

About the article:

This is an updated version of a story the CN&R originally published online at chico.newsreview.com.

tals—Enloe, Oroville Hospital and Orchard Hospital in Gridley—joined others in preparing for surge conditions. They stopped performing elective procedures (i.e., surgeries not critical for life-saving) and dedicated areas to isolate patients. The state government dispatched federal medical stations regionally to accommodate any overflow.

The federal medical station in Chico opened in April and increased the county's capacity for coronavirus patients by 125 beds, an additional 25 percent. Enloe, which can accommodate roughly 300 patients, was around half-full during this period, Wiltermood said. (Oroville Hospital and Orchard Hospital did not respond to interview requests.)

Unexpectedly, emergency room traffic decreased. Judy Cline, Enloe's director of the emergency department and trauma services, said her doctors and fellow nurses consistently saw far fewer people for the illnesses and accidents that normally require E.R. visits.

"It was frightening, because people seek care," Cline said. "Where were they? Where were they going? What was happening to them? It was very distressing for us."

At the time, doctors still admitted very ill non-coronavirus patients to the hospital, with ample rooms available; but the volume of walk-ins visiting Enloe's E.R. dropped from an average of 235 to 135 a day. Only in June did the E.R. start returning to what Cline called its "post-Camp Fire normal," with traffic increasing to 200-plus a day.

"It actually makes our staff feel reassured: 'Oh, our people are back,'" she said. "We don't want people to have to come to the ER, but we knew they were coming before."

Enloe has resumed elective procedures, and last week the hospital announced it would be replacing tents in the separate COVID-19 triage area with a climate-controlled modular building.

"The most important concern is [if] people delay care that they really need because they're concerned about either getting a COVID infection in a hospital or a clinic, or because they're trying to be good citizens and stay away," Wiltermood said. "I can tell you for an absolute fact that we have lost far more people due to delays in care than we have due to COVID."

Should Enloe need to ramp up for a full-on surge, Wiltermood said the medical center could again postpone elective surgeries, reallocate space—in the hospital's intensive care units and south wing (for around 75 additional beds with ventilators), plus certain clinics—and, within 48 hours, convert the rehab center into a field hospital again.

Space isn't necessarily the key factor, though, at Enloe or other facilities. Wiltermood listed adequate supplies, particularly protective equipment; sufficient testing for COVID; and, foremost, keeping staff healthy.

"The initial plan for all the mitigation efforts was to flatten the curve, to prevent everyone from getting sick and overwhelming our health-care system at one time," York said. "It's extremely necessary that everyone continues to be vigilant and participate in all of the [preventative] activities we have been doing." □

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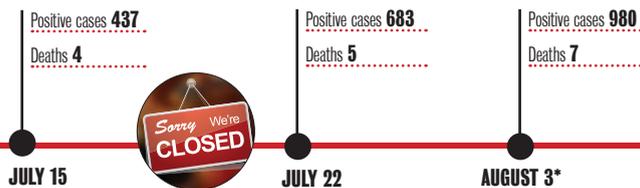
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