



HOSPITALS & THE COVID SURG

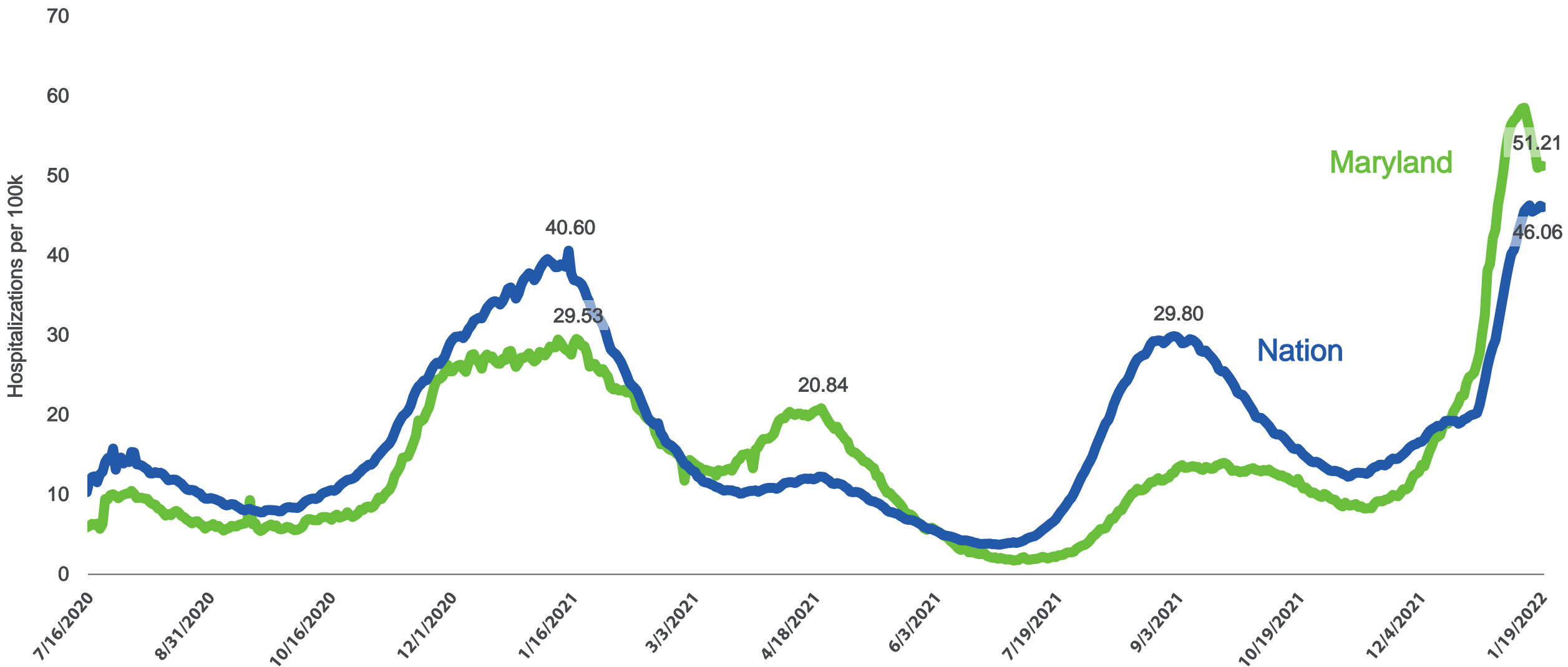
Maryland Health Care Commission

January 20, 2022



Maryland
Hospital Association

COVID-19 HOSPITAL INPATIENTS PER 100K POPULATION

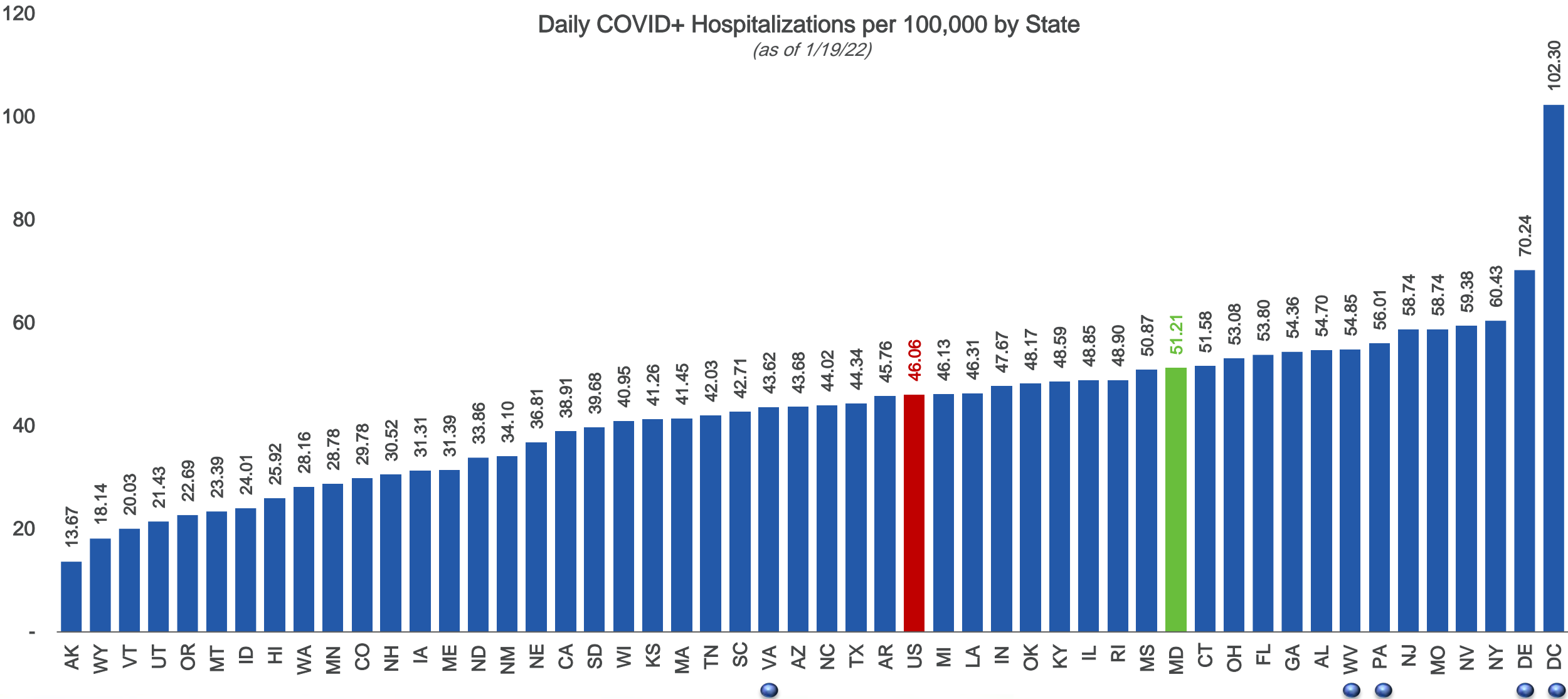


Source: Hospitalizations – Healthdata.gov; COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries



CURRENT HOSPITALIZED PATIENTS, BY STATE

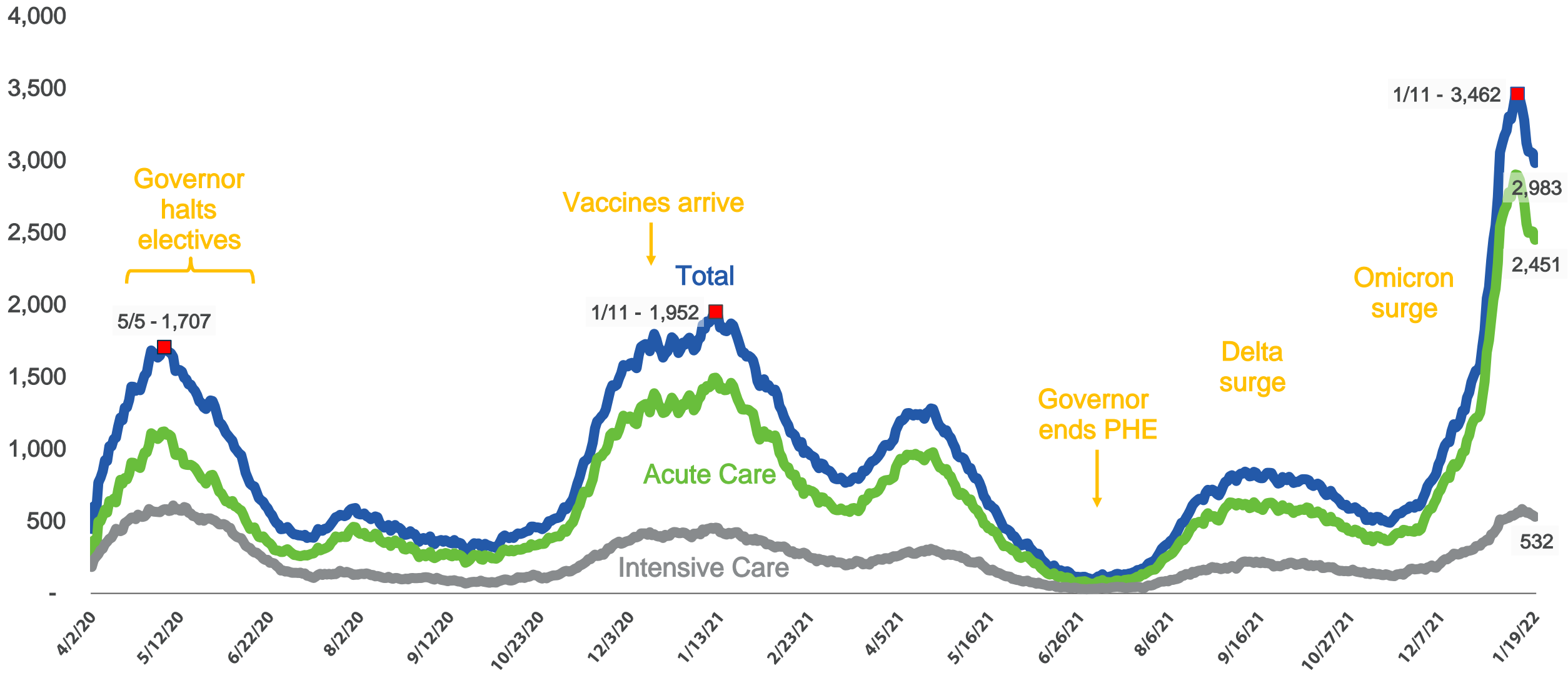
Daily COVID+ Hospitalizations per 100,000 by State
(as of 1/19/22)



Source: Hospitalizations – Healthdata.gov; COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries
Population – United States Census Bureau, 2019: Population, Population Change, and Estimated Components of Population Change



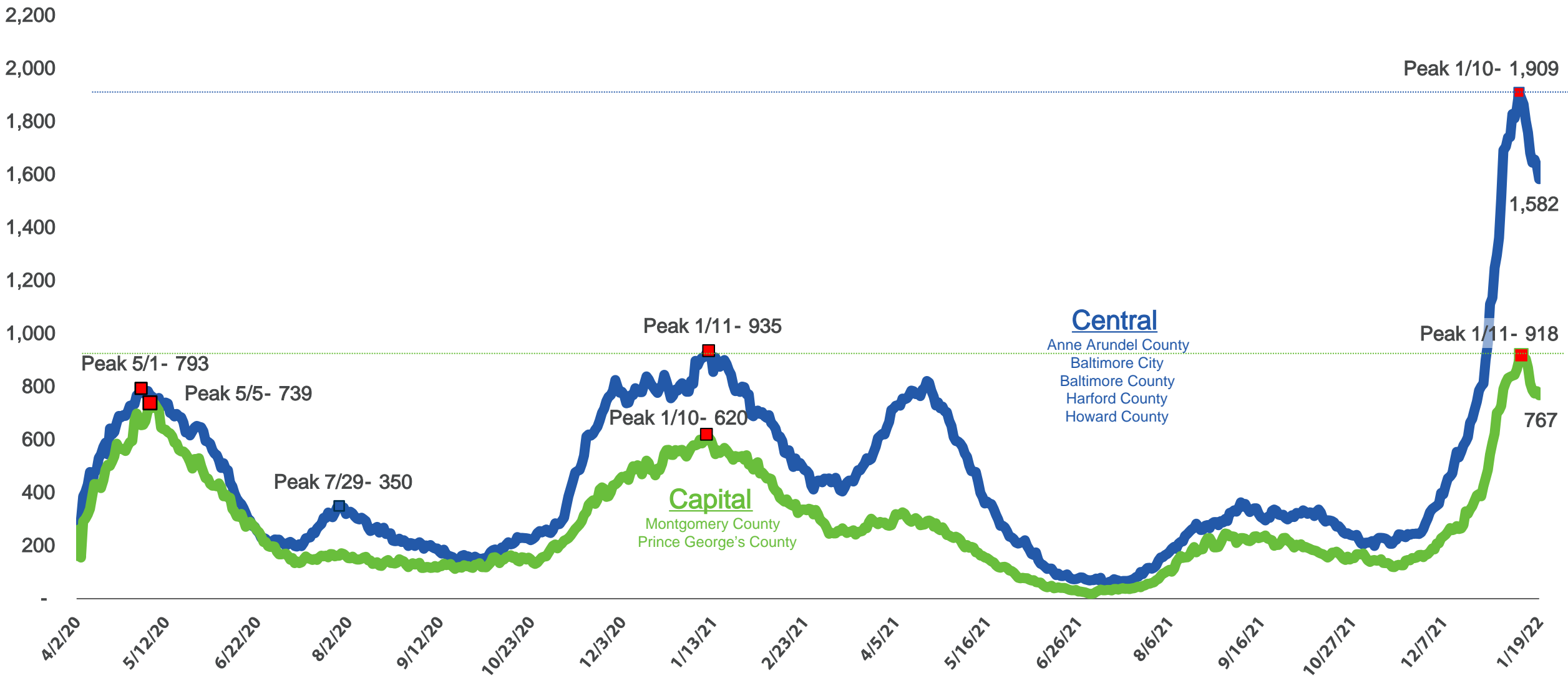
STATEWIDE COVID-19 HOSPITAL INPATIENTS



Source: Maryland Institute for Emergency Medical Services Systems (MIEMSS) Facility Resources Emergency Database (FRED) Daily Survey Submission
<https://reports.crisphealth.org/#report/53/1175>



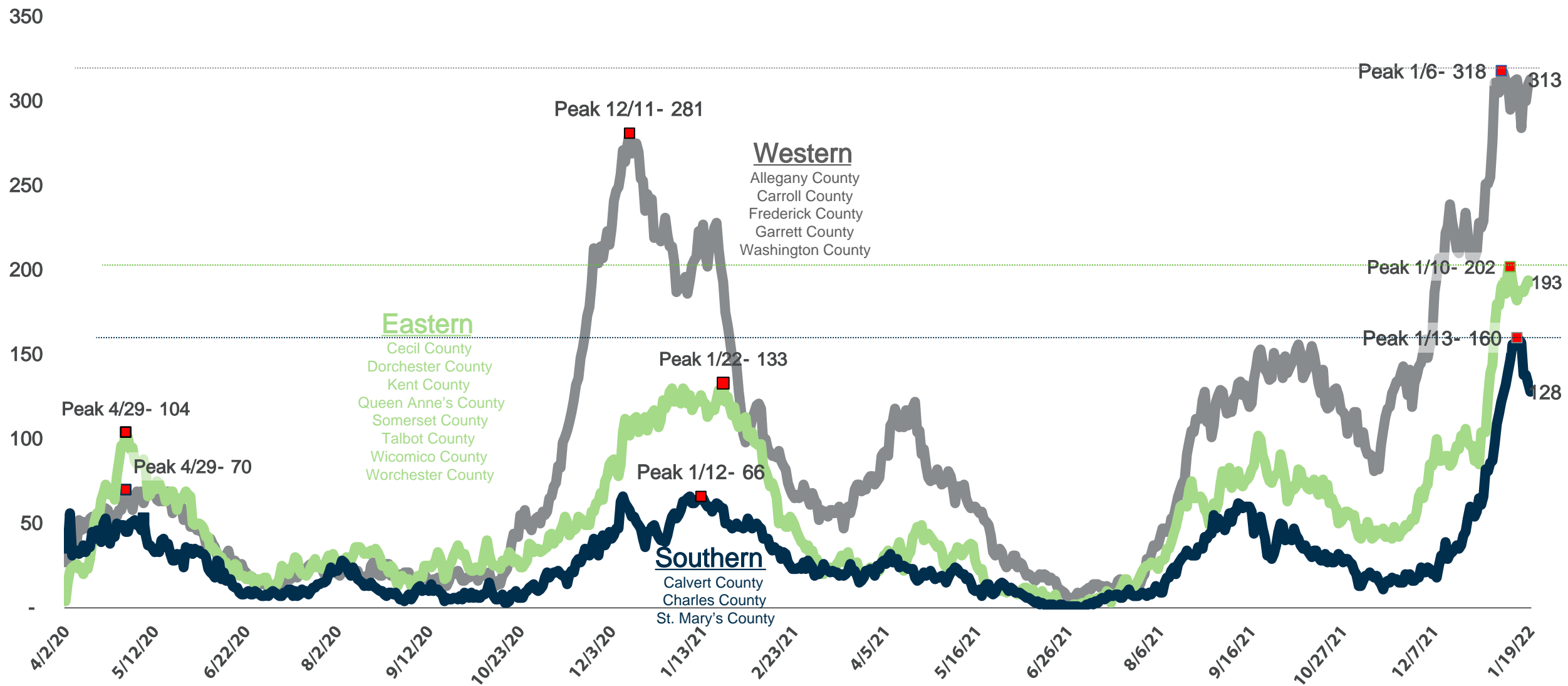
COVID-19 HOSPITAL INPATIENTS CENTRAL/CAPITAL REGIONS



Source: Maryland Institute for Emergency Medical Services Systems (MIEMSS) Facility Resources Emergency Database (FRED) Daily Submission / <https://reports.crisphealth.org/#report/53/1175>
 Central Region: Anne Arundel, Baltimore, Harford, Howard Counties & Baltimore City
 Capital Region: Montgomery & Prince George's Counties



COVID-19 HOSPITAL INPATIENTS EASTERN/WESTERN/SOUTHERN REGION



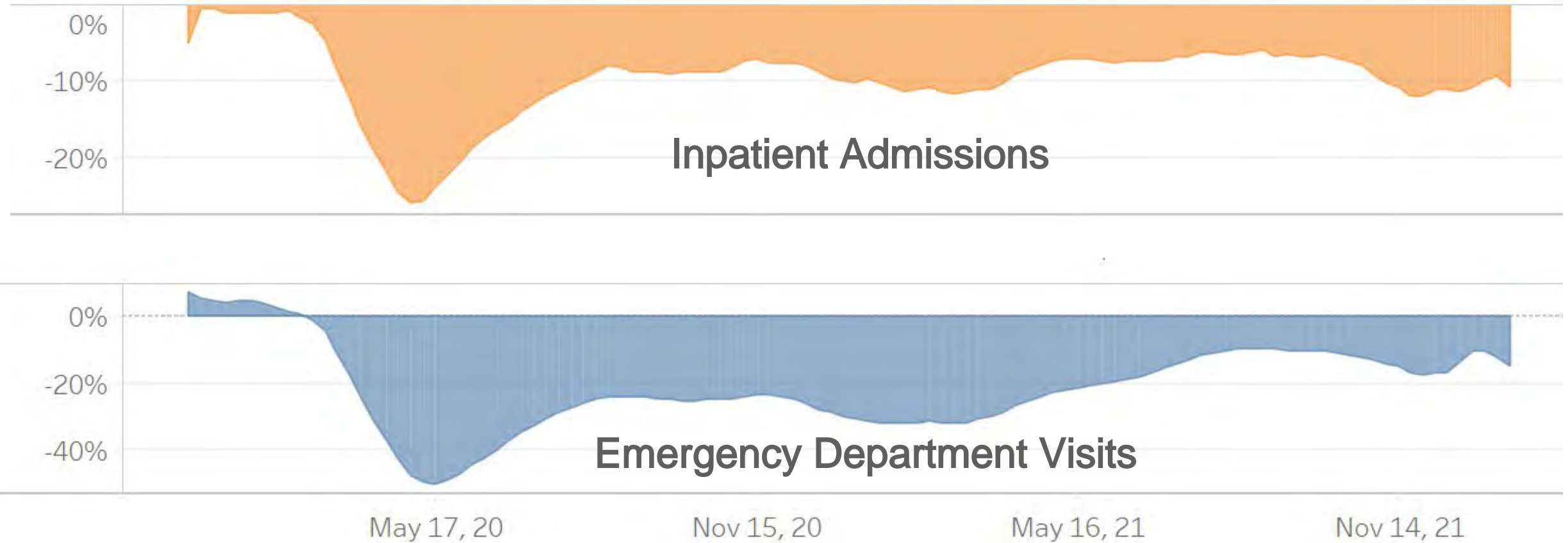
Source: Maryland Institute for Emergency Medical Services Systems (MIEMSS) Facility Resources Emergency Database (FRED) Daily / <https://reports.crisphealth.org/#report/53/1175>

Eastern Region: Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, & Worcester Counties

Western Region: Allegany, Carroll, Frederick, Garrett, & Washington Counties

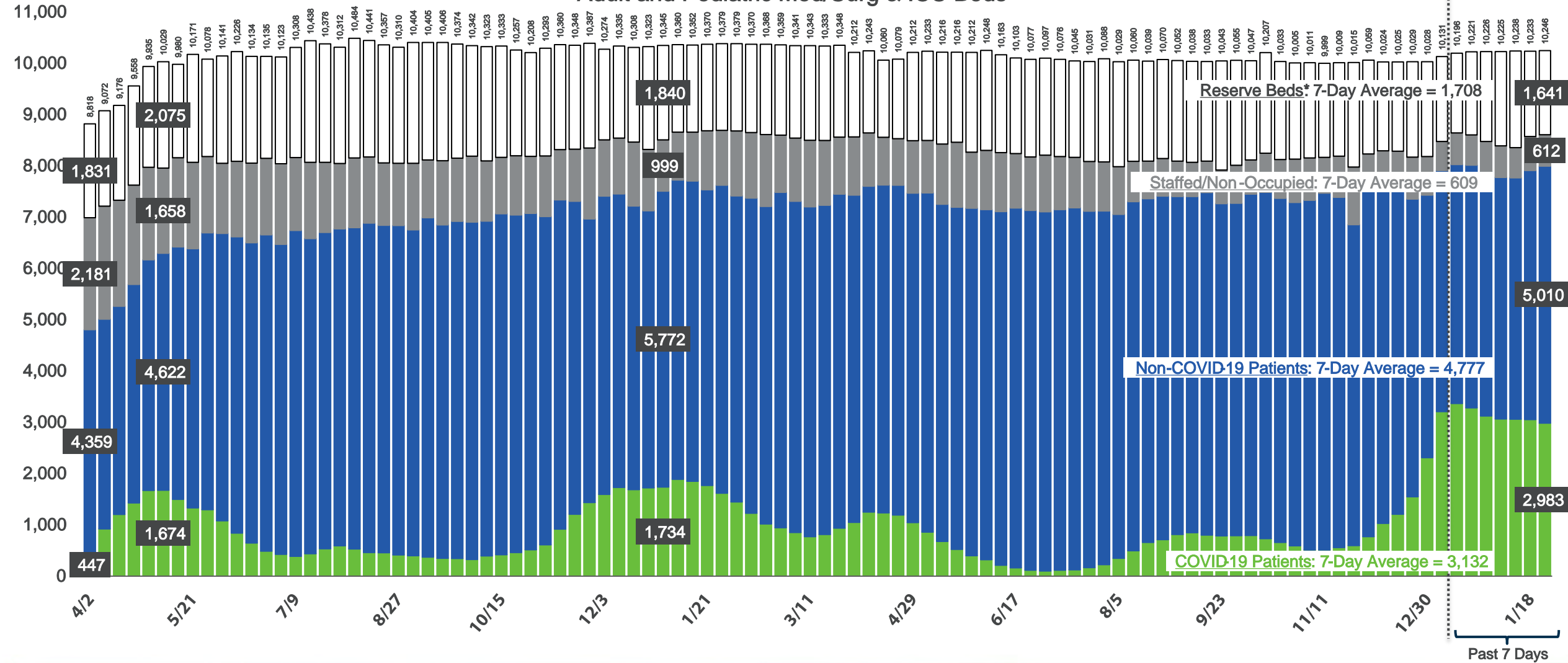
Southern Region: Calvert, Charles, & St. Mary's Counties

HOSPITAL ACTIVITY COMPARED TO 2019 BASELINE



MARYLAND'S HOSPITAL CAPACITY

Adult and Pediatric Med/Surg & ICU Beds



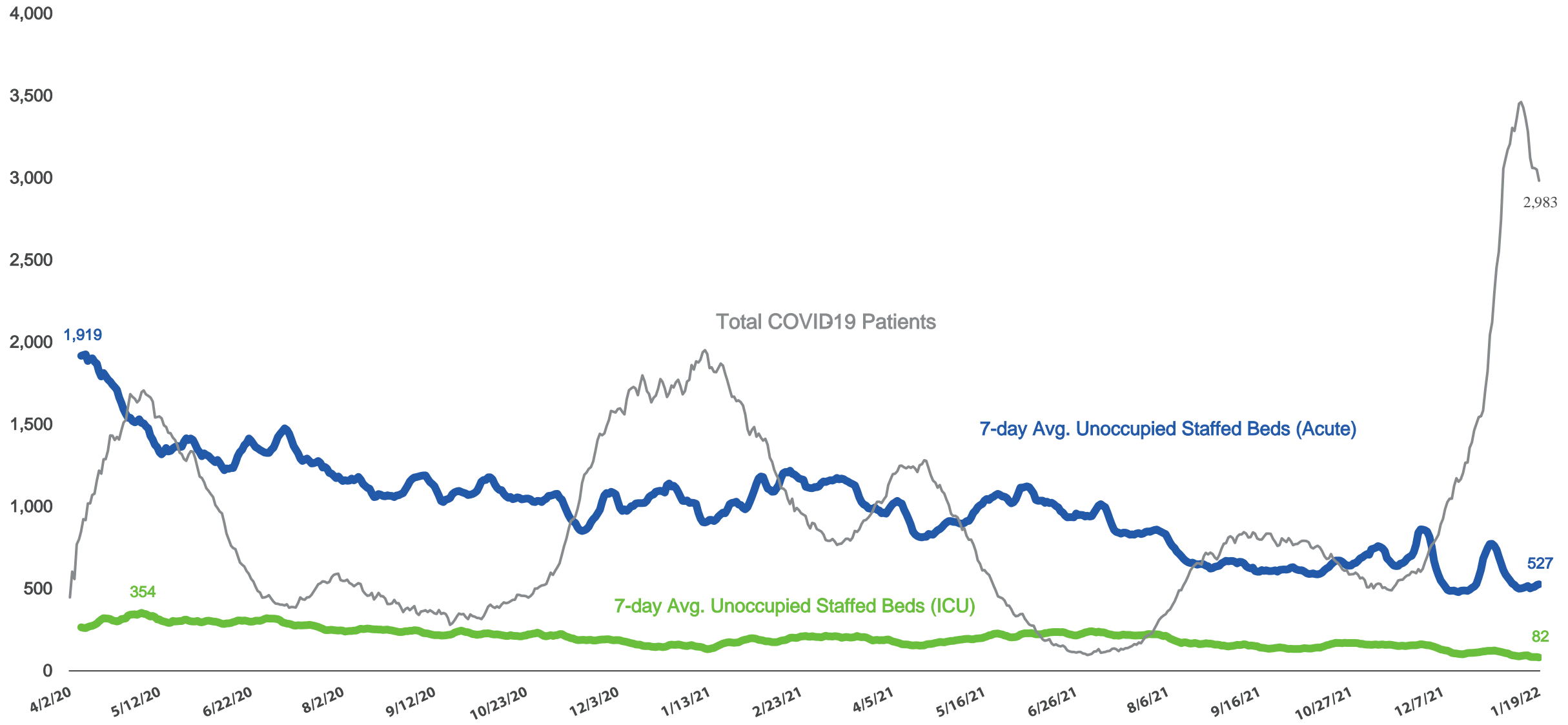
Source: Maryland Institute for Emergency Medical Services Systems (MIEMSS) Facility Resources Emergency Database (FRED) Daily

<https://reports.crisphealth.org/#report/53/1175>

* Reserve beds = Available physical beds that can operate with staff added



HOSPITAL CAPACITY UNOCCUPIED BEDS



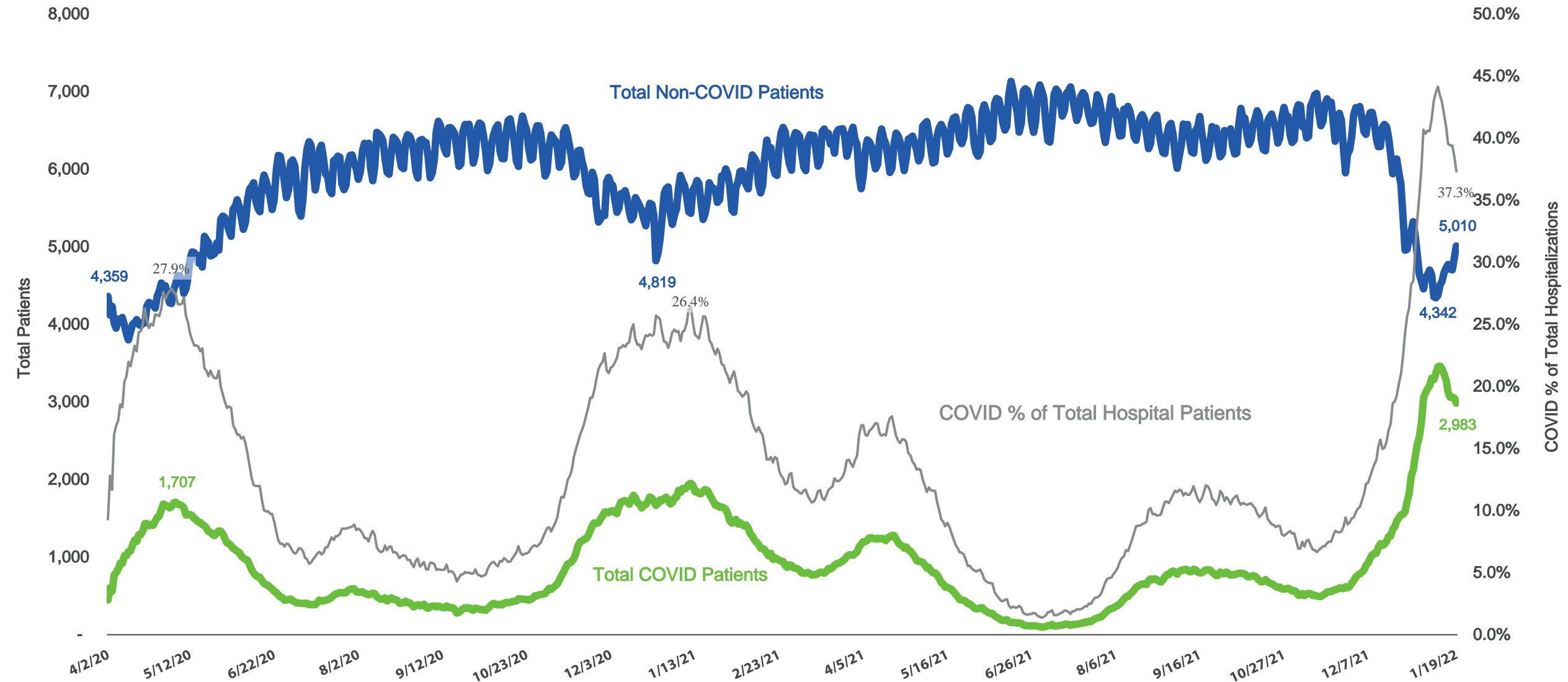
Source: Maryland Institute for Emergency Medical Services Systems (MIEMSS) Facility Resources Emergency Database (FRED) Daily Survey Submission

<https://reports.crisphealth.org/#report/53/1175>

* Reserve beds = Available physical beds that can operate with staff added



HOSPITAL CAPACITY COVID VS. NON-COVID PATIENTS



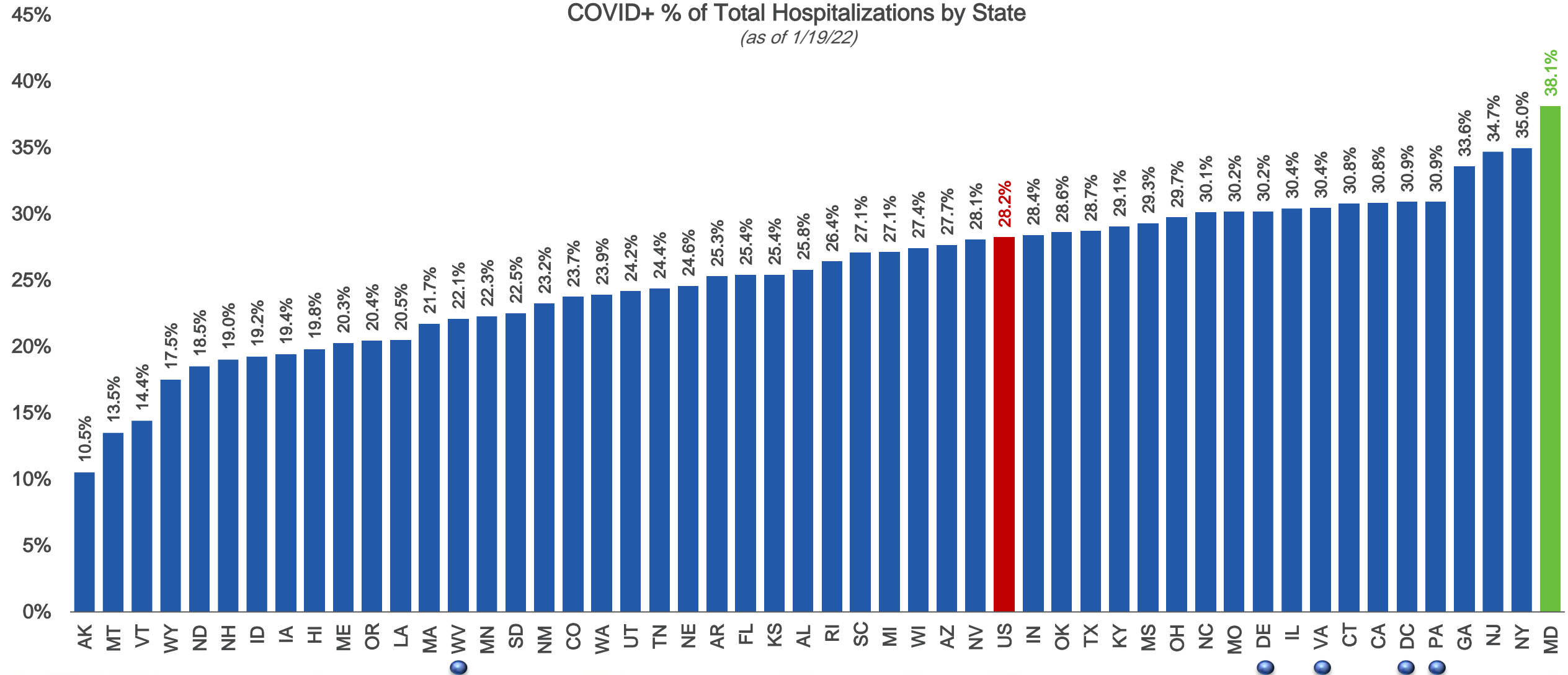
Source: Maryland Institute for Emergency Medical Services Systems (MIEMSS) Facility Resources Emergency Database (FRED) Daily Survey Submission

<https://reports.crisphealth.org/#report/53/1175>

* Reserve beds = Available physical beds that can operate with staff added

COVID % OF TOTAL CURRENT HOSPITALIZED PATIENTS, BY STATE

COVID+ % of Total Hospitalizations by State
(as of 1/19/22)



Source: Percent of Inpatients with COVID – Healthdata.gov; COVID-19 Reported Patient Impact and Hospital Capacity by State Timeseries




HOSPITALS OPERATING UNDER CRISIS STANDARDS OF CARE

 Primary Service Areas


Meritus Health 


Frederick Health 

UM Upper Chesapeake 


UM Harford 


ChristianaCare Union 


UM St. Joseph 


JH Howard Co. General 

JH Bayview 


UM Baltimore Washington 

Luminis Doctors 

Luminis Anne Arundel 

UM Capital Region 

UM Charles 

CalvertHealth 

TidalHealth Peninsula Regional 

STANDARDS OF CARE

	CONVENTIONAL		CONTINGENCY		CRISIS
	(Usual Care) Per Patient Optimal Care	SURGE PLAN ACTIVATED	(Standard of Care Maintained) Per Patient Optimal Care	CRISIS TRIGGERS	Usual SOC Not Possible Risk-Based Optimized Care
SYSTEM	Standard Operations		Assistance Within System		Surge Plan Inadequate Incident Command Operations Aspects of System Down
SPACE	Routine		Conserve/Stretch Space (e.g., PACUs, ED Boarding) Some Transfers Out Cancel Some Electives		Unconventional Space Required Delayed Urgent Care
STAFF	Normal		Augment Units with Qualified Personnel		Units Augmented with Non-Traditional Staff External Help (e.g., Emergency Credentialing)
SUPPLIES	Cached and Available		Conserve Substitute Reuse		Scarce Resource Allocation Protocols