

Governor "We are in a crisis"

For many healthcare workers across Idaho, the last week has been exhausting, challenging and tumultuous. With many hospitals at or very near capacity, extended hours for clinical staff, and staffing shortages, Governor Little moved Idaho back to a revised Stage 3.

In this setting, indoor gatherings are limited to 50 people with physical distancing and outdoor gatherings are limited to 25% of capacity. Restaurants, bars and nightclubs can only have seated patrons. While no mask mandate was put in place for the state, there has been one enacted for long term care facilities.

The Governor as well as Dr. Kerns from St. Luke's Magic Valley and Dr. Wilper from the VA Medical Center all shared insights to the havoc hospitals and communities are experiencing with this latest onslaught of cases. "We are in a crisis with our healthcare," Governor Little noted at the beginning of his comments. "Hospitals throughout the state are quickly filling up or are already full with COVID-19 patients and other patients, and way too many healthcare workers are out sick with COVID-19." As a result, patients are being diverted within the state as well as to facilities outside of Idaho, hospitals are cancelling procedures, and patients may not be able to get the care they need at their local hospitals and clinics.

When asked about a statewide mask mandate, the Governor noted that the "shift to a localized approach was the right thing to do but it has not worked as well as it should because the virus is relentless and, in some parts of the state, there simply have been insufficient efforts by local health boards, mayors, and county commissioners to protect lives."

"I sincerely hope that some people have finally passed the point of thinking the pandemic is not real or not a big deal, or that their personal actions don't really affect anything. We have seen the direct impact between rising case numbers in our communities and the overwhelming impacts on our healthcare system – something that affects all of us, whether we have COVID or not," Governor Little said.

Resources & Equipment

Moving to Crisis Standards of Care

In the past two weeks, the number of COVID-19 hospitalizations has increased 40% relative to the beginning of October. These numbers – including COVID-19 hospitalizations requiring care in the ICU – are anticipated to continue to rise with the number of confirmed and probable COVID-19 cases increasing across Idaho at an alarming rate. Many Idaho hospitals are in contingency or crisis mode now and may be getting close to implementing [Idaho Crisis Standards of Care](#). Hospitals should also be aware of supplemental guidance which offers strategies for [scare resource situations](#).

To compound the issue, Utah's hospitals are [preparing to ration care](#) as a record number of coronavirus patients flood their ICUs. As a result, Utah has informed the Idaho Department of Health and Welfare (DHW) that Idaho hospitals should immediately prepare for when they will not be able to transfer patients to Utah, likely within the next seven to ten days. IHA continues to monitor this situation. Once we receive official notice from IDHW, we will share that information with members.

The Idaho Resource Tracking System (IRTS) has added a new data point called "Standard of Care" so that DHW and others in their region are aware of the situation. This field is classed in the same area as Facility Status, Divert, and Ongoing Resource Limitations.

Facilities may report three classifications of care: Conventional, Contingency, or Crisis. The table below, found in the Idaho Crisis Standards of Care Plan, explains the three designations of conventional, contingency, and crisis standards of care.

In order to support Idaho hospitals, DHW will need to know what kind of support is needed. This information could be included in the comments section within IRTS or conveyed to the public health districts via an ESF-8 Request for Assistance; subsequent Mission Assignments can be coordinated by DHW and the Idaho Office of Emergency Management.

Conventional	<ul style="list-style-type: none"> • One or more counties/public health districts at or near capacity. • Patient transfer is temporarily affected.
Contingency	<ul style="list-style-type: none"> • Local jurisdictions initiate resource requests. • Medical countermeasure availability declining. • One or more hospitals on diversion or damaged. • Patient transfer across all or part of state is limited.
Crisis	<ul style="list-style-type: none"> • One or more counties or healthcare entities is experiencing crisis level shortages of space, staff, or supplies. • Medical countermeasures depleted. • Patient transfers insufficient or impossible statewide. • Local jurisdiction resource requests unfillable or undeliverable. • Multiple healthcare access points impacted.

Quality & Patient Safety

Remdesivir receives FDA approval

The FDA has [approved](#) Veklury (remdesivir) to treat COVID-19 patients age 12 and older. Treatment should only occur in a hospital or comparable acute care setting.

The treatment has been available through an emergency use authorization (EUA); however, this approval does not include the entire population authorized under the EUA. The FDA has revised and reissued the EUA to continue access to the drug for younger and smaller patients while clinical trials assessing its safety and effectiveness in that population continue. Veklury / remdesivir has been shown to shorten patient recovery and researchers are now testing it in combination with antibodies and other medications.

Virtual Meetings & Education

Webinar ~ What We Learned - Leadership

The Idaho Healthcare Executive Forum (IHEF), the Idaho chapter of ACHE, is presenting this virtual session where panelist will discuss lessons learned from COVID-19 from a leadership perspective. This program has been awarded 1.5 ACHE face-to-face education credits and both ACHE members and non-members are encouraged to attend

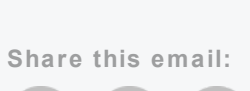
COVID-19: What We Learned - Leadership
Thursday, November 12 ~ 4:30pa MTN / 3:30p PAC

[Register](#)

Registration deadline: 12a on Tuesday, November 10

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