

Coronavirus patients double in Santa Clara County hospitals, but experts warn real surge is still on the way

Bay Area hospitals bracing for influx of patients



A healthcare worker interviews people after at a drive through coronavirus (COVID-19) screening at St. Joseph Heritage Medical Group in Yorba Linda, CA, on Thursday, March 19, 2020. (Photo by Jeff Gritchen, Orange County Register/SCNG)

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Bay Area hospitals are bracing for a surge in coronavirus patients that is quickly mounting in Santa Clara County, where hospitalizations more than doubled in the last week, and state officials warn the true avalanche is on the way. So when will it come?

“We are closely watching and examining what happened in New York where the situation changed dramatically over the course of a few days,” said Ben Drew of John Muir Health in Walnut Creek — one of a dozen hospital and health care union officials whom the Bay Area News Group surveyed this week to gauge the region’s number of coronavirus hospital patients. “We’re focused on preparing as best we can for a similar situation.”

Santa Clara County, the most stricken in the Bay Area, reported that out of its 375 confirmed coronavirus cases since Jan. 31, 125 have required hospitalization. A Bay Area News Group analysis of the county’s figures shows hospitalizations have risen sharply this month, from just one Feb. 29 to 21 a week later, 56 a week after that and 125 on Tuesday. The figures are cumulative, so some of those COVID-19 patients have since been released or died.



Few other Bay Area county health departments have publicly reported hospitalizations. Contra Costa County health officials said they just recently asked their eight local hospitals to report but have yet to hear from two of them. They reported eight hospitalized patients Sunday and 12 Monday.

Solano County reported seven of its 21 confirmed cases required hospitalization, though the status of nine cases was unclear, and Marin said five of its 47 cases were hospitalized.

The timing of the widespread surge is impossible to predict, local officials said. Gov. Newsom this week called for California hospitals to add a staggering 50,000 beds to address a coming wave of patients, and officials are scrambling to add temporary facilities across the state, repurposing convention centers, deploying a hospital ship and taking over soon-to-be shuttered facilities.

Coronavirus Hospitalizations in Santa Clara County

Based on data published by the Santa Clara County Public Health Department. Cases and hospitalizations are cumulative, and do not represent active cases or current hospitalizations.

By Harriet Blair Rowan

“Currently there is some availability of the ICU beds and ventilators,” Santa Clara County Executive Jeff Smith, who is also a medical doctor, said Tuesday during a meeting of the Board of Supervisors, “but we’re very, very, very concerned that once a couple of weeks have expired, we will be really challenged.”

The anxiety over a surge of COVID-19 patients comes as California health officials announced on Tuesday the state’s total confirmed cases had risen to 2,102 and deaths to 40, including the first fatality of a person younger than 18 in Los Angeles County. The Bay Area saw confirmed cases rise to 1,038 cases reported, and 21 deaths. Santa Clara County alone saw an additional 54 confirmed cases and three new fatalities. The figures likely under count actual infections as testing to confirm coronavirus has been limited.

Statewide, about 27,650 tests have been conducted in California, including from commercial and private labs, with results pending for 12,100. But seven Bay Area health officers, frustrated at not knowing the full scope of testing locally, on Tuesday mandated that all labs report test results for all residents to them, including all positive, negative and inconclusive results, along with patient-identifying information.

In the backdrop of the growing pandemic, the number of hospitalizations is vital for experts to gauge just how severe the toll of the outbreak will be, and whether dramatic efforts to force 40 million Californians to stay home are working.

Before the crisis, an Urban Institute report found most Bay Area counties had less than one empty hospital bed per 1,000 residents — far fewer than in less populous parts of the country. The Bay Area is better off when it comes to ICU beds than other parts of California. A report from Kaiser Health News found that while there are hundreds of ICU beds in the Bay Area, some counties — such as Colusa, Mariposa, Calaveras and Trinity — have none at all.

Santa Clara County officials are working with the federal government to convert the Santa Clara Convention Center into a Federal Medical Station, with 250 beds to help the county's anticipated need for hospital beds. On Tuesday, they said they will use the center to treat less-severe cases of COVID-19 as well as other patients.

Still, even as they prepare for the major surge, hospital officials here are hoping the statewide stay-home order will keep from overwhelming the system.

“We're seeing so far it's working really well,” said Good Samaritan Hospital's chief nursing officer Mark Brown of his San Jose facility. But, he added, “time will tell.” Hospital officials in the East Bay and South Bay echoed Brown's comments, saying that overall emergency room traffic was down, with people seemingly staying home in all but the most dire situations.

“It's a tough thing to pin down,” said Drew of Walnut Creek's John Muir Health. “We are hoping that that will flatten the curve and we won't have the big surges we've seen in Italy.”

At Stanford, Kathy Stormberg, a nurse and executive in the hospital's nursing union, agreed.

She didn't offer specific numbers but said nurses are reporting that the current number of COVID-19 patients are actually fairly low, “which has been good news.”

Still, she said, she's been pushing Stanford to do more long-term planning, including finding housing for nurses who already commute hours to work but may be called to work extra shifts or want to isolate themselves from their families.

And her members, like other nurses around the state, are grappling with constantly changing guidelines. Recently, the Centers for Disease Control and Prevention lowered standards for the protective gear required to work with patients suspected of having COVID-19.

“That was very confusing and upsetting for people,” Stormberg said, adding that it seemed to be “based on the overall supply chain issues throughout the United States,” not the disease itself.

“We don’t know how long our supplies are lasting or anticipated to last,” she said. “We are looking at extended wear.”

The sense of fear is widespread, with nurses elsewhere reporting a palpable sense of uncertainty and stress, with daily updates at shift changes on ever-changing protocols. Newsom on Monday evening said officials are working to collect massive amounts of medical supplies to distribute to health care workers across the state, including 1 billion medical gloves, 500 million N95 masks, and 200 million face shields. In some cases, officials are turning to private companies for help. On Monday, Newsom said, Tesla’s Elon Musk had delivered 1,000 ventilators to Los Angeles, making good on an earlier promise.

Brown, at Good Samaritan Hospital, said his team had just gotten a shipment of around 96,000 N95 masks from reserves, far more than the 50,000 he’d requested. “That’s a game changer for us,” he said, adding that the supply “could potentially last six to nine months.”

The shelter in place order, Brown said, “helped a lot when it comes to cutting down our volume. People aren’t coming in unnecessarily.”

The coronavirus cases come at the tail end of influenza season, a disease that has frustratingly similar symptoms. According to the most recent influenza report from the California Department of Public Health, flu hospitalizations are “above expected levels,” and the disease has killed at least 658 in the state this season.

To cope with expected coronavirus patients, hospitals across the state are postponing elective surgeries and turning to telemedicine to ease the crush, in some cases slowing the day-to-day pace at hospitals as they wait for the anticipated surge.

As they wait, hospital officials are looking to other countries for clues about what’s coming in the Bay Area.

“We haven’t been tasked with anything like this,” Brown said. “We learn from history.”

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