

2021 Week 38

Overall, COVID-19 hospitalizations continue to slowly decline in Nevada. These declines are entirely driven by slowing hospitalizations within Clark County, as the rest of the state appreciates increased hospitalization. Hospitals throughout the state are also reporting emergency department (ED) saturation or overcrowding. This overcrowding is further exacerbated as people go to EDs to seek rapid COVID-19 tests to return to work or school. The NHA is now encouraging everyone to avoid hospital emergency rooms for COVID-19 testing and instead visit one of the many other available options.

 Nevada Hospital Association Week 38	PPE	Supplies	Vents	Staffing	% of Patients in the hospital with COVID	% of Patients in the ICUs with COVID	Hosp. Occupancy Rates (All-Hazard)	ICU Occupancy Rates (All-Hazard)
	NORTH	Green	Green	Green	Red	Orange	Yellow	Yellow
SOUTH	Green	Green	Green	Red	Yellow	Yellow	Yellow	Yellow
RURAL	Green	Green	Green	Red	Yellow	Yellow	Yellow	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 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. **Crisis**, hospitals are experiencing conditions that limit the ability to provide adequate patient care.

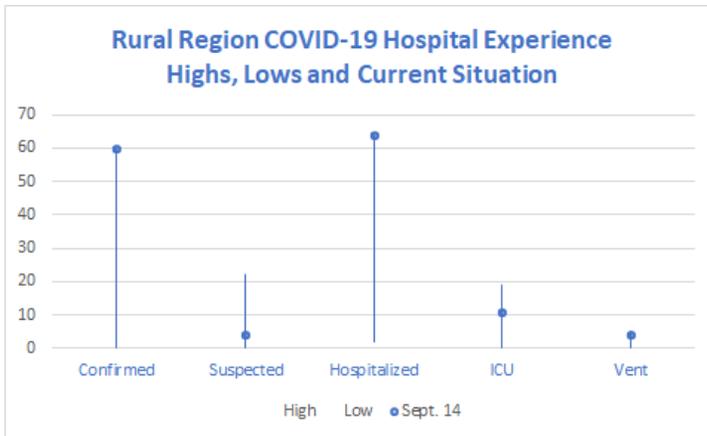
There are no changes in the risk table from last week. Hospitals are short-staffed in many departments, not unlike the rest of the economy, with the nursing shortage becoming a country-wide concern. COVID-19 patients are continuing to surge at hospitals within the north and rural areas of the state. Several facilities are requesting triage tents to be erected outside the facilities, as well as staffing assistance through the National Guard or federal resources. Patient transfers to a higher level of care continue to be contentious.

How Nevadans Can Help Hospitals and Health Care Workers

- **Get vaccinated.** The majority of recent and current hospitalizations for COVID-19 are for people who are **NOT** vaccinated.
- **Avoid a hospital emergency room for COVID-19 testing.** There are many available resources in communities throughout Nevada where testing is available. Hospital emergency rooms are needed for those seeking emergency medical care.
- **Use urgent care centers or primary care providers for non-emergent care.** If you or a loved one is in need of non-emergent care, please visit an urgent care center or see a primary care provider.

As of 14 Sept 2021

Category	NV Low / Date	NV High / Date	Nevada	North	South	Rural
Confirmed COVID-19	123 – 3/28/2020	1857 – 12/15/2020	1006	231	715	60
Suspected COVID-19	24 – 5/27/2021	471 – 3/27/2020	85	11	70	4
Hospitalized COVID-19	212 – 5/31/2021	2025 – 12/13/2020	1091	242	785	64
ICU Patients	53 – 5/31/2021	460 – 12/22/2020	264	63	190	11
Ventilator Required	17 – 5/31/2021	312 – 12/22/2020	167	39	124	4



Rural Nevada has reached a record high number of hospitalized COVID-19 patients. The majority of these patients are unvaccinated. The number may be skewed from previous waves because rural facilities are experiencing difficulty transferring patients to urban medical centers for intensive care. Hence, many people who may have been transferred in pre-Delta variant times are now being treated from door-to-discharge in rural hospitals.

Other Issues

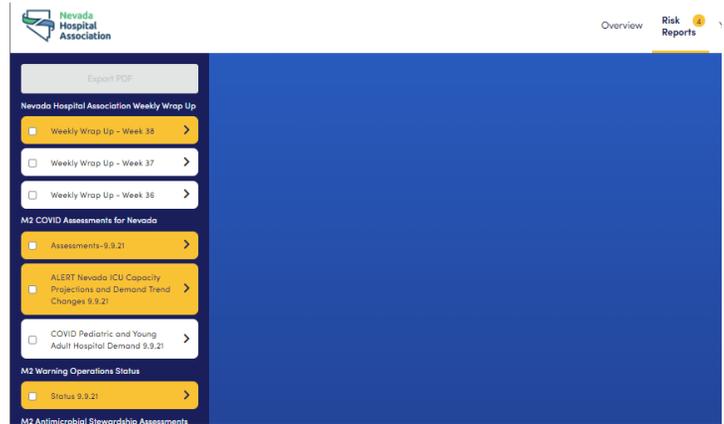
The NHA will be sending out Extent of Play Agreements (XPAs) for the annual earthquake exercise today. The exercise has been on-again, off-again due to the surges our hospitals have been experiencing and the workloads our staff and practitioners are experiencing. The exercise will be scaled down from previous years and will focus on communication and patient safety issues. The exercise date is Oct. 21, 2021, for those who wish to participate. Contact Chris@nvha.net if you need an XPA.

Portal Upgrades

You will notice several changes in the NHA Portal as we continue to make product improvements. First, we have added a notification flag that will alert you to any new or unread reports. Second, a yellow circle with a numerical value will appear near the report tab indicating how many unread reports are available. Likewise, once you are in the report file, new reports will be highlighted in yellow.

We are also now displaying M2's Antimicrobial Resistance Intelligence Reports on the portal. These reports will be updated periodically and leverage artificial intelligence technologies to support the hospitals' antimicrobial stewardship efforts.

To get access to the NHA portal and the ability to create your own custom graphs and query the COVID-19 data, please send an email to COVID@nvha.net. Please send your request from your work email and include a brief description of your need for access. Members of the general public will be directed to one of the many public-facing websites.



M2 is now leveraging artificial intelligence and probabilistic methods to support antimicrobial stewardship. It is offered for NV SOUTH based on antibiogram data provided by the Southern Nevada Health District (SNHD). It will be updated as new data is reported. The below information provides more data reported over time; this assessment will be updated as new data is reported. The below information provides more data for each healthcare facility's respective data for antimicrobial resistance. All prescribing decisions should be made in context with national peer-reviewed guidelines for prescribing in context with their facility antibiograms. Open empiric prescribing are generally above the 90th percentile (highlighted in green).

The below chart highlights in yellow and red antimicrobials of potential concern based on predicted susceptibility in the patterns of stewardship and prescribing leading up to 2019.

Bacteria	Common Infections	Antimicrobial	2019 % Susceptibility
E. coli	Urinary Tract (Bladder) Sepsis	Amoxicillin-clavulanic acid	84
		Ceftriaxone	93
		Ciprofloxacin	77
		Imipenem	100
		Nitrofurantoin	96
		Trimethoprim-sulfamethoxazole	75
S. aureus	Skin Abscess	Cefazolin	58
		Rifampin	99
		Trimethoprim-sulfamethoxazole	98
		Vancomycin	100
S. pneumoniae	Pneumonia	Amoxicillin-clavulanic acid	98
		Cefotaxime	95
		Ceftriaxone	97
		Penicillin	78