Idaho Hospital Association

COVID-19 Report to Members ~ September 21, 2021

Reports are sent on Tuesdays, unless there's breaking news.

Reimbursement & Policy

Funding and staffing support for hospitals

Today, Governor Little announced an additional $10 million in funding to help hospitals, primary and urgent care centers, and skilled nursing facilities. The funds can be applied for and used in the same manner as the previous funding directed to help hospitals with staffing and other expenditures. As with the August funding, hospitals can complete the **streamlined application** to be eligible for $1,000 per licensed bed. The funding can be used to address immediate staffing and space needs as well as establishing locations to administer monoclonal antibody treatments. Funding for primary care, urgent care, and SNFs is expected to help reduce the number of hospitalized patients and facilitate transfers, easing some of the surge's impact on hospitals.

To address critical staffing needs, IOEM, IHA and DHW continue to facilitate sending over 500 clinical and non-clinical emergency staff to hospitals and other healthcare facilities across the state. The staff were secured through FEMA contractor, ACI Federal, and the Idaho National Guard. There are over 200 workers on assignments across the state with more expected to be deployed to sites soon. Because the demand for emergency staff is outweighing what has been requested, IOEM is working with FEMA to bring additional healthcare workers to Idaho.

Debunking CSC rumors

With the state's Crisis Standards of Care (CSC) declaration last week and more hospitals moving into CSC, the rumor mill is going into overdrive. Two pieces of misinformation spread quickly and have created concern for healthcare workers.

Over the weekend, the idea that patients in all Idaho hospitals were under 'universal DNR' if their heart stopped made its way through social media. It's a misleading narrative made by expanding a small part of the state's **Crisis Standards of Care Guidance**. That's the framework designed to help providers make decisions when resources are severely limited. In short, it helps them extend care to as many patients as possible and save as many lives as possible.

It's important to note that the CSC Guidance is designed for any type of disaster or mass casualty event. Whether it's a growing, long-term event like this pandemic or a catastrophic accident, like Hurricane Katrina, hospitals that enter CSC use the guidance to form hospital-specific emergency plans to guide the actions of staff. Although the state plan has been refined during this pandemic, it existed prior to the pandemic and is written to apply to any number of large-scale disaster or emergency scenarios.

Another key point is that the particular paragraph that addresses 'universal DNR' in the event of adult cardiac arrest includes a caveat that the facility must have a severe shortage of ventilators. At this point, hospitals continue to have ventilators, it's space and staffing that forced Idaho officials to declare CSC.

Which leads to the second big rumor – that CSC was caused by vaccine requirements. Fear mongers are working overtime to equate the tireless efforts to treat the tsunami of COVID patients entering hospitals across Idaho with employer vaccine requirements. Some are promoting disinformation that those requirements are causing nurses and healthcare staff to leave on an epic scale.

There are quite a few ways to debunk this particular false narrative, but we'll share four:

- Many hospitals have expanded their physical capacity. When a hospital adds more beds, unsurprisingly, they need more nurses and staff. While Idaho hospitals are (and have been for years) in need of staff, many have more employees (including nurses) now than they did before the pandemic.
- CSC was activated because hospitals have record numbers of hospitalized COVID patients – 686 as of Saturday. If the 35% that are hospitalized with COVID – of which, **about 91% are unvaccinated** – weren't in the hospital, there would be no reason to activate CSC.
- At this time, only a handful of the 48 community hospitals have a vaccine requirement and yet every hospital has staffing challenges.
- Idaho has had a nurse shortage for decades. This pandemic has widened the gap and the end may not necessarily resolve it. Nurses and other healthcare workers are exploring and taking other career paths. In a time when they are facing extra shifts, are exhausted, and, in too many cases, are disparaged by patients and others for standing up for science, they are leaving their careers or taking other opportunities. For some, working in other locations through an agency can earn triple their wage or more. Others are looking at retirement or a complete career change.

For more rumor busting, take a look at these Idaho Capital Sun articles:

- **St. Luke's CEO on COVID denial: 'Like we're seeing the de-evolution of humanity'**
- **No, Idaho is not under a 'universal DNR.' Hospitals won't just let everyone die.**

Can we let nature take its course?

The anti-vaccine movement has a new goalpost: ending the pandemic via naturally-acquired herd immunity as opposed to vaccine-induced herd immunity.

Herd immunity occurs when a certain proportion of the population is immune to disease, traditionally meaning that it is more difficult to transmit, thus decreasing disease incidence. For SARS-CoV-2, previous herd immunity estimates were at least 70% for the alpha variant, but have increased significantly due to the emergence of new variants. In fact, some experts believe that **herd immunity as described above in the face of Delta is impossible**.

There is evidence for broad and durable antibody and memory B and T cell responses among persons with prior infection, some aspects of which are positively correlated with disease severity. However, the natural course of disease ends, on average, in hospitalization (15%) or death (1%) in unvaccinated patients. With about 50% of Idahoans 12 years and older vaccinated, that would mean thousands more deaths and hospitalizations in Idaho due to COVID.

Attempting to end the pandemic via naturally acquired immunity has major health implications for Idahoans and for Idaho's healthcare system – which is already in duress. As of today, nearly 35% (744) of hospital inpatients had tested positive or were suspected of having COVID-19. Over 90% of these patients are unvaccinated. Data from the United States from March–August 2021 show that Moderna, Pfizer-BioNTech, and Janssen vaccines are 93%, 88%, and 71% effective against COVID-19 hospitalizations – meaning that the majority of the Idaho COVID-19 hospitalizations would have been prevented with vaccination.

In Idaho, projections for weekly hospitalizations in a scenario with low vaccination and high community transmission – largely reflective of our current conditions – are estimated to be 2,500 at the peak of the current wave (mid-October 2021). Although 2,500 weekly hospitalizations seems inconceivable, observed hospitalizations have tracked closely with the upper range of **model estimates** in the past weeks.

As the surge continues and more variants emerge, the thought that natural immunity is the best way out is flawed. We have neither the time nor the will to endure the incredible loss of life, long-term damages to health, personal losses, or the impact it will have on our economy and healthcare system.

Idaho is already at a precipice, and our healthcare system at a breaking point. The policy decision around vaccine requirements will continue to be debated, but the evidence demonstrates that an experiment in natural immunity will result in an exercise of survival of the fittest, with too many Idahoans losing their lives.

Resources & Information

FDA alert for two Abbott test kits

On Friday, the FDA sent an **alert** to clinical labs and healthcare providers noting the potential for false positive results with two Abbot Molecular test kits. The agency recommends providers:

- consider presumptive any positive results from the Alinity m SARS-CoV-2 AMP Kit, List Number 09N78-095, and Alinity m Resp-4-Plex AMP Kit, List Number 09N79-096;
- consider retesting positive patient specimens performed in the last two weeks with an alternate authorized test and informing patients with positive results since June that their results may have been false positives; and
- report any issues using the tests to FDA.

These kits are only to be used by labs certified to perform moderate or high complexity tests under CLIA.

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