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As Crises Linger, U.S. Hospitals Continue to Face Headwinds

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This article is authored by guest blogger, Jill Harris, Senior Director, Network Development at Coventry, a part of Mitchell | Genex | Coventry. The coronavirus pandemic is perhaps best depicted by the voids it carves rather than by what it yields. The disappearances of handshakes, rush hour traffic and sellout crowds at sporting events reveal the outlines of a nation transformed. Most important, of course, is the loss of more than 275,000 lives in the U.S. to COVID-19, the disease caused by the virus. Among the vignettes of absence the virus renders are indelible images of weary doctors and nurses, clad in protective coverings, making appeals for basic gear that only a year ago appeared abundant. As hospitals continue trying to pump more masks, gloves, gowns and other necessities from exhausted supply lines, many facilities find they are short on two other must-haves: money and manpower. These threats to hospitals are likely to intensify as the pandemic's broadest wave picks up momentum. Patients who require care for conditions other than COVID-19 might forgo treatment for fear of the virus or such patients might once again be told to stay away as a precaution. Such decisions, even when imperative, can sap hospitals' wherewithal. Another more ominous concern is that some hospitals won't have turn out enough doctors and nurses to handle the coming deluge of patients.

Hospitals Suffered Milder Strains of These Afflictions Before

The mounting pressures many hospitals now face are, in some ways, amplified versions of the trends that played out early in the pandemic. In those days, hospitals saw revenue crash just when they needed it most—as they began reconfiguring operations to prepare for a crush of COVID-19 patients. To promote safety and free up staff, hospitals called off elective, or even non-emergent, procedures. This clear-the-decks strategy, championed and eventually mandated by public health officials, allowed hospitals to expand intensive-care units, ready additional recovery spaces and preserve precious stockpiles of personal protective equipment. Hard-hit hospitals even brought in workers from other states to help care for COVID-19 patients. Yet the dearth of everyday patients deprived many facilities of the financial lifeblood that sustains operations. For months, many hospitals

posted steep losses and hundreds instituted painful layoffs and other cost-cutting measures. In certain areas, it's been an existential threat. The financial headwinds already knocking at many small, rural hospitals before the pandemic are forcing some to close even as COVID-19 surges. While patient flows rebounded to differing degrees in the troughs before and after a midsummer crest of virus cases, many hospitals are still struggling to regain their financial footing amid the worst economic shock since the Great Depression. Unlike in the pandemic's first wave, some facilities more recently continued elective procedures as COVID-19 cases began to climb anew. Now, however, as COVID-19 burns out of control in most of the country, revenue could again dry up as more hospitals push off all but the most pressing care. To help keep hospitals afloat early on, the federal government channeled billions of dollars to health systems. Yet in the final days of 2020, with conditions in the U.S. worse than at any time in the pandemic, it remains uncertain whether Washington will again take extraordinary measures. There are some signs of thawing relations among lawmakers following months of partisan bickering.

Health Workers Are Getting Sick, Adding to Hospitals' Staffing Woes

As if financial and supply-chain challenges weren't enough, most worrisome is that many hospitals are grappling with crippling staff shortages. More clinicians are being sidelined by exposure to the virus or are falling ill with COVID-19. More than 1,000 hospitals across the country find themselves "critically" low on available staff, according to U.S. government data released in November. About one in five hospitals expected they would soon face staffing shortfalls, the report found. These numbers are expected to grow as hospitals fill with record numbers of patients. Worse yet, some health care workers are dying as a result of their caregiving. A project by Kaiser Health News and Britain's Guardian newspaper has identified more than 1,400 deaths from COVID-19 among U.S. health care workers. It's little surprise that the darkest days yet of the pandemic in the U.S. are in equal measure the grimmest for the nation's hospitals. Many clinicians are understandably exhausted—in every sense—from months of working in crisis mode. Some observers worry the pandemic will fan instances of physician burnout and amplify mental-health crises within the profession. In a recent survey of about 5,000 U.S. doctors, nearly two-thirds reported the pandemic was worsening a sense of burnout. These end-of-one's-rope feelings can carry alarming implications: Already doctors are nearly twice as likely to die by suicide as the general population. It's not just doctors who are at risk, of course; other health care workers sometimes struggle with mental health challenges, too. To be sure, there are a few bright spots. Medical schools, for example, are enjoying record applications as the pandemic underscores the importance of health care workers. All these obstacles make it more difficult for hospitals to expand care to meet surging demand. In states where public health officials and health care leaders are erecting field hospitals to absorb a surfeit of COVID-19 patients, it's not always clear who will tend to the sick. With so many virus hotspots, hospitals can't pull workers in from other areas as readily as before.

Hospitals Must Be Fortified to Endure the Coming Winter

As the largest wave of COVID-19 cases bears down, hospitals are, to varying degrees, facing simultaneous crises of anemic cashflow, shortages of essential protective gear and perhaps insuperable staffing deficits. Without concerted action from lawmakers, health officials, hospital administrators and the public, by masking up and limiting gatherings, it's unclear how hospitals will endure what will surely be one of the bleakest winters in American history. This heartrending outlook isn't indefinite, of course. Looking to the other side of the ill-omened winter holds promise of perhaps broad access to several vaccines that appear to muster extraordinary effectiveness. The challenge will be helping hospitals bridge the chasm between here and there.



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