• We should start off with brighter news
• 7 day average below 1000 cases; 882 reported today
• Burlington wastewater quite dramatically showing decrease in viral reproduction
• Hospitalization data has been relatively stable, up and down within a lower range than our peak
• Availability of ICU and hospital beds are in “comfortable” levels
  o Jeff T: recent report shows 11 ICU beds available statewide and 64 Med surg but 2 hospitals report none available – how are we measuring “comfortable”
  o ML: hope we are now past the peak of case activity and we are not seeing hospital data going in the “wrong” direction – so this is the rosy view – we will continue to have “lots of business” at the hospital but at the same time does not see a wave of lagging indicator hospitalizations arriving – since we are now 2 weeks past downward trends of cases and hospital data is staying in the same ballpark
  o Also if we look at COVID admissions or people who happen to test positive – seeing 1/3 who were admitted for other reasons and this continues to be positive
  o Realizes people are very sick coming in and there is a lot of hospital use – but not expecting an Omicron surge coming on top of this
  o Steve Leffler: UVMMC has 40 COVID cases right now – highest total ever – and 12 in ICU – managing but extremely busy
  o ML: also realizes some of the complexities of placing the highest need patients and getting them out of the hospital – realizes as soon as we place some and deal with the medical complexities, reimbursement, etc we have more coming in who have the same need – move 40 out and you find 80 more in this category; Steve: this has been a long term problem that is getting much worse, right now waiting to place 60 – nursing homes are short staffed and have other issues due to COVID – was complex before but adding a lot more pressure
• Comes down to things being done to help hospitals: 67 requests for National Guard to help in nonclinical areas like food, environmental services, sitters; Guard is making assignments 2 weeks at a time and working with each hospital to try to satisfy each request
• 127/139 subacute rehab beds truly online with most filled with admissions
• Expanding TLC contract: 45 recruited and working hoping for 10 more by the end of this week – for long term care staffing
• 10 ICU nurses in VT at 4 different institutions
• Working to secure more psychiatric nursing for facilities like Brattleboro Retreat
• ED nurses – 4/15 are deployed; 5 more anticipated today; remainder over next week
• A lot of work this week on mental health to get people out of EDs who don’t need to be there
• Therapeutics remain on short supply, allocated by feds
• Working with schools, daycare to increase supply of rapid tests; clarify who needs which number of tests; we are seeing some over testing among people who don’t need it
• We are seeing a decrease in traditional PCR testing but still a lot of it being done – so still getting a good sense of trends
• Percent positivity is around 10% - not a great number and we know it is no longer as reliable – but we are the best in the country – many other states double or quadruple this rate
• Blood supply: there is some good work going on in this front to augment the supply the Red Cross brings into the State – will be more information to come – probably in the next week – federal delegation is engaged with the Red Cross as well

Questions and Answers

What are we seeing from European nations with the new Omicron variants emerging?
ML: current wave is B.A.1; there is now B.A.2 – there has been 1 person in VT identified with B.A.2; Denmark has a lot of people with this variant; knowledge of this is day by day; don’t want to overpromise anything but nothing we are seeing right now is very troubling, more worried about other variants that may emerge down the road; just like don’t believe anything anyone says about when this will become “endemic” – we don’t know

How are we doing with absenteeism among staff?
Steve: we are trending in a positive direction; down to 161 as of this week up from over 400; other hospital feedback: 1 reports absenteeism has been staggered so has not had to shut down; another reports has had to periodically shut down certain services – surgical procedures, kitchen

Have any of you had to go from contingency to crisis level of staffing so having people come back early?
General feedback that they have been able to stay at contingency staffing levels