Hospitals and COVID-19

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December 14, 2021
# Continuum of Disaster Care

Incident demand / resource imbalance increases  
Risk of morbidity / mortality to patient increases  

<table>
<thead>
<tr>
<th></th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Space</strong></td>
<td>Usual patient care space fully utilized</td>
<td>Patient care areas re-purposed (PACU, monitored units for ICU-level care)</td>
<td>Facility damaged / unsafe or non-patient care areas (classrooms, etc) used for patient care</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>Usual staff called in and utilized</td>
<td>Staff extension (brief deferrals of non-emergent service, supervision of broader group of patients, change in responsibilities, documentation, etc)</td>
<td>Trained staff unavailable or unable to adequately care for volume of patients even with extension techniques</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>Cached and usual supplies used</td>
<td>Conservation, adaptation, and substitution of supplies with occasional re-use of select supplies</td>
<td>Critical supplies lacking, possible re-allocation of life-sustaining resources</td>
</tr>
<tr>
<td><strong>Standard of care</strong></td>
<td>Usual care</td>
<td>Functionally equivalent care</td>
<td>Crisis standards of care(^1)</td>
</tr>
</tbody>
</table>

Normal operating conditions  
Indicator: potential for crisis standards\(^2\)  
Trigger: crisis standards of care\(^3\)  

Extreme operating conditions
## COVID vs. Conventional Disaster

<table>
<thead>
<tr>
<th></th>
<th>Conventional</th>
<th>COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Type</td>
<td>No-notice</td>
<td>Warning time / evolving</td>
</tr>
<tr>
<td>Duration</td>
<td>Short</td>
<td>Long</td>
</tr>
<tr>
<td>Resources</td>
<td>Highly dynamic</td>
<td>Relatively static</td>
</tr>
<tr>
<td>Calvary</td>
<td>Coming</td>
<td>Not coming</td>
</tr>
<tr>
<td>Situational awareness</td>
<td>Poor</td>
<td>Good (generally)</td>
</tr>
<tr>
<td>Decision-making</td>
<td>Ad hoc</td>
<td>Structured</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>Visuals</td>
<td>Emotions, burnout</td>
</tr>
</tbody>
</table>
Challenges

- Private entity / public function
  - Limited funding or drivers for preparedness
- Supply chain - medications, devices, catheters
- Equity - BIPOC and rural/urban
- Workforce - shortages, perception change / assaults
- Non-emergency procedures
- COVID-19 but also...
  - Penetrating trauma
  - Mental health
  - Substance abuse / overdose
What are we doing?

- Staffing contingencies
- End of life wishes / palliative care
- Higher threshold for admission / more outpatient management
- Transfer centers (Medical Operations Coordination Cells / MOCC)
  - Reverse transfers
- Triage
Total Patients in ED waiting 4+ hours for admission for ICU or Med/Surg Bed
13 Sept - 3 Dec 2021, Mon-Fri
MHA Bed Board
How are we doing?

- Politics and profit problems
- 1 in 4 pandemic deaths may be due in part to overloaded hospital conditions
- 481 requests in MN for transfers could not be met in November alone
  - 235 of those from rural hospitals unaffiliated with major health system
- Inpatient and long-term care saturated
- Holiday season and continued ‘catch up’
- Data on excess deaths?
- Equity and access issues
Moving forward

- Omicron
- Delta
- Workforce
- Catch-up
- Access and equity
- Communications / trust
- Technology

We’re heartbroken. We’re overwhelmed.

Our doctors, nurses and people working in health care are doing everything we can to take care of you when you’re sick. And yet every day we’re seeing avoidable illness and death as a direct result of COVID-19.

The situation is critical.

Our emergency departments are overloaded, and we have patients in every bed in our hospitals. This pandemic has strained our operations and demoralized many people on our teams. Care in our hospitals is safe but our ability to provide it is threatened. At any time you or a loved one might need our support. Heart attacks. Car accidents. Cancer. Stroke. Appendicitis. Now, an ominous question looms: will you be able to get care from your local community hospital without delay? Today that’s uncertain.

How does this happen in 2021, almost two full years since this deadly pandemic began? How can we as a society stand by and watch people die when a simple shot could prevent a life-threatening illness? Your access to health care is being seriously threatened by COVID-19. We need to stop the spread.

Today we ask you to:

- Get vaccinated + get your booster
- Wear a mask even if you’re vaccinated! + socially distance
- If you feel sick, get tested for COVID-19
- Encourage neighbors and loved ones to take these steps

We’re in this together, and we can only finish it together.

J. Kevin Cronin, MD
Chief Executive Officer
North Memorial Health

Gramerine Almog, MD
President and Chief Executive Officer
Mayo Clinic

James Harmon
President and Chief Executive Officer
Parkland Health & Hospital Services

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