

## **THE SPOKES SPEAK - GEARED TO SERVICE**

### **Rotary Club of the North Fork Valley**

POB 1543, Paonia, CO 81428

WEB SITES: [rotary.org](http://rotary.org) [rotary5470.org](http://rotary5470.org) [northforkrotary.org](http://northforkrotary.org)

Meeting Thursdays at Noon in the Paonia Town Hall

District 5470

Club 1180 - Chartered 12/20/22

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Guest Editor: Bain Weinberger

**LAST MEETING: May 21, 2020 (Virtual Meeting held via Zoom)**

President Coombe and President Elect Randy Campbell presided.

Visiting Rotarians: Dave Frank – Assistant/Area Governor

Becky Smith – District Governor Nominee

Other Guests: Peter Jeschofnig – friend of new member Judy Beggs

Key Guest: No key guest

(Annette now has the key).

#### **ANNOUNCEMENTS:**

- We had 56% turnout for the Zoom meeting today.

#### **NEW MEMBER INDUCTION:**

Pam introduced new member Judy Beggs. She had been a member of the Englewood Rotary Club. She was a family law attorney in Englewood for many years. In 1990, she closed her law practice and joined the Peace Corps. Working in Senegal, she started a charitable foundation to help the people there. Pam described her as a “smart and happy lady, and lots of fun”.

President Coombe then performed a formal swearing-in.

#### **PROGRAM:** Delta County Memorial Hospital’s Response to COVID-19

Jody Roeber – Chief Clinical Officer for DCMH and

Dr. Sara Knutson, pulmonary intensive care physician at DCMH

After some introductory remarks, Ms. Roeber went through a PowerPoint presentation (via Zoom screen sharing). It began with a time-line of Covid preparation and cases in Delta County. As the first cases began to show up in Colorado, DCMH put together an incident command. A meeting was held with county health officials on March 12 to discuss what needed to be done to prepare. The incident command team was assembled with Jody Roeber as the incident commander for the hospital. Dr. Sara Knutson was recruited as a medical advisor as it was important to have a respiratory specialist on the team. Dr. Jen Craig, an emergency room physician, was recruited to look at the outpatient side of things. A Joint Information Command was also formed with the hospital marketing director and an infection control preventionist was also added to the team. Daily meetings were held regarding what needed to be done to prepare as a community and as a hospital.

On March 16, the hospital incident command became part of the Delta County Emergency Operations Command with three incident commanders: Karen O’Brien, County Public Health Director, Robbie LeValley,

County Administrator, and Jody Roeber from DCMH. They worked together to put together a plan for the County to prepare.

It was determined that it was important to do some screening for the virus, so an outdoor screening area was set up for those concerned about respiratory or Covid symptoms. As it was in a tent, snow and wind shut the operation down as soon as it got going. By March 19, it was clear that testing material was going to be in much shorter supply than originally anticipated, so the community screening project was discontinued. It was decided that all testing would go through the hospital Urgent Care department. Screening criteria were established to determine who would and would not be tested. By April 2<sup>nd</sup>, a screening tent had been set up outside the Emergency Department.

April 2<sup>nd</sup> the first patient was identified. She tested negative for the virus, but had been in close contact with a relative (from out of the county) who did test positive. She was a hospital employee, developed only sniffles, and did not take a sick day or miss any work.

April 8<sup>th</sup> brought the second positive case and the first death. He was living in a long-term care facility in Olathe. He had been to the hospital and tested negative for Covid the week before. He was on oxygen but his oxygen had been turned off when he was brought to the hospital. His oxygen was turned back on and his blood oxygen levels improved. He was sent back to the nursing home where he died 24 to 48 hours later. Testing at that time showed that he was Covid positive. That is the only death so far that has been attributed to Delta County (although it took place in Montrose county).

April 16<sup>th</sup> the first patient was hospitalized. That patient was never in the Emergency Department, recovered and was released within 48 hours. He has since fully recovered and is doing well.

Much is being done to prepare both the hospital and the community for Covid:

- Education about the virus is being provided to the community and media outlets by the hospital marketing director who is a member of the Joint Information Command. Numerous videos have been created and posted on the hospital's web site to keep the community informed.
- Screening for Covid symptoms is being performed at all hospital and clinic entrances. Testing is performed on those presenting with symptoms.
- Until lately, no visitors were being allowed in either the Intensive Care or Emergency Departments. One designated visitor per patient is now being allowed, with appropriate protective gear.
- Everyone in the hospital is required to wear a mask, or practice social distancing.
- A wing of the hospital was walled off for the care of Covid patients. There are two negative pressure rooms as well as an area to don and doff protective gear outside each patient room to prevent contamination from spreading to the rest of the hospital.
- Medications, food and cleaning supplies are supplied to the Covid wing so that personnel working there do not need to pass back and forth to other areas of the hospital, risking contamination.
- Rooms in the Covid wing are thoroughly decontaminated between patients.
- The Emergency Department was divided into a Covid side (also with negative pressure rooms) for potential Covid patients and a non-Covid side for everyone else.
- A required plan for how to deal with overflow was submitted to the State of Colorado.
- "Policies and procedures galore" were created as well as protocols for the treatment of Covid.
- Non-urgent surgical procedures were cancelled. Operating rooms would be converted into Emergency Rooms if the existing ER was overrun with Covid patients. Other hospital facilities were identified and readied for emergency use if needed.
- Backup physicians were identified in case the primary physicians were overwhelmed.
- Every nursing home and senior living facility was contacted by a nurse daily to gauge preparedness and offer advice. Assistance was also provided to help ensure any infection in the facility was contained by the application of appropriate infection control measures. This was an early area of emphasis due to the

prevalence of outbreaks in senior care facilities.

- The DNR status of nursing home residents was determined as a way of understanding how many patients would likely come to the hospital in case of an outbreak at the nursing home.
- The hospital has been working with the local school district as well as mental health providers to help provide resources for people who feel fearful and/or overwhelmed.
- Test kit status as well as testing results were reported as required.
- Communication with western slope hospitals (such as in Moab) has been maintained to understand their approaches to dealing with the virus.
- Communication has been maintained with politicians at both the State and Federal levels.
- A daily call is held with St. Mary's hospital reporting how many beds and ventilators are available. DCMH has 10 ventilators and four anesthesia machines that can be converted into ventilators if necessary. None have been needed as of yet for anyone testing positive for Covid.

The community response to the healthcare providers in Delta County has been “wonderful”. Personal protective equipment (PPE) has been coming in from residents of the county as well as from the national stockpile.



TAKING HEART. TAKING PART. TAKING ACTION.

Community members have made about 300 face shields using 3-D printers as well as 2000 – 3000 face masks, many of which have gone back out into the community. In addition, the County purchased an ozone generator for the hospital which is used to sterilize and allow re-use of various types of PPE. Without the support of the community, the hospital would have run out of PPE. The hospital is also using its decontamination equipment to sterilize the N-95 masks of ambulance personnel, nursing home staff and other emergency responders. This can allow masks to be re-used up to a hundred times (although 10 times is the usual limit). The N-95 masks are only required for certain procedures that are prone to put virus particles into the air.

As of May 20<sup>th</sup>, Delta County has tested 729 people. 55 of those have been confirmed to have Covid. Of those, 51 have fully recovered. It takes about six weeks for most patients to feel that they have fully recovered. Some people have had mild symptoms, with one or two being completely asymptomatic. Of the 55 confirmed cases, 30 were tested positive and 19 were presumed positive due to close contact with a positive patient and the symptoms they had. So far, there has just been one death.

Under the “Safer at Home” policy, everyone should stay at home as much as possible. Face coverings should be worn when out in public. Face coverings are not to protect you from other people, they are to protect other people from you. Respiratory particles containing virus are expelled by speaking, coughing, sneezing and even breathing. Face coverings help prevent these particles from being spread to others in the environment. Gatherings should be restricted to ten people or fewer. Travel should be restricted into and out of the county, except for essential activities.

In Montrose, it was reported that there was a graduation party with over 100 people. One of those present has tested positive for Covid. Some people from Delta County were present. It is unclear what the ramification of this will be for either the Montrose or Delta hospitals.

Delta County has applied for a variance to allow people to go to church and eat at restaurants, with restrictions as to the number of people who may be present at one time.

People are beginning to return to the hospital and clinics in normal numbers. Delta County EMS has reported a larger number of people found dead in their homes in the last two months than they have seen in the past five years. All of these people are being tested for Covid. It is a nationwide phenomenon. People in need of care are avoiding hospitals and clinics due to fear of contracting Covid. It is safe to see your health provider and to go to the hospital. It will be some months to a year before the pandemic subsides, and necessary health care should not be postponed.

The financial impact on the medical clinics and hospital has been “tremendous”. Patient revenue for the month of March is down 20% and for the month of April 46%. Accelerated payments will likely not be received. Montrose hospital has furloughed the equivalent of 40 employees. Some stimulus money has been received.

Actions being taken to address the financial impact include:

- Staff hours are being cut, but steps are being taken to ensure each is working enough to survive. Some are applying for supplemental unemployment insurance payments.
- Overtime is being managed.
- No traveling or contract staff is being used as they are considerably more expensive. Local workers are picking up extra shifts.
- The surgery schedule is being optimized to utilize staff efficiently.
- A discount drug program (340-b) is being pursued. It could save \$1.5M per month. This requires a certain percentage of patients be on Medicaid. Last year the requirement was missed by 21 patients. The hospital is working to encourage local doctors to bring their Medicaid patients to the hospital. The hospital is also actively recruiting a cardiologist, an ENT doctor, an oncologist and a pediatrician. This should help the hospital qualify for the 340-b program and increase revenue.
- Also looking at opportunities to downsize less productive but non-critical departments. The current rheumatologist is leaving so looking to offer a tele-medicine program for that specialty rather than replacing the doctor.

Dr. Knutson then spoke about testing in the county. One of the biggest challenges for DCMH, as well as for the rest of the country, has been obtaining adequate supplies of testing materials. As a result, the hospital has had to be “quite judicious” in the criteria used for determining how to use the test kits available. The tests were mainly used for health care providers with direct contact with patients and for hospitalized patients themselves. More test kits are being manufactured and the supply is getting more reliable. Test criteria is being expanded to pre-operative patients. Testing is also being considered for high-risk but asymptomatic people in a context of contact tracing to assist with public health management. Since there is no specific treatment for Covid, testing is mainly important for infection control within the hospital, and from an epidemiological standpoint in the community at large. It is also important in a nursing home setting, for example, to prevent outbreaks in these sorts of facilities.

There have been a couple of outbreaks in the county. One in the West Elk mine and another at a facility north of Delta. These were both contained with cooperation between the county health department and the hospital. Contact tracing was important in both cases in preventing spread of the virus.

Polymerize chain reaction (PCR) testing which is available at the state level as well as from commercial labs, is used in the acute infection setting. It tests for active virus by detecting its genetic material.

Another type of test is antibody testing. This is useful for patients ten days to two weeks past infection to determine if there has been Covid exposure or infection. These tests are not very useful clinically. They are more helpful for epidemiological studies to determine disease prevalence in the community. The rate of false positivity increases when the prevalence is low. Also, these tests do not necessarily connote immunity.

Ms. Roeber then took back over and talked some about masks. Many people are resistant to wearing masks,

while at the hospital masks have become something of a fashion statement, with worker coordinating their masks with their outfits. While they can be hot and uncomfortable, they are effective. Cloth masks do not prevent virus from passing through, but they do prevent saliva containing virus from being spread to other people. The N-95 masks have to be fitted properly to be effective. A protocol has been established in the hospital to make sure doctors and staff wear properly fitted masks. Some have claimed to experience hypoxia when wearing a mask, but some surgeons and hospital staff wear masks all day long with no ill effect. Anyone experiencing breathing difficulty wearing a mask likely has some other underlying condition that should be addressed.

The hospital is safe, as are the medical clinics. No clinician working in the hospital has tested positive for Covid.

The hospital system is now looking to determine what changes to the healthcare system are permanent, as part of the “new normal” and what are temporary changes. Visitors may always be limited at the hospital. Screening at the front desk may also be a permanent change, requiring patients with respiratory symptoms to wear a mask in the hospital.

## Q & A

Q: When are we going to have tests, routinely, for anyone who wants one?

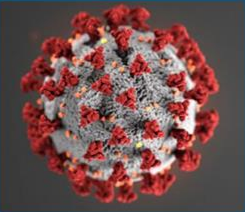
A: The hospital has been running short of tests and have been monitoring their use of tests continually. Anyone wanting to be tested now can pay to be tested. The test is from the Mayo Clinic and costs \$108. It can be administered at the Urgent Care clinic. This is the same test pre-surgical patients are getting. Testing of asymptomatic individuals with no additional risk factors such as exposure or travel is not being encouraged. But if a patient felt strongly about the need for testing, it could be done.

There is increased availability of tests as of this week. The hospital has had about 200 tests on hand, but as of this week there are about 900 test kits available. These are being distributed to the local clinics as well as the Urgent Care clinic in Delta. The ER also has tests. They are trying to not turn anyone away anyone who has had exposure or is an essential worker. Anyone with symptoms is being tested.


Delta County EOC posts a situation report every evening giving the current numbers in Delta County. It has been more than 9 days since anyone has reportedly tested positive in Delta County. While we have been fortunate in Delta County, the hospital staff is remaining watchful, as a surge in new cases can occur at any time.

Q: There was a report on the news that Governor Polis said anyone in Colorado could get tested free of charge. What do you know about that?

A: After the Governor made this statement, a directive was sent out to health care providers stating who could be tested. Testing candidates continue to be people



**DELTA COUNTY COVID-19**  
MAY 22, 2020  
CORONAVIRUS UPDATE:  
TESTED: 856  
PENDING: 88  
\*\* THIS NUMBER REFLECTS  
TESTS ADMINISTERED IN  
DELTA COUNTY\*\*



**Delta County**  
COLORADO  
Canyons • Rivers • Mountains

## UPDATE

- 61 Confirmed cases reported by Colorado Department of Public Health & Environment
  - 36 individuals have tested positive
  - 25 individuals have been in close contact with an individual who tested positive, and have experienced COVID-19 symptoms
- 58 individuals have recovered
- 1 death being reported as a Delta County resident
- Business Resources Available:
  - Business Loans now available at <http://deltacounty.com/DocumentCenter/View/11641/Delta-County-Business-Loan-Fund-Packet>
- Resources:
  - [www.deltacounty.com/COVID-19](http://www.deltacounty.com/COVID-19)
  - [deltahospital.org/getpage.php?ame=Novel\\_Coronavirus\\_%28COVID-19%29](http://deltahospital.org/getpage.php?ame=Novel_Coronavirus_%28COVID-19%29)
  - <http://covid19.colorado.gov/>
  - [cdc.gov/coronavirus/2019-ncov/index.html](http://cdc.gov/coronavirus/2019-ncov/index.html)

WWW.DELTACOUNTY.COM - Call Center: 970-874-2172

with symptoms, essential workers and people who have been in close contact with someone showing symptoms. This is for the State test. The hospital is not charging anyone in these categories for testing. Others who just want to be tested are being given the Mayo Clinic test and charged the \$108 fee. It may be possible to open up the free State testing in the future.

Also, the hospital just received a rapid test for Covid using Abbott ID Now machines. They have 10 machines (also used to test for the flu) and have received 120 cartridges that can detect Covid-19. The test takes about 10 minutes to return results and is being used for critical patients for whom it is important to know quickly if they have Covid-19.

Antibody tests are in short supply. These tests are going through the Mayo Clinic. It is not very expensive and the hospital would probably open this testing up to more people as more test become available.

DCMH has been extremely proactive in their approach while also being conservative with testing and PPE resources so as to ensure the hospital does not run out.

Q: Will there ever be a time when tests are universally available? How will schools open and life return to normal without knowing who does and who does not carry the virus?

A: This gets into a question of the balance between living a normal life and practicing reasonable precautions to avoid infection. Focused testing in conjunction with contact tracing is much more effective compared to broad, indiscriminate testing. Until this sort of focused testing is widely available, opening the economy in the ways being discussed and implemented presently is fraught with some hazard. It comes down to a balance between economic benefit and risk. We are not ready for the kind of reopening that is taking place across the country.

Anyone is potentially at risk for more severe disease should Covid infection occur. There may be nuances to the virus we have yet to discover. We know some populations, such as those with chronic illnesses, diabetics and those with asthma or other respiratory illness are at greater risk than others. These people should use extreme precautions and be very careful about their exposure. At the same time, younger people and those with no risk factors may have a more cavalier attitude toward exposure to the virus. What they fail to take into account is that they have the potential to be minimally symptomatic or asymptomatic vectors to spread the disease to those who are at increased risk for complications. The more people who are exposed to the virus, the more people will develop severe symptoms, and the burden on the health care system may be increased beyond its capacity. These criteria need to be balanced when contemplating liberal reopening of the economy and liberalization of gatherings.

In areas such as Denver where there are substantially more cases, a lot of the deaths and serious illnesses are happening in households or among people who work together. They are seeing whole families die as one member contracts the virus and spreads it to all the other members of the household. Isolation and quarantine need to be taken very seriously.

Q: Are we doing contact tracing, and do we have enough people to do that?

A: The County is doing contact tracing, and have completed tracing for all known cases up until now. Should there be an uptick in cases, additional help with contact tracing might be needed. A small community can be overrun quite quickly. It does not take a lot to run out of resources as we are not prepared for a large pandemic.

The National Guard came in and helped write Delta County's plan for reopening the economy. It is a "forever plan", not just for the current pandemic. They brought expertise in preparedness that the County itself did not have.

Q: Delta County had more Covid cases than Mesa County, although Delta County is one fifth the size. How did that happen?

A: That is an acute question and a real puzzle. There seems to be little effort at social distancing or mask



wearing in Mesa County. Initially, most of the cases in Delta County involved people who had contact with people from Aspen or Eagle who had the virus. Then there was a spike caused by a company in Montrose that had an outbreak as well as the outbreak at the West Elk mine. Most of the cases in Delta County came from those two organizations. Mesa County has not had any similar outbreaks.

Another community experienced only 19 positive cases, but of these 17 deaths resulted, 15 of which were in a nursing home. In Delta County the nursing homes shut down quickly and protected their populations in those facilities.

Q: At the store, there are all these old men not wearing masks. Is there anything that can be said to them to get them to put a mask on?

A: It is a bit of a delicate business. Masking is a “freebie”. Masks can make an incredible difference in minimizing infection. Unfortunately, mask wearing has become a political issue. If you can say something nicely to these non-mask wearing people, it would not be inappropriate. People who refuse to wear masks are being discourteous and without concern for the wellbeing of their fellow citizens.

There is a great possibility of a resurgence of the virus in to a second or possibly even a third wave. The State is now predicting that will happen in the Fall. Sadly, another wave of infections may be the only way to get the message across to some people.

It is a time game while we wait for the vaccine to become available. Rotary members can help set an example and talk to people we know to encourage them to practice the appropriate precautions to hopefully avoid a real problem.

#### **UPCOMING MEETING PROGRAMS:**

- Annette may be the speaker soon, discussing her work with hospice.

