

Emergency Medical Services  
216-RICR-20-10-2  
Statement of Imminent Peril

On March 9, 2020, Governor Gina Raimondo declared a state of emergency for the State of Rhode Island “due to the dangers to health and life posed by COVID-19” via Executive Order 20-02. Thirty-two months later, on October 12, 2022, Governor Daniel McKee issued Executive Order 22-34, extending the provisions of Executive Order 20-02.

As of November 7, 2022, the COVID-19 pandemic continues to significantly impact the State’s healthcare system, intensified by a high volume of patients infected with respiratory syncytial virus (RSV) and influenza who require emergency medical treatment in hospital emergency departments as well as inpatient care; this confluence of factors is gravely exacerbating a pre-existing shortage of health care workers. The shortage of healthcare workers in hospitals and across the healthcare sector jeopardizes the ability of the State’s healthcare system to provide critical care.

It is concerning that there are three respiratory viruses- RSV, influenza, and COVID- that may rise at the same time. An early and severe flu season is forecast and some epidemiologists and public health officials are concerned about the possibility of a holiday-season COVID surge, potentially setting the stage for a “triple-demic.” On top of the respiratory “triple-demic” is a surge of behavioral health patients, whose presentations are more severe and whose inpatient stays are significantly longer than pre-COVID patients requiring behavioral healthcare.

RSV cases typically peak in winter, but hospitals and health officials are seeing significant volume now. On October 26, 2022, it was reported by Hasbro Children’s Hospital that the hospital reached 125% of capacity that week. Two-thirds of the patients admitted with respiratory distress have tested positive for RSV. While RSV tends to be mild for many people, it can be more serious in children. It can lead to serious complications for children 5 and under, older adults, and others with health issues. It can be life-threatening in infants and older adults.

This emergency regulation is meant to avoid the imminent peril posed by the shortage of healthcare workers in hospital facilities, which has severely impacted the ability of hospitals to provide emergent and inpatient care in a timely manner and to staff emergency department and inpatient surge capacity beds by employing emergency medical services (EMS) practitioners. Specifically, the emergency regulation would allow EMS practitioners to work in healthcare facilities.

Below are data that highlight the severity of the current situation in Rhode Island-based hospitals. First is a summary of average utilization rates for each Jurisdiction and Region 1 (New England) overall in the past week (10/28/22 – 11/04/22). These data are pulled from HHS Protect, into which all hospitals nationwide are required to report by the Centers for Medicare and Medicaid Services (CMS). On par with open media reports, Rhode Island appears to be leading in pediatric inpatient and ICU utilization rates.

State	Adult Inpatient Utilization	Adult ICU Utilization		Pediatric ICU Utilization
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			Pediatric Inpatient Utilization	
REGION 1 AVERAGE	77.1%	72.0%	72.8%	81.0%
CONNECTICUT	72.2%	64.9%	70.7%	60.1%
MASSACHUSETTS	85.7%	78.3%	80.1%	78.0%
MAINE	69.2%	61.7%	83.6%	93.6%
NEW HAMPSHIRE	75.4%	72.3%	55.9%	93.1%
RHODE ISLAND	89.7%	87.6%	98.9%	95.3%
VERMONT	64.7%	75.4%	62.5%	84.4%

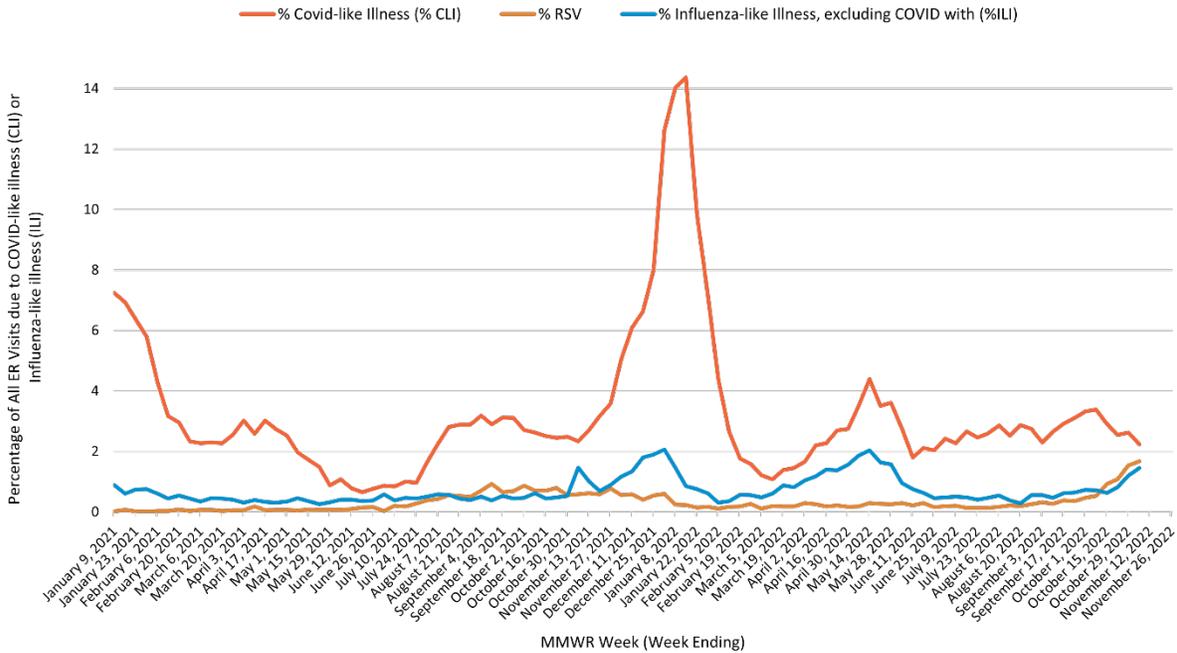
Additional visualizations of the RSV impact are available through the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), which RIDOH uses to collect and analyze emergency department data from all 10 hospitals in the State.

ESSENCE queries the chief complaint and discharge diagnosis fields for each electronic medical record to determine if the visit is due to a particular syndrome, such as Influenza-like illness (ILI) or COVID-like illness (CLI).

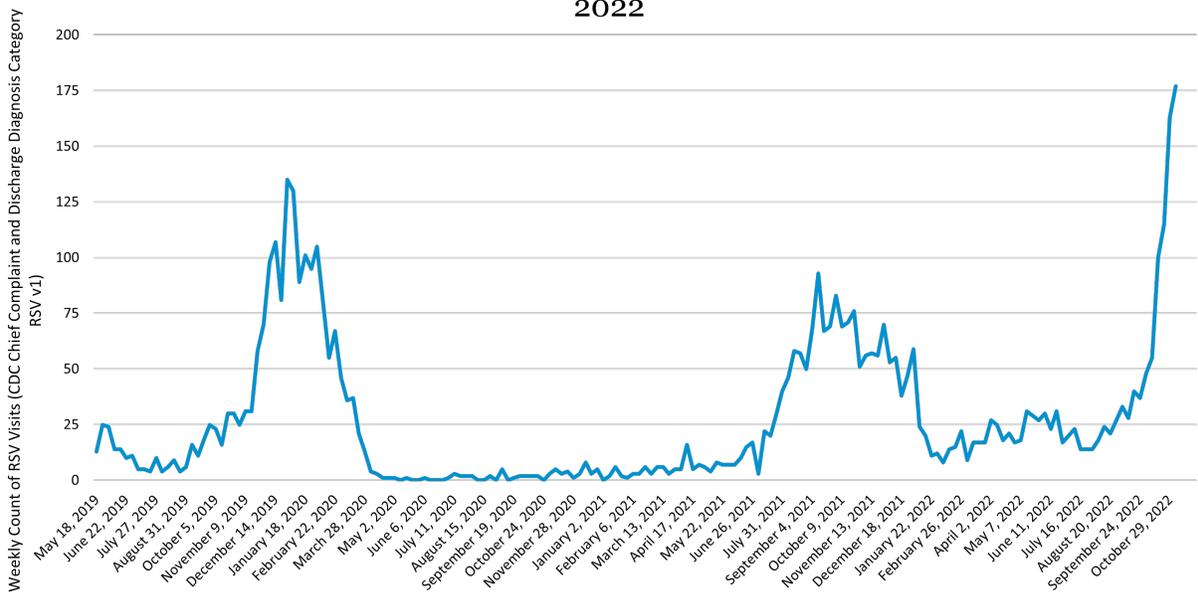
- CLI consists of a fever AND (cough, shortness of breath or difficulty breathing) without an influenza discharge diagnosis, plus pulls a discharge diagnosis of COVID via ICD10 codes
- ILI consists of a fever AND (cough or sore throat), and excludes a COVID discharge diagnosis
- The RSV query pulls visits with chief complaints containing word combinations of RSV, bronchiolitis, or syncytial virus, along with select ICD-10 codes from the discharge diagnosis

The percentage of weekly visits due to ILI, CLI or RSV is calculated to determine the burden of those conditions in Rhode Island hospital emergency departments. Syndromic surveillance provides RIDOH a timely system for detecting and monitoring various health events.

### Weekly Percentages of COVID-like illness, influenza-like illness visits, and RSV in Rhode Island ERs, Jan 2, 2021 - Nov 5, 2022, all ages



### Weekly Counts of RSV\* Emergency Department Visits in RI Hospitals, All Ages, ESSENCE Syndromic Surveillance, May 12, 2019-November 5, 2022



\*Cases matching the CDC Chief Complaint and Discharge Diagnosis Category "CDC Respiratory Syncytial Virus v1"

## Weekly % RSV visits in Rhode Island ERs, stratified by age, Jan 2, 2021 - November 5, 2022

