

345 6th Street, Suite 300 Bremerton, WA 98337 360-728-2235

### KITSAP PUBLIC HEALTH BOARD SPECIAL MEETING AGENDA

September 28, 2021 11:00 a.m. to Noon

## \*\* Please note that this is a virtual / online meeting due to the COVID-19 pandemic. Electronic connection and viewing information for the meeting is provided at the end of the agenda. \*\*

11:00 a.m.	1.	Call to Order
		Commissioner Charlotte Garrido, Chair

#### INFORMATION AND DISCUSSION ITEMS

11:02 a.m.	2.	COVID-19 Update: Current Impacts to Local Healthcare and			
		Emergency Medical Services in Kitsap County Page	3		
		Dr. Gib Morrow, Health Officer			
		John Oliver, Fire Chief, Central Kitsap Fire & Rescue			
		Dr. David Weiss, Associate Chief Medical Officer, St. Michael Medical Center			
		Elizabeth Klute, Director, Kitsap County Department of Emergency Management			
11.20	2	Decad O. 8. A and Discussion			

- 11:20 a.m.3.Board Q & A and Discussion<br/>Commissioner Charlotte Garrido, Chair
- 12:00 p.m. 4. Adjourn

All times are approximate. Board meeting materials are available online at <u>www.kitsappublichealth.org/about/board-meetings.php</u>

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## Instructions for virtual attendance at Kitsap Public Health Board meetings\*\*

## Health Board Meetings Via Zoom

The Kitsap Public Health Board will be held via Zoom webinar, broadcast live on Comcast channel 12, WAVE channel 3, the **BKAT website** and Facebook (please note: there is no physical location for this meeting. Board members and staff will all participate remotely). The Health Board and presenters are **panelists**, members of the public are **attendees**.

Webinar **attendees** do not interact with one another; they join in listen-only mode, and the host will unmute one or more attendees as needed.



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## No Public Comment Will Be Taken

No public comment will be taken at this special meeting. However, written comment to the Health Board is always welcome.

Written comments may be submitted via regular mail or email to:

Regular Mail:

Email: keith.grellner@kitsappublichealth.org

Kitsap Public Health Board Attention: Executive Secretary 345 6<sup>th</sup> Street, Suite 300 Bremerton, WA 98337

The Health Board will be meeting again for a regular meeting on October 5, 2021, at 10:30 a.m. Public comment will be taken during the October 5 regular meeting.

## How to Join the Zoom Meeting

To join the meeting online, please click the link: https://us02web.zoom.us/j/86186052497?pwd=TXcrQU1PRWVVVHgyWERXRFluTWloQT09

**Password:** 109118

**Or join by telephone:** Dial: +1 (253) 215-8782

Webinar ID: 861 8605 2497

\*Zoom meeting is limited to the first 500 participants. A recording of the meeting will be made available on our website within 48 hours of the meeting.



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# MEMO

To: Kitsap Public Health Board

From: Dr. Gib Morrow, MD, MPH, Health Officer

Date: September 28, 2021

**Re:** COVID-19 Update – Current Impacts to Local Healthcare and Emergency Medical Services in Kitsap County

During the Health Board's regular meeting on September 7, 2021, board members asked the Health District to schedule a special meeting to present and discuss the current impacts of the COVID-19 pandemic on our local healthcare system and possible solutions to stabilize the continuum of care in our community. Today, I will be joined by Fire Chief John Oliver of Central Kitsap Fire and Rescue and the Chair of the Kitsap County EMS Council, Dr. David Weiss, Associate Chief Medical Officer for St. Michael Medical Center, and Elizabeth Klute, Director of Kitsap County Department of Emergency Management.

#### **Background**

COVID-19 disease transmission remains at its <u>highest level of the pandemic in Kitsap County</u>, with over 700 new cases diagnosed each week since mid-August. This has resulted in over 219 hospitalizations of Kitsap residents in the past 30 days, 11 active outbreaks in long-term care facilities involving over 250 residents and staff, and at least 28 deaths in the first three weeks of September, alone. Furthermore, more deaths are expected as reconciliation of death data may take several weeks to be completed.

This surge in disease activity, driven by the highly transmissible Delta variant and most severely impacting the unvaccinated, is critically straining a depleted and fragile healthcare system, which is now operating at levels approaching "crisis standards of care". According to the Institute of Medicine<sup>1</sup>:

"Crisis standards of care" is defined as a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, in recognition that crisis operations will



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be in effect for a sustained period. The formal declaration that crisis standards of care are in operation enables specific legal/regulatory powers and protections for healthcare providers in the necessary tasks of allocating and using scarce medical resources and implementing alternate care facility operations.

Our panelists today will address how outbreaks and infected staff --- primarily unvaccinated staff --- in nursing homes have delayed patient discharges from the hospital, contributing to the already high COVID-19 inpatient census levels at the hospital (currently in the mid-60's), which in turn has resulted in the need to "board" new admissions in the Emergency Department at the hospital for up to three days or longer. Boarding new admissions in the Emergency Department means that there are not sufficient beds available to handle incoming emergency patients.

Intermittent bottlenecks at the Emergency Department have led to significant delays in EMS drop-offs from ambulances. When ambulances are delayed at the hospital it means that they are essentially "taken out of service" for the duration of the delay, resulting in a shortage of emergency medical services staff and ambulances at a time when the need for their services is already at critically high levels. This has led to periods during which emergency medical services are unavailable or severely degraded in Kitsap communities. Additional impacts include ongoing delays of non-urgent surgical procedures for issues such as joint replacements, cancer resections, cardiothoracic interventions, or other surgeries that may require inpatient admission.

This situation has reached a point where it has become an emergent community health issue. Staffing at our local healthcare facilities remains a critical challenge due to personnel shortages. Just this week, to address the healthcare personnel shortages in Kitsap and the rest of Washington state, the state Department of Health has formally requested 1,200 clinical and non-clinical staff to assist statewide through the federal General Services Administration, and our Emergency Operations Center (EOC) is recruiting volunteers from our local Medical Reserve Corps to assist locally.

The Health District and EOC have activated a multi-agency response to evaluate ways to decompress the overburdened healthcare system by supplementing depleted staff in the hospital and post-acute care facilities, stand up new alternative care facilities including triage tents at the St. Michael Medical Center (SMMC) Emergency Department, and possibly opening new post-acute care facilities. Participants in these discussions have included the Northwest Healthcare Response Network, our local hospital system, Kitsap Emergency Operations Center, the Washington State Department of Health, Kitsap EMS Council, and the Medical Reserve Corps. Kitsap Public Health District has also been asked to participate in a healthcare coalition to address opportunities for stabilizing the workforce in long-term care facilities.

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#### Summary and Next Steps

The continuum of care in the Kitsap County healthcare system is severely strained after months battling this pandemic and is, at times, approaching the blurred borders of "Crisis Standards of Care," in which health systems and providers are required to openly deviate from usual standard or care or use criteria to ration or selectively administer limited resources. This means that medical staff may have to choose between who gets care and who doesn't. This has happened already in northern Idaho, Alaska, Montana, and parts of the southwest, and is at risk of happening in Washington State and Kitsap County, which under the best circumstances already have some of the lowest numbers of hospital beds on a per capita basis nationally.

Vaccinations are the best tool --- really the only tool if we want to keep the economy and schools open --- to prevent this potential disaster and mitigate the impacts of this pandemic on individual and community health, on our healthcare system, and on the collateral damage to our economy, businesses, schools, and government.

Kitsap Public Health District has implemented its own vaccination requirements for its employees to protect its workers and the people it serves, and we recommend that all governmental agencies in Kitsap immediately resolve to implement vaccination requirements for their employees at this time, as now required in Washington state under recently issued federal mandates for large employers. We firmly believe that government should lead the way in this effort if we expect others to follow.

The Health District also strongly recommends that local businesses in the hospitality and entertainment sectors voluntarily enact vaccination requirements for employees and patrons at this time, similar to what the Admiral Theatre has done as you heard about during your September 7<sup>th</sup> meeting.

During today's meeting, it is our goal to discuss and get direction from the Board about other measures to take to address this critical stage of the pandemic in Kitsap County.

#### **Recommended Action**

While the Health District recognizes that vaccination requirements are a complex and controversial topic to some, we hope to receive direction from the Health Board on how you would like to proceed with respect to the following, or other, options:

- 1. Take no action and allow the current situation to play out.
- 2. Make a formal Health Board recommendation/resolution for all local governmental agencies to require vaccination for their employees.
- 3. Make a formal Health Board recommendation/resolution for all private businesses to require vaccination for their employees and/or require proof of vaccination for entry into indoor public places.

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- 4. Issue a formal Health Board / Health Officer order under the authority of RCW 70.05 to require employee vaccinations at governmental agencies.
- 5. Issue a formal Health Board / Health Officer order under RCW 70.05 to require all business open to the public, or indoor venues open to the public, to require proof of vaccination for entry.

#### Footnote:

<sup>1</sup> Institute of Medicine (US) Forum on Medical and Public Health Preparedness for Catastrophic Events. Washington (DC): <u>National Academies Press (US)</u>; 2010.