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Brookings
HEALTH SYSTEM



“Brace for this month.”

Brookings, S.D. – Jan. 10, 2022 – According to the South Dakota Department of Health, omicron is now the predominantly circulating COVID-19 variant in the state. With a significantly higher transmission rate than previous variants such as alpha and delta, Brookings Health cautions the community that omicron will spread with lightning speed.

“Our region should brace for this month,” said Brookings Health System Chief Nursing Officer Tammy Hillestad. “We’re not just dealing with yet another peak of COVID, but a rise of influenza, too, which started early this year. Our emergency department is seeing increases in cases of both viruses and we’ve been admitting patients to the hospital, too.”

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The omicron variant and influenza combination is creating what experts call a “twindemic,” concurrent surges rising simultaneously by the two viruses.

“Last flu season Brookings Health did not hospitalize a single patient for influenza, something nearly unheard of,” said Infection Preventionist Bunny Christie. “That’s because people were doing the things they needed to mitigate the spread of COVID last year, namely wearing masks, socially distancing and hand washing. Those same tactics, plus the influenza vaccine, reduce risks for the flu. This year as a group we’ve been lax on those tasks and the rising influenza cases show it.”

On a national level, infectious disease experts forecast the latest surge of coronaviruses cases caused by the highly contagious omicron variant could peak as soon as this month.

Early data and studies point to omicron being less severe, especially for those who have been vaccinated and boosted. Data also shows that patients hospitalized with the omicron variant are less likely to need ICU care or require mechanical ventilation. Many of those with omicron who do require ICU care or ventilation either have not been vaccinated or boosted or are severely immunocompromised.

“It’s still too early to tell for sure what havoc this variant will all wreak, but so far omicron seems less likely to infect the lungs. However, we don’t know how many post-COVID effects there may be from this infection,” said Christie. “Omicron is also causing more infections in kids. Part of that is because the virus seeks out those who are unvaccinated and do not have antibodies. Kids under five who can’t be vaccinated yet and have upper respiratory systems that aren’t fully developed seem to be especially susceptible.”

While omicron may only have about 20 percent the hospitalization rate as the delta variant, it produces five times as many cases per day. The increased volume of new infections means COVID patients with the omicron variant can still overwhelm regional hospital capacity, especially when paired with influenza.

Emergency Care & Treatments

As the number of COVID cases caused by the omicron variant continues to rise, so do the number of individuals who come to Brookings Health System’s emergency department seeking relief from respiratory symptoms.

“It’s that time of year where we normally see an increase in respiratory issues, especially at times of day when the clinics and urgent care are closed,” said Emergency Department Director Karen Weber. “We and the clinics both are seeing a mix of issues: strep throat, RSV, influenza and COVID.”

This past week Brookings Health’s ER has seen a sharp rise in the number of patients testing positive for either influenza or COVID-19.

“The good news is we are discharging many of them to home for self-care after diagnosis and treatment rather than needing to admit them to the hospital,” said Weber.

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For people who test positive for COVID-19 and meet other clinical criteria, one possible therapeutic administered at the ER has been monoclonal antibody treatments. However, the current supply of monoclonal therapeutics Brookings Health is receiving are not as effective against the omicron variant.

“The one monoclonal antibody that demonstrates effectiveness against all COVID variants of concern, including omicron, is sotrovimab,” said Pharmacy Director Steve Timmerman. “Nationally sotrovimab is in limited supply and allocations from the Department of Health are slim. The Department of Health is still allocating the other monoclonal antibody infusions they have and we still are administering them to patients.”

If patients have the omicron variant, the monoclonal antibody infusion they receive may not be as effective. If they have a strain other than omicron, it can help them prevent severe illness and hospitalization.

“Logistically it is nearly impossible to culture a patient’s strain to see if they have omicron or not and still give timely treatment using monoclonal antibodies,” said Timmerman. “As such, we’re offering the infusions we have in hopes they work.”

Another treatment option effective against omicron are oral antivirals. But just like sotrovimab, right now the oral treatments have very limited availability in the state.

“When it arrives, we will prescribe it as indicated,” said Timmerman.

Persistent Strain on Health Care

Across the nation and in the state, health care workers have been exiting the industry over the course of the pandemic – and the exodus is continuing. A study published in December in *Mayo Clinic Proceedings* found that nearly one in three physicians and nurses clearly intended to reduce work hours. In addition, nearly two in five nurses and one in four physicians intend to leave their practice altogether. The result: fewer people to care for an ever increasing influx of patients.

“We’ve been getting creative with how we deliver care for a while now,” said Inpatient Care Director Jaclyn Rauen, RN. “We have three travel nurses who have been working for us. In addition, our inpatient nurses have all been working an extra 12-hour shift every week for months now and we have nurses from other departments floating to the inpatient floor to help care for patients. To say our staff is tired is an understatement. And with the surge in influenza alongside the omicron variant, new patients just keep coming.”

Rauen also states that it remains difficult for their team to transfer patients to tertiary hospitals when patients could benefit from specialties such as cardiology, nephrology or pulmonology. Brookings Health has called up to 10 different facilities at times to find a bed to transfer a patient who needs tertiary care. The same holds true when trying to discharge patients to long-term care.

“It used to be that families could pretty much have their pick of which nursing home they’d like to transfer their loved one to,” said Case Management Director Lynne Thompson, RN. Her team of case managers helps advocate for patients and coordinates their ongoing care after they leave the hospital.

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“Now when we’re getting ready to discharge a patient from the hospital and they need continuing skilled nursing care, we’re calling as many as 22 different nursing homes and facilities to try to find them a spot,” said Thompson. “Some area nursing homes have beds, but they are short on staff. Without the appropriate numbers of certified nursing assistants and nurses, they simply can’t take on more residents and deliver safe care.”

The lack of nursing home beds means more patients are being discharged to home with services from home health care.

“It’s a trickle-down effect,” said Home Health and Hospice Director Lynne Kaufmann. “If nursing homes do not have capacity and the hospital is maxed out for bed space to deliver skilled nursing care through the swing bed program and another facility can’t be found for a patient, then the patient may have to be discharged to home. For our team, that means we are often caring for sicker patients in their home for longer time spans.”

Staff across Brookings Health System are battle worn and are ready for the COVID war to be over. They are hoping omicron will be the last major fight.

“We’re revisiting our surge plan for this latest wave,” says Hillestad. “We’re prioritizing resources and going back to the drawing board again to see if there’s other ways we can triage people and effectively care for them. It’s our only option.”

In addition, Hillestad encourages community members to get their flu shot and get vaccinated or boosted for COVID-19 if they have not done so already.

“Our organization and people will still take good care of you if you do not get vaccinated,” said Hillestad, “but it sure would help us out if you did.”

About Brookings Health System

Brookings Health System, located in Brookings, South Dakota, includes a 49-bed hospital, the 79-bed The Neighborhoods at Brookview nursing home, Brookhaven Estates senior living apartments, Yorkshire Eye Clinic & Optical, and medical clinics in Arlington, White and Volga, South Dakota. It is a non-profit, city-owned facility that offers the community a full range of inpatient, outpatient, emergency and extended care services. Brookings Hospital provides local access to doctors in Brookings and offers robotic da Vinci surgery and Mako robotic-arm assisted procedures, making it one of the premier rural community hospitals in South Dakota. For more information about the services offered at Brookings Health System, please call (605) 696-9000 or visit us on the Web at brookingshealth.org.

PHOTO: For months Brookings Health System’s inpatient care nurses have been working extra 12-hour shifts to treat the constant influx of patients caused by the COVID-19 pandemic. Pictured working one of their recent shifts are Floor Nurse Marcy Osterkamp, RN; Inpatient Care Director Jaclyn Rauen, RN; Case Manager Kim Gray, RN; and Floor Nurse Megan Meier, RN. The current “twindemic” caused by the rapid spread of influenza and the COVID omicron variant is putting additional weight to an already strained healthcare workforce. While omicron seems to be less severe than other COVID variants, effective treatments to help those who are severely ill with omicron are in thin supply. Many of those with omicron who do require ICU care or ventilation either have not been vaccinated or boosted or are severely immunocompromised.

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