A Performance Monitoring Resource for Critical Access Hospitals, States, & Communities

Critical Access Hospital Response to COVID-19

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Background – COVID-19 in CAHs

- Heightened risk of closure
- Healthcare professional shortages
- ICU bed availability
- Federal funding & regulatory relief

Research Question

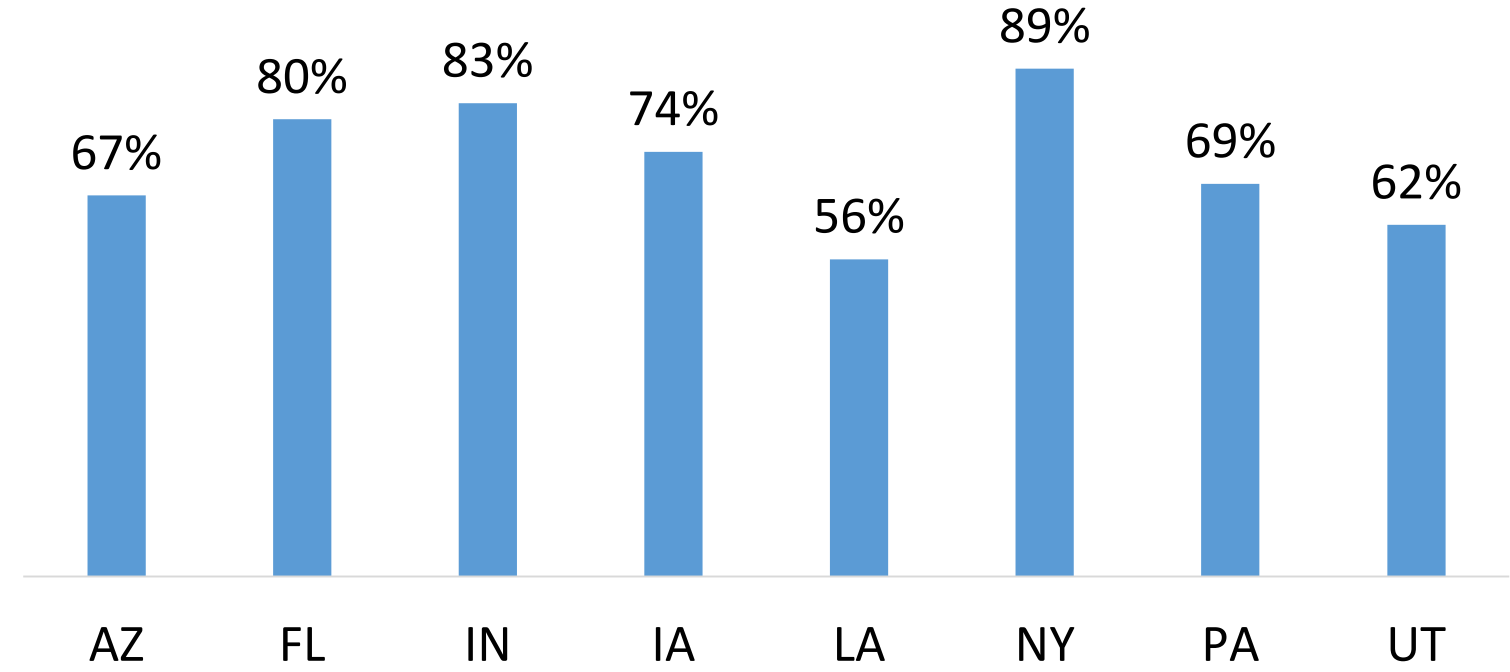
What factors impact Critical Access Hospitals' capacity to meet the challenges presented by the COVID-19 pandemic?

Survey Design

- Survey fielded in September and October 2020
- Covered 5 main topics: Finance, Federal Policies, Capacity for Treatment, Workforce, Partnerships
- Used county-level data (July 2020) to select states with the highest prevalence of COVID-19 in rural counties
  - AZ, FL, IN, IA, LA, NY, PA, UT
- Started with email survey, followed up via phone

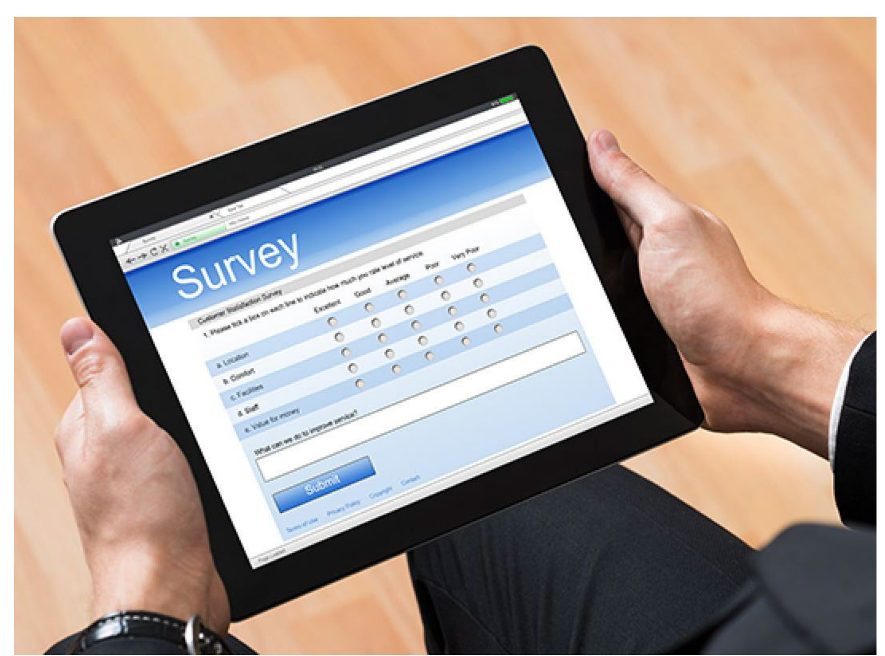
Response Rate by State

- Contacted 216 CAHs, 158 completed (73%)



Survey Response Overview

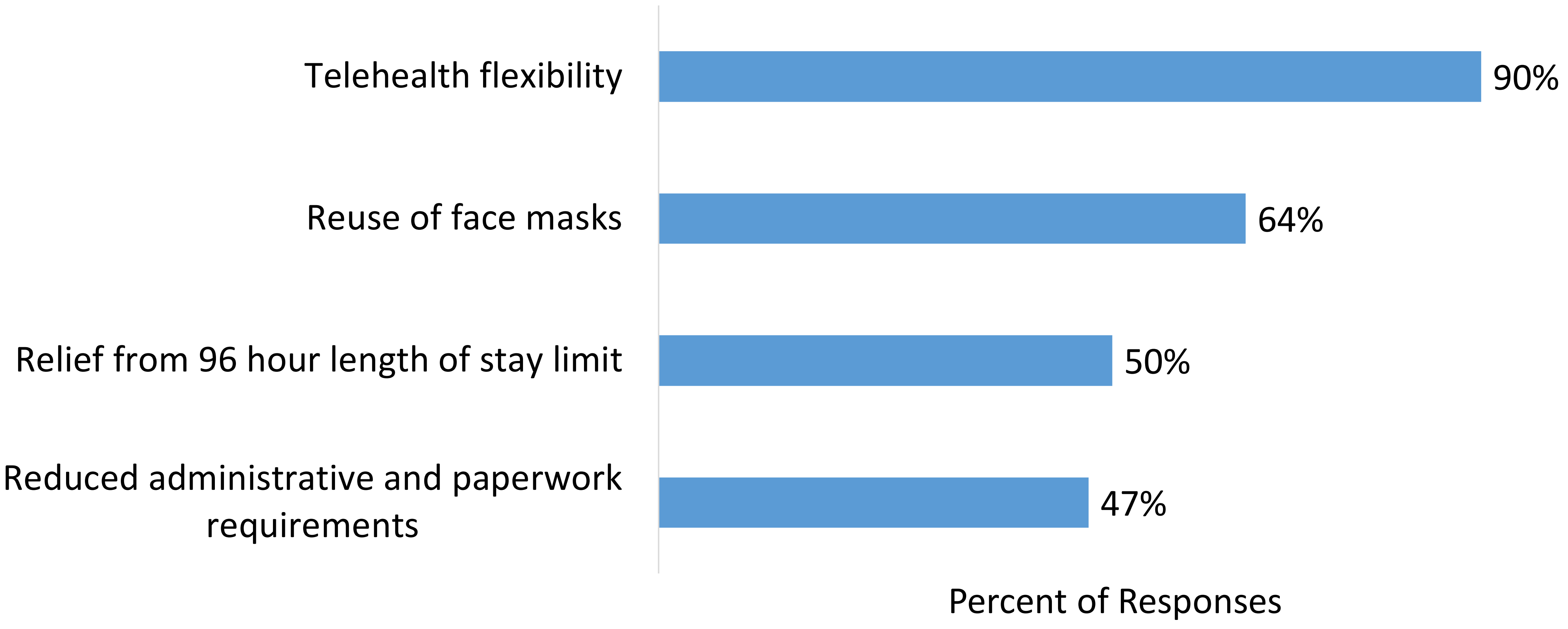
- Survey mode:
  - 68% completed online
  - 32% completed via phone
- Type of respondents:
  - 77% CEOs
  - 8% clinical
  - 15% other
- System affiliation:
  - 51% part of a hospital system
  - 49% independent



Federal Funding Sources
(February through August 2020)

- CARES Act most common funding source (92%)
- 73% had support from three or more sources
- 86% said federal funding was "very helpful" or "critical to remaining open"
- Used funds to cover general operating costs and prevent employee furlough

Use of Federal Waivers and Regulatory Flexibilities (February through August 2020)



COVID-19 Patient Volume, Deaths, and Transfers (February through August 2020)

# Suspected or Confirmed Positive COVID-19 Cases	
0-10 cases	40.5%
11-50 cases	38.6%
more than 50 cases	20.9%
# COVID-19 Related Deaths	
0 deaths	57.0%
1-10 deaths	40.4%
> 10 deaths	2.6%
# Patients transferred into your hospital from other hospitals that reached capacity	
0 transfers	58.7%
1-5 transfers	28.4%
6-10 transfers	8.4%
> 10 transfers	4.5%

Use of Ventilators and PPE Supply
(February through August 2020)

# Ventilators ready to use mean (st. dev.)	5.5(4.1)
At least one admitted COVID-19 patient used a ventilator	30.7%
Needed more ventilators than those on-site	3.9%
PPE supply met hospital needs	80.3%

Innovations to Overcome Obstacles
(February through August 2020)

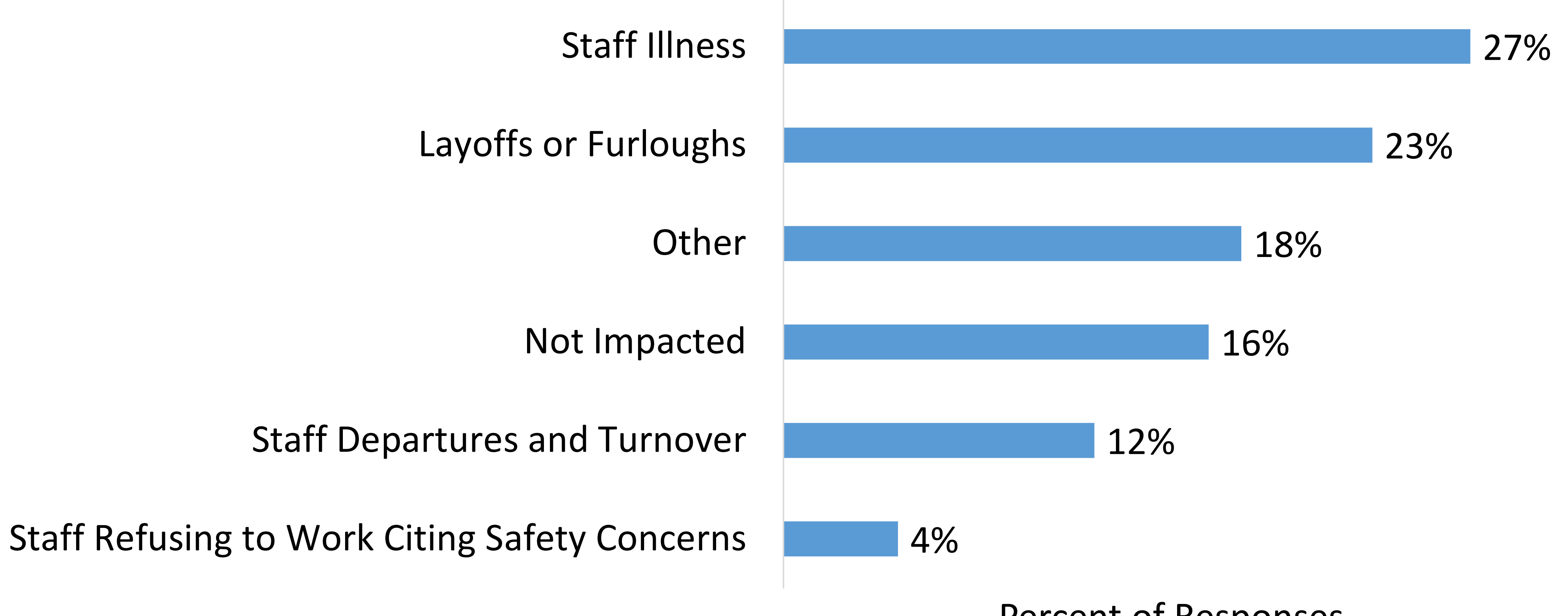
- Hospital processes
- Clinical care
- Staff innovations
- Physical hospital innovations
- Communication
- Collaboration

Examples of Operations Innovations
(February through August 2020)

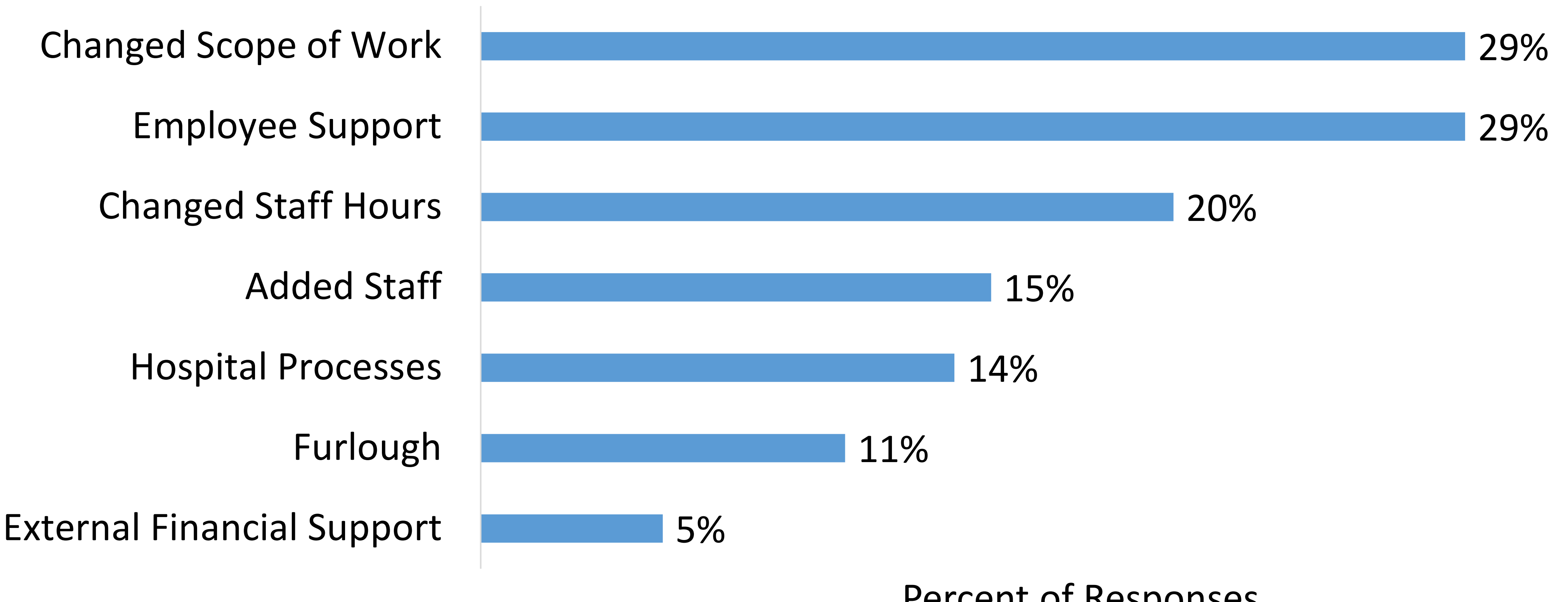
“Our temporary rooms didn't have visualization in the rooms like ICU beds normally do. So, we went to Walmart and bought 10 baby monitors with video and sound, set them up in those rooms, and so our staff could check in on patients from outside the room.”

“Did routine (2x per week) interviews that were broadcast into the community, we were very open and transparent about what was happening and reinforcing public health practices to keep spread down. As a way of introducing the drive up clinic, we invited the media in to create awareness”

Impact on Workforce
(February through August 2020)



How CAHs Overcame Workforce Challenges (February through August 2020)



Examples of Workforce Innovations
(February through August 2020)

"For staff that were in other departments that were not getting their hours or were furloughed such as elective procedures, we cross trained RNs and LPNs in other service lines."

"We also set up a pantry in our cafeteria to minimize staff going to local grocery stores, etc., to minimize their exposure. We even prepared meals that they could take home."

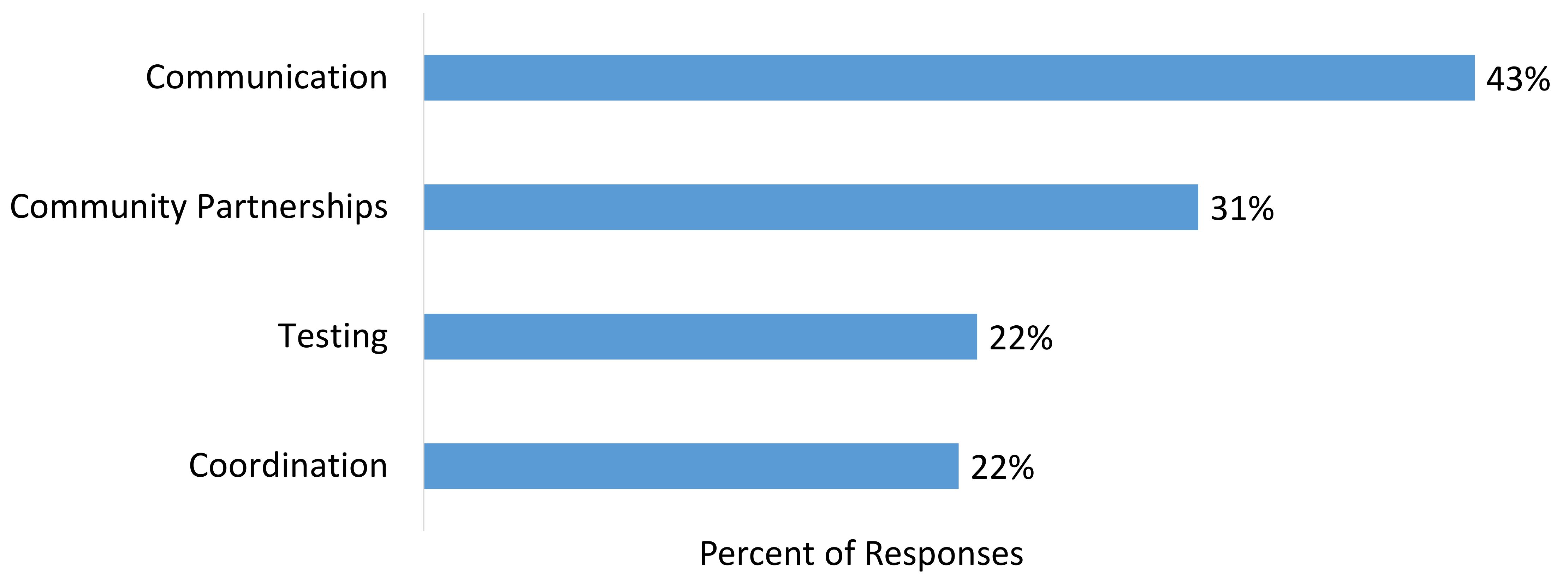
Impact of System Membership
(February through August 2020)

- Help with resources
- Enhanced coordination
- Policy guidance, expertise
- Staffing support
- Efficient transfers of COVID-19 patients

Impact of Independent Hospital Status (February through August 2020)

- Leverage relationships with other local and regional hospitals
- Avoid corporate delays and policies
- Challenging to obtain PPE, supplies, and information; staff replacement

Types of CAH Collaboration with Local Public Health Agencies during COVID-19 Response
(February through August 2020)



Partnerships with Local Public Health

"Local law enforcement didn't have masks or tests, we were able to help get them masks and tests… We met with local public health multiple times a week and learned what the needs were and worked together to try to problem solve."

Key Takeaways

- CAHs varied in their capacity to respond to COVID-19, but most were able to meet the challenges
- Federal funding and policy waivers were essential
- Partnerships with local public health, Flex Program were helpful in obtaining resources and information

Key Takeaways

“If there was a time that our organization has performed its best, this was it. We've met the challenges from an internal standpoint with staffing, taking great care of patients.”

Thank you!

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