COVID-19 Clinician Support
December 8, 2020
Agenda

1. EPI Report
2. Vaccine Updates
3. PPE Workgroup Update
4. WSHA Visitation Guidance
5. Curbside Vaccination Clinic Model
6. WMCC Update

We will have discussion and Q&A throughout the call. Use the “raise hand” function if you have a question or comment.
COVID-19 Epidemiology Update
December 8, 2020
COVID-19 in Washington State

Confirmed Cases and Deaths by Illness Onset Date, and Hospitalizations by Admission Date

This chart shows the progression of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time and is known as an epidemiologic curve. The epidemiologic curve is the curve referred to in the phrase, “flatten the curve.”

Confirmed Case Counts

- Confirmed Cases
- Data incomplete for recent dates
- Confirmed Cases (7 day rolling avg.)
- Incomplete data (7 day rolling avg.)

1,315 of 184,404 confirmed cases do not have an assigned county. Illnesses from the last 13 days may not yet be reported.
Test positivity

This graph displays the daily percent of positive COVID-19 commercial PCR lab test results. Data represents lab tests reported to CDC by 6 commercial laboratories and is reflective of tests and not individuals. Data are preliminary and may change.

The percent of tests positive between 2020-12-01 - 2020-12-07 was 9.66%
COVID-19 hospitalizations

COVID-19 in Washington State

Confirmed Cases and Deaths by Illness Onset Date, and Hospitalizations by Admission Date

This chart shows the progression of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time and is known as an epidemiologic curve. The epidemiologic curve is the curve referred to in the phrase, “flatten the curve.”

Hospitalizations Counts

- Hospitalizations
- Data incomplete for recent dates
- Hospitalizations (7 day rolling avg.)
- Incomplete data (7 day rolling avg.)

293 hospitalizations do not have a hospital admission date reported. 40% of statewide confirmed cases have unknown hospitalization status. Hospitalizations from the last 18 days may not yet be reported.
Weekly trends in COVID-like illness

Emergency Department

Inpatient

Percent of Visits

Percent of Hospitalizations

Week of Visit

Week of Hospital Admission

Washington State Department of Health | 5
COVID-19 deaths are increasing

COVID-19 in Washington State

Confirmed Cases and Deaths by Illness Onset Date, and Hospitalizations by Admission Date

This chart shows the progression of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time and is known as an epidemiologic curve. The epidemiologic curve is the curve referred to in the phrase, “flatten the curve.”

Deaths Counts

- Deaths
- Data are incomplete for the most recent dates.
- Deaths (7 day rolling avg.)
- Incomplete data (7 day rolling avg.)

Data as of December 06, 2020 11:59PM PT

3 of 2,941 deaths do not have an assigned county. Deaths from the last 3-4 weeks may not yet be reported.
COVID-19 hospital bed occupancy

**Healthcare System Readiness**

**All staffed acute care beds occupied by suspected and confirmed COVID-19 cases**

This chart shows the trend in the number of all staffed acute care beds occupied by suspected and confirmed COVID-19 cases. The Department of Health recommends a goal to stay below 10% of all staffed acute care beds occupied by confirmed and suspected COVID-19 patients.

**Washington State**

- **Percent of all staffed acute care beds occupied by COVID-19 cases**: 11.8%
- **Meeting goal of staying below 10% of all staffed acute care beds**: No

**Supporting detail**

- **All staffed acute care beds total capacity**: 9,298
- **All staffed acute care beds occupied by suspected and confirmed COVID-19 cases**: 1,094

Sources: Washington State Department of Health

COVID-19 hospital bed occupancy

Central: King

East: Adams, Asotin, Ferry, Garfield, Lincoln, Pend Orielle, Spokane, Stevens, Whitman

West: Grays Harbor, Lewis, Pierce, Thurston

Southwest: Clark, Cowlitz, Klickitat, Pacific, Wahkiakum

COVID-19 ICU bed occupancy is increasing

Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.
COVID-19 VACCINE UPDATE
WA State Hospital Association
12/8/2020
Projected Timeline

**Pfizer Vaccine**
- November 20th - Pfizer submits Emergency Use Authorization (EUA) request
- December 10th - FDA’s Vaccines and Related Biological Products Advisory Committee
- December 11-14th - EUA Decision and ACIP review
- December 14-15th - Scientific Safety Review Workgroup, as part of the Western States Pact.
- December 15th – Vaccine distribution to early ship sites & and ordering opens for all others

**Moderna Vaccine**
- November 30th - Moderna submits Emergency Use Authorization (EUA) request
- Tentative December 17th FDA’s Vaccines and Related Biological Products Advisory Committee Review
- December 18 - 22th - EUA Decision and ACIP review. Subsequent Scientific Safety Review Workgroup, as part of the Western States Pact.
- December 22th – Vaccine allocation availability for ordering and distribution
Vaccine Allocation Projections

<table>
<thead>
<tr>
<th>Weekly Allocation</th>
<th>Pfizer doses</th>
<th>Moderna doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 15</td>
<td>62,400</td>
<td>--</td>
</tr>
<tr>
<td>December 22</td>
<td>71,175</td>
<td>126,700</td>
</tr>
<tr>
<td>December 29</td>
<td>85,800</td>
<td>55,800</td>
</tr>
</tbody>
</table>

- Expected estimates for planning purposes
- Regular weekly shipments should begin in January
CDC/Retail Pharmacy for Long Term Care

- Open to nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance

- Facility types include: Assisted living facilities, continuing care residential communities, residential care communities, adult family homes, HUD 202 low-income senior housing, intermediate care facilities for individuals with developmental disabilities, and state-run veterans’ homes

- Free of cost to the facility, residents and staff

- Provides complete end to end service for the COVID vaccine administration including documentation in the Immunization Information System

- As of 12/7/2020 we have over 2600 facilities enrolled with
  - 87,947 licensed beds
  - 58,806 staff

*Some facilities, staff and patients may not complete this vaccination program which may impact overall vaccinations provided
Provider Enrollment via Department of Health

- As of 12/8/2020, 189 facilities enrolled
- Providers complete the provider inquiry form. We follow-up with organizations as soon as possible. Use the COVID-19 Provider Enrollment Guide (PDF) to help through the enrollment process.
- Each facility enrolling will need to complete a survey. One survey per facility (i.e., location where vaccine will be shipped)

COVID-19 Vaccine Safety Webinar

December 17 at 12PM

Course Objectives
Upon completion of this educational activity, participants should be able to:
• List at least one epidemiologic trend currently observed for SARS-CoV-2 in Washington State.
• Explain the vaccine approval process.
• Identify at least one method used to monitor post-licensure vaccine safety.
• Describe available resources for vaccine safety and reporting vaccine adverse events.

Target Audience
This learning activity is designed for physicians, physician assistants, nurses, nurse practitioners, medical assistants, pharmacists, residents and fellows, and medical students.

Presenters
Chas DeBolt, RN, MPH
Senior Epidemiologist for Vaccine-Preventable Diseases
Washington State Department of Health

John Dunn, MD, MPH
Medical Director for Preventive Care
Kaiser Permanente Washington

Kathy Bay, RN, CENP, DNP
Clinical, Quality, Epidemiology, and School Section Manager
Washington State Department of Health

About the Webinar
The webinar will cover:
• Epidemiology of COVID-19 in Washington
• Available COVID vaccines
• Pre-clinical trials and phases, FDA approval process, post-licensure monitoring
• Prevention of vaccine adverse events
• Provider-based approaches to review vaccine adverse event with patient or parent
• Vaccine adverse events reporting
• Vaccine safety resources

### Proposed groups for Phase 1a vaccination

<table>
<thead>
<tr>
<th>Health care Personnel(^1,2) (HCP) (~21 million)</th>
<th>Long-Term Care Facility (LTCF) Residents(^3) (~3M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospitals</td>
<td>• Skilled nursing facilities (~1.3 M beds)</td>
</tr>
<tr>
<td>• Long-term care facilities</td>
<td>• Assisted living facilities (~0.8 M beds)</td>
</tr>
<tr>
<td>• Outpatient clinics</td>
<td>• Other residential care (~0.9 M beds)</td>
</tr>
<tr>
<td>• Home health care</td>
<td></td>
</tr>
<tr>
<td>• Pharmacies</td>
<td></td>
</tr>
<tr>
<td>• Emergency medical services</td>
<td></td>
</tr>
<tr>
<td>• Public health</td>
<td></td>
</tr>
</tbody>
</table>

1. https://www.cdc.gov/infectioncontrol/guidelines/healthcare
# Vaccination Reporting Options

<table>
<thead>
<tr>
<th>IIS Direct Data Entry</th>
<th>EHR/IIS Interface</th>
<th>State Approved System (e.g. PrepMod)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log in to the IIS and enter vaccines</td>
<td>Clinic staff enter vaccines in EHR and data is sent electronically to the IIS.</td>
<td>System that can be used for scheduling, consent &amp; entry of vaccines</td>
</tr>
<tr>
<td>IIS Pandemic Module (coming soon)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Manual Data Reporting

The provider dashboard supports manual entry of projected vaccine supply estimates for providers.

- Providers may upload data for multiple sites and determine if or when sites should display on the public-facing website
- The option to set up an automated data feed is also available.

• COVID-19 vaccination providers will report on-hand inventory supply daily to VaccineFinder
• All enrolled providers will be uploaded into VaccineFinder
• Inventory quantities will NOT be made publicly available
• Optional: Providers may choose to make their locations visible (once supply is available to the public
For providers who are approved for multiple cold chains and/or participate in the Childhood Vaccine Program, they will need to select their COVID order set from the dropdown menu, otherwise the screen will automatically populate with your awarded order set.
Ordering COVID-19 Vaccine in the IIS

Vaccines must be ordered according to need and package size. For example, Pfizer vaccine must be ordered in package sizes of 975 doses. The system will error out if the total doses quantity is not divisible by 975.
Receiving COVID-19 Vaccine in the IIS

| Organization/Facility: MEGAN VOMS2 0 (3676) / ELEANOR FAMILY MEDICINE |
| Date: November 24, 2020 |

**Receive Order**
- **Organization**: MEGAN VOMS2 0
- **Facility**: ELEANOR FAMILY MEDICINE
- **Phone Number**: (360)320-2029
- **Email**: MEGAN.DEMING@DOH.WA.GOV
- **Order Number**: 262336
- **PIN**: 193189
- **Order Date**: 11/24/2020
- **Submitter**: MEGAN DEMING (lDEMING)
- **Receiver**: MEGAN DEMING (lDEMING)
- **Order Status**: Approved
- **Local Approver**: MEGAN DEMING (lDEMING)
- **State Approver**: MEGAN DEMING (lDEMING)

**Order Details**

<table>
<thead>
<tr>
<th>Shipped Quantity</th>
<th>Receipt Quantity</th>
<th>Rejected Quantity</th>
<th>Vaccine</th>
<th>Funding Source</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th>Expiration Date</th>
<th>Reason for Rejecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>975</td>
<td></td>
<td></td>
<td>COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose</td>
<td>PUB</td>
<td>-select--</td>
<td>-select--</td>
<td>06/20/2021</td>
<td>-select--</td>
</tr>
</tbody>
</table>

**Comments**: Tracking #
Viewing & Reconciling COVID-19 Vaccine in the IIS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Lot Number</th>
<th>Exp Date</th>
<th>Quantity on Hand</th>
<th>Physical Inventory</th>
<th>Adjustment (+/-)</th>
<th>Category</th>
<th>Reason</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)</td>
<td>M12345</td>
<td>09/30/2021</td>
<td>100</td>
<td></td>
<td>0.0</td>
<td>-No Category Required</td>
<td>-No Reason Required-</td>
<td>PUB</td>
</tr>
<tr>
<td>COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (Pfizer)</td>
<td>T1582</td>
<td>06/20/2021</td>
<td>975</td>
<td></td>
<td>0.0</td>
<td>-No Category Required</td>
<td>-No Reason Required-</td>
<td>PUB</td>
</tr>
</tbody>
</table>
Direct Data Entry – Vaccination View/Add in the IIS

Guide: Adding, Editing and Deleting Vaccines

<table>
<thead>
<tr>
<th>Vaccine Description</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
<th>Date 4</th>
<th>Date 5</th>
<th>Date 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTap, Hib, IPV (Pentacel)</td>
<td>09/24/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV9 (Gardasil 9)</td>
<td>09/29/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep A, unspecified formulation</td>
<td>07/02/2001</td>
<td>01/03/2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib, unspecified formulation</td>
<td>09/27/1991</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (MMR II)</td>
<td>09/27/1991</td>
<td>07/02/2001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (adult), S. Filipino toxoid, preservative free (Tenivac, Td-Allen, Td-MandB, Td-Grillo)</td>
<td>08/12/2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typho (Rottacc Adacell)</td>
<td>12/06/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)</td>
<td></td>
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<td></td>
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<tr>
<td>COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (Pfizer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTap (Diphacel Infanrix, Triprevia)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTap-Hib B-IPV (Pediarix)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DTap-IPV (Krinrix, Quadracel)</td>
<td></td>
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</tr>
</tbody>
</table>
COVID Vaccine Program Open Door Sessions

- **Offered 12:00pm – 1:00pm on Thursdays; December 3, 10, 17**

- **Please join my meeting from your computer, tablet or smartphone.**
  https://global.gotomeeting.com/join/848481621

  You can also dial in using your phone.
  United States: **+1 (571) 317-3122**

  **Access Code:** 848-481-621

  Join from a video-conferencing room or system.
  Dial in or type: 67.217.95.2 or inroomlink.goto.com
  Meeting ID: 848 481 621
  Or dial directly: **848481621@67.217.95.2** or 67.217.95.2##848481621

  New to GoToMeeting? Get the app now and be ready when your first meeting starts: https://global.gotomeeting.com/install/848481621

- **Additional trainings will be scheduled in the new year. Please keep an eye out for a survey requesting your availability**
V-safe

Active Safety Monitoring for COVID-19 Vaccines

- **V-safe** is a new CDC smart-phone based monitoring program for COVID-19 vaccine safety
  - uses text messaging and web surveys to check-in with vaccine recipients after vaccination
  - participants can report any side effects or health problems after COVID-19 vaccination
  - includes active telephone follow-up by CDC for reports of significant health impact
V-safe

How Does V-Safe Work

1. V-safe conducts text message check-ins w/recipient (daily 1st week; weekly thru 6 weeks; then 3, 6, and 12 mo.)
   Vaccine recipient completes web survey

2. Clinically important events reported
   - Missed work
   - Unable to do normal daily activities
   - Received medical care
   Call center

3. A VAERS customer service representative conducts active telephone follow-up on clinically important events and takes a report if appropriate

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through v-safe, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And v-safe will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC’s v-safe makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in v-safe using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from v-safe around 2pm local time. To opt out, simply text "STOP" when v-safe sends you a text message. You can also start v-safe again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, v-safe will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions v-safe asks should take less than 5 minutes to answer. If you need a second dose of vaccine, v-safe will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You’ll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in v-safe is protected so that it stays confidential and private.

Learn more about v-safe

www.cdc.gov/vsafe

CDC will create an electronic version of the v-safe enrollment sheet for printing

Healthcare providers give a one-page enrollment sheet to patients at the time of vaccination

Healthcare providers counsel patients on the importance of enrolling in v-safe
Communication & Updates

• COVID Vaccine Email
  • COVID.Vaccine@doh.wa.gov

• COVID-19 Vaccine Partner Calls
  • 1\textsuperscript{st} & 3\textsuperscript{rd} Tuesday of the month 9 AM- 10:30 AM

• COVID-19 Vaccine Distribution list
  • Email COVID vaccine email to be added
Resources

  - Frequently asked questions
  - Tools and guidance on vaccines
  - Education materials

  - Frequently asked questions
  - Vaccine development and management
  - Vaccine recommendations – when made
  - Advisory Committee on Immunization Practices

Questions?
# PPE Workgroup Update

**Presented by John Lynch, MD**

<table>
<thead>
<tr>
<th>AGP\Patient Selection</th>
<th>All PUI or Positive Patients</th>
<th>All patients at potential risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC AGP</td>
<td>1</td>
<td>2c</td>
</tr>
<tr>
<td>Expand AGP lists (will need to have a methodology)</td>
<td>2a</td>
<td>3</td>
</tr>
<tr>
<td>Cover all patients (regardless of AGP)</td>
<td>2b</td>
<td>4</td>
</tr>
<tr>
<td>Use in conventional one-use mode</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
Why We Adopted a Curbside Model

• Vaccination rates down
• Pervasive fear of seeking healthcare
• School district open for in-person instruction
• Easy-access to our historically underserved community
• We had the vaccine available and ready to use
• Preparation for mass distribution of a COVID-19 vaccine
Schematic of Drive-Up (Curbside) Vaccination Clinic
1. Greeter: Welcome & Direct Patients/Parents
2. Medical Screener: Ensure vaccination is appropriate
3. Vaccinator: Prepare & Dispense
4. Vaccine Management: Manage & Dispense
5. Exit: Wait period before leaving
Check-in and grab a mask!
**GREETER**
Welcome & Direct Patients/Parents

**MEDICAL SCREENER**
Ensure vaccination is appropriate

**VACCINATOR**
Prepare & Dispense

**VACCINE MANAGEMENT**
Manage & Dispense

**EXIT**
Wait period before leaving
VACCINE MANAGEMENT
Manage & Dispense

MEDICAL SCREENER
Ensure vaccination is appropriate

GREETER
Welcome & Direct Patients/Parents

VACCINATOR
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EXIT
Wait period before leaving
Vaccine Management
GREETER
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MEDICAL SCREENER
Ensure vaccination is appropriate

VACCINE MANAGEMENT
Manage & Dispense

VACCINATOR
Prepare & Dispense

EXIT
Wait period before leaving
Vaccine Preparation
VACCINE MANAGEMENT
Manage & Dispense

MEDICAL SCREENER
Ensure vaccination is appropriate

GREETER
Welcome & Direct Patients/Parents

VACCINATOR
Prepare & Dispense

EXIT
Wait period before leaving

5
Service with a smile! (even if it is behind the mask)
What We Learned...

- Be flexible! Inclement weather and hazardous air quality are part of life in the PNW
- Schedule appointments
- Embrace the fanny pack
- Conduct After Action Reviews
- Always pack extra vaccine
- Wear appropriate PPE
We Welcome Questions!
How to Contact us...

Audra Marshall:
amarshall@srhd.org
509-324-1652

Kayla Myers:
kmyers@srhd.org
509-324-1548

Kari Lidbeck:
klidbeck@srhd.org
509-324-1649

THANK YOU
Statewide Assessment 12/8/20

• Statewide 996 > 1041 COVID + patients, 127 > 139 ventilated patients (105 PUI’s)

• Since June 20th, 118 patients have been moved due to capacity issues from Washington hospitals
  • Most during mid week cycle (Tue – Thurs)

• 6 transfers assisted in last week

• Overall Pierce, King County, Snohomish, Pierce, Thurston, Benton, Chelan regions are currently severely impacted

• Hospital census higher – surge measures taken by hospitals widely being used
  • Cancellations of elective procedures
  • ICU staffing remains primary constraint
Statewide Assessment 12/8/20

Washington State Trendline ICU Occupancy Rates
Washington State Trendline Acute Care Occupancy Rates
Statewide Assessment 12/8/20

- ICU staffed census at medium to large hospitals
  - Remains high and driven primarily by staffing shortages

- ICU occupancy high but stable in past week

- Hospitals actively cutting back electives procedures or immediately ready to based on local census – has not produced significant increases in bed availability to date

- Concerns across state regarding inability to transition patients to Long Term Care in order to create capacity
Statewide Assessment 12/8/20

• Patient placement requests from other states via WMCC
  • 1 out of state requests for WA beds in past week
  • Total: 1 patient movement by WMCC to data (Kootenai to Yakima)
Eastern WA Hospital Impact

- Spokane hospital occupancy consistently high
  - ICU % occupancy very high
  - Spokane hospital COVID cases rising (122 > 128 last 7 days)
  - Staffing and LTC placement challenges

Spokane County Trend Line
Hospital COVID+ patients
Central WA Hospital Impact

- Moses Lake/Grant County – 15 > 8 cases, transferring out many cases
- Tri-Cities/Benton County
  - High ICU capacity, often on ICU divert (Trios and Kadlec)
  - Higher case counts
- Walla Walla
  - Significant staffing challenges
  - Lower case counts
- Wenatchee/Chelan County
  - ICU on divert high % of the time – better recently
  - Rising case counts
- Yakima – higher case counts
Western WA Hospital Impact

• COVID hospital burden
  • Snohomish County
    • Flat total case counts
  • King County (239 > 265)
    • Rising case counts
    • King Co no longer requiring level loading strategies
    • ICU census very high/staffing challenges BUT IMPROVED
  • Pierce County
    • Had been decreasing, now upward trend in cases
    • Capacity and staffing issues widespread and consistent
# and % of Staffed ICU Beds with COVID 19 Cases

Data through: 12/06/20

Healthcare System Readiness

Adult ICU staffed beds occupied by suspected and confirmed COVID-19 cases

This chart shows the trend in the number of adult ICU staffed beds occupied by suspected and confirmed COVID-19 cases.

Washington State

Number of adult ICU staffed beds occupied by suspected and confirmed COVID-19 cases

- Percent of adult ICU staffed beds occupied by suspected and confirmed COVID-19 cases: 24.1%

Supporting detail

- Total adult ICU staffed beds: 1,168
- Adult ICU staffed beds occupied by suspected and confirmed COVID-19 cases: 281

Sources: Washington State Department of Health

# and % of Staffed Acute Care Beds with COVID 19 Cases

Data through: 12/06/20

Healthcare System Readiness

All staffed acute care beds occupied by suspected and confirmed COVID-19 cases

This chart shows the trend in the number of all staffed acute care beds occupied by suspected and confirmed COVID-19 cases. The Department of Health recommends a goal to stay below 10% of all staffed acute care beds occupied by confirmed and suspected COVID-19 patients.

Washington State

Number of all staffed acute care beds occupied by suspected and confirmed COVID-19 patients

- Percent of all staffed acute care beds occupied by COVID-19 cases: 11.8%

Meeting goal of staying below 10% of all staffed acute care beds: No

Supporting detail

- All staffed acute care beds total capacity: 9,298
- All staffed acute care beds occupied by suspected and confirmed COVID-19 cases: 1,094

Sources: Washington State Department of Health