

Coronavirus Small Hospital Improvement Project (SHIP) – Hospital Feedback

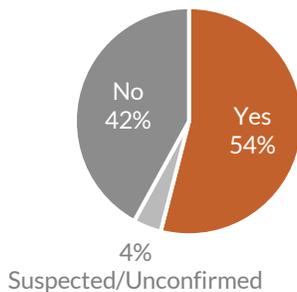
In late March, the Federal Office of Rural Health Policy announced that it would be awarding nearly \$6 million to support rural Wisconsin hospitals' COVID-19 efforts (See [press release](#) for details). This funding will be administered by the Wisconsin Office of Rural Health (WORH) via the Coronavirus Small Hospital Improvement Program (SHIP). To help with planning efforts, WORH asked hospitals participating in SHIP to respond to four questions about their COVID-19 experiences, challenges, and needs.

Note: All comments are not included in this report, however we have made our best effort to ensure that the content of all comments is reflected.

Rural hospitals invited to respond: **64**

Rural hospitals represented in responses: **52 (81%)**
(46 Critical Access Hospitals, 6 PPS hospitals with <50 Staffed beds)

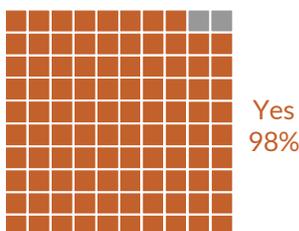
Has your hospital treated any COVID-19 patients? (current as of 29 April 2020)



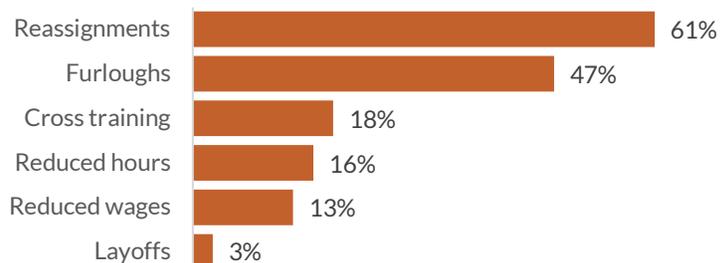
Of the 19 hospitals that mentioned testing (via drive-through, ED, hospital, or clinic), less than half (47%) have seen positive cases.

Of the 9 hospitals that specifically indicated treating inpatients, the numbers ranged from **1 to 4 patients**.

Have you had to make staffing changes such as temporary furloughs or re-assigning staff?



38 hospitals shared the changes they have made:



- "Yes, we have furloughed..."
 - "...121 people (82 FTEs)"
 - "...50% of our workforce"
 - "over 100 FTEs"
- "Yes. Dramatic changes across the hospital, clinic and in other areas. Closed departments or significantly cut back staffing by as much as 80-100%."

If you had to name the top struggle or challenge during this emergency, what would it be?

Loss of Revenue

- *"The top struggle is the loss of revenue with reduced clinic hours, reduced PT/OT, closed RT/Cardiac Rehab, only essential procedures/surgeries and suspension of most specialty services."*
- *"We have significantly lost revenue due to the cancellation of non-essential visits, while still having the majority of our fixed expenses."*
- *"Not being able to provide patient services that produce revenue and keep our employees on the job and the medical center fiscally sound."*
- *"We've seen our gross revenues go down by roughly 60 percent."*

Planning for the Unknown

- *"Energy, resources and costs to properly and ethically ramp up for COVID to protect staff, patients and community, at the same time you are closing your organization to necessary services, placing so much of your organization on low census/furloughs/compensation cuts to survive the 60-75% revenue declines, wondering when and how bad COVID may impact your organization and community. No positive COVID as of yesterday, but that hasn't meant any relaxing of our efforts to be ready, if and when."*
- *"Assessing the timing of events, when to close down services, when to expect virus related volumes, when we can start planning for re-opening."*
- *"The uncertainty of a fluid process. Suspending operations, balancing budgets, and trying to prepare for our future whatever that maybe."*
- *"The uncertainty of everything – models, testing both for the virus and antibodies, medications/ therapeutics, treatments, lack of PPE and not knowing how to gauge usage based on uncertain deliveries, etc."*

PPE/Testing Supplies

- *"Lack of..."*, *"Coordination of..."*, *"Access to/Acquisition of..."*
- *"Testing - the different messaging & tiers, lack of lab capacity, turn-around time, lack of supplies."*
- *"A significant lack of PPE supply and other needed equipment to care for patients."*
- *"Lack of access to testing kits to facilitate broad based testing."*
- *"PPE price gouging is ridiculous – a .06 mask is now costing 1.29 each."*

Logistics of Alternative/Remote Service Delivery

- *"The need to quickly redesign processes and the delivery of patient care during a rapidly changing environment, i.e. establish an alternative respiratory care unit, identify and create additional negative pressure rooms, staff education, coordination of patient care and postponement of elective appointments and procedure."*
- *"Limited Internet access for patients for telehealth visits."*
- *"Broadband, broadband, broadband. Setting staff up with remote work and virtual work."*

Staying on Top of/Applying Required Policies and Procedures

- *"Staying UpToDate on all the changes that the CDC and governor is issuing so that our ICS and nursing staff can prepare to handle this pandemic in the best fashion possible."*
- *"Applying CDC and internal policies and procedures to keep our patients and employees safe."*

Surge Planning

- *"Trying to juggle the need to ramp up for a surge and at the same time cutting costs to lessen our losses. Trying to find the balance between being prepared for a surge and being vulnerable to a surge."*
- *"The biggest challenge has been surge planning given the unknown number of patients to anticipate."*
- *"Balance need to be prepared for surge and protect community (high expense) with loss of 75% of our revenue."*
- *"The anxiety that comes with being a small facility and trying to plan for a surge."*

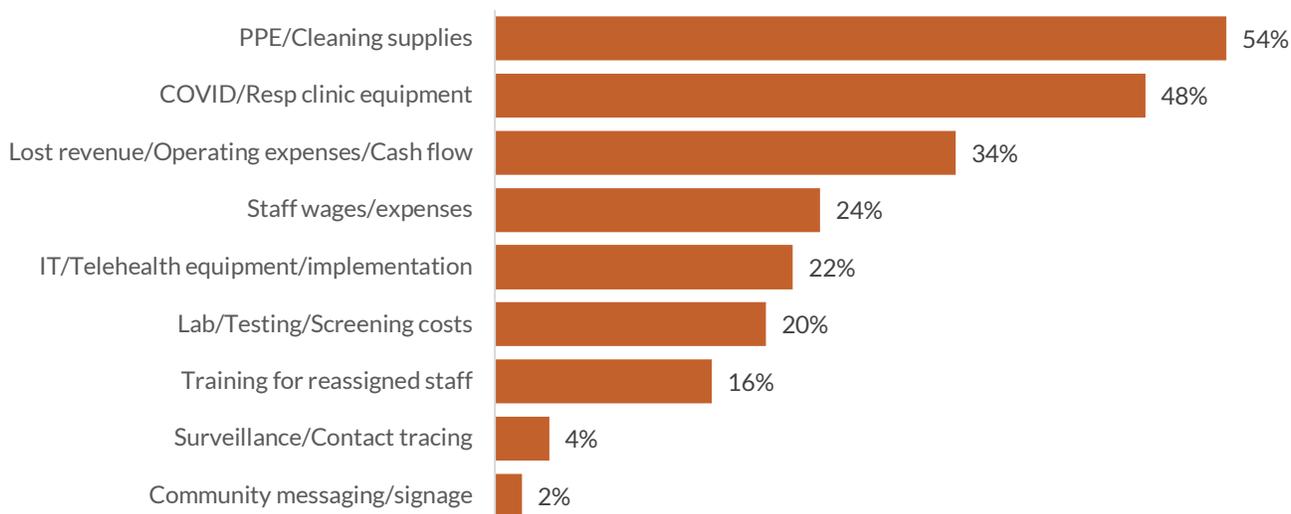
Physical Infrastructure

- “not having a separate unit for covid and non covid patients”
- “separation of COVID symptom patients and non-symptom patients on our ED”

Concerns for Patients and Staff

- “There are many but the number one goal and challenge has been to ensure that safety of our team in terms of new processes, PPE, testing. The reason that is number 1 is that we need to have a healthy and safe workforce to be able to provide the very best care to our patients and community.”
- “Keeping our staff safe by having enough PPE and safety related supplies”
- “monitoring staff for symptoms to protect co-workers, patients and community”
- “the impact on our staff with reductions and uncertainty”

What needs do you have that you'd like the SHIP COVID funds to assist with?



“The list of needs is rather limitless at the moment.”

Questions about the Coronavirus SHIP grant and this report can be directed to:
Kathryn Miller, Rural Hospitals & Clinics Program Manager
kmiller9@wisc.edu