1, Partners of MMC ceased to operate as an independent organization. We are now a part of the MMC operation. The Board of Directors has been replaced by an Advisory Board. All Advisory Board members are former members of the Board of Directors. There have been three meetings in 2021, all virtual. There are two more meetings scheduled for later in the year.

The new Surgery Center was opened in late March. There was no formal Open House. however there is a virtual tour on the MMC website. The former surgery area is being transformed into the Rehab Center. Patients will be able to walk in the door and take just a few steps to their rehab appointments rather than having to walk for a very long distance as was the case during construction. There are transporters to help patients to the existing Rehab Center. Fingers are crossed that Partners will be able to begin returning to work in the late summer or early fall.

Covid vaccinations have been going very well in Ashland and Bayfield counties. It has been a true community effort with the clinics in town, the County Health Department, MMC and the Ashland School District all working together. Walgreens and Walmart are now giving the vaccinations, and the mass clinics that were held at the Ashland High School Field House will be suspended sometime in May because of the high number of residents that are already vaccinated.

Linda Fish

## Partners of Hayward Area Memorial Hospital/Water's Edge 2021 Spring Highlights Report

Although it was not a “normal” year, we still had a great year doing what our group does best – providing service and support to our hospital and Water's Edge. We did this by developing new programs and continuing existing programs.

### Existing Programs

- Scholarships: We will be completing this process by April 15 and will award scholarships to High School Seniors and Post-Grad/ Continuing Education students
- Department Dreams: a “Special Requests” program which fulfills Department requests which are out-of-the-box. Examples: purchased four robotic cats for the Care Center in Water's Edge, swaddling blankets for OB, and Newborn Keepsake Books.
- Fundraising: The annual Nut and Candy Sale was held but it was an on-line sale instead of items being available in the Gift Shop – very successful

### New Programs

- “Partners Helping Partners”: We came up with ideas to say thank you to staff, and with the help of hospital employees and our Liaison, implemented projects. A few examples: Cake Pops for the entire staff; Dairy Queen Dilly Bars for all employees; 4th of July outdoor decorating at Water's Edge; Hayward Chamber \$20.00 gift certificates for all employees; Snack kits to every department in the hospital and Water's Edge.

- Pop-Up Sales: Our hospital Liaison set-up and ran three Pop-Up Sales using Gift Shop inventory and candy from a local vendor, Lynne Marie's. They were very successful and employees loved the items (and the shopping!).

Volunteers are slowly going to be allowed back into the facility, starting with Water's Edge. Our Volunteer Coordinator has been contacting all volunteers via a questionnaire to collect information such as: when do they want/ are available to return; are they willing to get a Covid test; what areas are they interested in working. All previous jobs may/may not be the same and timetable for return may vary.

Our hospital lobby/entrance area has been under construction but we have word that the Gift Shop may be able to re-open July or August. In the meantime, with internal hospital help, we hope to continue to have Pop-Up Sales. Extremely popular!

There is still no indication as to when we might meet as a group again. We are hoping for a Fall General Membership meeting but that will depend on a continuing downward trend in Covid numbers.

Denise Williams

## Partners of Marshfield Medical Center -Ladysmith

We are planning our year, estimating what we can do for our activities. It's always fun to plan and then get our volunteers involved.

We will have a Kringle sale the end of April. Kringles are always good. We did not have one last fall because of restrictions of Covid. This will be on line only. We are excited about our first on line sale. I am sure we will learn lots of the good and not so good about having our sales this way.

We plan to follow with a Geneva Linen Sale. This is a sought after sale from our customers. That will be the end of May, start of June.

There are other sales being looked into also. It's hard not to have them at the hospital, but we are working around it.

Happy spring everyone.

Bev Lazar, President  
Partners of MMC-L

# Partners of Spooner Health

## **Here are highlights of Partners activities at Spooner:**

The Greeter/Escort program is still on hold for now. Incident Command for the hospital is keeping up with CDC and Wisconsin regulation on getting Spooner Health ready to open up with phases. It depends on many different factors, including number of vaccinated residents in the county and number of new cases in the county. Greeters will be notified when they are able to be back in the hospital. I do see this happening before summer.

The Gift Shop will be opening in May sometime. This will be for staff only, and patients and visitors already in the hospital. It will not be open to the public. When we open, it will be for limited days a week and limited hours. Volunteers must be vaccinated and wear a mask while working the shop. Processes and procedures will be reviewed with volunteers before opening.

Volunteer Partners gave four scholarships this past year for students going into health related fields. All the recipients have collected their monies. Funding for scholarships was secured through the Love Lights, No-bake Bake Sale, and a few Gift Shop sales for staff. Those funds helped cover the \$4,000 for the scholarships.

Partners also made a donation of \$400 dollars for scales to Spooner Health Inpatient services. They are for patients with Congestive Heart Failure. Patients who are not set up with the heart center and do not have a scale to keep track of their weights are at higher risk for getting symptoms of CHF without knowing it. Patients who weigh daily are able to catch increased signs and symptoms of the heart failure and notify their physician. They can be managed at the clinic if their symptoms are caught early. This helps reduce multiple emergency department visits and re-admissions to the hospital when this process is followed.

April is National Volunteer Month. I am hopeful maybe this summer we will be able to get together outside to celebrate. We have a great volunteer group!

Allison Posso

## Essentia Health St. Mary's Hospital of Superior Auxiliary Update, Spring 2021

Spring in Superior has been a mixture of Sun, Warm Temps, Rain, Snow, Cold Weather and lots of confusion. Not much to report as the majority of our activities are still on hold with no end date in site. Hopefully we will be able to return to some normalcy by summer's end.

In February, a small group of us met at Jane Cheever's house and made up some Valentine Day treat bags for the hospital and clinic staff to say Thank you and We appreciate you. Just a little bright spot to brighten their day.

Mary Lou Monson and the blanket ladies have stayed busy making the warm fleece blankets for all patients in the hospital. Mary Lou takes the fabric to the ladies and picks up the finished ones and delivers them to the hospital every two weeks. They are much appreciated.

We have two special projects going on with volunteers. One is the Courtyard Café, They are so short staffed that they requested some volunteer help for cashiering. Chris Swanson, Sandy Frazier and Rose Reijo have been rotating days to help them out. They are very cautious and wear all required PPE and work behind a protected screen. They are happy to help out where needed and the hospital is very appreciative for the help. The other project is in the Vaccine Clinic. Al Pittsley, Ernie Swartz, Chuck Christensen, Kermit Frazier and Lani Kolanczyk are working 4 hour shifts on alternating days to help guide patients to the clinic and to provide any assistance needed by staff or patients. They are all doing great jobs and the hospital and clinic are very happy that they are there.

Jane Cheever has been very busy working at home on her computer helping volunteers complete their yearly orientations to remain current for volunteering. If anyone has not completed this by now, they will need to reapply when ready to return. She is has done the recruiting for the special projects and also maintains their monthly schedules and tries to keep in contact with Volunteer services, hospital and clinic to insure all volunteer positions are filled as needed.

Patti Francisco is staying in touch with WHA District staff to know what is happening in our District, and she is scheduling and planning the Spring Northwestern District meeting to be hosted by Superior on May 12, 2021. A group of the officers and board members will meet in the Administrative offices in Superior to hold a virtual meeting with all groups in this district as well as state staff.

All volunteers have received their vaccinations and are looking forward to being able to return to their volunteering activities.

We have tried to stay current on all hospitalizations, deaths and other important events and have sent cards to people when needed. If we have missed anyone, we are sorry. Just keep us posted on life altering matters so that we can help you in any way that we can.

That's it for this time.

Jane and Patti

# COMMUNITY HEALTH REPORT

(Submitted by Beth Burnham, State CHE Chair)

Hi everyone and Happy Spring.

I know that we are all trying to feel positive with the arrival of warmer weather, but right now we continue to battle against this virulent plague called Covid. It has been the only topic that we have been covering lately despite the many other infectious diseases that we deal with. As we go forward in the next few months, we pray that the vaccinations outpace the infections and people remain vigilant. I am passing along two articles from our state CHE chair, Sue Schuelke, which talk about Long Haulers and also some common terms used regarding infectious disease.

## COMMON TERMS R/T INFECTIOUS DISEASE (COMMUNICABLE DISEASE):

**Aerosols:** infectious viral particles that can float or drift around in the air. Aerosols are emitted by a infected, even one with no symptoms— when they talk, breathe, cough or sneeze. Another person can in these aerosols and become infected with the virus.

**Antibodies:** proteins made by the immune system to fight infection. If the antibodies later encounter the infection, they help prevent illness by recognizing the microbe and preventing it from entering the cells.

**Community spread (community spread):** is said to have occurred when people have been infected with knowledge of contact with some who has the same infection.

**Contact tracing:** a process that begins with identifying everyone a person diagnosed with a given illness has been in contact with since they became contagious.

**Epidemic:** a disease outbreak in a community or region.

**Flattening the curve:** refers to the epidemic curve, a statistical chart used to visualize the number of new cases over a given period of time during a disease outbreak.

**Herd immunity:** occurs when enough people become immune to a disease to make its spread unlikely. As a result, the entire community is protected, even those who are not themselves immune.

**Immunity:** partial or complete protection from a specific infection because a person has either had that infection previously or has been vaccinated against it.

**Incubation period:** the period of time between exposure to an infection and when symptoms begin.

**Long-haulers:** people who have not fully recovered from COVID-19 weeks or even months after experiencing symptoms.

**Mutation:** a change to a virus's genetic material that occurs when the virus is replicating.

**Pandemic:** a disease outbreak affecting large populations or a whole region, country, or continent.

**Physical distancing:** also called **social distancing**, refers to actions taken to stop or slow down the spread of a contagious disease.

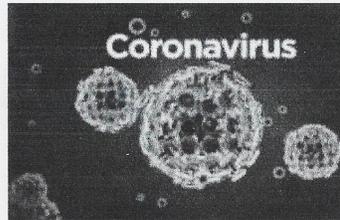
**SARS-CoV-2:** short for severe acute respiratory syndrome coronavirus 2. SARS-CoV-2 is the official name of the virus responsible for COVID-19.

**Social distancing:** see **Physical distancing**.

**Variant:** a virus containing one or more mutations that make it different from a version of the virus that has been circulating.

**Virus:** a virus is the smallest of infectious microbes, smaller than bacteria or fungi.

## COVID-19 “LONG-HAULERS”



Most people who fall ill to COVID-19 recover quickly and without any long-lasting health issues. There is, however, about 10% of individuals who experience COVID-19 having symptoms lasting several weeks or months even though they test negative. These individuals are referred to as “long-haulers”. It is random, affecting both young and old, those who are generally healthy and those with underlying medical conditions, and doesn’t differentiate individuals who were hospitalized due to COVID-19 from those with mild symptoms.

The syndrome experienced is referred to as “Long COVID” or “Post COVID Syndrome”. The symptoms can be different than those of COVID-19 and include:

- Cough
- Ongoing fatigue
- Shortness of breath
- Loss of taste and smell
- Difficulty sleeping
- Body aches
- Joint pain
- Headaches
- Brain fog (poor concentration, unusually forgetful)
- Rash
- Loss of hair

Why does this occur? The cause is unknown but based on some research there are 2 theories. The first is that a small form of the virus remains in the body following the illness. The second theory is that the body’s immune systems are overreacting even though the infection is gone.

There is some evidence of possible long -term major organ damage resulting from the COVID 19 virus. How much it impacts “long-haulers” is still unknown. It may be similar to the long-term effects of SARS.

Heart: the heart muscle is weakened and increases the risk for heart failure.

Brain: strokes and seizures can occur. There may be an increased risk of developing Parkinson's and Alzheimer's diseases.

The COVID-19 virus is known to cause blood cells to clump, forming tiny clots which can weaken blood vessels. This, in turn, can lead to kidney and liver problems.

Much more research needs to be done as there are so many unknowns about the long-term health effects for those experiencing COVID-19. Healthcare providers are closely monitoring individuals who recovered from COVID-19 to see how their organs are functioning.

Sue Schuelke- State CHE Chair  
Email: [sschuelk@charter.net](mailto:sschuelk@charter.net)

Resources: websites for Harvard Health, UC Davis Health, Cleveland Clinic, and Mayo Clinic.

# PUBLIC POLICY EDUCATION REPORT

(Submitted by Ginny Bosse)

Dear Northwestern District Presidents and PPE Chairs:

In the midst of the COVID-19 pandemic, advocacy for our hospitals and care centers by Partners members is needed more than ever. Our voices are respected voices, so we all must do our part, using our voices to convince our state and federal representatives to do the right thing. I condensed each of the two letters and added as much contact information as I could find for each intended recipient of your letters, calls, or emails. The first “ask” is of our Wisconsin representatives at the federal level and the second “ask” is of our Wisconsin state leaders. Let’s make our voices heard!

## **Ask #1 Advocate for Federal Aid to Wisconsin Hospitals in the Next Stimulus Package**

Back in July, the WHA sent a letter to all of Wisconsin’s members of Congress and Senators, thanking them for the just over \$1 billion in relief Wisconsin’s hospitals have received from the March 27, 2020, CARES Act, and explaining that because Wisconsin’s hospitals had \$2.5 billion in lost revenues due to COVID, they needed considerably more financial support, especially for the ones who had not received any help from that first relief package.

The letter included suggestions for what the next aid package should contain:

Appropriation of an additional \$100 billion in Provider Relief funds with particular consideration given to those hospitals that have been largely missed by the hotspot and safety net funding federal relief disbursed thus far.

Increasing the Federal Matching Medicaid Rate because the state projects the Medicaid caseloads to grow to more than 230,000 by July of next year, overwhelming the state budget with a massive shortfall, which could translate into significant Medicaid or other budget cuts. In addition, Wisconsin hospitals and health systems will face a significant decrease in reimbursement as more people switch from commercial insurance to Medicaid, which pays only about 67% of the cost to provide it services in Wisconsin.

Making COVID Telehealth Extensions permanent through passage of the Protecting Access to Post-COVID-19 Telehealth Act of 2020 in the upcoming COVID package and laying out a number of important extensions for Congress to consider.

Meeting the COVID challenges of behavioral health care due to the added anxiety and stress from COVID have increased the number of behavioral health patients seeking care. Tele-health expansion has increased access, but underfunding of behavioral health services have made it extremely difficult to sustain or grow these services to meet the demand. Critical access hospitals with distinct-part inpatient psychiatric units aren’t funded at the same rate and can be a huge financial strain on the overall hospital despite the great service they are to the surrounding community.

Pause new Federal Regulations that would further burden hospitals and health systems that could add further to hospitals' regulator or financial burden. WHA asked Congress to consider language that would pause the imposition of the following proposed federal regulations at least through the end of the COVID-19 pandemic.

1. Medicaid Fiscal Accountability Rule. There are numerous provisions within the MFAR that would give CMS significant latitude and potentially jeopardize matching federal funding for Wisconsin's Medicaid program. For instance, CMS would be able to potentially undo previous agreements that have been approved by prior administrations. Creating even further state funding challenges for the Medicaid program should be avoided at this time.
2. Transparency Provisions in the 2020 OPPS Rule. The FY 2020 Outpatient Rule included new regulations that require hospitals to create machine readable files containing all negotiated rates that appear in their chargemasters while also creating consumer friendly tools on their websites. The bureaucratic requirements in this rule impose significant burdens on hospitals and are of questionable value to consumers.
3. "Site-Neutral" payment cuts. The 2018 OPPS rule imposed cuts totaling \$440 million over 10 years to around 40 Wisconsin hospitals that operate off-campus hospital outpatient departments (HOPDs) were made by CMS despite Congress's clear intent to grandfather existing HOPDs. *Congress could and should clarify in this upcoming COVID package that these cuts were not lawful and prevent them from taking effect.*

Do not Penalize Rural Hospitals Who Received Paycheck Protection Program (PPP) Loans

Critical Access Hospitals that received PPP loans and are now told those loans will be offset by their cost-reporting due to how policies between the Small Business Administration and CMS interact. Because CAHs are paid based on their costs, it has been suggested that they will have to deduct PPP funding from their cost reports. This would in effect nullify most of the PPP support received as these payments would essentially be recouped by lower Medicare payments than the actual cost borne by these CAHs.

Do not Include Harmful Wage Index Provisions from House Heroes Act

The Heroes Act, as passed by the U.S. House of Representatives on May 15 included a provision that would reimpose the rural floor wage index calculation for urban states. CMS allowed this unfair wage index provision, which artificially inflated Medicare wages for hospitals in urban states at the expense of Medicare wages for states like Wisconsin that also have rural hospitals, to expire at the end of 2018. There is simply no reason for Congress to bring this policy back.

**Please contact your representatives to advocate for our hospitals, so they receive the help they need in the next stimulus bill:**

The Honorable Ron Johnson  
328 Hart Senate Office Building  
Washington, DC 20515  
(202) 224-5323  
Madison: (608) 240-9629

The Honorable Tammy Baldwin  
709 Hart Senate Office Building  
Washington, DC 20510  
(202) 224-5653  
Ashland: (715) 450-3754

The Honorable Tom Tiffany  
1714 Longworth House Office Bldg.  
Washington, DC 20515  
(202) 225-3365  
Wausau: (715) 298-9344

## **Ask #2: Advocate for State Actions to Mitigate the Spread of COVID and Address the Care Capacity and Workforce Needs of Wisconsin's Hospitals**

Condensed version of WHA's November 19, 2020, Letter to Wisconsin's leaders:

The exhaustion, and increasing frustration, of the health care heroes who staff our state's hospitals is compounded by the still unmitigated spread of COVID. Wisconsin needs to do more! We need you, the state's top elected officials, to come together immediately with unified actions to slow demand for care by mitigating the spread of COVID-19 and to increase the capacity for care by making significant investments in our workforce and care sites and further streamlining regulatory policies.

We ask that you take the following steps in any legislation or other actions, and we urge you to act soon:

- Slowing the Spread of COVID-19: Community spread of COVID-19 is the root cause of the crisis now gripping Wisconsin and striving to slow it down must be our top and immediate priority. Since previous efforts aimed at slowing the spread of COVID have been met by legal challenges and court battles, it's now time for all our elected leaders to come together quickly on a statewide COVID spread mitigation strategy. This could include a statewide mask policy, taking steps to affirm the authority of counties and municipalities to adopt their own strategies, considering legislation to implement an updated version of WMC's Back to Business Plan, or a combination of all the above.
- Addressing Immediate Care Capacity & Workforce Needs: Hospitals cannot control the number of patients who come through their doors and, at the same time, they are facing significant staff vacancies due to COVID-19. Hospitals are taking every possible step to address their workforce needs, including hiring temporary agency/traveling staff which, when available, are two- to three-times normal staffing costs. In fact, FEMA requires hospitals to pursue and pay for agency staff and use all possible staff resources before receiving federal workforce support. The need to hire very expensive temporary staff is rapidly growing, so even these temporary resources are becoming difficult to secure. WHA strongly supports providing \$105 million in additional resources to bolster the frontline hospital workforce and increase care capacity. The State provided \$80 million to long-term facilities to assist with their staffing and other costs due to COVID-19. We applauded this action in the hopes it will result in nursing homes accepting the many hospital inpatients ready to be discharged but waiting for placement. A similar commitment for our state's severely challenged hospitals is needed.
- Establishing More Alternate Care Facilities for Hospital COVID and Other Patients: WHA is grateful for the State's foresight in choosing to utilize federal resources to open an Alternate Care Facility (ACF) in West Allis. Admissions to the West Allis ACF are rising and it will continue to be an important safety valve for closer hospitals, but the needs are immediate everywhere. Wisconsin needs to open additional/regional ACFs in other parts of the state that are closer to surging patients. By doing so, we can free-up precious hospital capacity in other overwhelmed areas of the state so they can continue providing care to both COVID and non-COVID patients.
- Maintaining & Expanding Testing Capacity & Contact Tracing: Wisconsin's hospitals, clinics and nursing homes continue performing the majority of patient and community testing in Wisconsin. However, that is putting increasing strain on the health care system. The State needs to sustain and expand its public health and community testing and contact tracing throughout the state to prevent further spread of COVID-19. We need thousands more contact tracers to more effectively mitigate spread. Further, to maintain community testing sites, the Governor and leaders of the Assembly and Senate should request the Trump Administration continue federal deployment of the National Guard at 100% federal funding for COVID-19 testing for at least another six months.

- Medicaid/Regulatory Reform – Aligning State and Federal Policies: A growing number of Wisconsin hospitals are at or near capacity. At the same time, there are many hospital inpatients ready and waiting to be discharged to a nursing home. On the outpatient side, hospitals are working to arrange care to protect patients while applying state and federal rules that don't align. Hospitals need every tool available to expand capacity and provide care safely, including the ability to arrange outpatient care to best control the spread of the virus and new options for discharging inpatients to relieve hospital capacity pressure. To help address these issues, Wisconsin's Medicaid program, like the Medicare program, should reimburse hospitals for health care services provided in all hospital outpatient department settings and for swing-bed (post-acute) level services provided by rural and urban hospitals.

- Permanently Removing Licensing Barriers for Health Care Workforce, Including Recently Lapsed or Out-of-State License Holders: The current streamlined licensure process allows out-of-state health care license holders to be licensed in Wisconsin quickly. This process should remain in place as hospitals use all tools to meet workforce demands. The Department of Safety and Professional Services' waivers currently in place are slated to expire on January 20, 2021, unless the federal public health emergency is extended. The DSPS process makes sense not only during a public health emergency, but also under normal circumstances.

A crisis of this magnitude demands a unified and substantial response. Your joint leadership is critical to improve this situation, allowing everyone to get back to our way of life sooner. As it has throughout this pandemic, WHA stands ready to be your partner, to engage and assist our elected leaders in crafting, enacting and implementing these and other critically needed actions to fight this debilitating pandemic.

**Please use the information in the condensed version of WHA's letter above to advocate for our hospitals and health care workers through contacts with the following Wisconsin leaders:**

Governor Tony Evers  
State Capitol Rm 115 East  
P.O. Box 7863  
Madison, WI 53707  
(608) 266-1212

Assembly Speaker Robin Vos  
State Capital, Rm 217 West  
P.O. Box 8953  
Madison, WI 53708  
(608) 266-3387  
(888) 534-0063  
[rep.vos@legis.wisconsin.gov](mailto:rep.vos@legis.wisconsin.gov)

Sen. Maj. Leader-elect Devin LeMahieu  
WI State Capitol Rm 409 South  
P.O. Box 7882  
Madison, WI 53707  
(608) 266-2066  
[Sen.LeMahieu@legis.wisconsin.gov](mailto:Sen.LeMahieu@legis.wisconsin.gov)

Senate Minority Leader Janet Bewley  
State Capitol, Room 126 South  
P.O. Box 7882  
Madison, WI 53707  
(608) 266-3510  
[Sen.Bewley@legis.wisconsin.gov](mailto:Sen.Bewley@legis.wisconsin.gov)

Assembly Minority Leader Gordon Hintz  
State Capitol, Room 201 West  
P.O. Box 8952  
Madison, WI 53708  
(608) 266-2254  
[Rep.Hintz@legis.wisconsin.gov](mailto:Rep.Hintz@legis.wisconsin.gov)

Thanks for all you do for your local hospitals and care centers. During COVID, our advocacy may be the most important way to serve them!

**Ginny Bosse, Northwestern District PPE**