

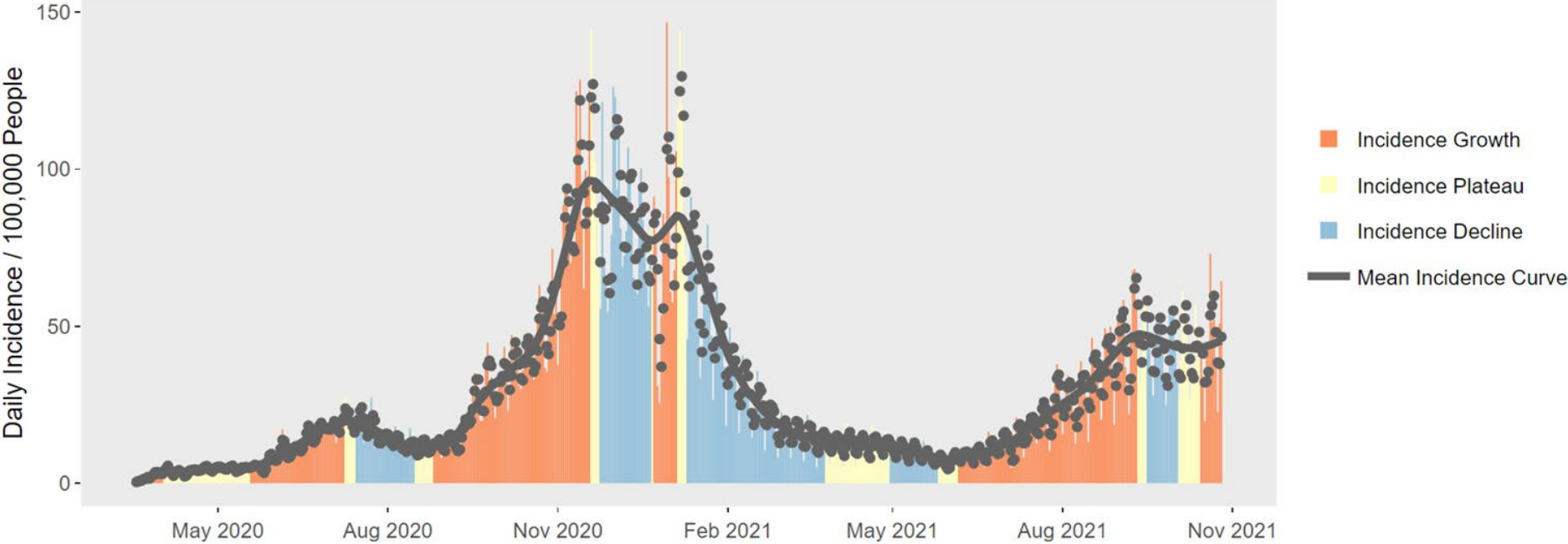


COVID-19 Update
Utah Commission on Aging
November 04, 2021



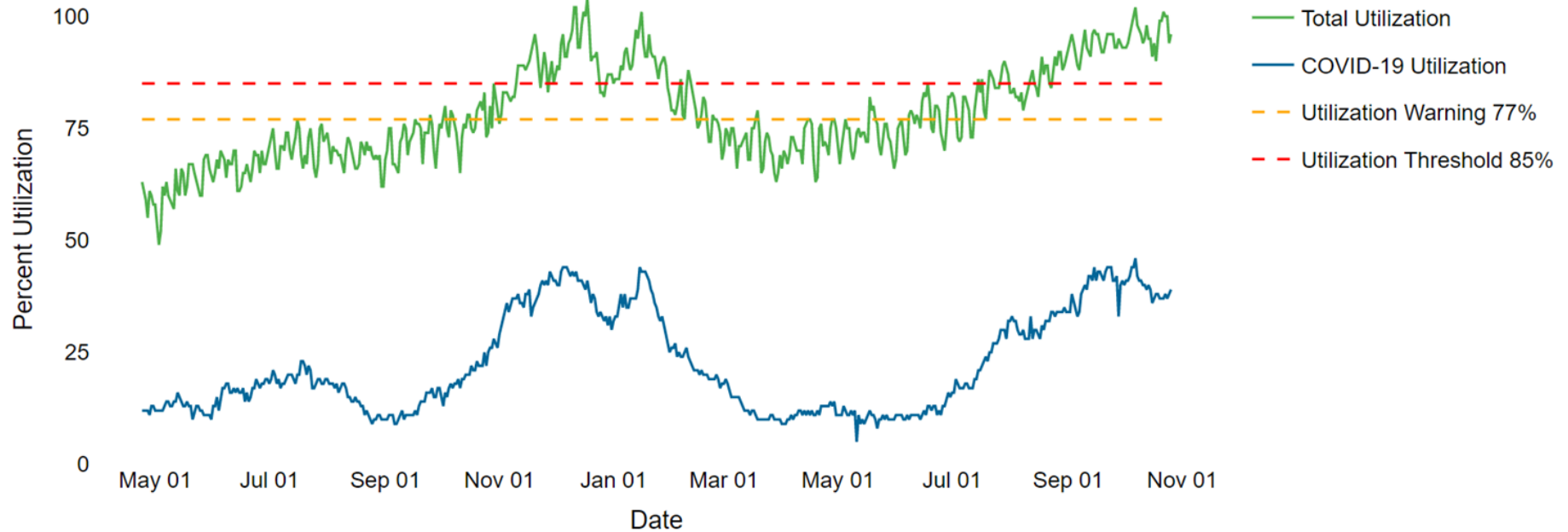
Situation R eport

Ongoing Delta Variant Surge





ICU Utilization at Sustained Crisis Levels



Referral Centers are the 16 hospitals in Utah with the capability to provide the best care for patients with COVID-19. Because most patients are transferred to these facilities, their utilization is the best reflection of the true hospital capacity in Utah when looking at ICU beds.



Pressure on Hospitals

Patients needing a transfer*



55
patients

vs



87
patients

July 28-Aug. 3 (baseline)

October 15-21

**People who needed to be transferred to another hospital for higher levels of care. Not all patients who need to be transferred have COVID-19.*

Wait time to find an ICU bed**



July 28-Aug. 3 (baseline)

vs



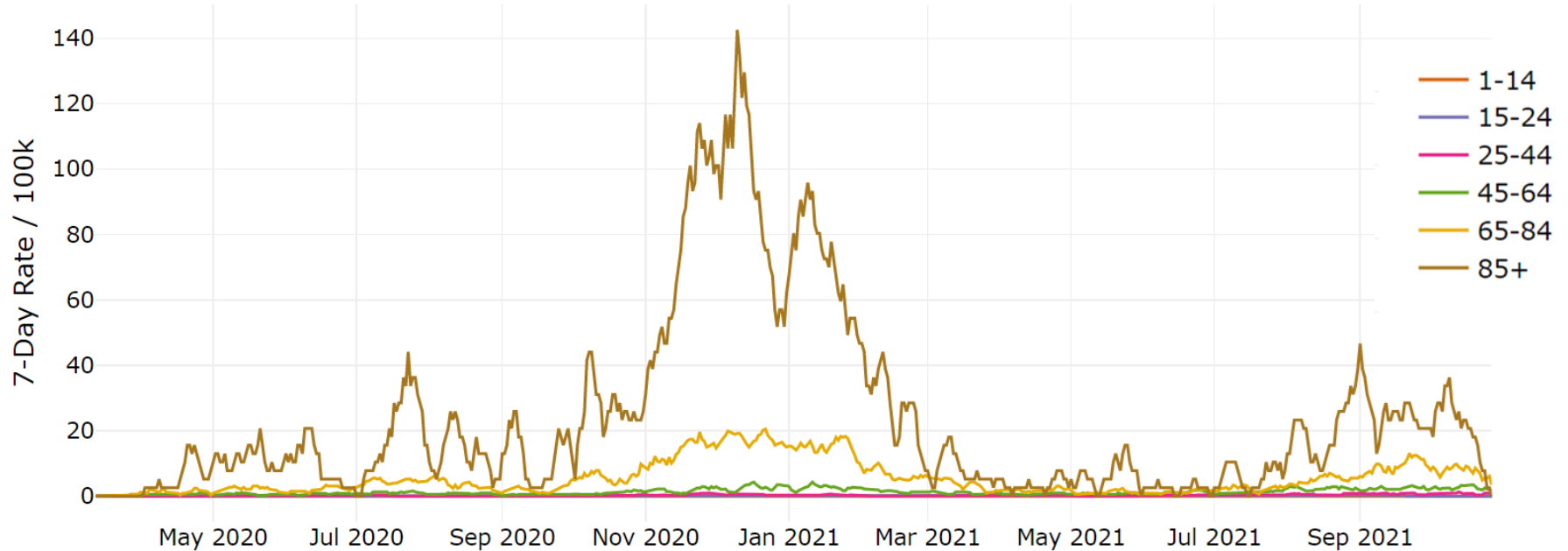
October 15-21

***The time for hospital staff to locate an available ICU bed. Does not include transfer or transportation time.*



A Majority of COVID-19 Deaths in Elderly

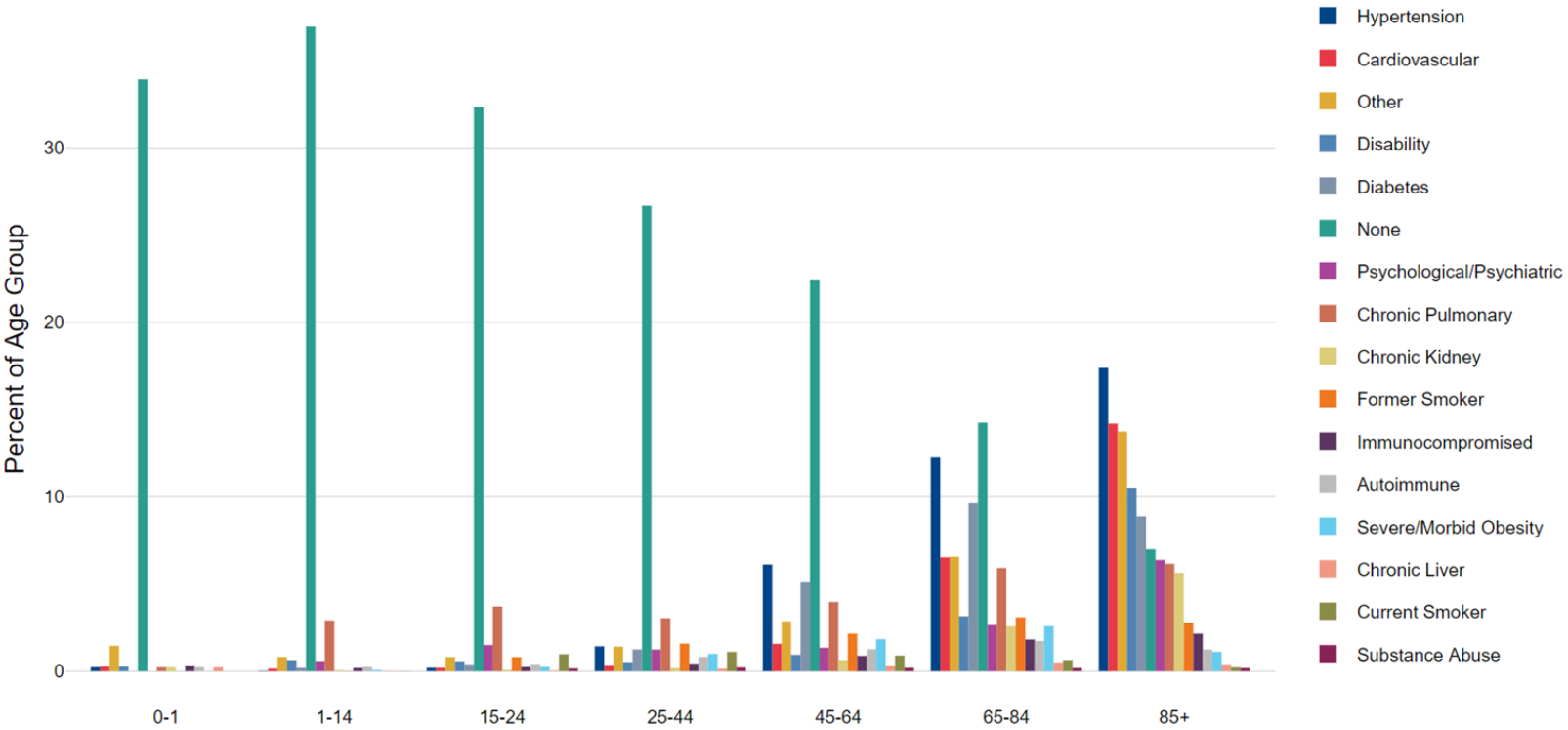
Total Deaths	Confirmed	Probable	% Mortality	% Male/Female	Average Age	Median Age	% 65+ Years	% With at Least One Pre-Existing Condition	% High Risk	% Died in Hospital
3181	3071	110	0.6%	60.5% / 39.2%	72	74	71.8%	49.5%	84.3%	57.2%



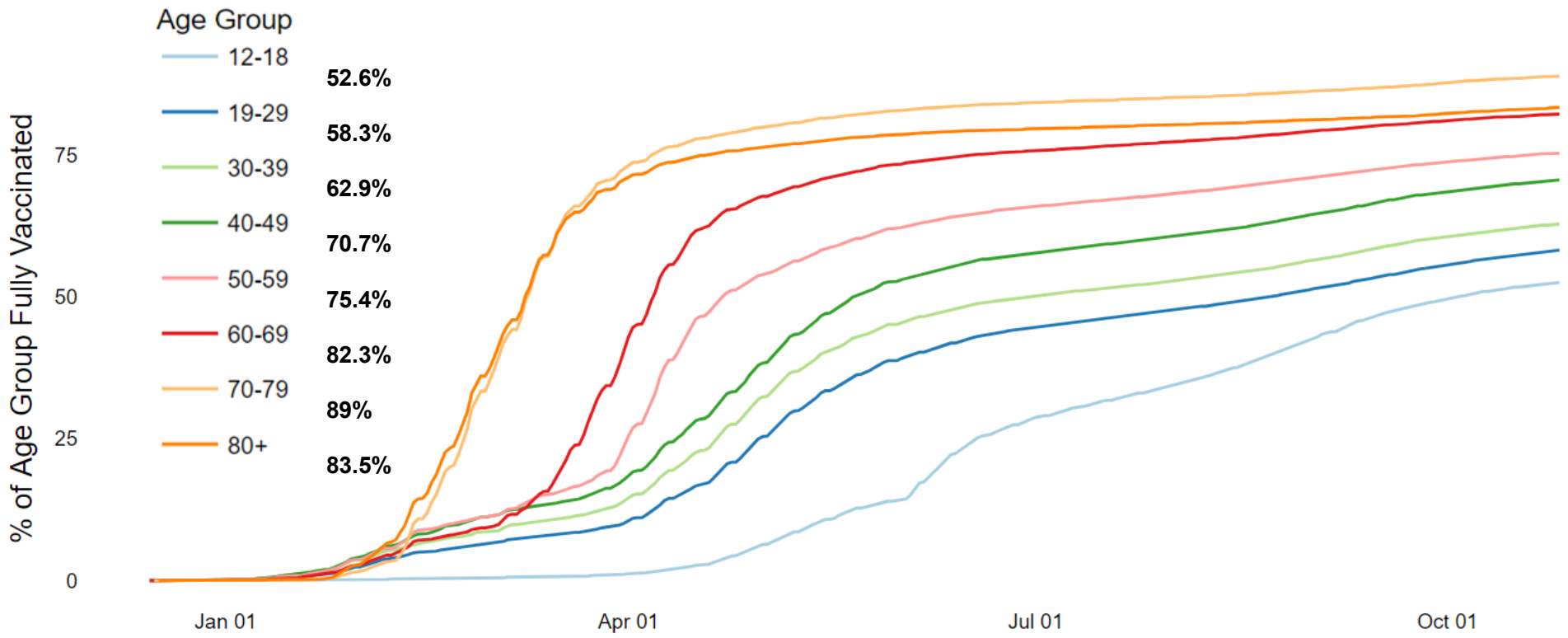
Pre-Existing Conditions Disproportionately Impact Elderly



Pre-Existing Conditions of All Cases by Age



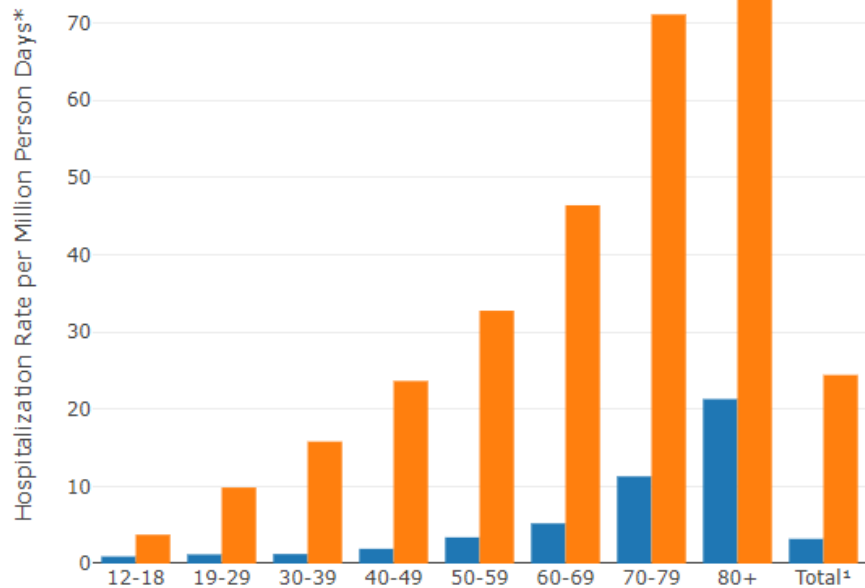
The Good News



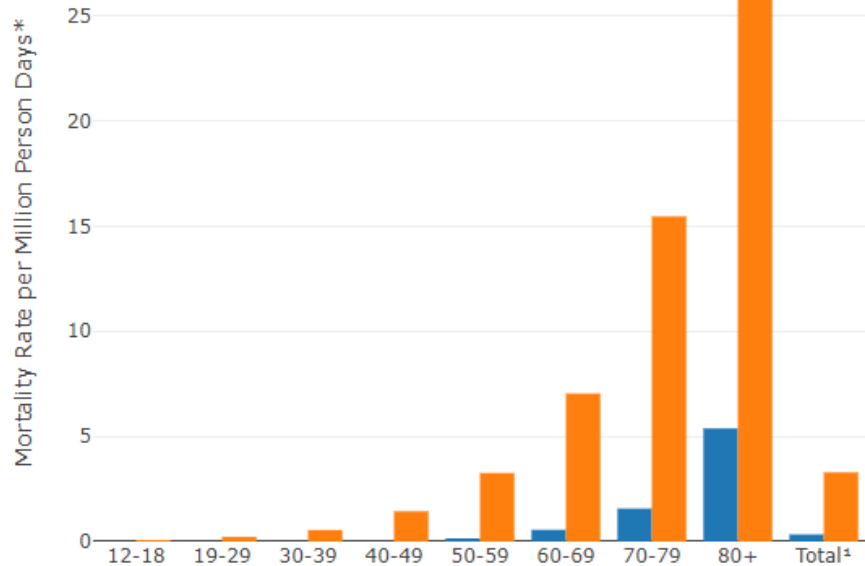


Vaccine Breakthroughs Disproportionately Impact Elderly

Hospitalizations



Deaths

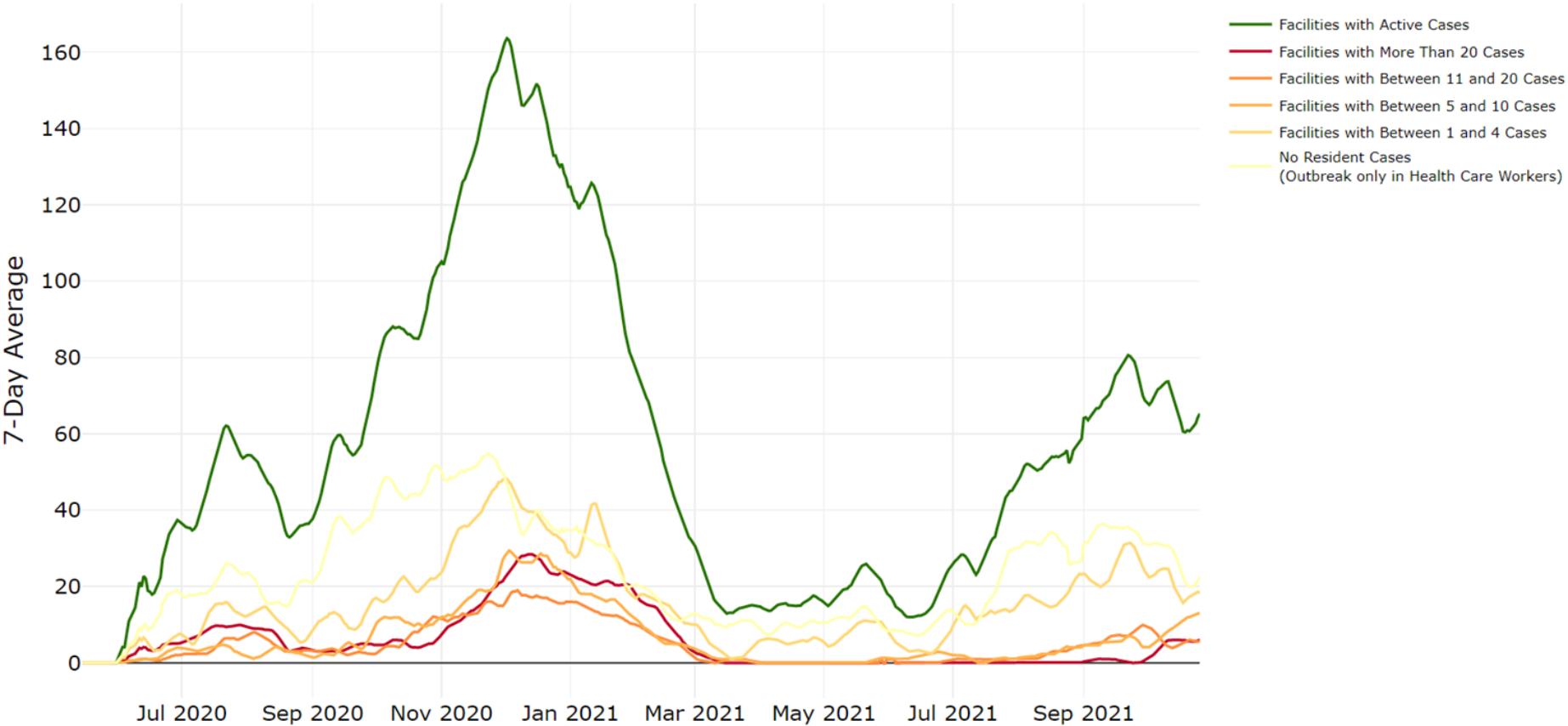


Vaccinated and **Unvaccinated**



Long-Term Care Facilities

Delta Surge Increased Long-Term Care Facility Outbreaks



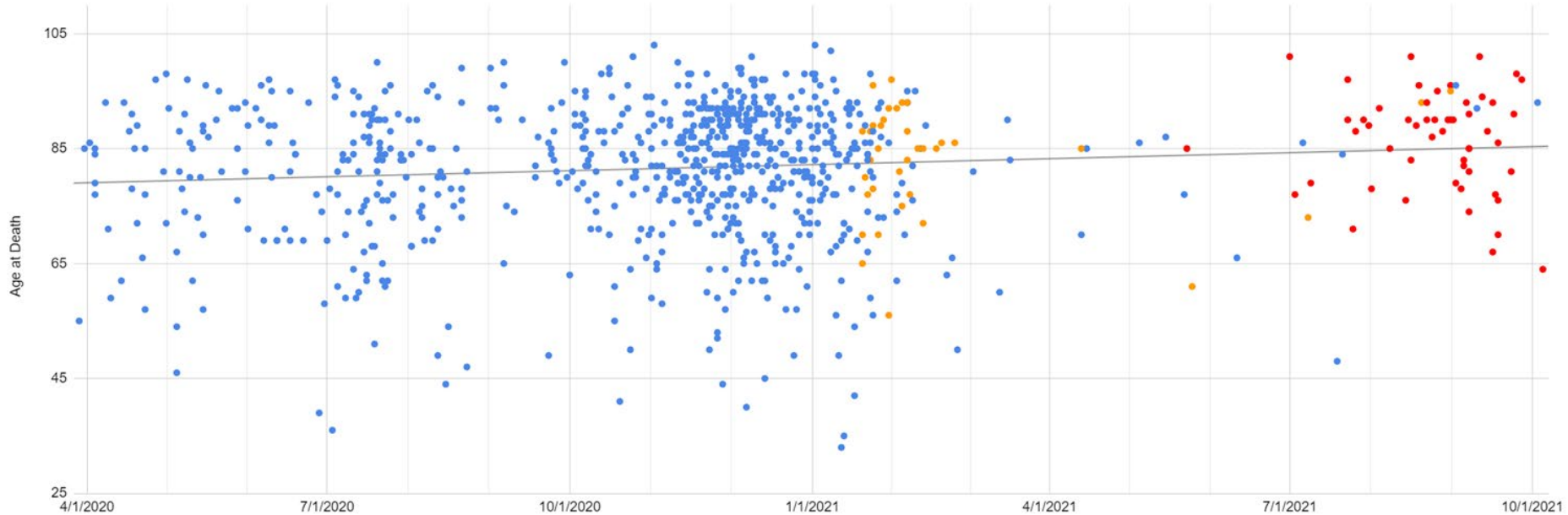
Large Outbreaks Occur Even with High Vaccination Rates



Facility Name	Facility Type	Date of Last Positive Resident	Outbreak Impact
<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>
William E Christofferson Salt Lake Veterans Home	Nursing Home	2021-10-12	Facilities with More Than 20 Cases
Avamere at Mountain Ridge	Assisted Living	2021-10-14	Facilities with More Than 20 Cases
Cedar Health and Rehabilitation	Nursing Home	2021-10-16	Facilities with More Than 20 Cases
Cascades at Riverwalk	Nursing Home	2021-10-18	Facilities with More Than 20 Cases
Rocky Mountain Care - Willow Springs	Nursing Home	2021-10-19	Facilities with More Than 20 Cases
Copper Ridge Health Care	Nursing Home	2021-10-25	Facilities with More Than 20 Cases
Legacy House of Spanish Fork	Assisted Living	2021-10-25	Facilities with More Than 20 Cases
St Joseph Villa	Nursing Home	2021-09-08	Facilities with Between 11 and 20 Cases
Truewood by Merrill, Cottonwood Heights	Assisted Living	2021-10-12	Facilities with Between 11 and 20 Cases
Lotus Park Care Centers	Assisted Living	2021-10-14	Facilities with Between 11 and 20 Cases



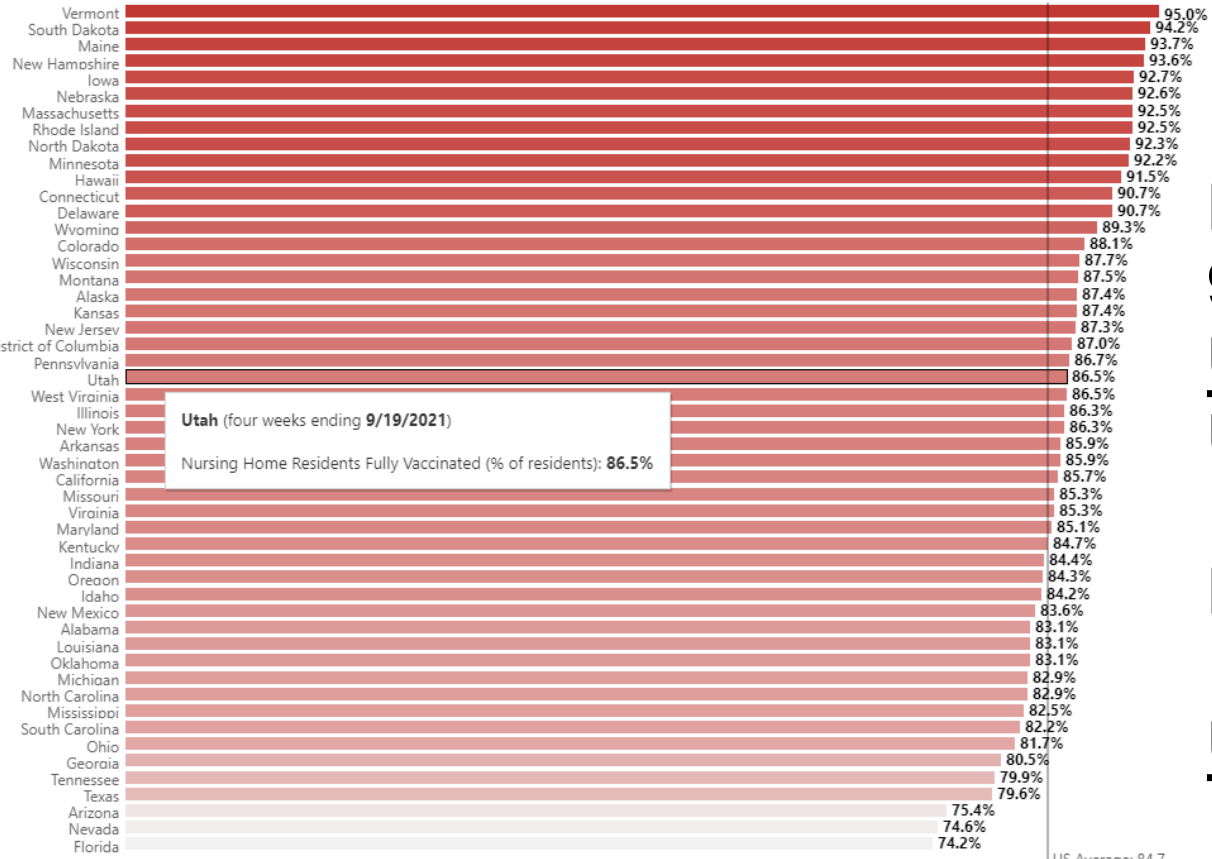
Resident Deaths Dramatically Decreased with Vaccinations



Unvaccinated, Partially vaccinated and Fully Vaccinated



23rd for SNF Resident Vaccination Rates



Utah (four weeks ending 9/19/2021)
Nursing Home Residents Fully Vaccinated (% of residents): **86.5%**

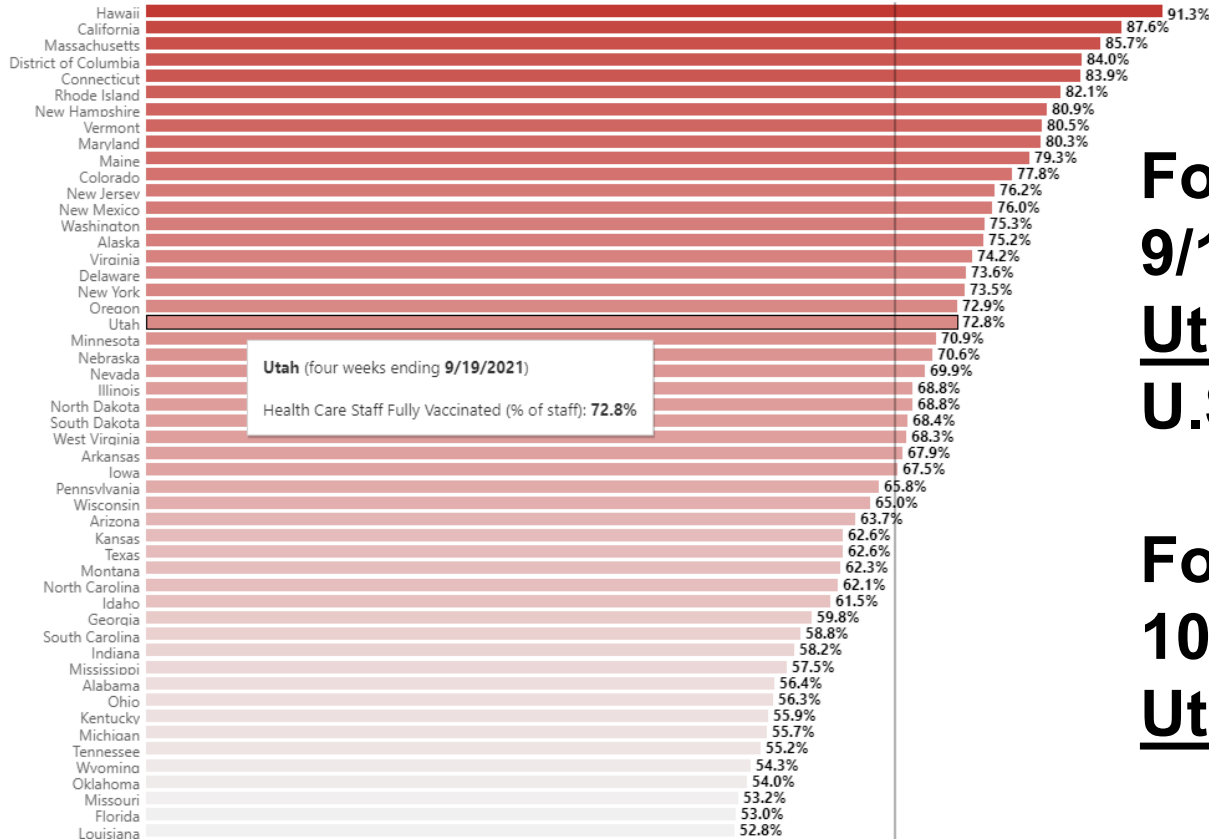
**For the week ending 9/19/2021:
Utah 86.5% vs.
U.S. Average 84.7%**

**For the week ending 10/25/2021:
Utah 88.1%**

US Average: 84.7



20th for SNF Staff Vaccination Rates



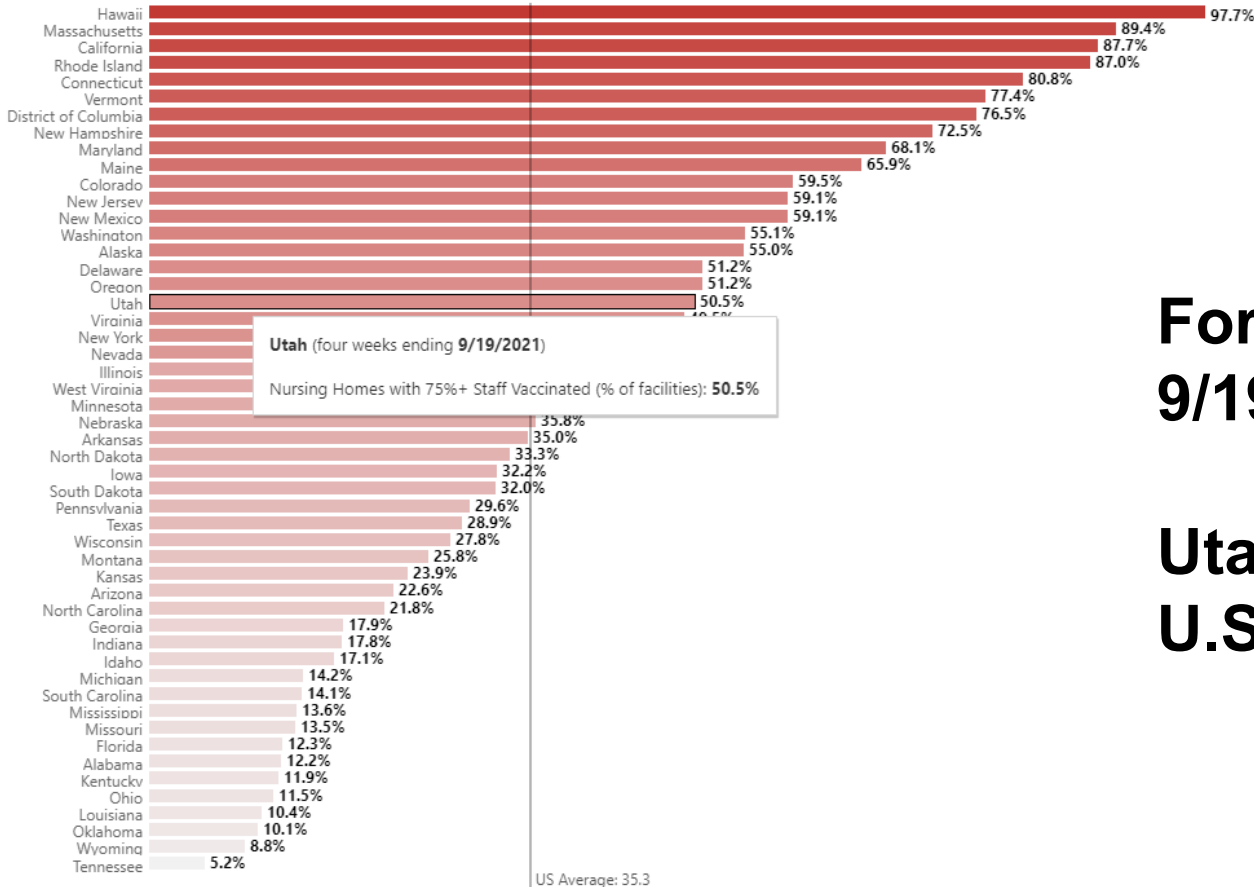
Utah (four weeks ending 9/19/2021)
Health Care Staff Fully Vaccinated (% of staff): **72.8%**

**For the week ending 9/19/2021:
Utah 72.8% vs.
U.S. Average 67.3%**

**For the week ending 10/25/2021:
Utah 74.3%**

US Average: 67.3

18th for Percent SNFs with Staff Vaccination Rates $\geq 75\%$



For the week ending
9/19/2021:

Utah 50.5% vs.
U.S. Average 35.3%

Long-Term Care Facility Workforce Crisis

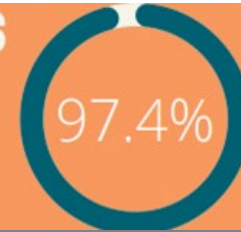


91% OF UTAH LONG TERM CARE FACILITIES

say their workforce situation has grown MUCH WORSE since 2020.

97% OF UTAH LONG TERM CARE FACILITIES

are reporting a shortage of staff members to fill a shift. All facilities are asking staff to work overtime or take extra shifts.



IN THE PAST 60 DAYS

- 100% have asked staff to work overtime or take extra shifts
- 89% do not have sufficient staff to fill shifts
- 59% have turned to agency staff to fill shifts
- 10 shifts a week (average) are unable to be filled by staff or agency

UHCA
UTAH HEALTH CARE
ASSOCIATION

**WORKFORCE SHORTAGE
CRISIS & THE IMPACT OF
COVID-19 IN LONG TERM
CARE FACILITIES**



Long-Term Care Facility Workforce Crisis

94% ranked it "concerning to crisis"

WHEN ASKED ABOUT THEIR CURRENT STAFFING SITUATION, LONG TERM CARE RESPONDED:

94% ranked it "concerning to crisis"
32% concerning, beginning to have numerous open shifts
35% disconcerting, few applicants and we need more staff
26% CRISIS, numerous open shifts and few qualified applicants or no applicants



UHCA MEMBERS HAVE INDICATED THE FOLLOWING POSITIONS THAT ARE VACANT OR ARE RECRUITING TO FILL:

- 98% CNA or direct caregiver
- 75% LPN
- 81% RN
- 73% Dietary Staff
- 65% Housekeeping
- 28% Other support staff
- 12% Rehab Staff
- 27% Activities
- 11% Social Workers
- 8% Director of Nursing
- 6% Infection Preventionist



IN THE PAST SIX MONTHS, MULTIPLE FACILITY ADMINISTRATORS HAVE CALLED STATE CONTACTS TO REPORT IMMEDIATE STAFFING CRISES



Clinical Staffing Support Options for Hospitals & Licensed Long Term Care Facilities



CORONAVIRUS
UTAH.GOV

01

Student Apprenticeship Programs and Training

- Established a nurse apprenticeship program
- Established a respiratory therapist apprenticeship
- Core competency training

02

Workforce Recruitment Efforts

- Ongoing pushes in partnership with Department of Workforce Services
- Recruiting apps and preferred staffing agencies

03

Clinical and Personal Aide Volunteer Resources

- Medical Reserve Corps
- Utah Responds
- Volunteer practitioners

04

Licensure Flexibilities and Exemptions

- Nurses
- CNAs
- Additional exemptions such as MAs, PTs, pharmacy and more

05

State-contracted LTCs and grants

- State issued close to \$2m in grants to LTCFs in December
- State has contracted recently with 5 facilities throughout Utah, from Logan to St. George available for COVID + transfers (combined with previous efforts the investment is ~\$14m)





COVID-19 Dedicated Long-Term Care Facilities

Rocky Mountain Care – Logan
1480 N 400 E,
Logan, UT 84321

Telephone: 435-750-5501
Fax: 435-750-7031

Certification: Medicare and Medicaid
COVID Unit Capacity: 15 beds

- Chae Liljenquist, Administrator
chae.liljenquist@rmcare.com
Mobile: 435-230-4801
- Michael Nelson, Internal Marketer
Mobile: 435-890-9745
- Rocky Mountain Care Central Intake
Phone: 801-397-4600
Fax: 801-397-4606

Woodland Park Care & Rehabilitation
3855 South 700 East
Salt Lake City, UT 84106
Telephone: 801268-4766
Fax: 801-262-2145

Certification: Medicare and Medicaid
COVID Unit Capacity: 35 beds

- Peyton Disbrow, Admissions Director
peyton.disbrow@avalonhealthcare.com
Mobile: 925-980-4335
- Kinzy Sturdivant, Administrator
kinzy.sturdivant@avalonhealthcare.com
Mobile: 801-209-1552
- Brandon Caldwell, Director of Nursing
brandon.caldwell@avalonhealthcare.com
Mobile: 801-726-3459
- Avalon Central Intake
801-702-4715

Heritage Care Center
350 East 300 North
American Fork, UT 84003
Telephone: 801-756-5293
Fax: 801-756-8705

Certification: Medicare and Medicaid
COVID Unit Capacity: 30 beds

- Steven Fraser, Administrator
steven.fraser@avalonhealthcare.com
Mobile: 801-319-8288
- Ryan Walker, DON
ryan.walker@avalonhealthcare.com
Mobile: 801-602-1529
- Avalon Central Intake
801-702-4715

St. George Rehabilitation
1032 East 100 South
St. George, UT 84770
Telephone: 435-628-0488
Fax: 435-656-7878

Certification: Medicare and Medicaid
COVID Unit Capacity: 33 beds

- Stan Horlacher, Admissions Coordinator
shorlacher@ensignservices.net
Mobile: 435-817-7121
- Travis Hoopes, Administrator
trahoopes@ensignservices.net
Mobile: 435-862-8270

South Ogden Post Acute
5540 South 1050 East
South Ogden, UT 84405
Telephone: 801-479-8455
Fax: 801-479-1606
Certification: Medicare and Medicaid
COVID Unit Capacity: 25 beds

- Richard Taylor, Administrator
rtaylor@southogdenrehab.com
Mobile: 801-793-3002



Protecting the Elderly



Protecting Individuals who are at Higher Risk



Individuals who are at higher risk should take extra precautions because they are more likely to suffer severe illness from COVID-19.

You should take extra precautions if you are at higher risk for severe illness from COVID-19, including if you are immunocompromised. You should also take extra precautions if you live or work with someone who is at higher risk.

The best thing to do to protect yourself and others who are at higher risk is to wear a mask around higher-risk individuals and get the vaccine. Learn more [here](#).



COVID-19 Monoclonal Antibody Therapy

[For high risk individuals](#) | [For medical providers](#)

For high risk individuals

You may qualify for monoclonal antibody treatment (mAb) if you've tested positive for COVID-19, are at high risk for severe illness, and it has been 10 days or less since your symptoms first started. Monoclonal antibody treatment is most effective when given early and the sooner it is given the better.

Getting vaccinated is the best way to prevent COVID-19. Monoclonal antibody treatment should NOT be used to prevent COVID-19. People who might benefit the most from this treatment are those who are most likely to be hospitalized or die from COVID-19.

Where can I get vaccinated?

Where can I get tested?

Will mAb therapy benefit me?

Do I qualify for monoclonal antibody therapy?

People who are older or have underlying medical conditions are the most likely to benefit from mAb. Talk to your doctor or use our risk score calculator to find out if you would qualify for mAb. The risk score calculator will tell you if you qualify for mAb treatment and how to schedule an appointment at an infusion site near you.

Risk score calculator



<https://coronavirus.utah.gov/noveltherapeutics/>

Improving Access to Monoclonal Antibody Therapy



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Do I qualify for monoclonal antibody therapy?

English

Take the survey below to see if you or someone else qualifies for monoclonal antibody treatment.

You will be asked a series of questions to see if you qualify for monoclonal antibody treatment. This treatment is only for people at the highest risk of hospitalization from COVID-19. At the end of the survey, you'll be told if you qualify for this treatment and what to do next.

The information you provide will be saved in a confidential and secure database. It is considered private health information and will not be made public. Only the state or local health department in the county where you live will have access to this information.

Selection Criteria Criterios de selección

Are you taking this survey for yourself, someone else (like your parents), or helping someone take the survey (like a friend, neighbor, someone you work with, or a long-term care resident)?

For myself

For someone else

🗕 null

Submit

<https://c19.health.utah.gov/surveys/?s=CEPXJM9HT8>

Post-Exposure Prophylaxis Now Available in LTCFs



“Because of the ongoing limited capacity to deliver monoclonal antibodies, we recommend that postexposure prophylaxis under the EUA should be prioritized to patients most likely to benefit including:

1. Severely immunocompromised patients who are unlikely to mount an adequate immune response to vaccination
2. Individuals with relative or absolute contraindications to vaccination
3. Unvaccinated patients at very high risk for hospitalization and death (e.g. Utah COVID Risk of >8)
4. **Patients in congregate living facilities with active COVID-19 outbreaks**”

- Only authorized for casirivimab-imdevimab
- Must be given within 4 days of exposure
- Access through UDOH Monoclonal Antibody Infusion Strike Team (MIST)
- Training available to self-administer with drug through state allocation or Omnicare

Utah Crisis Standards of Care Monoclonal Antibody Allocation Guidelines

October 22, 2021



Produced in cooperation with



UTAH DEPARTMENT OF
HEALTH



Mix and Match Boosters

- Use of Moderna, Janssen, and Pfizer-BioNTech COVID-19 vaccines as boosters led to strong serologic responses in groups primed by all three vaccines
- For a given primary COVID-19 vaccine, heterologous boosts elicited similar or higher serologic responses as compared to their respective homologous booster responses
- mRNA vaccines resulted in higher antibody titers in the first 28 days after the boost
- The study arms were small (n=49-53), but no safety concerns were identified

Any of the authorized COVID-19 vaccine boosters (Pfizer, Moderna, J&J) can be used following any of the primary series vaccination “Heterologous boosting” a.k.a “Mix and Match”



Booster vs. Third Doses

	mRNA booster - <i>should</i> receive	mRNA booster - <i>may</i> receive	mRNA third dose	J&J booster
WHO	<ul style="list-style-type: none">• ≥ 65 years• ≥ 18 years and reside in LTCF• 50-64 years with medical conditions	<ul style="list-style-type: none">• 18-49 years with medical conditions• 18-64 years with high risk exposures	Moderately to severely immunocompromised	≥ 18 years
WHAT	<ul style="list-style-type: none">• Full dose Pfizer• <u>Half dose Moderna</u>	<ul style="list-style-type: none">• Full dose Pfizer• <u>Half dose Moderna</u>	<ul style="list-style-type: none">• Full dose Pfizer• Full dose Moderna	Full dose J&J, Pfizer <u>Half dose Moderna</u>
WHEN	≥ 6 months after completing primary series	≥ 6 months after completing primary series	≥ 28 days after 2nd dose	≥ 2 months after initial dose
HOW	Mix and match	Mix and match	<u>No mix and match</u>	Mix and match

Thank You

