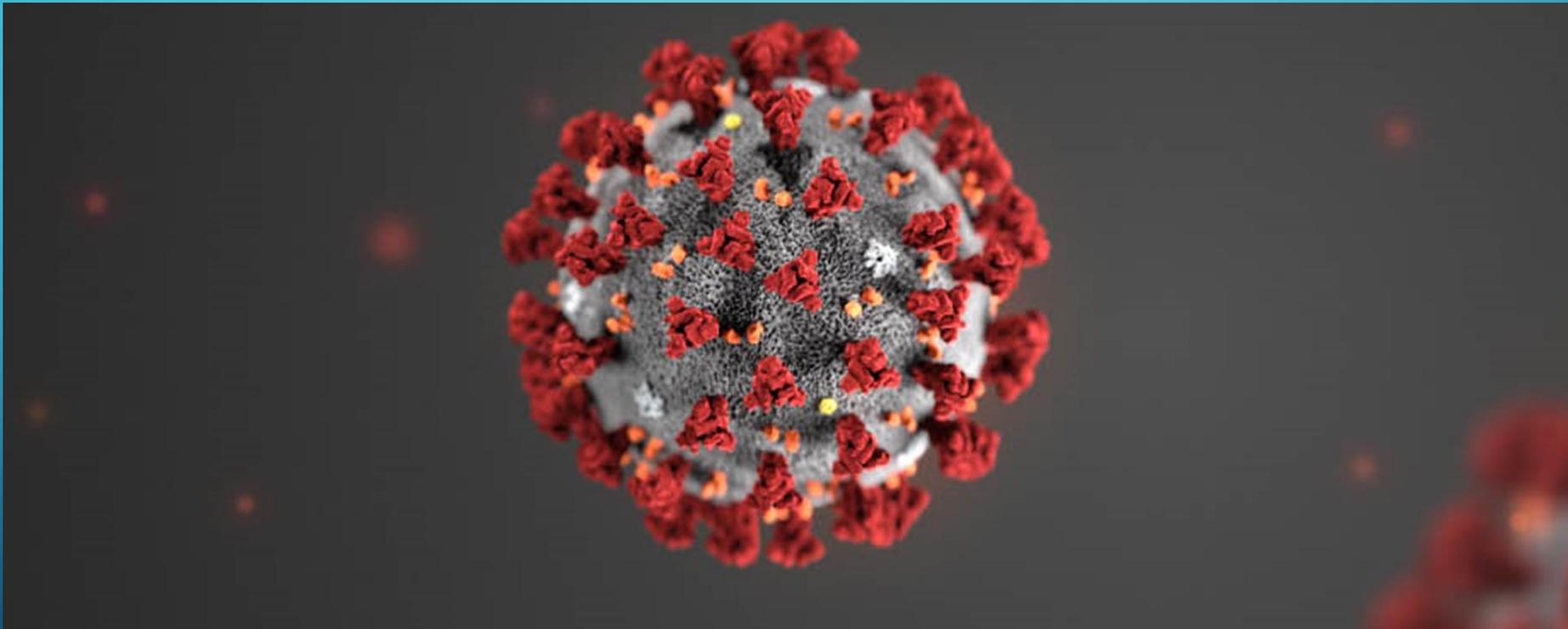
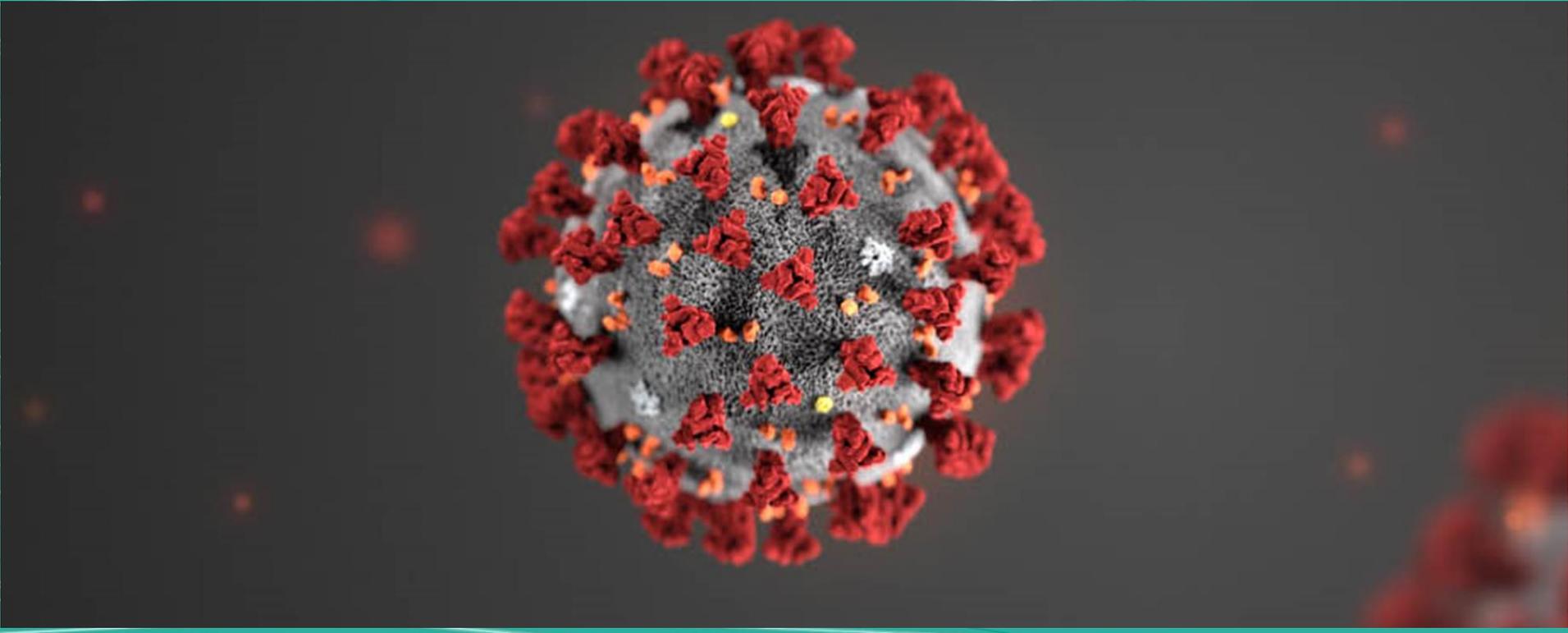


WALLA WALLA HEALTHCARE RESPONSE TO COVID-19 OUTBREAK

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SAFETY, SECURITY, EMERGENCY PREPAREDNESS MANAGER





CORONAVIRUS DISEASE 2019 (COVID-19)

Multi-agency Coordination Group

February 26, 2020





3 DAYS LATER.....PSMMC ADMITTED OUR FIRST POSITIVE COVID CASE FROM OREGON

Now in this historic last four months all our lives have
been impacted in the workplace and in our private
lives.



WALLA WALLA COUNTY STATS AS OF JULY 27

- 362 positive cases, 101 active
- 6439 Negative tests resulted
- Positivity rate for County for July 1-14 is 6.58% For July 7-21 is 10.3% For Providence PUI's 15.6%
- WA DOH goal is to have less than 2%
- 3 deaths of Walla Walla County residents but more counting out of county residents hospitalized
- Cases have been significantly rising since after Memorial Day
- Currently South Central Washington Region is a hot spot in WA state for surge of Covid-19

WASHINGTON STATE NUMBERS

- Total Positive 29,386
- 5.9% positivity rate
- Eastern WA has effective reproductive rate estimated around 1.2
- Anything over 1.0 means outbreak is still growing
- More recently marked increases in young adults especially 20-29 year olds followed by 30-49 year olds and similar trend locally

ADJACENT COUNTIES HAVE VERY HIGH RATES

• Confirmed Cases	# of Deaths
• Benton 3207 17% positivity	100
• Franklin 3050 31% positivity	42
• Yakima 9700 24.8% positivity	197
• Umatilla – 1453 17% positivity	15

* highest per capita rate in Oregon currently

HEALTHCARE RESPONSE

- Activation of Pandemic Plans and Incident Command Structure
- Very close collaboration with Public Health, EMS, County EM, Long-Term Care Facilities – County Joint Command established
- Testing Sites established rapidly – our current surge is NOT due to increased testing
- Contact Tracing by Public Health – essential function
- Isolation Procedures “Special Droplet/Contact” in Hospital – Tier 1 locations
- Home Monitoring for individuals in isolation - Population Health & Public Health
- Safety Planning and Mass Testing for “congregate” populations – Senior Living Facilities, Prisons, Meat Packing and other agricultural workplaces

COVID-19 BY THE NUMBERS, A 4-MONTH LOOKBACK

4488 patients on the PMG Population Health registry of PUI & COVID-19 positive subjects

11,026 phone calls in patient's native language

6 sympathy cards

COVID Coach line 509-897-8266 x 101 days in a row

312 First Aid Art Kits delivered to doorsteps

641 patients on the COVID registry do not have a PCP

400% increase in demand at Walla Walla food banks

13,752 meals to the four shelters

Twelve consecutive weeks of Pop Health rounding & COVID-19 education to all four shelters (Christian Aid Center, Sleep Center, YWCA, & The Loft)

CONTACT TRACING CURRENT ISSUES

- Disproportionate rate among the LatinX community – 78% of Population Health cases being monitored currently is from LatinX population
- Workplace exposures – Largest in County was Tyson, other Oregon workplaces
- Social gatherings since summer started plus summer holidays
- Further exposure of household members while positive person in isolation
- Individuals who have been tested not staying at home until results back
- Low income workers coming in ill due to financial burden of loss of work

TESTING CHALLENGES & OPPORTUNITIES

➤ **LabCorp Reference Lab**

- Multiple testing locations in the US (e.g. Seattle, San Diego, Phoenix, New Jersey, North Carolina)
- Currently experiencing greater than maximum capacity limitations due to national resurgence causing local issues
- 5 -7 Day TAT (turn around time when goal is within 48 hours)
- Testing for (1) symptomatic outpatients, (2) asymptomatic pre-surgical patients, (3) asymptomatic pre-travel

TESTING

➤ **Cepheid GenExpert – diagnostic molecular testing**

- Purchased with private and public donations through the Providence St. Mary Foundation
- Throughput: 384 tests per day
- Rapid test: 45 minute TAT
- National shortage of test kits – (current allotment for St. Mary: 115 tests/week)
- Limit testing to symptomatic patients in the emergency department and hospital
- As the vendor increases production and allocations St. Mary will expand testing

TESTING

➤ Providence Sacred Heart – High throughput molecular analyzer

- Targeting mid August timeframe
- Shift testing of asymptomatic pre-surgical patients from LabCorp to Sacred Heart for shorter TAT

➤ Serology Testing

- Currently sent to LabCorp. Local test will be available by end of July.
- Not recommended for diagnosis
- Positive result does not imply immunity
- Better suited for public health surveillance

TREATMENT OPTIONS

- MAYO Convalescent Plasma
- **Gilead Remdesivir – antiviral need to start early after hospitalization**
- Hydroxychloroquine (not in use currently)
- Dexamethasone – anti-inflammatory steroids
- Oxygenation Support - Mainstay

WHAT HAS BEEN THE GREATEST CHALLENGES

- Complete national breakdown of the supply chain distribution for essential PPE for healthcare workers
- Testing supply availability
- Ever changing recommendations between State and Federal agencies – almost daily at first and certainly weekly and continuing to be frequent
- Visitor Restrictions
- Decision to rapidly renovate Southgate former hospital wings for Covid surge surpassing main hospital bed capacity – potential for 60 beds

CURRENT CAPABILITY

- Recently have been averaging 7-10 positive cases hospitalized per day
- Nearby hospitals are averaging 20-35 average per day
- We have not yet reached hospital capacity for open beds but do at times reach capacity for short periods of time for staffing (nurses and providers working inpatient care)
- REDI (Eastern WA disaster coalition of hospitals) report out several times per week on capacity and resources to accept inter-hospital transfers in coordination with State pandemic plan

SYSTEM AND LOCAL IMPACT

- Providence St. Joseph Health (with CARES Act Stimulus Funds)
 - \$221M net operating loss through June YTD
 - \$400M unfavorable to budget
 - \$521M net income loss through June YTD
 - \$816M unfavorable to budget
- Providence St. Mary (with CARES Act Stimulus Funds)
 - \$1.4M net operating gain through June YTD (May-June resumed non-urgent procedures)
 - \$2.1M unfavorable to budget
 - Without CARES funds would have a significant loss

TALKING POINTS – ECONOMIC IMPACT

- Providence operates on very narrow margins of 0 to 1 percent, so we can't count on operating income for viability. Unrestricted cash, which includes assets that are not easily liquidated, is our financial foundation. If we had to sustain our operations on this, it would only last six months due to the cost of operating our ministries 24/7, 365 days a year.
- The pandemic isn't over, and we need to be financially stable to handle the next potential wave. With uncertainty in the economy and unemployment, we anticipate more patients will be uninsured.
- Our investment losses in March were \$763M. We are seeing some of this return but it's still uncertain what will happen with the markets through the rest of the year.
- Regarding the Providence Venture Fund, we made a strategic decision to invest in innovation because traditional health care providers are ripe for disruption, and we need to stay ahead of the curve to ensure our future. This is critical to needed health care transformation. While we have set aside \$300M, we have only invested \$100M to date.