

Two hundred nine US counties face a crisis in staffing ICUs that care for COVID-19 patients

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Over the next month, 209 U.S. counties in the United States will need to implement crisis workforce strategies to deal with potentially dangerous shortfalls of intensive care unit doctors, according to a new analysis published today. The analysis draws on data from a just launched county-level hospital workforce estimator, one that takes into account the strain on staffing due to the COVID-19 pandemic.

"The shortages could occur just as [public health officials](#) warn that variants of the [coronavirus](#) are spreading in the United States and could trigger a sharp rise in the number of Americans infected," Clese Erikson, the principal investigator on the project and deputy director of the Health Equity Workforce Research Center at the George Washington University, said. "Our new online estimator will help county and local public health officials project shortages in the near future and take steps to help keep staffing at safe levels."

The analysis shows that ICU doctors in those 209 counties will be taking care of more than 24

severely ill patients at one time. Typically, an ICU doctor will care for half that number of patients or less at the same time—and, at 24 or higher, hospitals will have to quickly organize and train non-ICU providers to step in and help provide care.

Erikson and her team are part of the Fitzhugh Mullan Institute for Health Workforce Equity, which is based at the GW Milken Institute School of Public Health. To develop the new tool—the first to look at hospital [workforce](#) strain at the county level—they collaborated with Premier Inc., a healthcare improvement company, the National Association of County and City Health Officials (NACCHO) and IQVIA, a healthcare data and analytics organization.

"This new ability to drill down to the county level is important for local leaders," Erikson said. A previous Mullan Institute tool estimated the hospital workforce shortages at the state level.

An analysis using data from the County Hospital Workforce Estimator estimates that 7% of all U.S. counties will experience significant strains in their hospital workforce due to longstanding patterns of maldistribution and the added strain of the COVID-19 pandemic.

Additionally, the analysis suggests that 12 U.S. counties will need to put in place contingency strategies within the next month in order to cope with a surge in severely ill patients, including those with new variants of COVID-19.

Local leaders can use the tool to assess the need for additional public health measures, such as social distancing guidelines. Research shows that if 95% of the population wears a mask, future cases of COVID-19 are prevented and that can help avoid a crisis in the local hospital.

"The work of public health and health care are complementary. Even as vaccination programs scale-up, traditional public health measures are critical to reducing suffering and ensuring our healthcare infrastructure is not overwhelmed," Lori Freeman, chief executive officer of NACCHO, said. "This tool can help localities better understand the strain faced by the [hospital](#) workforce and adjust public health recommendations accordingly."

Past media reports have largely focused on the dangers of a surge in COVID-19 cases and a shortfall in ICU beds. However, workforce shortages can be a much more difficult problem to solve. Hospitals can create a new COVID-19 unit by taking over an underused floor or wing, but they have more difficulty finding trained doctors and others to fill in when health care workers get sick or must quarantine.

"Premier has been scaling up our predictive analytics capabilities throughout the pandemic to help healthcare providers predict COVID-19 cases, supply resources, and now, workforce levels so they can ensure safe patient care," Angela Lanning, informatics and technology services chief operating officer at Premier, said. "Our models are fueled by data from more than 4,000 hospitals and [health](#) systems across the U.S., and we're thrilled to contribute to tools like this that enable business intelligence that's immediately actionable and meaningful in the healthcare setting."

More information: www.gwhwi.org/estimator.html

Provided by George Washington University

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