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[Regions Across Illinois Advance Tiers as State Launches Surge Staffing Program to Support Hospitals in Expanding Capacity](#) [1]

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IDPH Adjusts Metrics to Allow More Regions to Lift Strictest Mitigations Following Conversations with Hospital Leaders

SPRINGFIELD – With the state of Illinois launching multiple health care staffing contracts to increase hospital staffing, the Illinois Department of Public Health (IDPH) is adjusting its mitigation metrics to reflect the additional staff. With the change, Regions 8, 9, 10, and 11 will move from the most restrictive Tier 3 to Tier 2. In addition, Region 1 and 6 have met the metrics to move to Tier 1, and Regions 3 and 5 have met the metrics to return to Phase 4 of the Restore Illinois Plan.

Hospital leaders and local health departments have communicated to IDPH that their primary capacity challenge is the need for additional staffing and stressed that state-facilitated staffing contracts will be critical in addressing this challenge. With this surge staffing program, IDPH and hospital leaders feel confident that metrics can safely move away from utilizing medical/surgical bed limits to move across mitigation tiers, allowing more regions to advance. The adjustment also recognizes the substantial progress the state has made since November 20, 2020 when Tier 3 mitigations were put in place.

“Hospital leaders have made clear the importance of staffing in their continued response to this pandemic and conveyed that staffing contracts will be extraordinarily valuable in their ability to meet the needs of their communities,” said IDPH Director Dr. Ngozi Ezike. “We are pleased to see most of our regions move out of Tier 3 mitigations with this change, and it is critical that we maintain this progress. With new variants of COVID-19 spreading, it is more important than ever to follow the public health guidance that keeps people safe – wear your mask and watch your distance.”

To address capacity issues reported by Illinois hospitals, IDPH, in partnership with the Illinois Emergency Management Agency (IEMA) and the Department of Healthcare and Family Services (HFS),

has launched a surge staffing program. The program leverages the state's larger contracting power to engage multiple staffing vendors and create access to a talent pool at greater scale than any individual hospital could achieve. Hospitals with rooms available to increase capacity but lacking the personnel to staff their beds may partner with the state to procure the staff they need. Hospitals that create orders will enter into a contract with the state to access this new staffing pool.

Hospital leaders have conveyed that due to the progress the state has made as well as the volatility in medical/surgical capacity this time of year, the state's remaining metrics will appropriately monitor capacity and spread. While IDPH is working to allow regions greater flexibility in lifting the most stringent mitigations, public health officials will continue to carefully monitor hospital needs and test positivity in order to maintain the state's progress.

This is particularly critical as new variants circulate. Early studies for the SARS-CoV-2 variant B.1.1.7, which was first identified in the United Kingdom, have shown the variant may spread more rapidly and easily than what we have seen previously. Experts are predicting another possible surge due to this new variant in the next several months. Because of this, it is vital for people to remain vigilant and continue to wear their masks, keep 6-feet of distance, avoid large gatherings, and get vaccinated when they are eligible.

Mitigation metrics for moving from a higher to lower tier are as follows:

In order to move to Tier 2 mitigations, a region must meet the following metrics:

1. A test positivity rate $\leq 8\%$ and $< 12\%$ for three consecutive days, as measured by the 7-day rolling average; AND
2. $\geq 20\%$ available staffed ICU hospital beds for three consecutive days, on a 7-day rolling average; AND
3. A sustained decrease in the number of people in the hospital with COVID-19 for seven out of 10 days, on a 7-day average.

In order to move to Tier 1 mitigations, a region must meet the following metrics:

1. A test positivity rate between 6.5 and 8% for three consecutive days, as measured by the 7-day rolling average; AND
2. $\geq 20\%$ available staffed ICU hospital beds for three consecutive days, on a 7-day rolling average; AND

3. No sustained increase in the number of people in the hospital with COVID-19 for seven out of 10 days, on a 7-day average.

In order to move to Phase 4, a region must meet the following metrics:

1. A test positivity rate less $\leq 6.5\%$ for three consecutive days, as measured by the 7-day rolling average; AND
2. $\geq 20\%$ available staffed ICU hospital beds for three consecutive days, on a 7-day rolling average; AND
3. No sustained increase in the number of people in the hospital with COVID-19 for seven out of 10 days, on a 7-day average.

Information about mitigation and resurgence metrics can be found on the [IDPH website](#) [2] at <http://www.dph.illinois.gov/regionmetrics> [3].

Source URL: <http://dph.illinois.gov/news/regions-across-illinois-advance-tiers-state-launches-surge-staffing-program-support-hospitals>

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[1] <http://dph.illinois.gov/news/regions-across-illinois-advance-tiers-state-launches-surge-staffing-program-support-hospitals>

[2] <http://www.dph.illinois.gov/covid19>

[3] <http://www.dph.illinois.gov/regionmetrics>