

## Hospital Admissions Amid COVID-19



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With the onset of the COVID-19 contagion, admissions to U.S. hospitals plummeted partly due to curtailment of elective surgery and other medical services deemed non-critical. However, "puzzling declines" were also reported regarding admissions for acute medical conditions such as stroke and heart attack.

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Decreasing rates in hospitalisation due to patients deferring care even for life-threatening illness does not bode well for public health. Hospitals and public health authorities should take "efforts to ensure that patients with acute medical illnesses can obtain hospital care as needed during the pandemic to avoid adverse outcomes," says a new study (Birkmeyer et al. 2020).

The study scrutinised admission patterns during the first four months of the COVID-19 pandemic in the US. Approximately one million admissions from a large nationally representative hospitalist group (Sound Physicians) – covering 201 hospitals in 36 states – were reviewed and analysed by researchers.

Data analyses revealed that declines in non-COVID-19 admissions from February to April 2020 were generally similar across patient demographic subgroups and exceeded 20% for all primary admission diagnoses. Even among hospitals experiencing a minimal impact from COVID-19 outbreaks, non-COVID-19 medical admissions fell by 39.5%. As for hospitals with the greatest COVID-19 impact, non COVID-19 admissions dropped by 50.0%

The broadbased declines in hospital admissions could be attributed to two factors: patients avoided seeking hospital care, due to fear of contagion arising from media reports; and/or as a result of state stay-at-home orders.

For this study, the researchers focussed on three specific periods: Weeks 5-8 (February) as the Baseline period prior to substantive changes in admissions; Weeks 13-16 (April) as the Nadir period when admissions sank to their lowest level; and the last four weeks of June, spilling into July (Weeks 23-26), referred to as "June/July", which correspond to the initial Rebound.

Other key findings of the study include:

- During the April Nadir, non-COVID-19 admissions declined less for patients with some acute medical conditions than others.
- Although admissions declined consistently across patient demographic subgroups during the Nadir, they recovered to a smaller degree for some groups than others.
- By the Rebound, overall non-COVID-19 admissions had returned to within 16% of baseline volume (8% including COVID-19 admissions).

However, even during the Rebound period, as noted by the researchers, non-COVID-19 admissions remained especially depressed for patients from majority-Hispanic neighbourhoods (32% below baseline). At the same time, hospitalisation rates stayed well below baseline for patients with pneumonia (-44%), COPD/asthma (-40%), sepsis (-25%), urinary tract infection (-24%) and acute ST-elevation myocardial infarction, (-22%).

"Our results provide empirical support for concerns about the broad public health impact of the pandemic on non-COVID-19 populations," the study authors point out. "Where the impact of hospital-based care is less clear, however, longer-term studies will be needed to determine the extent to which avoiding hospitalisation during the pandemic may affect patient mortality, morbidity, and quality of life."

Source: [Health Affairs](#)

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