

Report to the Boards of Health

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Mid-Michigan District Health Department, Wednesday, November 24, 2021
Central Michigan District Health Department, Wednesday, November 17, 2021
District Health Department 10, Friday, November 19, 2021



Current Health Care Crisis

Michigan’s health care systems are dealing with a staffing crisis. Many have 20% or more of their positions unfilled. Patients may have to wait days to be transferred due to a shortage of paramedics, or because there is no place to accept them. This is particularly true for inpatient mental health and skilled nursing facilities. The Michigan Health & Hospital Association (MHA), the Health Care Association of Michigan (HCAM), Michigan Association of Ambulance Services (MAAS), Michigan Community College Association (MCCA), and American Nurses Association of Michigan (ANA-MI) have formed a new coalition named the Healthcare Workforce Sustainability Alliance. They are asking for \$650 million investment to support workforce training programs and support health care staffing needs.

As of November 10, 2021, 17,817 of the 21,011 total adult inpatient beds available in Michigan, or 85%, were occupied. Of the 3,497 adult ICU beds, 2,160, or 62%, were occupied. These figures do not consider the number of beds that may not be available due to lack of staffing.

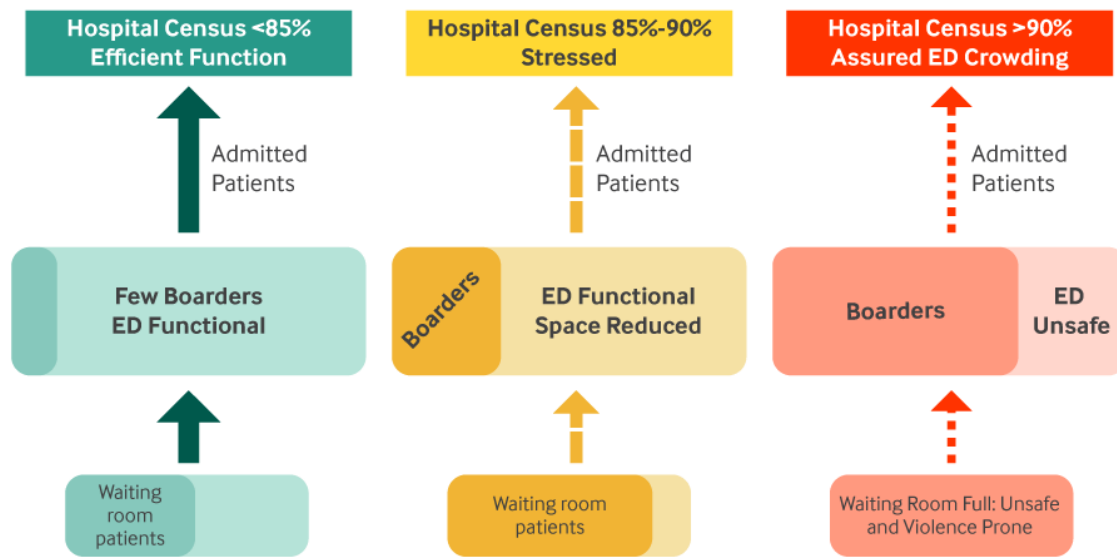
Statewide Hospital Capacity Report 11/10/2021

Region	Adult Hospital Inpatient Beds	Adult Hosp Inpatient Bed Occupancy	Percent Occupied	Adult ICU Beds	Adult ICU Bed Occupancy	Percent Occupied
Region 1	1486	1331	90%	193	175	91%
Region 3	2699	2238	83%	343	315	92%
Region 6	2578	2209	86%	274	242	88%
Region 7	864	650	75%	139	130	94%
Totals	21011	17817	85%	2497	2160	62%

Hospitals become stressed when they are beyond 85% capacity. Emergency departments (ED) have already struggled with being overly busy and crowded, as visits to the ED have increased by more than 60% since 1997. Now, with 5 to 6% of all ED visits in Michigan due to confirmed cases of COVID, crowding is even worse. With hospitals reaching maximum capacity, patients are unable to be admitted. These patients end up being “boarded”, or waiting, in the ED often days at a time until a bed is available. Overcrowded emergency rooms lead to ambulances being diverted to other hospitals, sometimes hours away. This takes the ambulance out of service and unable to respond to other emergencies in its area. This all contributes to increase harm to patients, increased deaths, medical error, staff burnout, and excess costs.

Impact of Boarding Admitted Patients on Emergency Department Function

When census is <85%, hospitals typically can function efficiently (green). Hospitals become stressed as census increases beyond 85% and admissions from the ED begin to accumulate from prolonged boarding (yellow) filling the ED to capacity. Most hospitals cannot overcome inefficiencies when hospital census is above 90% (red). The ED becomes overwhelmed and backed up, filling the waiting room and delaying care for those patients leading to increased risk of patient harm.



Source: The authors, based in part on internal Association of Academic Chairs of Emergency Medicine (AACEM) members' data, and informed by Forster AJ, Stiell I, Wells G, Lee AJ, van Walraven C. The effect of hospital occupancy on emergency department length of stay and patient disposition. *Acad Emerg Med.* 2003;10(2):127-133. <https://onlinelibrary.wiley.com/doi/epdf/10.1197/aemj.10.2.127>.

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Prior to the pandemic, there were already shortages in nearly all fields of health care. Worsening shortages were projected over the coming years, as baby boomers working in health care approached retirement age, and our aging population requires more medical care. Rural parts of the US made up 60% of the areas facing the biggest shortages. Since the start of the pandemic, nearly 1 in 5 health care workers have quit or retired early and another 1 in 5 are considering leaving. This has led to increased workloads and rushed or subpar patient care. Many still working in health care are suffering burnout, stress, and signs of trauma. In addition to those that have left the field, from April 2020 to April 2021 over 3,600 health care workers died due to COVID-19 infection. At least 115 of these deaths occurred in Michigan.

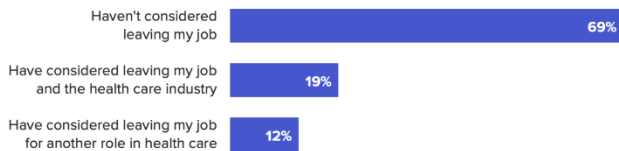
Nearly 1 in 5 Health Care Workers Have Quit Their Jobs Since COVID-19 Hit U.S.

Among those who have kept jobs, about 1 in 5 considering leaving medical field

Health care workers were asked whether they've left their jobs since mid-February 2020



Among health care workers who have stayed in their jobs since mid-February 2020

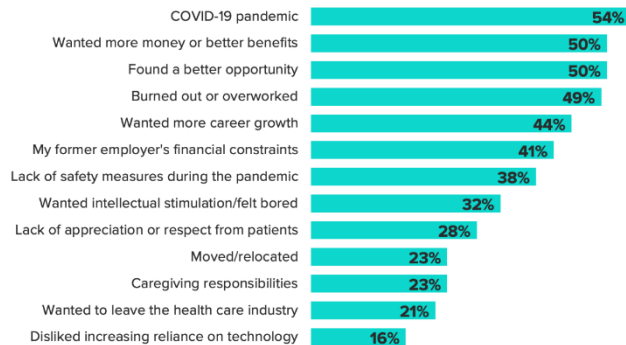


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Poll conducted Sept. 2-8, 2021, among 1,000 U.S. health care workers, with a margin of error of +/-3%.

Pandemic Is a Top Reason Medical Workers Were Laid Off or Quit Since Early 2020

Health care workers said the following reasons are why they quit or were laid off since mid-February 2020:



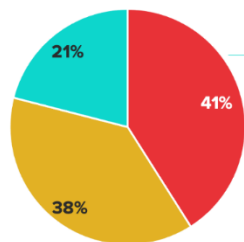
MORNING CONSULT

Poll conducted Sept. 2-8, 2021, among 268 U.S. health care workers who have been laid off or quit their jobs since Feb. 15, 2020, with a margin of error of +/-6%.

About 4 in 5 Health Care Workers Say They've Been Affected by Shortage of Medical Professionals

Health care workers were asked whether the national shortage of medical workers had affected them and their place of work

Major impact Minor impact No impact



Those who said the shortage has had an impact were asked to describe it

- "Our emergency rooms are at or over capacity all the time and we are getting more complaints"
- "Have to work more hours as others have quit because of vaccine mandates and not making enough money"
- "An almost insurmountable workload that has caused the remaining individuals to become completely burnt out"

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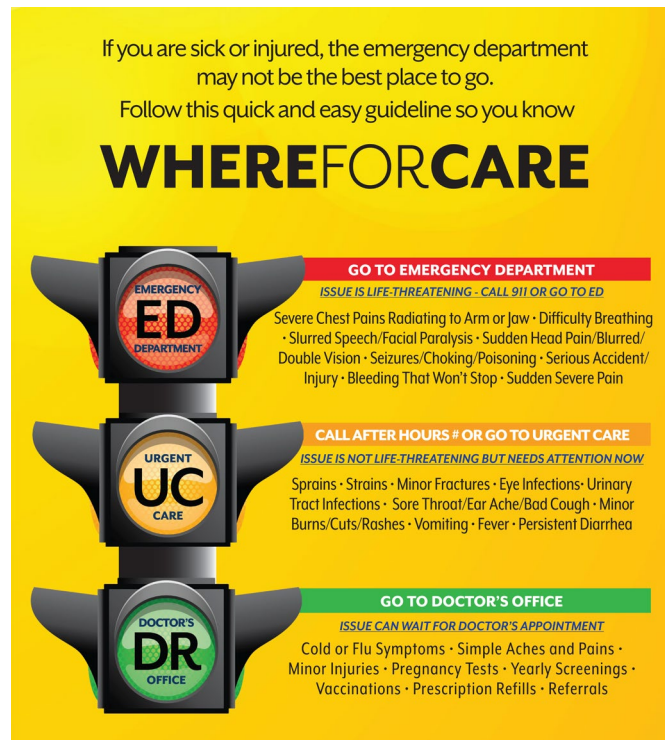
Poll conducted Sept. 2-8, 2021, among 1,000 U.S. health care workers, with a margin of error of +/-3%. Figures may not add up to 100% due to rounding.

One of the largest nurses' unions in the US, National Nurses United, argues that there is no nursing shortage, just a shortage of nurses that are willing to risk their safety and the safety of their patients working in the unsafe conditions the current hospital industry has created. They say based on the number of registered nurses in the country, and the demand of nurses reported by the U.S. Department of Health and Human Services, there are enough nurses to meet the needs of the country. However, many have left patient care or nursing all together. They state this is due to the hospital's financial priorities, leading them to understaff units, staff shifts at unsafe levels, and require overtime where it is allowed.

Area hospitals are voicing concerns about the overcrowded, understaffed conditions. They are sounding the alarm regarding being short staffed in numerous vital health care professions, struggling with backlogs of patients due to shortages in skilled nursing facilities, psychiatric hospitals, and EMS agencies, and dealing with high levels of seriously ill patients. The situation is near critical at this point. Should we face a more "normal" influenza season this year, our health care systems will quickly become completely overwhelmed, forcing them into crisis standards of care. Crisis standards of care are formal predetermined standards that guide the rationing of health care resources in a legal and ethical way when those resources are inadequate to help everyone. One example is deciding who gets vaccines first when there is a limited supply. Much more serious are things like deciding which patients get a ventilator and an ICU bed and who gets comfort care only. Our goal is to avoid these situations.

Recommendations:

1. Support initiatives to promote health care profession education, training, and job quality.
2. Continue to do everything you can to stay healthy. Get any vaccines you need, such as COVID-19 vaccination or booster and influenza vaccine, wash hands frequently, wear a mask when in indoor public spaces or outdoors where there is limited air circulation, and practice healthy behaviors such as getting good sleep, eating well, and exercising.
3. Use health care responsibly. Go to the right place for the care you need. <http://whereforcare.info/>



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