



37th Annual Oregon Rural Health Conference

November 9-13, & 19, 2020



The Oregon Office of Rural Health Welcomes You!

Thank You to our Partners!




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37th Annual Oregon Rural Health Conference



Virtual Conference Instructions

- Your audio and video are muted for the session.
- If you have questions, please use the Q&A button at the lower right hand corner of your screen during the presentation and I will ask your questions to the presenter at the end.
- Technical questions can also be entered into Q&A and technical staff will try to resolve them.
- For the best Webex experience, hover over the boxes in the upper right hand corner of your frame, and choose Floating panel view: 
- The slides and recording of this session will be posted shortly after the conference at www.ohsu.edu/ruralhealthconference



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Session Evaluation

- PLEASE complete survey that will pop up at the end of this session to:
 - **Receive your for CE credits;**
 - Have a chance to win a \$100 gift card; and
 - Help us improve!



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Speakers

KC Bolton, MA, MHA, FACHE
CEO | Aviva Health

Robert Dannenhoffer, MD
Public Health Officer | Douglas County

Tanveer Bokhari, MBBS
VP of Quality & Health Equity Officer | Umpqua Health Alliance (UHA)

Harry “Chip” Taylor, MD, MPH
Residency Program Director & Chief Residency Officer | Aviva Health

Betsy Boyd-Flynn, MA, CAE
Executive Director | Oregon Academy of Family Physicians



DOUGLAS COUNTY **COVID-19** RESPONSE TEAM



Integrating Primary Care and Public Health



The News-Review



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CDC says Douglas County one of the four worst counties to be in during COVID-19 crisis



CARISA CEGAVSKE Senior Staff Writer The News-Review Mar 25, 2020 [15](#)



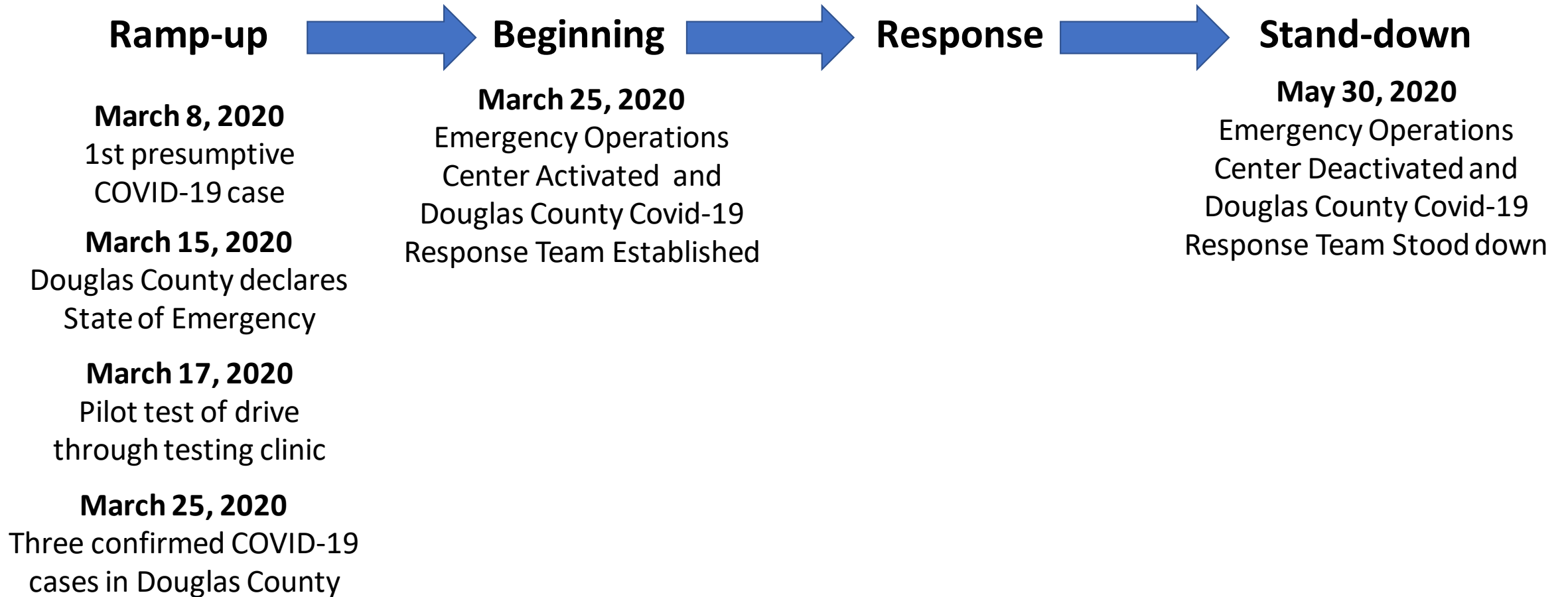
Douglas County is one of the four counties in the United States at the highest risk of having more COVID-19 patients than its hospital can handle, according to a new report from Tech Republic.

Tech Republic is an online technology-focused magazine owned by CBS. Its report is based on Centers for Disease Control and Prevention maps showing how quickly counties across the country could run out of hospital space during the pandemic.

The maps show several possible scenarios, ranging from 20% of the population being infected over 18 months to 60% being infected over 6 months.

Chip Taylor, MD, MPH

Timeline



General Objectives for our COVID-19 Response

Minimize	Protect	Ensure	Ensure	Support
Minimize loss of life for Douglas County citizens due to COVID-19 virus through education, mitigation and containment	Protect Medical System from being overwhelmed by COVID-19 cases coordinating long term strategic response plans and identifying local thresholds with appropriate local responses	Ensure safety of all health care providers by facilitating the acquisition and distribution of available personal protective equipment (PPE) by utilizing local, state and federal resources.	Ensure appropriate, timely and coordinated communications to cooperators and the public.	Support operational needs by leveraging available Douglas County Resources.

KC Bolton, MA, MHA, FACHE

Two simultaneous battles to be fought

Public Health – Battle for Containment

- Testing
- Contact Tracking
- Quarantine
- Education
- PPE distribution from State and Federal stockpiles

Health System – Battle to Manage Surge

- Hospitals
- Centralized COVID-19 Diagnostic Center(s)
- Intermediate care ward using VAMC Roseburg
- Nursing Home Care
- Alternative Care Site (ACS)
- Home Care



Public Health Battle for Containment

Preparation is the Key

- Public health in Douglas county is a public private partnership
 - County retains the public health authority
 - Local FQHC provides the clinical services, STI, immunizations
 - New not for profit (DPHN) provides case investigation, emergency preparedness, coordination of clinical services
 - DPHN puts infectious disease and preparedness as highest priorities
- Advantages
 - Public health officer with long ties in the community
 - History of sharing
 - No competition for clinical services
 - Not for profit structure gives great flexibility in hiring and obtaining other grants

Bob Dannenhoffer, MD


Preparation is the key

- Four years of drive thru flu clinics to prepare for a severe county wide event, be it pandemic flu, nuclear fallout, Cascadia
- Involvement from county, local FQHC, state preparedness, CCO
- Early establishment of:
 - incident command
 - epi strike team
 - Covid hot line
 - Covid drive thru testing
 - Daily press release
 - Twice weekly Facebook live sessions
- Formation of county wide Covid 19 task force

Bob Dannenhoffer, MD

CDC says Douglas County one of the four worst counties to be in during COVID-19 crisis



CARISA CEGAVSKE Senior Staff Writer The News-Review Mar 25, 2020  15

County	Cases	Deaths
Marion County, Florida	8765	200
Highlands County, Florida	1854	69
Mohave County, Arizona	3675	210
Douglas County, Oregon	180	3

Bob Dannenhoffer, MD

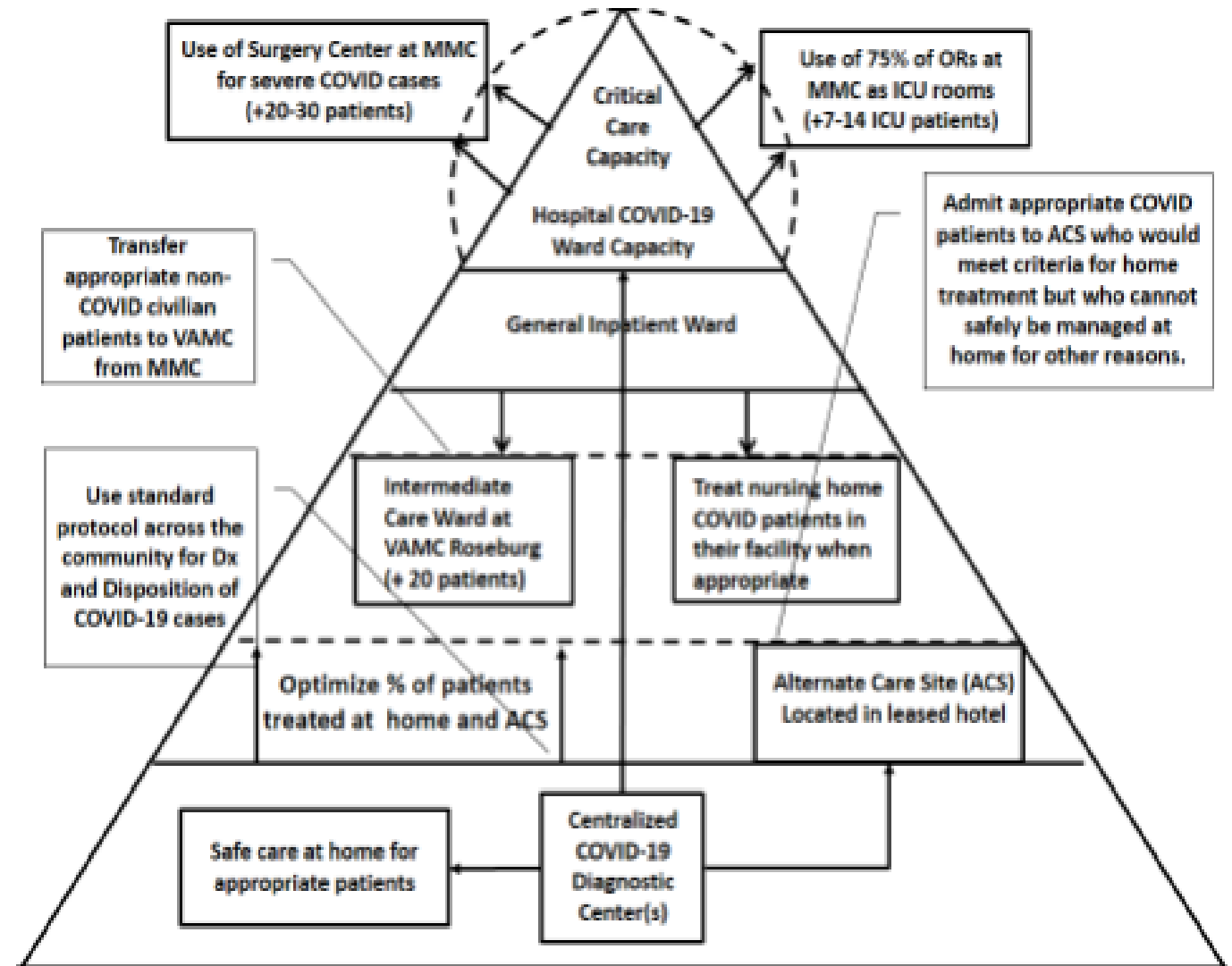


Health System Battle to Manage Surge

Logic Model for Managing Surge Capacity

Planning
Factors

72 hour doubling time
20% hospitalization rate
5% intensive care rate



Tanveer Bokhari, MBBS Chip Taylor, MD, MPH

Component	Objectives
Hospital(s)	<ol style="list-style-type: none"> 1. Protect staff, patients and visitors by using appropriate environmental controls and PPE based on risk and availability. 2. Expand capacity to provide critical & acute hospital care to COVID-19 patients. 3. Ensure stewardship and appropriate reuse of PPE to maximize availability for staff during an anticipated 8-week period of scarcity and increased demand. 4. Oversee operation of centralized diagnosis and disposition (cough & fever) clinic. 5. Ensure coordination with other essential components of county response – ICW, ACS and NHC
Centralized COVID-19 Diagnostic Center(s)	<ol style="list-style-type: none"> 1. Utilize current clinical case definitions and/or testing (as available) for diagnosis of COVID-19. 2. Utilize available imaging and lab resources in combination with validated community acquired pneumonia (CAP) risk stratification tool to allocate COVID19 patients to the appropriate treatment setting.
Intermediate Care Ward (ICW) at VAMC	<ol style="list-style-type: none"> 1. Establish operation of an Intermediate Care Ward at VAMC Roseburg offering basic ward level of care for civilians who might otherwise be inpatients at community hospital to preserve critical care & acute inpatient capacity. 2. Ensure safety of staff, patients and caregivers through appropriate use of environmental controls and PPE based on local availability. 3. Ensure coordination with other essential components of county response – Hospital(s), ACS & NHC.

Chip Taylor, MD, MPH



Managed PPE stockpile



County Commissioners established Emergency Operations Center



Provider Wellness Counseling



Mercy Medical Center

Expanded Critical Care Capacity by ~150%



Became a Regional Asset for:

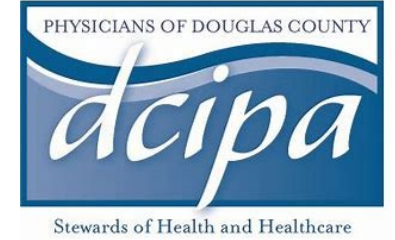
- 1. Intermediate Care beds &**
- 2. N-95 decontamination**



Partnered to provide COVID Care 'in place' for residents



Urgent Care served as Centralized Diagnosis Center



CCO & IPA provided support to COVID impacted practices



Planned Alternative Care Site (ACS)



Primary Care Clinics provided excellent primary care using standard protocols, expanded telehealth, conserved PPE and served as manpower pool for ACS & drive through testing center

Umpqua Health Alliance (UHA) – The CCO participation

UHA, contributed at multiple fronts



Tanveer Bokhari, MBBS

Words of Wisdom from the Incident Commander

Pre-crisis

- Creating and then cultivating relationships are critical
- Assess workflows & then strengthen the ties around them with the people
 - Have a good idea what each key organization can and really can't do

Crisis

- Assess speed of action needed; jar people out of "business as usual" mode if needs be
- Hospital & county staff pacing off until the right leadership was educated. Trust me, they will get it
- Build a team that are experts first, then balance personalities (be the glue that each person needs)
- Public Health & Primary Care: align mission with organization best suited to pull it off

Post-crisis

- Success = the plan worked...but ALSO...the plan wasn't needed but you can dust it off later
- Let down after the adrenaline & hard work; praise folks often, share their success & work with others
- Understand conditions for when the "band" needs to get back together
- More hospital and PPE focused now than perhaps before on number of cases



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Questions?



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The mission of the Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

Thank You!

- Don't forget to complete the survey
- Visit us: www.ohsu.edu/orh
- Email us: ruralweb@ohsu.edu