



Nevada
Hospital
Association

Nevada Hospital COVID Update

November 12, 2020

Introductions

**Northern Nevada
Hospital Representative**

Erik Olson

Renown Regional Medical Center
Chief Executive Officer

**Southern Nevada
Hospital Representative**

Mason VanHouweling

University Medical Center
Chief Executive Officer

Nevada Hospital Response

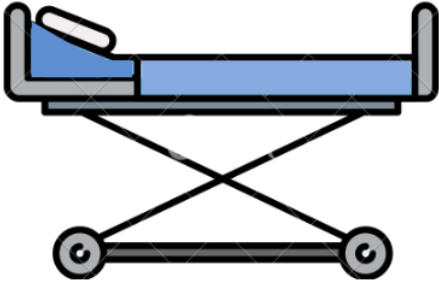
- The entire health care system has benefited significantly from our shared experience with COVID-19 during the past nine months
- Health care organizations have prepared by:
 - Refining our processes to promote better outcomes and improved therapeutics
 - Stocking up on PPE and other necessary supplies
 - Increasing overall bed and ICU capacity
 - Dramatically expanding testing capabilities
- Current Capacity:
 - Southern Nevada hospitals have not activated any surge plans at this time due to stable capacity
 - Northern Nevada hospitals are experiencing capacity strains due to higher positivity rates

Southern Nevada Hospital Statistics

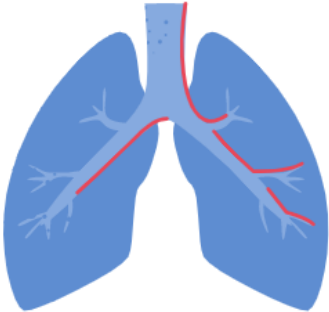
November 10, 2020



**Acute Care
Beds**
4,686



ICU Beds
730



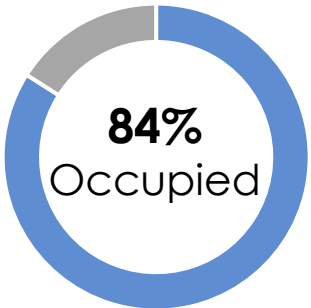
Ventilators
915



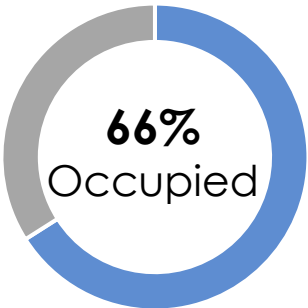
Staffing Levels
Stable



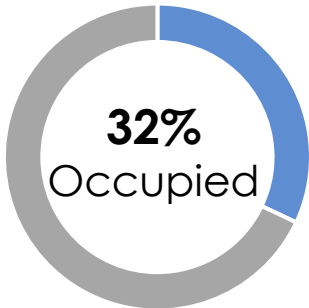
PPE
Moderate



COVID-19
14.7%



COVID-19
32.0%



COVID-19
28.9%



GREEN



YELLOW

Source: NHA



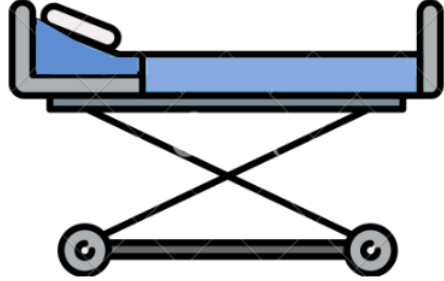
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Northern Nevada Hospital Statistics

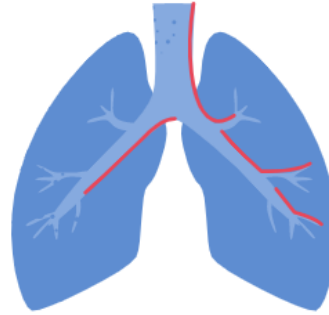
November 10, 2020



**Acute Care
Beds**
1686



ICU Beds
257



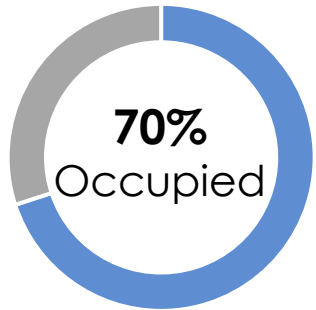
Ventilators
220



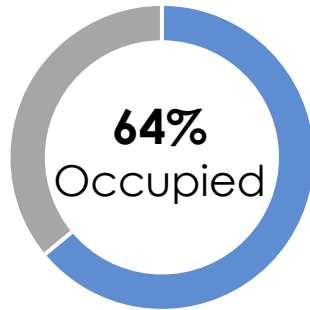
Staffing Levels
Moderate



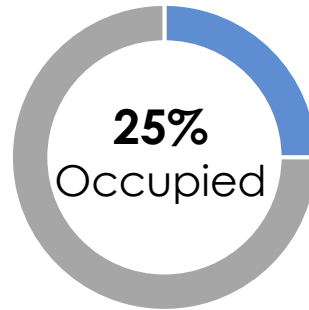
PPE
Moderate



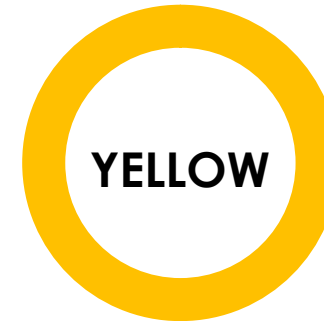
COVID-19
16.0%



COVID-19
38.7%



COVID-19
38.1%



Source: NHA

Hospital Bed Capacity

- Bed capacity is measured and reported in three ways:

Licensed Beds	<ul style="list-style-type: none">• May or may not match actual occupancy potential
Staffed Beds	<ul style="list-style-type: none">• Does not reflect the fluidity of staffing resources• Does not reflect the ability to flex
Flexed Capacity	<ul style="list-style-type: none">• Not reported• Not defined• Built into contingency plans• Used when operating in an alternate environment

- It is important to remember that hospital capacity is not a static number
 - The denominator can move due to physical beds, staffing, and contingency plans

Hospital Bed Capacity

- Key drivers to increasing bed availability include:

Acquire	<ul style="list-style-type: none">• Build• Renovate or Repurpose• Purchase• Sub-lease
Manage Utilization	<ul style="list-style-type: none">• Level-load• Admission Criteria• Length of Stay
Manage Throughput	<ul style="list-style-type: none">• Time of Discharge• Bed Planning/Placement• Logistics (DME, transport, family, dialysis)

How do Hospital Beds Fill Up?

Emergency Department

- 65% of admissions originate in the Emergency Department
- 93% of hospital census originated in the Emergency Department
 - EMTALA laws protect patients, ensuring access to Emergency Care

Surgery

- 35% of admissions originate from needed surgical interventions
- 7% of hospital census originated from scheduled surgical interventions
 - 1% of ICU census originated from scheduled surgical interventions

Support Needed:

- Allow local hospital decision making regarding scheduled surgeries
- Interruption to care leads to decline in health, higher costs, and creates downstream logistical challenges

Managing Utilization of Beds

Renown Length of Stay	Pandemic
Length of Stay – COVID Non-ICU	8.3 days
Length of Stay – COVID ICU	16.1 days
Length of Stay – COVID Ventilator	19.6 days
Length of Stay – Non COVID	5.6 days

- Key Drivers of Length of Stay
 - Patient acuity (sickness) is rising – drawing on more resources such as beds & staffing
 - Limited access to post-acute care beds (Skilled Nursing Facilities, Rehab, Hospice)
 - Guardianship laws and procedures

Unnecessary Use of Hospital Beds

55 patients currently in Renown hospitals not requiring acute hospital level of care

#	Reasons
16	Pending long term SNF placement
14	Pending guardianship decision
11	Pending short term SNF placement (Medicaid FFS)
8	Other reasons
3	Pending placement out of State/County
2	Pending group home placement
1	Pending psychiatric services/bed

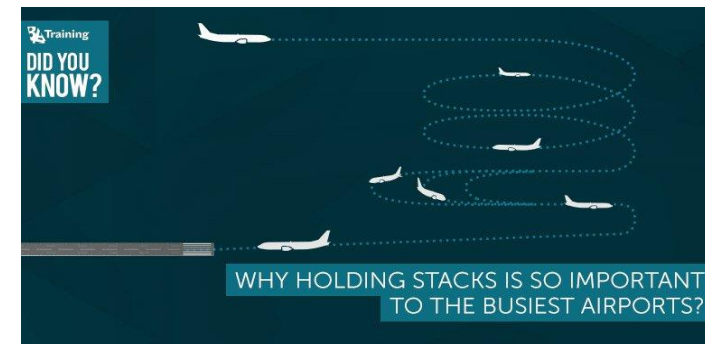
- Support Needed:
 - Create post-acute care access by adding resources (beds and staff)
 - Address guardianship laws and procedures (interim or long term)

Hospital Throughput

- Renown Health
 - 90-110 patients per day are admitted and discharged from the facilities
- Hospitals use Divert status to temporarily stop incoming patients to:
 - Mobilize resources to facilitate discharges
 - Mobilize resources to ensure safe staffing and care plans
 - Triage patients and determine disposition and placement
- Divert doesn't necessarily mean the hospital is out of capacity



Source	Time	City	Flight	Class	Terminal	Gate	Status	Arrival	Departure
09:25	DUSSELDORF	KG	2118	A	ARRIVED			10:35	
09:40	BOLOGNA	NO	1462	A	ARRIVED			10:50	
09:40	AMSTERDAM	HV	673	A	DELAYED			10:55	
09:40	G. CANARIA	NO	1462	A	ARRIVED			11:10	
09:40	VERONA	NO	1462	A	ARRIVED			11:25	
09:50	GERONA	FR	9725	A	ARRIVED			11:30	
09:55	BRUXELLES	C	JAF1687	A	ARRIVED			11:30	
10:00	BRUXELLES	FO	1134	A	DELAYED			11:40	
10:00	BRUXELLES	JAF	1213	A	ARRIVED			11:40	
10:30	G. CANARIA	NT	8123	A	DELAYED			11:40	



Staffing and Staffing Challenges

- Hospitals and the healthcare industry have been at a deficit prior to the pandemic
 - Physician shortages
 - Nursing shortages
- COVID-19 is driving:
 - Early retirements
 - Caregiver quarantines due to household exposure
 - Increased competition for a limited resource nationally
 - Nurses and other caregivers choosing to maximize earning potential
- Support Needed:
 - Long term staffing strategy for funding GME, nursing, and allied health programs to assure adequate staffing for long-term needs

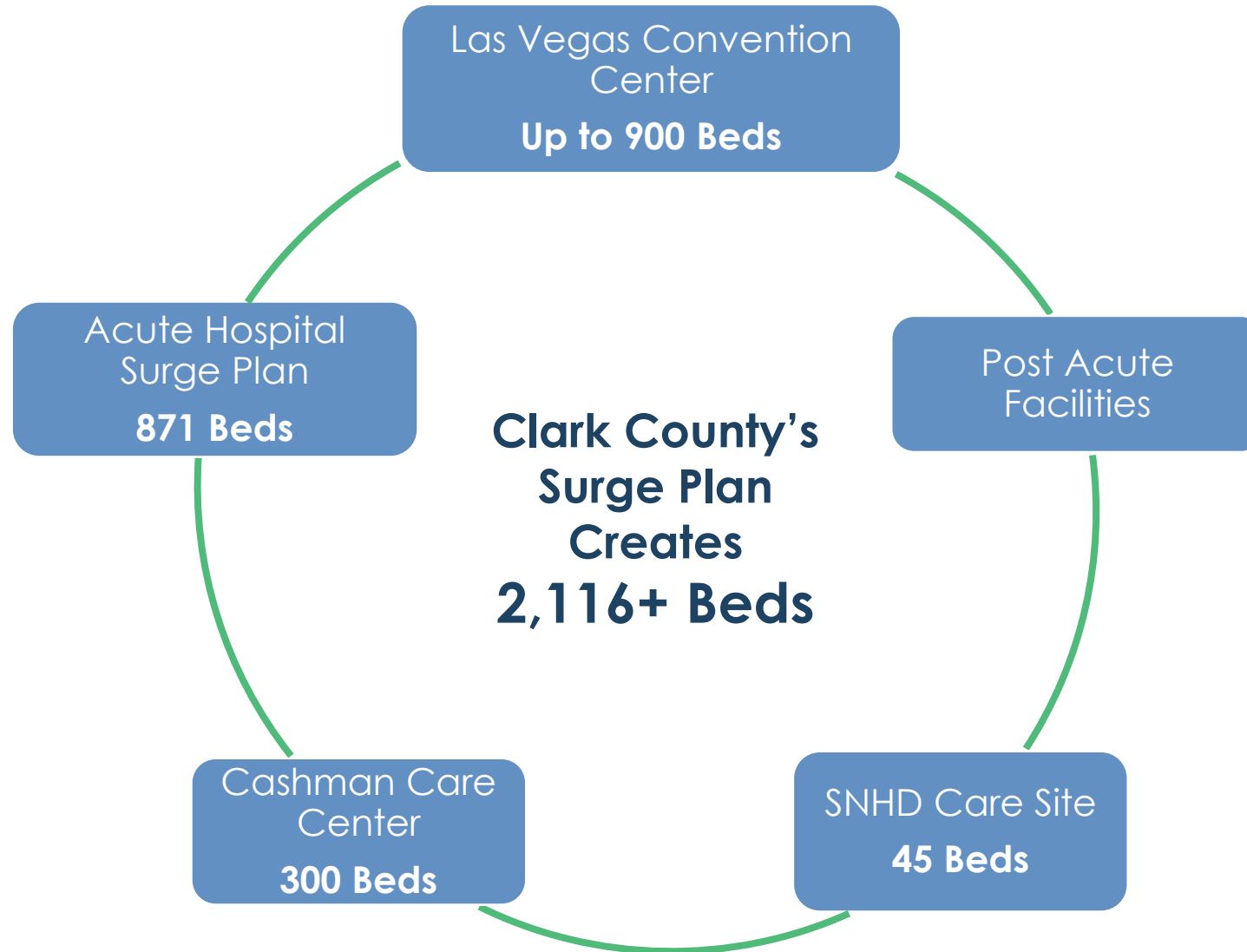
Renown Surge Plan

- To acquire additional beds, the following actions were taken to increase capacity:



- Support Needed:
 - Prioritizing resources for licensure
 - Licensure agency has been very responsive and supportive!

Southern Nevada Surge Plan



Southern Nevada Surge Plan

- Hospitals in Southern Nevada have increased their capacity for surge needs from 4,586 beds to 5,457 beds since March
 - This represents a 25% increase from total licensed beds
- Hospitals continue to limit and monitor elective surgeries to ensure ICU and med-surg beds to ensure appropriate capacity for COVID-19 patients
 - By self-monitoring individual capacity needs, hospitals have the ability to provide surgical care to patients who would be negatively impacted by delayed procedures
- Medically necessary procedures include:
 - Tumor removal, transplant, prostate removal, hip replacement, hernia repair, radiation treatment, mastectomy, hysterectomy and certain heart procedures

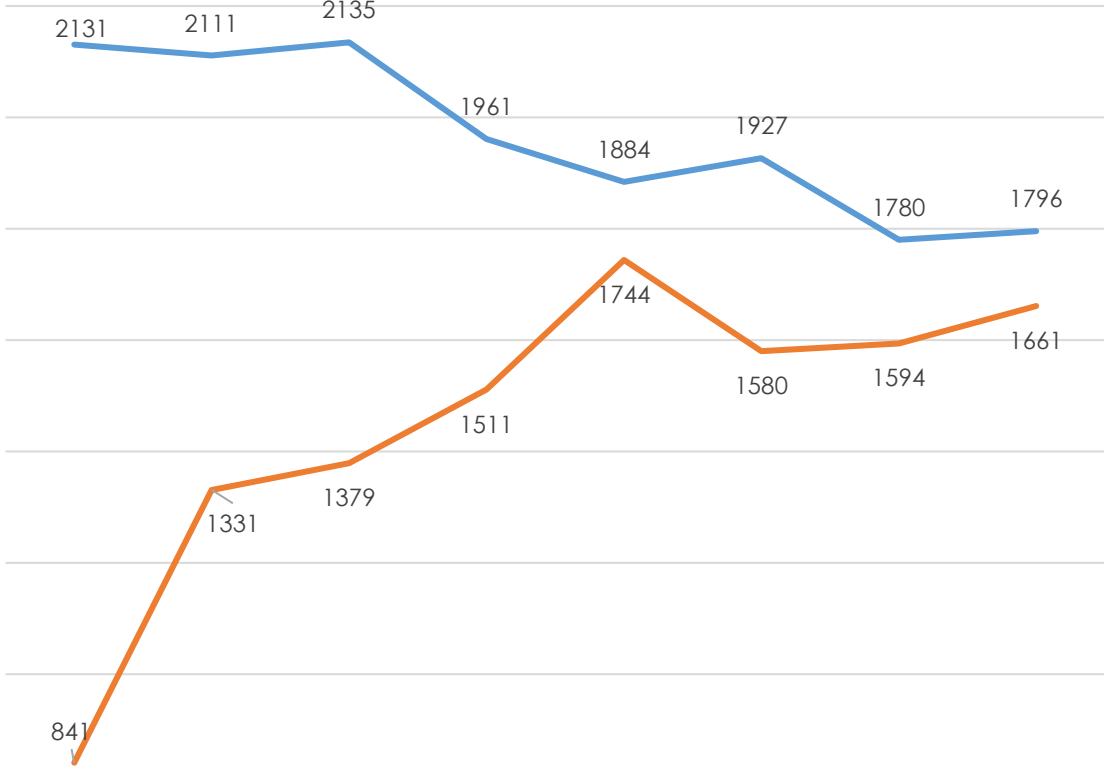
Impact of Flu on Hospital Capacity

- Increased social distancing, mask use, and hand hygiene have reduced the prevalence of influenza in Nevada
- Nevada has experienced only one hospitalized flu patient in the past week
- In past years, flu cases have been significantly higher this time of year
- With additional capacity as a result of the low number of flu cases and other declines in key areas, Nevada Hospitals stand ready to care for any future influx of patients



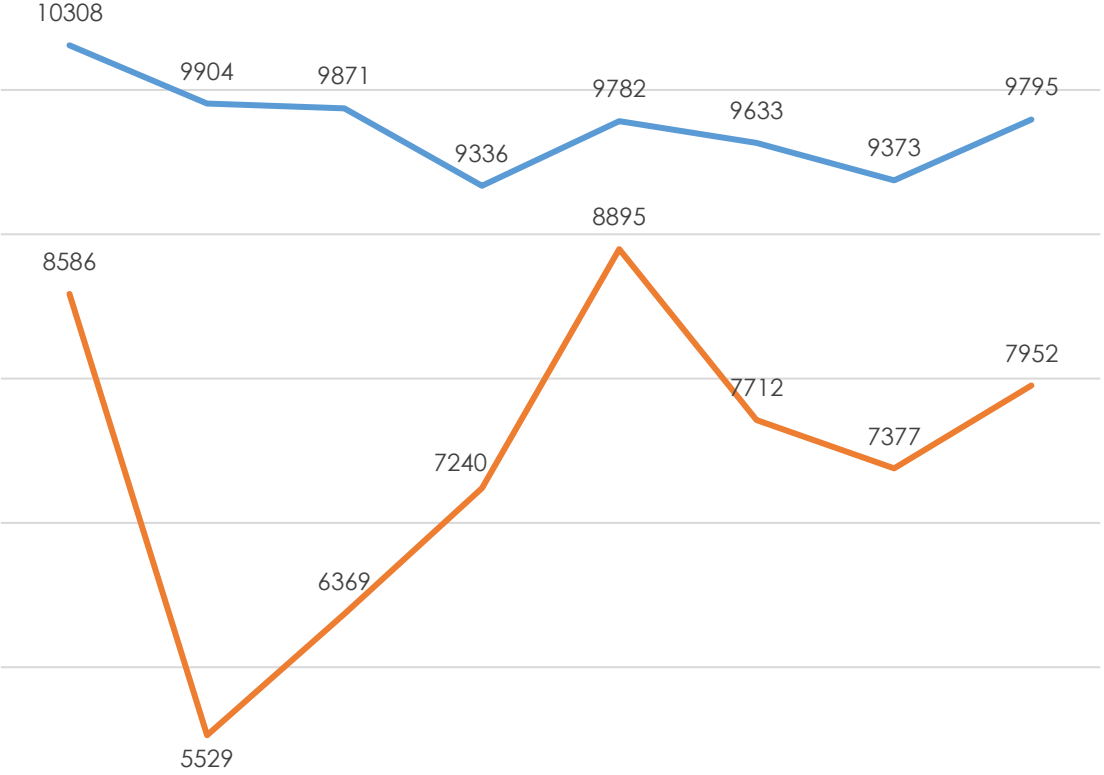
UMC Year-Over-Year Comparison

UMC Total Admissions



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
2019	2131	2111	2135	1961	1884	1927	1780	1796
2020	841	1331	1379	1511	1744	1580	1594	1661

UMC Total ER Visits



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
2019	10308	9904	9871	9336	9782	9633	9373	9795
2020	8586	5529	6369	7240	8895	7712	7377	7952

COVID Testing

To date, UMC has performed
472,384 COVID Tests

Renown has performed
49,587 tests

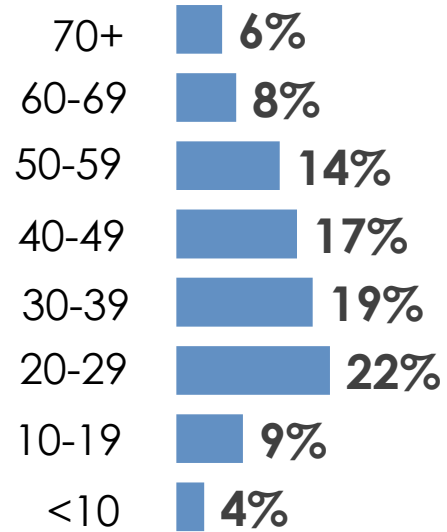
Both facilities offer less than
24 hours turnaround times,
offering ample testing
solutions to the State



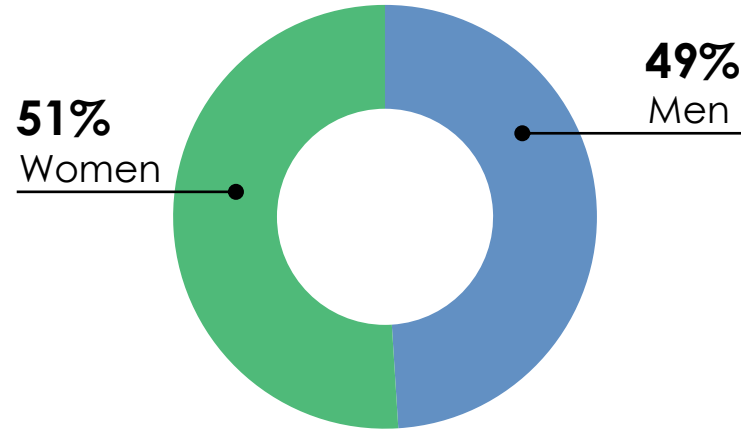
Nevada Case Demographics

November 11, 2020

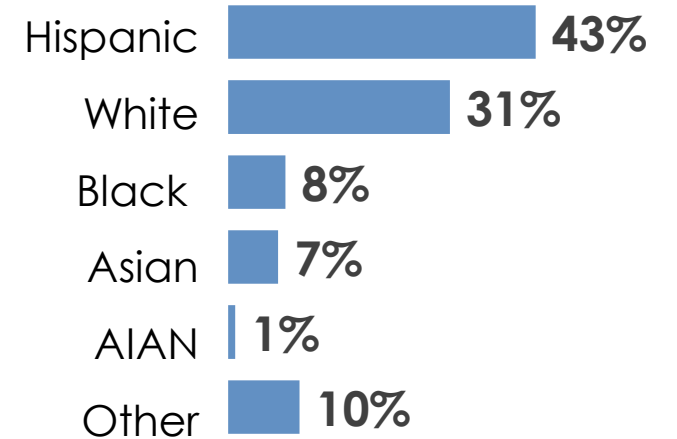
Confirmed Cases Age



Confirmed Cases Gender



Confirmed Cases Race



Source: nvhealthresponse.nv.gov

Current Treatments

- During the entire pandemic, we have utilized best practices to give our patients the highest level of care
- **Treatments**
 - Shifted from ventilator support being the first line of treatment, to now first utilizing high-flow oxygenation & proning, which both yield better outcomes
- **Therapeutics**
 - Hospitals currently have a ample supply of Steroids, Convalescent Plasma, and Remdesivir
 - Newly released Monoclonal Antibody will prevent hospitalizations for elderly residents. Allocations to hospitals are anticipated to start this week
- **Potential Vaccines**
 - The healthcare industry is anticipating a vaccine mid-to-late December
 - Pfizer and Moderna are both in phase three trails with no safety holds

How you can help

- Promote mask wearing, social distancing, individual citizenship responsibility
- Prioritizing resources for licensure
- Allow local hospital decision making regarding scheduled surgeries
 - Interruption to care leads to decline in health, higher costs, and creates down-stream logistical challenges
- To address potential capacity needs, Nevada hospitals agree that post-acute facilities are more suitable for patients
 - Create post-acute care access by adding resources
- Address guardianship laws and procedures (interim or long term)
- Ensure inventory of test kits meets demand
- Long term staffing strategy for funding GME, nursing, and allied health programs to assure adequate staffing for long-term needs

QUESTIONS?