

COMMUNITY RESILIENCE WEEKLY WRAP UP

Weekly Wrap-Up: Week 50
Dec. 4 – Dec. 10, 2022



NV Hospital Sector Status "RED"

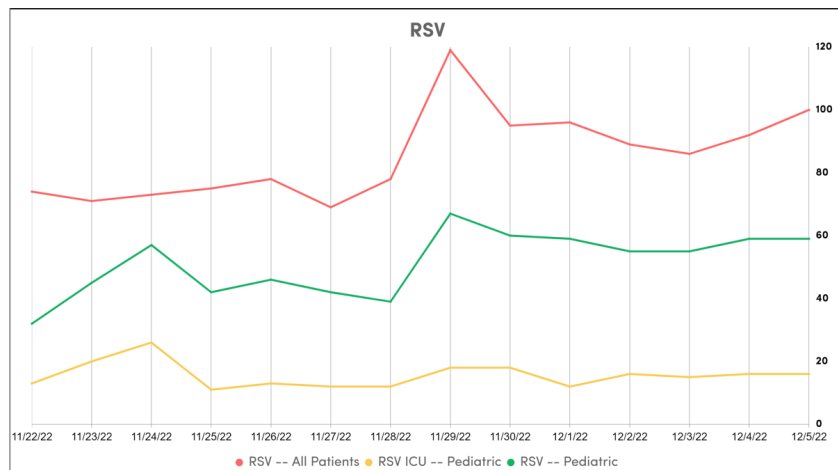
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Current Situation Report

The pediatric bed availability situation remains challenging. Pediatric beds throughout the state remain at or near 100% capacity on a daily basis. Pediatric Intensive Care Units (PICUs) are full, and the ability to surge and care for the most critical children remains limited by the number of available qualified nurses, particularly on night shifts. Hospitals continue to hold children in the emergency rooms as they await an open bed to admit them. This has created some instances of hospital diversion and the rerouting of ambulances.

Most of these pediatric patients suffer from respiratory viruses; however, attribution to any one virus, such as RSV, can not be supported even as RSV surges throughout the population. Pediatric RSV cases requiring hospitalization are trending upward and account for approximately 20% of the pediatric patients currently hospitalized. Flu, rhinovirus, enterovirus, and other respiratory ailments are also causing children to become seriously ill. A significant number of these children are aged 0-4 years old. Some older teens are being treated within adult units to free space for younger patients, who are smaller and require specialized equipment and supplies.



The NHA helped broker a nurse staffing solution last week. Under the solution created by a coalition comprising of the Governor and other elected officials, county health officers, the Nevada State Board of Nursing (NSNB), and the Nevada Hospital

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Association, any qualified pediatric nurse that a facility deems necessary to assist with the current crisis will have their application processed immediately by the NSBN. A temporary license will be issued to those applicants. This immediate processing will allow nurses to begin caring for patients expeditiously. However, even with the new licensing process, it may take some time before measurable relief to the immediate nurse staffing shortage occurs. Additionally, the Division of Public and Behavioral Health and the Bureau of Health Care Quality and Compliance (HCQC) has instituted processes whereby hospitals can quickly surge beyond the licensed number of beds in these specialized units (Peds, PICU, and NICU) to meet the necessary demand while maintaining a high standard of care. The hospital system does not require the activation of Crisis Standards of Care (CSC) at this time.

Note: *The only time CSC has been activated in Nevada was during the COVID-19 public health emergency.*

The Nevada emergency departments (ED) have been utilized an average of 5,069 times per day. Approximately 17% of these ED visits continue to be for COVID-19-related symptoms.

Flu-related hospitalizations continue to increase in Nevada, up to 162 hospitalizations. While this represents an increase, the rate that these hospitalizations are increasing has slowed considerably in the past week. Type-A flu accounts for approximately 87% of flu patients requiring hospitalization and 90% of those flu patients requiring ICU-level care.

Overall, hospital occupancy rates are experiencing fractional increases in the general wards from last week, with the ICU occupancy levels remaining flat. Hospital occupancy rates are now 74% and 76% in the ICUs.

Nevada continues to maintain adequate capacity to treat adult emergencies. Scheduled non-emergency procedures should proceed unimpeded.

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At-A-Glance

Nevada Hospital Association		PPE	Supplies	Cyber-Security	Staffing	# of Patients Boarding and Unable to be Discharged	% of Patients in the ICUs with COVID or FLU	Hosp. Occupancy Rates (All-Hazard)	ICU Occupancy Rates (All-Hazard)
NORTH		Green	Orange	Orange	Red	76	Green	Green	Green
SOUTH		Green	Red	Orange	Red	424	Green	Green	Green
RURAL		Green	Orange	Orange	Orange	2	Green	Green	Green

What Does This Mean?
 The table visually communicates the relative level of concern being experienced within the hospital infrastructure. This table aggregates individual hospital reporting, discussions with hospital leaders, and the effect of mitigation measures being employed.

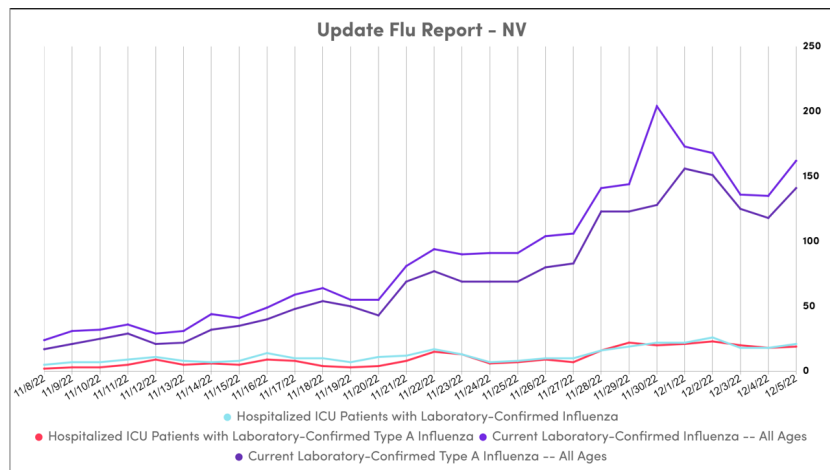
No Concern	Watch	Warning	Alert	Crisis
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No Concern: hospitals are functioning in a conventional manner. **Watch:** we are studying the various metrics and mitigation controls to manage hospital operations. **Warning:** hospitals are employing mitigation methods and using various contingencies to manage upward trends. **Alert:** immediate additional mitigation methods are required to keep the hospital system operational. **In a crisis,** hospitals are experiencing conditions that limit the ability to provide adequate patient care.

Risk Table Highlights: This week, supplies in southern Nevada have been elevated to an alert level as hospitals have requested assistance getting pediatric beds and cribs as they expand services to meet the rising demand. There is a recognized shortage of this equipment nationally as the pediatric surge placed unanticipated pressures on suppliers and manufacturers. Staffing remains at crisis levels as the new process to attract out-of-state nurses needs time to be effective.

Influenza and Other Infectious Diseases

- HHS announced it anticipated lifting the mpox emergency on Jan. 31, citing the low number of current cases.
- Flu hospitalizations continue to rise in Nevada but not at a rate that is severely impacting hospital or ICU capacity.



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Hospital Infectious Disease (COVID-19 and Flu) Demand Table

County	COVID-19 Hospitalization Status	Laboratory-Confirmed Hospitalized Influenza (Type A)	Laboratory-Confirmed ICU Required Influenza (Type A)
Carson City	Increasing		
Churchill	None		
Clark	Increasing		
Douglas	Flat		
Elko	Flat		
Humboldt	None		
Lander	Flat		
Lincoln	None		
Lyon	None		
Mineral	Flat		
Nye	Flat		
Pershing	None		
Washoe	Increasing		
White Pine	Flat		

Announcements:

- Nevada’s DPBH recommends that hospitals add Fentanyl screening to their standard drug testing panel as Fentanyl becomes more prevalent throughout the state.
- The Western Regional Burn Consortium and its partners, including the Nevada Hospital Association, have released three new burn resources, including (1) a concept of operations, (2) a Burn Injury Guideline for Care, and (3) a training and exercise toolkit. These resources can be downloaded at <https://crisisstandardsofcare.Utah.edu>