

HEALTH

'It's still very real': Omicron cases may have peaked in Arizona, but hospitals haven't seen a slowdown

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TUCSON — It's not yet 9 a.m. on Jan. 27, and registered nurse Jenny Tuttle has already had to cancel a cardiac surgery that had been scheduled for that day.

She is managing a completely full ICU where half the patients, ranging in age from 35 to 75, have COVID-19.

Forty patients this day are in the Tucson Medical Center ICU, and 330 additional adult inpatients in TMC's regular wards. The total number of COVID-19 patients in the hospital is 101.

In general, omicron has produced less severe illness than other variants, but for ICU nurses like Tuttle, COVID-19 remains a daily deadly threat to patients.

"The numbers are a little less, but it's still very real. People are dying," she said.

The staff isn't aware of it yet but Thursday, Jan. 27, will set a record for the highest number of hospitalized COVID-19 patients in Arizona during the latest wave of illness, fueled by both the delta and omicron variants of the SARS-CoV-2 virus, or new coronavirus, that causes COVID-19.

Statewide, 3,559 patients with confirmed and suspected COVID-19 were hospitalized on Jan. 27. The last time the number was higher was Jan. 31, 2021, during Arizona's vicious winter surge of illness, which was before the COVID-19 vaccine was widely available.

While new cases of COVID-19 in Arizona appear to have peaked, hospitals have not yet experienced a slowdown.

It's unclear when hospitals will be able to stop postponing surgeries and needing unprecedented numbers of travel nurses to fill staffing holes.

TMC, a nonprofit hospital, has about 4,200 employees, including 1,200 nursing positions and had 180 open nursing jobs on Jan. 27. It was paying for 250 travel nurses, which is more than double the number it usually hires during the winter season, and had an additional 13 ICU nurses provided by the Arizona Department of Health Services.

The hospital, which on Jan. 27 filled 509 of its 609 licensed beds, has had more patients before, but not under these circumstances, and not this mix of patients.

For hospitals, the latest wave of COVID-19 illness has been significantly different than the first two major Arizona waves, which happened in summer 2020 and in winter 2020-21.

During the first two waves of COVID-19 illness in Arizona, inpatient hospitalizations rose, peaked once, and dropped quickly. The most recent wave, which began in the summer, has been more prolonged and rolling, with three separate COVID-19 peaks happening in September, December and what appears to be late January.

The January spike, most of it caused by the omicron variant, has led to the highest number of hospitalizations in this latest third wave of illness. That latest wave of COVID-19 hospitalizations has been complicated by uncommonly high numbers of non-COVID-19 patients with serious health needs.

"It's very unusual; they are very sick. ... Now when they come in, they are very, very ill and they stay a very long time. Forty percent of my unit has been here more than 10 days," said Lynn Pavone, a TMC nurse manager for a 27-bed regular (non-ICU) hospital unit — Unit 850 — that on Jan. 27 included six COVID-19 patients ranging in age from 30s to 80s, and 21 non-COVID-19 patients.

"We're used to two- to three-day stays. This is extreme. It's very challenging," Pavone said.

Hospital officials can't say precisely why non-COVID-19 patients are sicker and needing longer stays and more resources than they did prior to the pandemic, though some speculate that it could be delayed care.

Pavone's unit usually is for patients with neurological issues but that has changed now that there's a need for more COVID-19 beds. On Jan. 27, she had patients with diabetes complications, heart issues, flu and dementia, among other issues.

"We have no way of knowing how many more COVID patients we are still going to get in the next couple of weeks," she said. "We're ready for them if we do."

Another aspect that's different about the latest COVID-19 wave in hospitals is that there's a bigger shortage of staff to work the front lines, plus a higher-than-usual percentage of the health care workforce calling in sick due to the extreme contagiousness of omicron, even for people who have been fully vaccinated and received a COVID-19 booster.

Lately, about 15% of nurses on any given shift have been calling in sick, TMC officials said. On Jan. 27, 17 nurses who were supposed to work the day shift were out due to illness and positive COVID-19 tests.

'We've had days where we have 4 heart surgeries scheduled. We tell our surgeons, we can do 2'

Public health experts say new cases fueled by the omicron variant of the COVID-19 virus likely have peaked in Arizona. It's possible that Jan. 27 was the peak of omicron hospitalizations, but that wasn't clear as of this week. Even if it was, hospitalizations remain at a relatively high level: As of Tuesday, the number had been at more than 3,000 patients for 19 consecutive days.

In his Jan. 28 weekly COVID-19 report, University of Arizona public health researcher Dr. Joe Gerald predicted hospitals will be burdened by increased occupancy in general wards and in the ICU for "several weeks."

Two weeks ago, a young man in his late teens died with COVID-19 in TMC's ICU. A patient in the ICU on Jan. 27 was undergoing her third round of chemotherapy for cancer when she contracted COVID-19. COVID-19 is what could take her life. The cancer patient had been vaccinated but most of the ICU patients with COVID-19 have not, Tuttle said.

Tuttle has been interim nurse manager for the intensive care unit at Tucson Medical Center for the past two years and has learned that riding the waves of the COVID-19 pandemic is a numbers game.

A high number of patients coupled with unusually high numbers of staff calling in sick means surgeries get canceled. She says the 6:30 a.m. daily meetings about the day's surgeries are a constant source of heartache.

"These are people that need surgery, too. We've got to get them in as soon as we can," Tuttle said. "Our average ICU patient stay is 3.5 days. The average COVID stay is about 12. ... That is the secondary effect of COVID. We've had days where we have four heart surgeries scheduled. We tell our surgeons, we can do two, you figure out how to prioritize the needs of the patients."

Canceling surgeries has been a regular source of heartbreak, said ICU nurse Angie Muzzy, and one that's not obvious to those outside the hospital walls.

"You know these patients have taken time off of work, families have come in from out of town, the patients are prepped for surgery — often they have to come off of medications," she said. "Then they find they'll need to go through this all over again."

'This is a wildly different place'

Delays because of staffing shortages, bed constraints in rehabilitation facilities, and the time it takes to clean a van or a room that a COVID-19 patient has occupied are all affecting what's known in hospital lingo as "throughput," the movement of patients from arrival to discharge.

That movement includes a hospital department called "Bed Control" that works like an air traffic control tower for hospital beds, taking requests from inside and outside the hospital for patients needing care.

"We're in charge of moving patients throughout the hospital that are already here, from surgery to a floor once they are done, from the cath (catheterization) lab and so on," Bruce Bowles, TMC Bed Control registered nurse, said. "We are also bringing patients into the hospital, be it from our own emergency room or from an outlying facility. ... There are just very few beds available for any patients to go to."

The requests come from across Arizona but from other states, too, among them New Mexico, Texas, Nebraska, Arkansas, Nevada and California.

"We take them if we can, but first priority is supporting our hospitals and the immediate community hospitals," Bowles said.

Not having a bed immediately available for patients is relatively new for TMC, which as Tucson's only locally owned acute care community hospital has been a "just say yes shop for years," TMC's CEO Mimi Coomler said.

"We would pore over a single declined direct admission, and this is a wildly different place, where every day we turn away five to ten patients that request to come here," she said. "We are unable to immediately take them. We might have a bed available, but it's 12 hours later."

Dr. Marcos Teran, an emergency physician at Benson Hospital, which is about 48 miles southeast of downtown Tucson, recalled a life-threatening emergency in January when a patient had a ruptured thoracic aneurysm, which required surgical repair by a cardiothoracic or vascular surgeon and neither is available in Benson.

Teran placed calls to more than 30 Arizona hospitals, plus a hospital in New Mexico, looking to get care for the patient. He ended up calling all of the hospitals twice, spending two hours on the phone that took him away from his regular bedside care.

"We ended up getting her to Mayo Clinic in Phoenix after lots and lots of hours. Nowhere in Tucson had bed availability. ... People had closed their ORs (operating rooms). They couldn't accommodate," Teran said.

The patient ended up surviving, but Teran said under less-stressful situations, when the system isn't so full, the patient would have been able to get immediate care in Tucson.

Leaders with Benson Hospital, which is part of TMC Healthcare, say two or three years ago TMC accepted 90% of its patient transfer requests without any issues.

That's no longer the case, Benson Hospital CEO Julia Strange said.

"We need to figure out how to, as a rural hospital, work differently so more of those patients stay here. It's vital for our ability to navigate this sort of new world," she said.

"I think the system is going to be strained for a long time. ... I just don't believe that the capacity is going to dramatically change in the foreseeable future, to no fault of anybody's."

Patients waiting to be discharged are causing a backlog

On the night of Jan. 26, 17 patients stayed overnight in TMC's emergency department waiting for hospital beds, including three with COVID-19 who required isolation.

"We unfortunately had an ICU patient yesterday spend 30 hours in the emergency department. That is really unheard of," said Aimee Blum, nurse manager for TMC's adult emergency department.

"It's really caused us to reach out to get support from ICU nurses, to help us get education and learn initial tasks that we weren't trained for as ED nurses because we are not ICU nurses. We are having them come down and round on our patients every shift."

On the other end of hospital throughput, 16 patients had spent the previous night in the hospital even though they were ready to be discharged.

When patients are lingering in the hospital, in spite of a doctor saying they are ready to be discharged, it's typically because there is nowhere for them to go or because there is no transportation available to get them to their next level of care. Often, that next level of care is to inpatient rehabilitation.

But sicker patients, some of them needing isolation in rehab because of COVID-19, are causing delays in discharge, said Jeanne Rhodes, TMC's director of case management.

"Our focus is to expedite appropriate and safe discharges back to the community," Rhodes said. "We are working on a lot of long-term care applications with referral agencies, with patients and families. We have always done that as a hospital — it's one of the reasons I work at TMC, we do go the extra mile. But this is the largest number I've ever seen."

Sometimes patients are discharged home, and Rhodes' team, which includes nurses and social workers, makes sure that they have the necessary appointments and equipment they'll need at home. If they aren't going home, patients will need a bed in another facility, and they'll need transportation to get there.

As of last week, there were only two skilled nursing facilities in the Tucson area with a total of 13 beds for all COVID-19 patients needing rehabilitation after hospital discharge, Rhodes said. Most of those beds have been full in recent weeks. Three were available at 8:45 a.m. on Jan. 27, but by noon were full.

"We have an environment within our community we've never had before. We are seeing a surge in COVID cases. We are seeing a surge in patients. Patients that are needing to go to skilled nursing or an LTAC (long-term acute care), those (facilities) are as full as we are," Rhodes said. "Patients that have been COVID positive and need rehab and need a gym, et cetera, they have to be isolated. All of the hospitals are going to those same two facilities."

In other instances, housekeeping staff have called in sick and that means it takes longer to get rooms ready for new inpatients. For those being discharged, even when a bed is available at a rehabilitation facility, there may be no transportation to get the patient there, Rhodes said.

"Transport for patients to the next level of care has been an issue, especially those who are high risk and need to be in an ambulance. Obviously the first priority for the ambulances are your 911 calls," she said.

"So we have patients sometimes waiting to go to a psych hospital or another hospital that are waiting 24 to 36 hours. And they are trying hard to get here, but that's where we are. For COVID patients, there's only one transport company outside of TMC that takes COVID patients."

Between challenges with finding beds in rehabilitation facilities and transportation issues, more than 100 TMC patients who were ready to be discharged ended up staying an extra day or more during the month of January, TMC's Chief Medical Officer Amy Beiter said.

"Probably three to four patients every single day are waiting to hear whether or not they'll get a bed in their next destination," echoed Coomler, the hospital CEO.

'There are incidents where staff are being spit on'

People walking into TMC don't know about the backlogs with discharges, the staffing shortages, or the number of patients.

They may find themselves waiting several hours to be seen. Or they may be trying to go into the room of a loved one who has COVID-19, or accompany them in the emergency department, only to learn that's not permitted. And all of that can be frustrating.

"There is a sense of fear out there that we are feeling. Just the change in the dynamic of the community right now," Blum said. "People are coming in angry. It's just they want care right now. I'm attributing that to fear. That seems to be the most common thing, it's hard to say. People are being yelled at. There are incidents where staff are being spit on."

The hospital's emergency department has chairs partitioned with plastic dividers, an outdoor area with chairs and heaters for those who don't want to be indoors, and anyone with COVID-19 symptoms will be directed down a hallway away from the waiting room to get tested.

Someone who doesn't get admitted will find themselves at the hospital being treated, on average, for a total of four to six hours before they go home.

"There's definitely much more aggression coming not just from patients but visitors, family members," Blum said.

To the edge: A strained Arizona health system means not all patients get timely care

TMC has one of the busiest EDs in the state, with nearly 100,000 visits per year on average. The ED actually isn't quite as busy as it was pre-pandemic, Blum said. On Jan. 26, there were 196 adult patient visits compared with a seasonal average of 210 to 215 per day.

But as is the case with inpatients at TMC, patient needs in the ED are higher than usual. On Jan. 22, the hospital went on what's known as "code purple," meaning there was a potential patient safety risk because of high volume.

Staff members for the first time put a sign outside the ED asking people who have mild symptoms and need COVID-19 testing, to get it at a different location. Getting a COVID-19 test at an ED when you aren't seriously ill is never a good idea, and it's bad for throughput. This month was the first time TMC officials discouraged it in such a proactive way.

"We were absolutely surged out. I believe we saw 94 patients in five hours. We had to implement every surge plan we had in place. Mimi (Coomler, the hospital CEO) came in to help guide our ED. We were looking at how to use outpatient services to bring in extra staff," Blum said.

For two hours that day, TMC closed down to transfers from other EDs, with the exception of strokes and critical heart attacks.

"When we call a code like that, we acknowledge that we have to divert resources in the hospital because our capacity issues could present safety challenges," Coomler said.

"We started to identify low acuity patients. We performed a medical screening exam to identify the patients that could go over to urgent care instead of being in the lobby at TMC. I think there were nine at the time."

'We can't run a hospital short-staffed and expect nurses to stay'

One of the biggest problems for TMC and hospitals across the country is staffing and the morale hit that can happen when travel nurses earning \$115 per hour are working alongside staff nurses who earn \$38 per hour.

TMC is tackling the problem with a number of initiatives, but retention is the overarching goal.

"We can't run a hospital short-staffed and expect nurses to stay." Coomler said. "TMC has stepped up and showed the staff how much they appreciate them and given them incentives to stay here. Otherwise we would have lost staff. ... We did a 'pay and stay' model. We've just established substantial retention bonuses."

Tuttle gets emotional when she talks about her staff who have been working since the onset of the pandemic in 2020.

For two years, they've been working four 12-hour shifts per week, shifts that typically end up longer than 12 hours. Everyone in health care has been affected, but "critical care nurses see the worst of it," she said. What concerns her most is the level of death they've witnessed.

"A lot of my nurses are broken. I have nurses in therapy, they talk about it. We have a very supportive administration here," she said. "They gave us an opportunity last year to go to one of our resorts and have specialized coping training."

COVID-19 patients are often in the ICU for weeks and nurses act as conduits, getting to know families via Facetime, Skype, or the "window visits" that are allowed in the single-story hospital COVID-19 rooms.

"We get these patients here and they are not here for a day usually. They are here for weeks. We're trying to give them every opportunity to get better so you get to know the families," she said. "We turn them on their bellies, do hard, laborious work with them ... and they die anyway."

The intense one-on-one care that so many ICU patients require, including those with COVID-19, means Tuttle in January had to postpone about 30 surgeries for critical cardiac conditions.

While nearly all of the COVID-19 patients in the ICU have not been vaccinated and more than three-quarters of all COVID-19 patients in the hospital haven't been vaccinated, the nursing staff say they haven't encountered much hostility from patients about getting immunized, or about COVID-19.

"I don't think most of the patients are really anti-vaccination, they just think it (COVID-19) won't happen to them," said Muzzy, the ICU nurse. "I don't know that people purposefully say, 'I'd rather take my chances and end up in a hospital.'"

Early evidence is showing that a full vaccine series and a booster are effective at preventing severe illness and death from COVID-19.

Data from the U.S. Centers for Disease Control and Prevention shows that as of Monday, 62.5% of the total Arizona population was fully vaccinated, which is lower than the national rate of nearly 68%. And 40% of Arizonans ages 18 and older had received a booster dose, which is behind the national rate of nearly 45%.

Whether or not Muzzy and her colleagues will be seeing more delayed surgeries and more COVID-19 ICU patients in the months to come, like so much about the pandemic, is unknown.

Little data exists that would help predict how far the hospitalizations will drop after they peak, Dr. Joshua LaBaer, executive director of Arizona State University's Biodesign Institute, said during a Jan. 26 briefing.

"Even in the U.K., while it has come down from the peak, it hasn't come anywhere near the bottom yet. They still have plenty of hospitalizations there, and certainly in the U.S., again, while the trend is to slightly lower numbers, it has not come down a long way yet," he said.

"We don't know how long or how persistent hospitalizations will be. People who get severe elements of this illness could last in the hospital for a while. We'll have to see where it goes."

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