

Our health system is like a 'worn pair of shorts'. This latest COVID wave will stretch it even thinner

November 17 2022, by Alexandra Martiniuk



Credit: AI-generated image ([disclaimer](#))

The [latest COVID wave](#) is with us, with its viral subvariants [BQ.1](#) and [XBB](#). Once again, our health system will be stretched.

That's not just hospitals. A stretched [health system](#) affects the interaction

between you and your GP, the availability of medicines, the policies of the aged care home your mother is in, the research that brought you vaccines, the mental [health](#)-care provider, Medicare and more.

The situation is very different to earlier COVID waves. Now, we have fewer public health measures in place. Health staff are also exhausted from almost three years of the pandemic.

Here's what needs to happen next for our health systems to cope with the latest COVID wave.

First, the good news

The [current COVID wave](#) (Australia's fourth) is being fuelled by ever-more "pushy" Omicron subvariants such as BQ.1 and XBB, waning immunity from [past infection](#) and vaccination, and fewer public health measures. Luckily it appears the new subvariants [don't cause](#) more severe disease.

What we've learned from past waves, plus widespread availability of [vaccines](#) and [treatments](#), should keep more people from getting severely ill and needing to go to hospital.

But health workers are burnt out

However, [health professionals](#) are [burnt out](#).

Globally, health-care systems are seeing more-complex cases compared with before the pandemic, for a number of reasons. This includes increased complexity of conditions due to our aging population, delayed care over the pandemic and because COVID is complicating existing conditions and care processes.

Globally, health systems have also had to deal with surges in other viruses—such as influenza and, especially in children, [respiratory syncytial virus](#).

During this latest COVID wave, more health staff will likely become infected. This will result in workforce absences, which will be difficult to fill over the coming summer period. [Nursing shortages](#) continue.

Health-care staff feel isolated, and [lonely](#). Some feel the care they provide [is not safe](#). [Some](#) are [leaving](#) their professions.

We know what works

Health systems will revisit what we know has worked during past COVID waves.

As case numbers climb, hospitals may need to cancel elective surgeries. They may need to boost their [intensive care unit](#) (ICU) capacity, by redeploying staff and facilities. They can assess COVID patients outside to minimize the risk of viral transmission, as they've done before.

Telehealth services could be expanded, we could see more use of existing community fever and respiratory clinics.

But these old measures may not be enough. The health system is bursting at the seams in multiple places simultaneously. It's like we had an old pair of shorts, COVID came along, and is causing holes in multiple places where things were already worn.

That includes [primary care](#) (patients' first contact with the health system, such as general practice), the ambulance system and [hospitals](#).

Here's what we need to do next

Here are three things [that would help](#) an already stretched health system during this current wave and beyond.

1. Reduce COVID transmission

The [World Health Organization](#) and Australian [experts agree](#), a clear priority is to reduce transmission of SARS-CoV-2, the virus that causes COVID.

We also need infection control [trials that mimic the real world](#) and [new approaches to infection control](#) not only in the health system but in education and in workplaces too.

As policies about wearing masks, testing or isolating after testing positive have been diluted, improvements such as [improving indoor air quality](#), take on increased importance.

2. Strengthen primary care

World leaders [have agreed](#) the bedrock of resilient and cost-effective health systems is a [strong primary health care](#) base.

So we need to bolster existing services, and to continue to address the aged care, disability and mental health care sectors to help with timely support of patients through the hospital system and out into other types of care.

3. Gather and share information for decision making

We should strive for better national data on health and the health system,

building on existing valuable information held nationally and by state and territory health departments.

We could access and analyze data on individuals from across [primary care](#) and hospitals, public and private—[other countries do](#).

This would allow us to better and more efficiently understand resource strengths and gaps across the health system (for instance improving wait-times for surgery). It would also help us to better understand needs (for instance, workforce needs) and to respond quicker, to ultimately improve people's health.

We all play a role

COVID is [here to stay](#). So we all play a role in reducing the impact on our [health systems](#). Reduce the number of times you are infected. Get vaccinated. Wear a [good quality mask](#) in crowded, closed, close-contact settings.

[Test](#) often and stay home when unwell. Find out if you are eligible for [antiviral medications](#) and plan how you would get them if COVID positive.

Vote well. Politics are playing a [hefty hand](#) in our response to COVID locally and globally.

There will be more COVID waves. We need to focus on equity and social determinants of health, reducing the need for people to access the health system in the first place.

Health care is the pointy end of COVID. We need to aim to [build stronger and fairer](#) systems for the years ahead.

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Provided by The Conversation

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