

U.S. hospital beds were already maxed out before coronavirus pandemic

March 26 2020, by Dennis Thompson, Healthday Reporter



(HealthDay)—Many hospitals across the United States regularly operate

with most of their beds taken by patients, limiting their ability to handle a sudden influx of folks sick with COVID-19, a new study reports.

Only about 1 of every 3 U.S. hospital beds is empty on any given day, according to research from the Urban Institute, funded by the Robert Wood Johnson Foundation.

"All indications show if the curve is not flattened, hospitals across the country will not have the capacity to deal with the surge in hospitalizations associated with COVID-19," said study author Fredric Blavin, a principal research associate with the Urban Institute's Health Policy Center.

That may already be happening in New York City, the current epicenter of the U.S. COVID-19 epidemic. Many city hospitals are already overwhelmed, *The New York Times* reported Thursday.

At Elmhurst Hospital Center, a 545-bed [public hospital](#), doctors and nurses have only a few dozen ventilators for their patients, some of whom have died while waiting for a bed. A refrigerated truck has been stationed outside the hospital to hold the dead, the newspaper reported.

That might happen anywhere in the country. According to Blavin's report, the United States had about 728,000 medical and surgical hospital beds available to the public in 2018, or 2.2 beds for every 1,000 people, Blavin and his colleagues found.

But only 36% of those beds were available on a typical day, leaving just 0.8 empty beds available per 1,000 people.

Stretched capacity

The states with the lowest available hospital capacity include

Connecticut (24% unoccupied beds), Nevada (28%) and Massachusetts (26%), Blavin said.

"We also found states right now that are dealing with the largest outbreaks of COVID-19 in the U.S.—Washington, California and New York—also have significant capacity constraints," Blavin added.

New York, the epicenter of the U.S. outbreak, only has about 23% of its hospital beds available on average, the researchers found. Washington and California both have about 35% of their hospital beds available.

"It actually looks like urban areas seem to have more significant capacity constraints, in terms of unoccupied beds that are available," Blavin said. "Rural areas tend to have more unoccupied beds relative to [urban areas](#), but they tend to be more constrained in terms of ICU beds available."

That's bad news, given that population density appears to be the reason why COVID-19 has surged in New York, even though the virus' first U.S. footholds were in Washington and California.

The study shows why health care systems across the country are looking at alternative ways to increase bed space in their facilities and route less sick patients elsewhere, said Akin Demehin, director of policy for the American Hospital Association.

Offsite support

For example, many hospitals are setting up medical screening and evaluation sites for potential COVID-19 patients that are outside of the emergency department, Demehin said.

These sites might be in nearby offices or in a tent outside the hospital. "The notion is here is to try protect the patients who are in the hospital

who may not have COVID right now while providing needed screening and evaluation," Demehin said.

Hospitals also are redeploying wings and rooms that aren't in use or are typically meant for other purposes.

Some hospitals are turning outpatient surgery rooms into makeshift intensive care units, for instance, Demehin said.

"Some of the equipment you have in operating rooms could be used as sort of an ICU-like setting," he said.

Health care systems also are exploring ways to have an initial patient evaluation without the person traveling to the hospital, using telemedicine.

"It's a way of taking the pressure off of the number of patients coming into the hospital and preserving that capacity for the COVID patients who are very sick," Demehin said.

Equipment shortages

In states where the situation is more dire, military aid might be needed to help treat patients, Blavin said. A 1,000-bed Navy hospital ship is headed to New York Harbor to help deal with the COVID-19 epidemic there.

Other places are investigating the use of college dorms, hotels or convention centers as makeshift hospitals.

"Those spaces are generally intended for patients who are mildly ill," Blavin said. "It's a way of conserving the capacity of existing hospitals so they can be used to care for the sickest patients."

These solutions only address the shortages of hospital beds, however.

Hospitals also are grappling with a shortage of equipment, noted George Roberts, president of the National Association of County and City Health Officials.

Masks, gloves, gowns and shoe covers "are fast becoming in short, short supply," Roberts noted, adding that there's also a crucial need for ventilators to help people survive the breathing problems associated with COVID-19.

There's another pressing question—"as people get exposed to the [coronavirus](#), are there going to be enough health care workers to handle the situation?" Roberts said.

Texas Gov. Greg Abbott has issued an executive order asking retired doctors and nurses to volunteer their expertise, as well as nurses who are still in training, said Roberts, who is CEO of the Northeast Texas Public Health District.

And New York University's Grossman School of Medicine is letting its medical students graduate three months early to become interns to help with COVID-19 treatment in New York City hospitals, *Time* magazine reported.

Average folks also can help hospitals deal with the COVID-19 epidemic by staying healthy, Demehin added.

"The ability for hospitals to manage their capacity is really dependent on the success of things like social distancing to decrease the demand for [hospital](#) services," Demehin said.

More information: The Urban Institute has more about [hospital](#)

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Citation: U.S. hospital beds were already maxed out before coronavirus pandemic (2020, March 26) retrieved 24 June 2024 from <https://medicalxpress.com/news/2020-03-hospital-beds-maxed-coronavirus-pandemic.html>

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