# Hospitals and COVID-19

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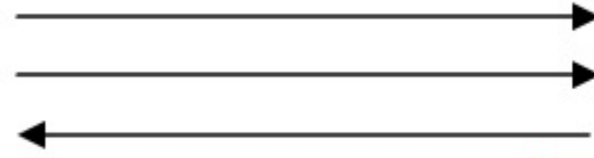
December 14, 2021

# Continuum of Disaster Care

Incident demand / resource imbalance increases

Risk of morbidity / mortality to patient increases



Recovery

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

Normal operating conditions

Indicator: potential for crisis standards[2]

Trigger: crisis standards of care[3]

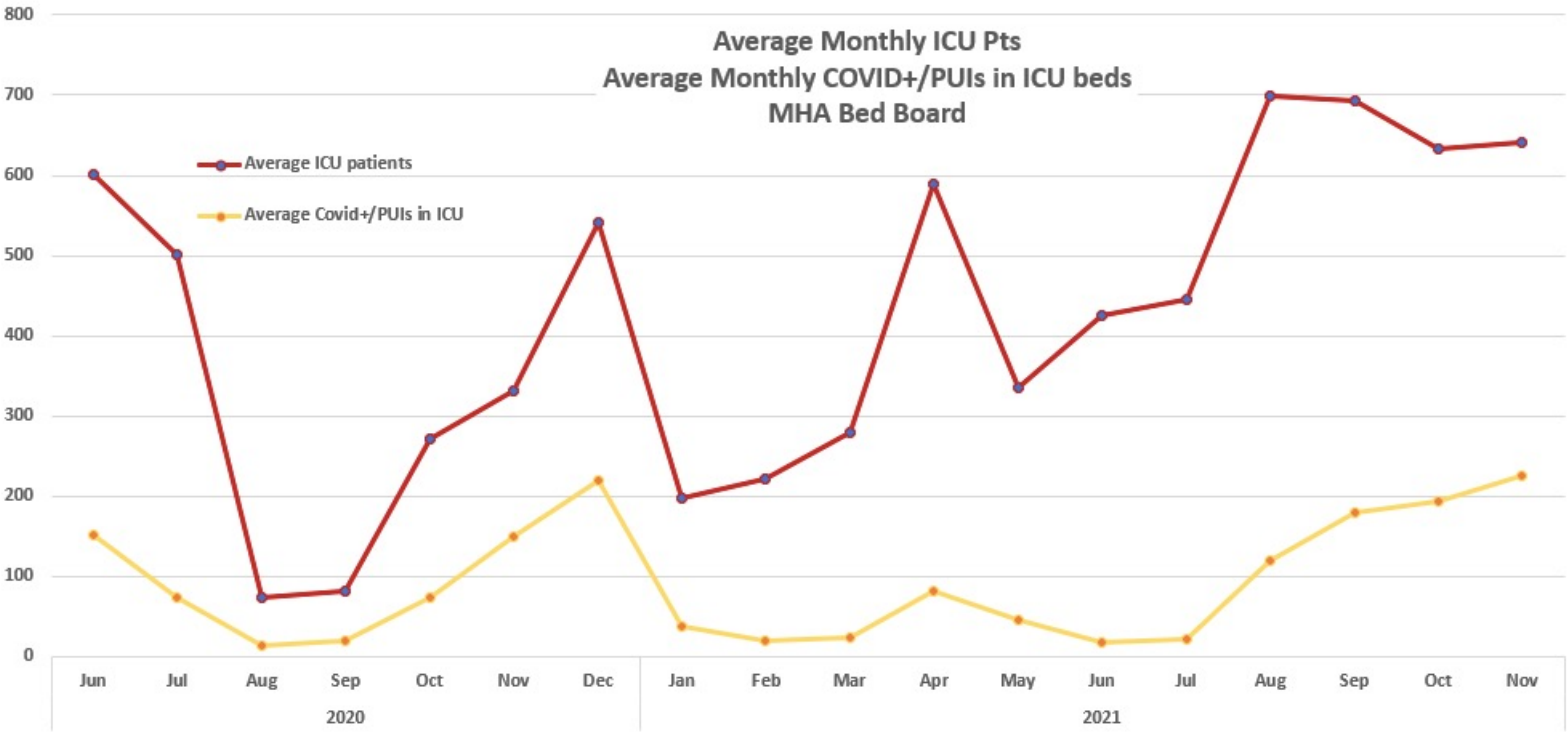
Extreme operating conditions

# COVID vs. Conventional Disaster

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

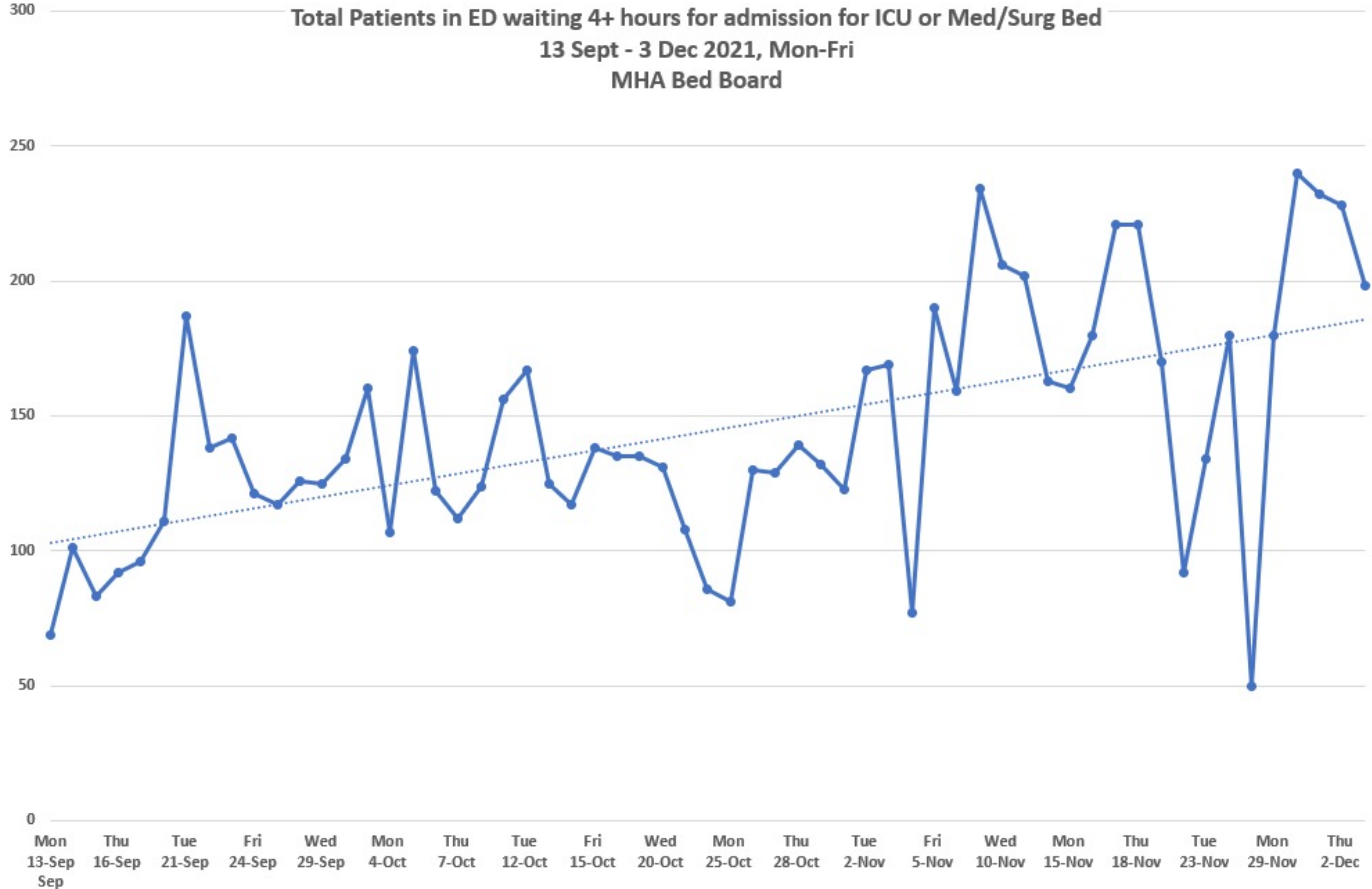
# Challenges

- 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


Average Monthly ICU Pts
Average Monthly COVID+/PUIs in ICU beds
MHA Bed Board
Average ICU patients
Average Covid+/PUIs in ICU
800
700
600
500
400
300
200
100
0
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
2020
2021

# 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
300
250
200
150
100
50
0
Mon 13-Sep Sep
Thu 16-Sep
Tue 21-Sep
Fri 24-Sep
Wed 29-Sep
Mon 4-Oct
Thu 7-Oct
Tue 12-Oct
Fri 15-Oct
Wed 20-Oct
Mon 25-Oct
Thu 28-Oct
Tue 2-Nov
Fri 5-Nov
Wed 10-Nov
Mon 15-Nov
Thu 18-Nov
Tue 23-Nov
Mon 29-Nov
Thu 2-Dec

# How are we doing?

- Politics and profit problems
- 1 in 4 pandemic deaths may be due in part to overloaded hospital conditions
    - Kadri S. Annals of Internal Medicine. September 2021.
- 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 COVID19.

### The situation is critical.

Our emergency departments are overfilled, 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 COVID19. 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.

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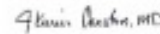
Chief Executive Officer
North Memorial Health



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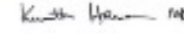

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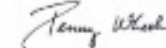

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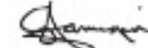

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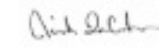

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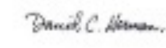

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