

HEALTH NEWS

 Fact Checked

# Why Rising COVID-19 Hospitalizations Are a Risk to Everyone's Health



Written by [Shawn Radcliffe](#) on August 30, 2021 — [Fact checked](#) by Dana K. Cassell



Surges in COVID-19 patients are straining many health systems and potentially impacting the care of all patients. Westend61 / Getty Images

- **COVID-19 cases are spiking across the country, leading to a rising number of hospitalizations.**
- **Almost 80 percent of ICU beds in the country are in use, with 30 percent of those being occupied by people with COVID-19.**
- **However, in many states, especially those with low vaccination rates, hospitals are reporting that ICUs are “full” or “beyond full” and many are experiencing staff shortages.**
- **The spike in hospitalizations due to COVID-19 is straining the healthcare system, making it more challenging to provide emergency care to patients without COVID-19 in some areas.**

Hospitals around the country are running out of ICU beds as [coronavirus cases](#) continue to spike in the United States, straining the ability of health systems to care for patients.

And it's not only people with COVID-19 being affected as medical resources are stretched thin.

People coming to the hospital after a car accident or with signs of a heart attack or stroke may also face long waits for treatment or a bed in the intensive care unit.

Even non-urgent care is being impacted as medical staff, equipment, and space are diverted to deal with surges in COVID-19 patients, the [majority](#) of them unvaccinated.

Without staff, ICU beds are just beds. Hospital resources fall into three main categories:

- doctors, nurses, and other staff
- beds for patients, rooms, and other spaces
- equipment and supplies

“A limitation in any one of these can be enough to strain a health system and affect patient care,” said Dr. Greg Martin, a professor of medicine at [Emory University School of Medicine](#) and president of the [Society of Critical Care Medicine](#).

Early in the pandemic, many hospitals faced a shortage of personal protective equipment (PPE) and ventilators.

The supply chains for these have improved since then, but some areas of the country may still have shortages of these or other specialized supplies and equipment.

ICU capacity is also dictated by the number of available beds, which is tracked and reported by many hospitals.

Right now, [almost 80 percent of ICU beds](#) in the country are in use, according to the U.S. Department of Health and Human Services.

But in some parts of the country — especially those with low COVID-19 vaccination rates such as [Alabama](#) and [Arkansas](#) — hospitals are reporting that ICUs are “full” or “beyond full.”

In response to surges, some health systems have set up additional ICU beds in other parts of the hospital, outside in tents, or even in [parking garages](#).

But Dr. Brad Uren, an associate professor of emergency medicine at the [University of Michigan Health](#), part of Michigan Medicine, says simply looking at how many ICU beds are in use can be misleading.

“Without the nurses, respiratory therapists, technicians, physicians, and other staff that provide the actual care, a bed is just a bed,” he said.

Some hospitals in coronavirus hot spots are [reporting](#) severe staff shortages due to the stress of caring for patients during surge after surge.

“We’ve seen more issues with burnout and anxiety, and with people walking away from the workforce because they simply can’t take it anymore,” said Martin.

“That’s in large part, I think, because what started off as a sprint has become a marathon. And people are really struggling to continue providing patient care in these subsequent surges.”

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**COVID-19 surges impact non-COVID-19 care**

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Overall, COVID-19 patients occupy [around 30 percent](#) of the ICU beds in the country, according to HHS. But that doesn't mean hospitals can easily handle pandemic surges.

“Hospitals are typically very busy providing care and operate near capacity, even prior to the pandemic,” said Uren. “When these hospital beds fill, it is harder to provide other lifesaving care.”

Martin said a surge in COVID-19 patients could impact the care of those patients themselves, as well as non-COVID patients in the hospital.

“There's essentially competition for resources, particularly if they need the same things,” he said. “For instance, if a patient comes in with pneumonia, and they need a respirator or ventilator, you have direct competition for the same resources.”

This is especially true when talking about patients needing critical care.

“Every bed occupied by a patient with COVID-19 is a bed that cannot be occupied by a patient [arriving because of] a heart attack, stroke, car accident, or other emergency,” said Uren.

Rural hospitals are especially at risk of being overwhelmed by surges in COVID-19 patients. Metro areas have about 10 times as many ICU beds as non-metro areas, [reports](#) Kaiser Family Foundation.

When hospitals approach or reach ICU capacity, patients may have to wait hours to days in the emergency department for an ICU bed to become free.

Sometimes that bed is in [another city or state](#).

“There are many reports of patients requiring transfer far from home to receive care,” said Uren. “It is critical to note that it is not just COVID-19 patients [being] affected.”

## **Ripple effects of COVID-19 on healthcare system**

As critical patients back up in the emergency department, emergency medical services workers may be forced to stay with patients they're taking to the hospital — which means they can't respond to other emergency calls.

“In some parts of the country with high volumes in the emergency department and long waits, there have been reports of ambulance services being stretched to limit,” said Uren.

In some parts of the country, [hospitals and medical officials](#) ask people to go to the emergency department only if it's essential.

Delays in care for many conditions — such as diabetes or asthma, or a possible heart attack or stroke — can worsen patients' outcomes.

“People who have something that could be cancer, critical heart disease or [other serious condition] can't wait that long to get care,” said Martin. “That has a ripple effect — it has implications for not just the COVID patients, but for everyone else in the community around them.”

A 46-year-old [veteran recently died](#) of gallstone pancreatitis, a treatable illness, after being unable to find an ICU bed in Texas or nearby states.

Delayed elective procedures such as cancer screenings and joint replacements can also have long-term effects on a person's quality of life and health.

Colonoscopies, mammograms, pap smears, and other cancer screenings [dropped sharply](#) in the United States during the early surges of the pandemic. Regular screenings increase the chances of diagnosing cancer when it is small and has not spread.

While screenings have picked up, racial and other disparities in these potentially life saving tests remain.

Even delayed primary care visits can worsen a person's diabetes, heart disease, or other chronic condition. Eventually, what could have been handled by a primary care doctor becomes a medical emergency.

“[People with] more serious presentations [of a chronic condition] often find their way to the emergency department at a time when... COVID-19 patients may be arriving as part of a later surge,” said Uren. “This has compounded problems that have existed since the beginning of the pandemic.”

While Martin concedes that the United States still has some access issues around the COVID-19 vaccines, he said it is “disheartening” to see continuing surges of COVID-19 patients even with highly effective vaccines widely available to most Americans.

He’s also concerned about the long-term impact of the pandemic on the healthcare system.

“We worry that there will be an acceleration of the workforce shortage in specialty areas like hospital medicine, critical care medicine, and emergency medicine — areas that have been most hard-hit by COVID-19,” Martin said.

“People [graduating from medical and nursing schools] may choose to prioritize their safety and/or longevity in their career over [working in a field] that’s stressful and puts them and their loved ones at risk.”



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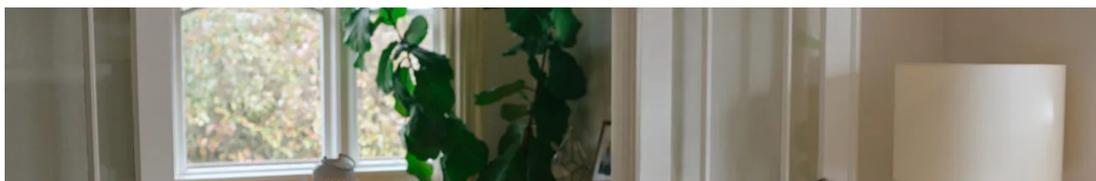
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## My Partner Won’t Get Vaccinated — What Can I Do?



Written by [Cathy Cassata](#) on August 26, 2021 — [Fact checked](#) by Dana K. Cassell



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