



Wisconsin Hospital Association and the COVID-19 Pandemic

Amid the warnings and the orders and the deluge of information, The Wheeler Report talked with Dr. Mark Kaufman, Chief Medical Officer at the Wisconsin Hospital Association, about COVID-19, how hospitals are preparing for a surge of patients, and what social distancing could really mean. The report below is from information provided by Dr. Kaufman during the interview.

Reports are using various names for COVID-19 – technically speaking SARS-CoV-2 is the name of the virus that causes the COVID-19 disease which stands for Coronavirus Disease 2019. COVID-19 is a novel coronavirus meaning it is a new strain of a coronavirus disease. COVID-19 is HIGHLY contagious. Currently there is no vaccine and no medicine to treat the virus. Social distancing is the only way to prevent spreading the disease. Social distancing is limiting the people you come into contact with and keeping yourself at least 6 feet away from people you don't directly live with. Six feet is the amount of distance to keep yourself outside the radius of someone's sneeze or cough droplets.

Wisconsin has 128 General Medical Surgical (GMS) hospitals, with 10,994 beds set up and staffed and over 2,400 ICU beds. Normally Wisconsin hospitals operate at around a 58% occupancy rate, meaning that on average around 6,500 beds are being used at any given time. Right now, as hospitals prepare for the possibility of a surge of very sick patients infected with COVID-19, they are decreasing the number of patients in their hospitals by cancelling or postponing non-essential procedures. For hospitals and health care systems around the state that means they are potentially losing or postponing important revenue to keep their facilities running. The postponement or cancellation of non-essential or elective procedures impacts hospital preparedness in many ways: First it makes beds available for incoming patients, Second, it preserves personal protection equipment (PPE) like gloves, masks, and gowns for use later, Third it makes essential equipment, like ventilators, available for a possible surge.

There has been a lot of discussion in the news and in briefings by the CDC, state officials, DHS, etc. about the math, the stats, the models, etc. Here's why it's all important. Right now (as of 2 PM, Thursday, March 26) Wisconsin has 707 positive cases. If 10% of those people need to be hospitalized, then we need 70 beds for those people. The hospitals can easily handle that right now. However, Wisconsin hasn't been aggressively testing, so 707 is only the number of people that have shown symptoms and who tested positive for the disease. DHS Chief Medical Officer, Dr. Ryan Westergaard, said in a media availability earlier this week if only 10% of the people with the disease are symptomatic then potentially there are thousands of people who are carrying the virus and are highly contagious but are not showing any symptoms. The more people that are exposed to the virus, the higher the number of positive tests there will be. As the number of positive tests go up, the higher the number of people who potentially need to be hospitalized. In many areas of the world, that number has increased so rapidly it has caused what the medical community calls a surge – a significant number of people who all get sick and need medical assistance at once. Because the only way to stop the spread of COVID-19 is social distancing, the more people can do that, and the faster that intervention is in place, the more likely the surge will be lowered and protect the medical community from being overwhelmed. That's called flattening the curve. People will still get sick, but it is less likely that everyone will get sick all at the same time. Instead fewer people will get sick, and it will be spread out over a longer time period, allowing the medical community to keep up with the pace.

Wisconsin hospitals and health care systems have plans in place for emergencies. The first step for them is to assess where their resources are now – they are doing that – which is why non-essential surgeries and procedures are being cancelled and postponed. Hospitals are looking at their supplies, they are preparing their health care workforce. If or when a surge comes, they have additional steps they can take to protect patients and health care staff. Some of those measures are being taken now in states like New York, Washington and California. Those steps may include having dedicated facilities and staff. Instead of having cardiac and diabetic patients at all the various hospitals during a surge, hospitals and systems can work together to keep certain facilities for specific medical needs and keeping COVID-19 patients out of those facilities. Staff can be dedicated to working with COVID-19 patients and not allowing those staff to work with other patients in the hospital or facility to minimize the chance they will cross-contaminate patients. Usually during shift change there is a time when the on-coming shift and the leaving shift will meet to share information. Some hospitals have stopped that and instead have one supervisor doing all the updates to prevent different shifts from potentially contaminating other shifts. Wisconsin is not to this point yet, but medical professionals here are watching and learning from other states as their cases increase to learn best practices.

Dr. Kaufman said one potential bottleneck or pinch in the healthcare system is the healthcare workforce. Currently it seems as though about 10-14% of healthcare workers are themselves getting sick from interacting with infected patients. That's part of why the personal protection equipment is so essential - to protect the people needed to help everyone else when they get sick. The healthcare field is already seeing shortages in numerous areas: nurses, doctors, CNAs, etc. A 10-14% decrease in those numbers because of COVID-19 illness can impact an overburdened system, especially during a surge.

Researchers are working hard to develop a vaccine and to test medicines for effectiveness against COVID-19, but they likely won't be available this year, even with the fast-tracking work being done in labs all around the world. That means that there could be second and third waves of COVID-19 later this year or early next year. Dealing with a virus can be tricky on many fronts and social distancing can be misunderstood and possibly condemned later. As people stay at home and practice social distancing there is the potential that Wisconsin won't have a very large surge, because the state took action to intervene early. But therein lies a potential paradox. People may conclude that the safer-at-home order went too far and wasn't needed because our cases never went up dramatically, yet it is possible the numbers didn't go up drastically because the safer-at-home order went into place. When people return to business as usual and stop the social distancing there is potential for additional waves of outbreaks. Imagine all the people who did what they were told to do – socially distance and stay at home – those people have not been exposed to the virus. Now put them back out into society with people who are carriers, or who didn't follow the CDC and WI DHS guidelines and a whole new wave of infected people is created and the process starts all over again. Dr. Kaufman said one lesson that has been learned from South Korea is that after this first stay at home process it will be imperative that testing be easily accessible and done quickly if the virus starts emerging again. Then anyone who tests positive is tracked back to anyone they came into contact with and those people immediately quarantined and/or tested.

It is important to stay on top of the information and anyone with questions about their cough, runny nose, fever or respiratory issues should isolate themselves from other family members in the house and contact their doctor. It is always best to contact your doctor or your healthcare facility before going in.