



Public Health Brief

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No Room at the Inn!

https://www.sacbee.com/news/coronavirus/article247294394.html?ac_cid=DM327991&ac_bid=-1371905544

(Note: The hospitals in northern Nevada are facing similar stresses. The main issue is not going to be space or supplies – it is going to be staffing. As I said last night, “Our Future is in Our Hands”).

Rural California, Sacramento hospitals brace for crush of COVID-19 patients. Are they ready?

BY JASON POHL AND

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Sprawling, sparsely populated Siskiyou County along California’s northern border hit a milestone this week. After months of dodging a major COVID-19 outbreak, seven people were hospitalized with coronavirus infections, and the [number of available ICU beds briefly dropped to zero](#).

That sent officials at the Fairchild Medical Center in Yreka scrambling.

“We’re working on trying to get temporary staffing,” said Mike Madden, assistant administrator at the hospital, which remains open and able to handle the situation. “That’s only been partially successful because of the demand for travel staff.”

“We need people to wear their masks, wash their hands,” Madden added. “It’s not a hoax. COVID is very active in Siskiyou County. It’s not any longer just in Los Angeles or San Diego.”

From rural hospitals in far Northern California to urban medical centers around Sacramento and across Southern California, facilities are bracing for an expected increase in COVID-19 patients.



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[But where earlier fears were rooted in concerns about the “Wild West”](#) of medical supply chains, a shortage of medical staff is worrying health officials as hospitals simultaneously vie for the same personnel.

That staffing shortage puts real pressure on rural areas that don't have multiple hospitals and an army of reserve employees minutes away, said Alan Morgan, CEO of the National Rural Health Association. Hospitals in metropolitan areas can transfer patients more easily and draw from a bigger pool of health care workers than can facilities in less populated regions.

Small hospitals fill up faster. When that happens across wide swaths of a state, [like what's happening in the Midwest now](#), it can quickly put health care systems on the brink of collapse, Morgan said.

That's what makes this recent surge different from the summer spike.

“Earlier in the year, we were able to redeploy staff and resources to these hot spots,” Morgan said. “We really were talking about hot spots. The problem now is when every place is a hot spot, you lose the ability to redeploy. And that's as simple as that.”

Making matter worse, rural residents have been [less likely to wear masks or take the public health recommendations to heart](#). Once the virus arrives in town, Morgan said, it can create havoc.

“The vulnerable populations, plus the workforce shortages, plus not employing public health measures,” Morgan said, “that is just the worst scenario that played out.”

More than 4,500 people currently hospitalized in California tested have positive for COVID-19, [according to the state](#) on Thursday, with more than 1,100 in intensive care units. The dramatic increase coincides with spikes rolling across metropolitan areas and rural outposts nationwide.

Statewide, 1,900 ICU beds remain available, though that supply is declining at an alarming clip in small towns and big cities.

“Clearly, we are at a crossroads in the COVID-19 pandemic again, and are at a dangerous place with respect to our overall cases and hospitalizations,” [said Dr. Christina Ghaly](#), the director of health services in Los Angeles County County.

“The message is very clear: It is highly likely that we will experience the highest rates of hospitalizations that we have seen in the COVID-19 pandemic to date within the next month, unless we take action immediately to substantially reduce transmission within our communities,” she said.

Gov. Gavin Newsom on Thursday [issued a curfew across much of the state](#) in an effort to rein in the virus's uncontrolled spread.

“The virus is spreading at a pace we haven't seen since the start of this pandemic and the next several days and weeks will be critical to stop the surge. We are sounding the alarm,” Newsom said in a statement. “It is crucial that we act to decrease transmission and slow hospitalizations before the death count surges. We've done it before and we must do it again.”



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RURAL SURGE A SIGNIFICANT CONCERN'

Hospital officials in smaller cities are worried already.

Adventist Health/Rideout hospital in Marysville was treating only three patients with confirmed cases of COVID-19 as recently as Nov. 10. Now, Rideout is caring for at least 20 patients from Yuba and Sutter counties who have COVID-19, [local health leaders said this week](#).

Rick Rawson, the hospital's president, called it a ["significant concern."](#)

Just [five intensive care beds](#) were available Thursday morning in [El Dorado County](#). At Barton Memorial Hospital in South Lake Tahoe, nearly one-third of the 28 patients on Thursday had COVID-19, a concerning spike that forced administrators to restart an incident command center and hire temporary employees.

The hospital still has the capacity and the equipment it needs going into the winter months, said Mindi Befu, a hospital spokeswoman. "However, with global staffing shortages and other regional hospitals reaching inpatient capacity, we are preparing for the challenges that lie ahead with the pandemic."

Stacy Corless, a Mono County supervisor, said her Eastern Sierra county's small hospital so far is managing the increasing numbers of COVID-19 patients without running into capacity issues. [Mammoth Hospital has 17 beds and just a handful of ventilators](#).

A bigger concern, she said, is whether hospitals in regional medical hubs like Reno will be able to accept Mono County patients needing more advanced care in the coming months.

Corless said that unlike some other rural counties, Mono County, home to the ski resort community of Mammoth Lakes, hasn't seen the mask rebellions and other push-backs against pandemic-related restrictions.

"I think being a tourist destination people were like, 'Hey, if we don't get this right, our economy is done,' " she said.

That said, Corless and other elected leaders in rural California are "all on edge and worried. Will COVID fatigue push us over the edge?"

IS SACRAMENTO AREA PREPARED FOR SURGE?

The Sacramento region had about 14.5 hospitalized COVID-19 patients per 100,000 residents on Monday, higher than the statewide rate of 12.8 hospitalizations per 100,000 residents.

There were 344 confirmed or suspected COVID-19 patients overall in the region's hospitals, including those in the region's roughly 500 ICU spaces on Monday, the highest total since August. Some of those patients will likely end up in the ICU before leaving the hospital or dying.



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Even so, Sacramento County has 426 surge capacity hospital beds it can put into use at existing health facilities or other spaces, if needed. Only three of those beds were occupied on Monday, [county data show](#).

Less than half of the known ventilators in the county were in use as of Monday.

“Hospitalizations continue to rise at a concerning rate, but we have not yet reached the highest numbers that we experienced at the end of July and early August,” said Janna Haynes, a Sacramento County spokeswoman. “All our hospitals have surge plans that can be activated if capacity is reached and exceeded.”

The state also turned Sleep Train Arena in Sacramento into a surge space currently capable of holding up to 244 patients. It has been in a “warm shutdown” mode but can be activated within four days, said Brian Ferguson, spokesman for the California Office of Emergency Services.

About 74% of intensive care unit beds in Sacramento’s five largest hospitals were occupied at any one time in 2018, a number far above the statewide average. Roughly two-in-three ICU beds are generally used at any time across the 50 largest intensive care wards in California’s hospitals, according to [a previous Sacramento Bee review of state hospital data](#).

On Thursday, spokespeople for UC Davis Medical Center, Sutter Medical Center and Kaiser Permanente said their facilities were well-prepared to handle the current needs, both for COVID-19 patients as well as those with other medical needs.

“The increases we’re seeing in COVID-19 case are manageable,” said Charles Casey, a spokesman for UC Davis Medical Center, the region’s largest hospital and among the biggest critical care wards in the state.

Large hospital systems can also trade staff from one facility to another.

“We remain ready to meet the demands of potential rises in COVID-19 cases,” said Dr. Michael Vollmer, an infectious disease specialist with Kaiser Permanente. “... We have retained expanded capabilities so we can quickly increase treatment space, staff, and supplies to manage smaller, localized hot spots or large surges across our system.”

The Bee’s Phillip Reese contributed to this story.



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