



Medical Staff Alert

Boone Hospital Center Medical Staff Services | 06 November 2020

BHC Med Staff COVID Alert: November 6

Situational Awareness Regarding Rising Presence in Missouri and Boone County:

The COVID-19 pandemic has become more urgent in Missouri and mid-Missouri. Cases have increased steadily since August with a significant spike in the past month. Boone and all other area hospitals are experiencing increases in hospitalizations and ICU cases, as well as staff issues due to exposure or illness. The positivity rate for the state of Missouri is 17.4%, our surrounding counties that we serve have rates of 20-22% or more.

The past 10 days have been particularly significant in terms of a rise in hospitalizations and community positivity rates. Boone opened a 20-bed COVID-19 unit in September. This week, that dedicated unit filled and overflow of these patients to other areas became necessary. One-third or more of our ICU patients are now COVID-19 patients on an ongoing basis. These patients are very ill and require significant resources plus a longer length of stay in the ICU and in the hospital.

Our ICU/SDU and medical/surgical beds have frequently reached maximum capacity for many weeks. Between staffing challenges and sheer volume, we daily are turning away direct admits and attempting to transfer patients who need ICU beds out of our ED. Unfortunately, the entire state of Missouri is in the same situation – we often hold patients who need to be admitted or transferred for many hours trying to find an appropriate disposition. In the month of October, we turned down 59 direct admissions and transferred 24 patients out of our ED due to bed/ICU capacity. Most of those patients went to St. Louis or Kansas City because no other resources in mid-Missouri were available. Boone regularly now has 35-40 staff off work due to illness or exposure.

Locally, the VA stopped elective surgeries several weeks ago. They also added 5 medical surge beds and transformed their SDU to an ICU this week. MUHC has been on ICU capacity and bed hold frequently. They are likely instituting a plan to cancel some elective/bedded surgeries starting next week. In St. Louis, BJC HealthCare is cancelling elective surgeries that require a bed in two-week blocks starting Monday.

The Medical Staff Leadership, MEC and the Surgical leadership have been informed of the rapidly changing situation affecting both local hospitals and the entire state. With all of these changes, the Incident Command Center at Boone is closely monitoring our ICU and bed capacity, staffing capacity, ED acuity and ICU team and hospital medicine capacity daily.

We are looking at reviewing and moving into new stages of the surge plan we crafted last spring. We have reached triggers to **CONSIDER** some changes in elective surgeries that require a bed, changes in our visitor policy due to high community prevalence and a possible need to review provider staffing on some units. We will likely need to increase our COVID unit capacity by early next week if the trends continue.

At this time, we need to be cognizant of the marked and rapid increase in community prevalence. We need to keep ourselves safe and healthy. Follow all established public health protocols and wear masks and PPE appropriately.

Another essential need is to improve ED throughput as much as possible. Do not insist on a COVID test result before the patient is sent to the floor. Our ED cannot keep patients an extra several hours just waiting on results. Tests should be obtained and sent as batched specimens in the ED on all concerning patients. A rapid test should only be used if the patient is likely to have an at-risk procedure within 12 hours. All patients tested with status unknown are PUIs. They will go to the appropriate floors and be moved to the COVID unit if positive. Any patient sent to the ICU without status known is a PUI until proven otherwise.

Masking and face shields are appropriate on patients with unknown status. If a patient is still a PUI and needs nebulizers or other at-risk treatments, an N95 is appropriate.

Again, this is a very fluid situation and we will provide regular communications on any significant changes. Thank you for all of your hard work and support.

Remdesivir EUA expansion

[Please read the updated BJC/WashU COVID-19 Treatment Guidance](#) following remdesivir's FDA approval for treatment of COVID-19 in adults and pediatric patients (> 12 years old and weighing > 40 kg.) Remdesivir is **NOT** FDA-approved for pediatric patients less than 12 years of age or weighing 3.5 kg to less than 40 kg; however it remains available through an Emergency Use Authorization (EUA) for these patients.

Key updates:

1. Appropriate Use Criteria have been updated.

Hospitalized adult and pediatric patients (> 12 years old and weighing > 40 kg) Must meet all of the following:

- Symptomatic, laboratory-confirmed COVID-19
- Hospitalized for < 14 days

AND

Must meet at least 1 of the following:

- Severe and/or critical illness defined by:
 - Oxygen saturation (SpO2) of $\leq 94\%$ on room air, or
 - Requiring supplemental oxygen, or
 - Requiring invasive mechanical ventilation, or
 - Requiring ECMO
- Symptomatic COVID-19 disease of any severity with one or more risk factors for progression to severe disease (see list of risk factors on page 1).

[Manufacturer's Prescribing Information](#)

Hospitalized pediatric patients weighing 3.5 kg to < 40 kg or less than 12 years of age weighing at least 3.5 kg

- Remdesivir is available through the FDA's Emergency Use Authorization (EUA)*

2. Remdesivir EUA information and Fact Sheet links have been updated (for hospitalized pediatric patients weighing 3.5 kg to < 40 kg or less than 12 years of age weighing at least 3.5 kg.) Of note, a prothrombin time is now required before initiating treatment (along with eGFR and hepatic lab testing as previously required.)

3. References added for dexamethasone and tocilizumab (recommendations remain unchanged.)

Epic orders will be updated accordingly. Please let me know if you have any questions. Thank you!

Robin Blount, MD