As the pandemic continues to wear on hospitals in Texas and nationwide, the number of people hospitalized with COVID-19 reached significant highs in early 2022. These hospitalizations taxed a health care industry already grappling with workforce shortages and burnout of historic proportions.

Hospitalizing a COVID-19 positive patient creates an extreme burden on hospital resources, staff and space, even if that patient is asymptomatic and hospitalized primarily for an unrelated reason – such as trauma, stroke, or labor and delivery. Hospitals must launch wrap-around infection control protocols and take special care to protect staff, patients and the community. This care requires tremendous resources at a time when hospital resources are sparse.

The reality is that every COVID-19 positive patient causes significant strain, regardless of whether COVID-19 is the primary reason a person is in the hospital. Physicians and other health care providers must follow clinical standards and governmental regulations for infection control and testing, diagnosing and reporting COVID-19.

Understaffed and Overburdened

COVID-19’s Exponential Impact More Than Two Years in the Making

- **Drained Workforce.** Hospital employees are stressed, sick and profoundly exhausted. The health care workforce has been drained over the course of the pandemic. These COVID-19 demands make it very difficult to ensure hospitals maintain staff and that quality, next-level care is provided.

- **Limited Care.** Entire sections of certain hospitals have been temporarily closed, largely due to staffing. There are not enough negative air pressure rooms available for the level of infection control needed to care for a COVID-19 positive patient.

- **Delayed Procedures.** Many scheduled, non-emergent procedures have been delayed or suspended due to staffing, as resources are shifted to care for COVID-19 patients. This creates additional financial strain for hospitals.

- **Sicker Patients.** As Texans have delayed receiving medical treatment, their health is worsening. Often, when patients present to an emergency room, their conditions are more acute due to delayed treatment. This limits effective treatment options and leads to poorer health outcomes.
• **Strain on Ancillary Services.** Patient volumes create overwhelming strain on primary and ancillary services including lab processing, housekeeping and other regular hospital functions.

• **Long Wait Times.** Emergency department wait times are far too long as the community seeks emergency care and testing at record levels.

**COVID-19 Exacerbates Other Conditions**

A COVID-19 infection often worsens the primary illnesses of patients, sending them to the hospital when they would otherwise be at home. COVID-19 may be the precipitating factor in whether a person is ultimately hospitalized for an ongoing underlying condition.

**More Than Twice the Resources**

COVID-19 positive patients create risk for hospital staff and require more work, more time and more than twice the resources including:

1. More staff
2. More infection control
3. More supplies
4. More testing
5. More work when clinicians are asked to care for more patients

**More Cases, More Hospitalizations**

The omicron variant created a steep trajectory of hospitalizations that quickly overwhelmed even the most well-equipped hospitals. Even with milder infections, a dramatic volume of cases quickly translates to surging hospitalizations, creating a domino effect on overall hospital care and further straining an industry that hasn’t yet recovered from the previous surges.