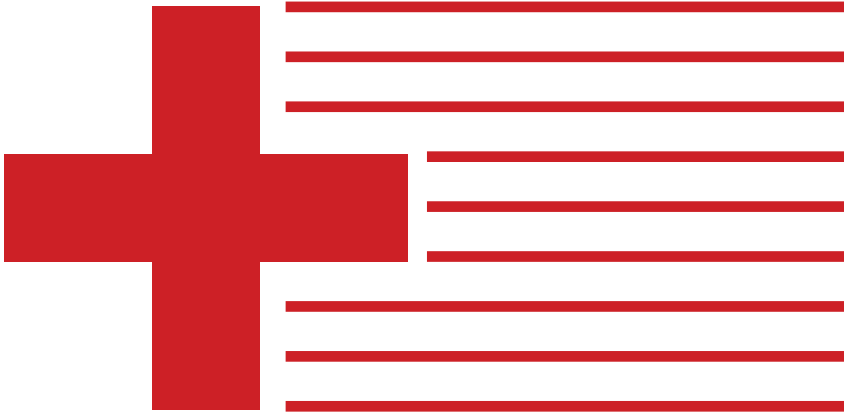


A VIEW FROM THE

FRONT LINES



MEDICAL PROFESSIONALS IN UTAH ARE STRETCHED TO THEIR LIMITS. WE MUST PROTECT OUR HEALTHCARE WORKERS AND MAKE SURE HOSPITALS STAY RESILIENT WHEN WE NEED THEM MOST.

Imagine starting a race at a sprint, not knowing it would turn into a marathon. For healthcare workers, maintaining the pace required to care for Utahns with Covid-19 is a daily sprint with few breaks— and the days just keep getting longer. The impacts of Covid-19 on healthcare workers have been profound. Just as we understand there are long-term physical impacts of Covid-19 on critically ill patients, front line medical professionals in Utah also expect to see long-term emotional impacts among colleagues.

To provide relief, these Covid-19 experts ask for a simple contribution from the public: do no harm.

FATIGUE AT THE FRONT LINES: PROVIDERS CAN'T "LEAVE IT AT WORK" RIGHT NOW.

As Nurse Practitioner Holly Rapone describes it, healthcare workers typically enter the field with high levels of empathy. They care deeply about others, and during the last year she's seen this kindness selflessly shared with colleagues, patients, and the worried families of patients. While the danger of burnout is higher than ever, Holly says it's the empathy that makes it possible for her colleagues to just keep moving forward. Her team works daily to stay connected to each other and work in partnership to provide care to our community.

However, when healthcare workers go home at the end of their shifts they cannot leave the realities of Covid-19 behind them. When they leave the hospital, they enter a divided community. Constant news updates, coverage of political battles, stories about super spreader events, and streams of misinformation make it impossible to relax. Pulmonary Critical Care Specialist Dr. Nathan Hatton says that not having the outlets he's used to makes it feel like there's no escape. He fears that public expectations to "get it right" the first time have killed the type of productive public dialogue we need around evaluating our mistakes and embracing the opportunity to improve. As a result, cases keep surging and Utahns are making too many exceptions.



IT'S TIME FOR UTAH TO COME TOGETHER

Infectious Disease Specialist, Epidemiologist, and Pediatrician Dr. Andrew Pavia thinks Utah can do better. Reflecting on other instances in the state's history, like the floods of the 1980s, he would like to see Utahns embrace the opportunity to help each other. After all, it's easier to pick up a mask than a sandbag.

Dr. Pavia reminds us that our society doesn't allow us to be reckless with the lives of others—we follow traffic laws, food preparation and hygiene rules, and create extra protections for vulnerable young children. Covid-19 restrictions are no different. The Covid-19 vaccine will not give us one big moment of relief, so it's essential that individuals do everything they can to limit the spread.



WEAR A MASK



PRACTICE
PHYSICAL
DISTANCING



LIMIT INDOOR
GATHERINGS &
CLOSE CONTACT
with those outside
of your household



listen to the stories of
**COMMUNITY MEMBERS
WORKING CLOSELY
WITH COVID-19**



STAY HOME WHEN
YOU ARE NOT
FEELING WELL



**GET VACCINATED
WHEN POSSIBLE**
& continue to follow all of
the above guidelines

WHAT WILL HAPPEN AS CASES INCREASE?

The Covid-19 vaccine will not impact total case counts for a number of months. In the meantime, if we don't follow public health guidance, hospitals will adopt "crisis standards of care" to cope with limited capacity. These standards mean Doctors and Nurses have to make difficult decisions about who gets an ICU bed and who does not.

535 ICU beds in Utah

453/535 are considered "top tier," equipped to treat most critically ill Covid-19 patients
Approximately 90% of beds have been occupied in recent weeks (485/535 beds)
Leaving about 50 beds for over 60,000 active cases of Covid-19 in Utah →

With around 60,000 confirmed active cases in Utah (enough to fill BYU's Lavell Edwards Stadium) and about 10% of ICU capacity left, imagine knowing you can only provide the best possible care to less than the number of people who can fit into the end zone.

FIGHTING FEAR: THE BALANCE BETWEEN SAFE CARE AND INCREASED PATIENT STRESS

Since incoming patients with Covid-19 are so aware of death rates for the infection, they enter the hospital already fearing for their lives. Communication between healthcare workers and patients is built on trust, physical touch, facial expressions, and quiet conversations— all of which are restricted by the Personal Protective Equipment (PPE) needed for safety. Without these tools, physicians are left with few resources to communicate severity or levity, and patients feel heightened stress and worry. Dr. Hatton says unprecedented fear from patients, dulled communication due to PPE, and restrictions on family visitation create an emotionally charged environment.

PPE is a critical line of defense for front line healthcare teams, but it also adds a physical and emotional toll to the job of caring for the most critically ill patients. Pulmonary Critical Care Specialist Dr. Scott Anderegg says the average Covid-19 patient is much sicker than the typical ICU patient, often requiring more work from the nurses, respiratory therapists, and physical therapists treating them. Even though healthcare professionals are highly experienced with the challenges of their jobs, safety protocols combined with extra labor and extra shifts amplifies those challenges. Dr. Anderegg says the University of Utah Hospital has already added two ICUs for Covid-19 patients and one for non-covid patients, but there's simply not enough staff to keep opening new spaces for care.

Pediatric Cardiologist Dr. Ngan Truong treats kids diagnosed with Multisystem Inflammatory Syndrome in Children (MIS-C), a rare but devastating occurrence in children that develops after contracting Covid-19. To date, approximately 40 Utah children have been treated for MIS-C. Dr. Truong says she must prepare patients and families for leaving the hospital knowing there will be long-term care and follow-up, without having all the information they need or want.



UTAH'S ICU

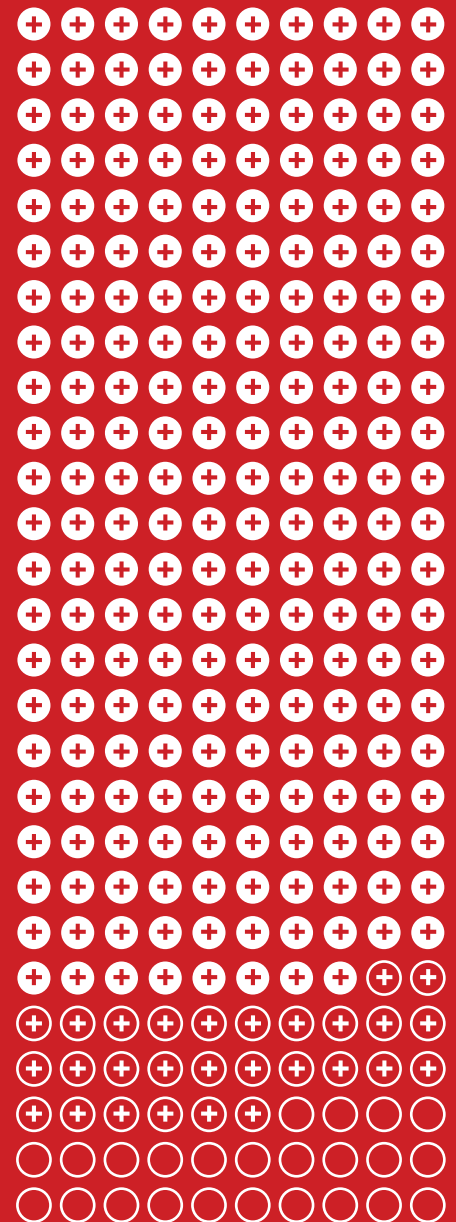
CAPACITY

○ 535 ICU BEDS IN UTAH

● 85% TOP TIER ICU BEDS EQUIPPED
to treat most critically ill Covid-19 patients

+ 90% OCCUPIED ICU BEDS

50 BEDS LEFT FOR OVER
60,000 ACTIVE CASES



↓ 50 FOR 60k
UTAH ICU BEDS LEFT ACTIVE CASES