

A Rural Area and a Pandemic

On May 4, 2020, there was a recorded outbreak of confirmed coronavirus (COVID-19) cases in a rural town in Oregon, located approximately 80 miles from Salem, Oregon. Eight of these cases were connected to a local business. The small business began to immediately work with the county to get their employees tested.

The county is served by Valley River Hospital, a 15-bed critical access hospital, and Northwest Communities Hospital, a 20-bed critical access hospital. Both hospitals are part of a larger system called Oregon Health Services, which serves a three-county region. The CEO of both hospitals has been preparing for COVID-19 since March and immediately launched an emergency disaster plan for a medical surge.

Background

The health system expanded COVID-19 testing for all patients with symptoms of the virus in April. They established drive through testing at two outlying facilities for those who lived on the outskirts of the hospital service area. A clinician's order was required and could be obtained via telehealth. The test was free to the patient. Leading up to the spike in June, like many other health systems, the health system was in need of personal protective equipment (PPE) and testing equipment and supplies. The biggest PPE need was hospital gowns.

Regarding testing equipment and supplies, rural hospitals always seem to be at the end of the supply chain. This was the case for the Oregon Health Services. They initially had difficulty sourcing and purchasing necessary volumes of nasopharyngeal swabs, M4 viral transport media and test kits. They next experienced long COVID-19 test turnaround times with contracted labs and incurred significant courier costs to get tests to and from urban centers where testing equipment was located.

Oregon Health Services provided testing once the county outbreak was confirmed in June. They learned that over 50% of those testing positive were Hispanic, many of whom lived in congregate housing without personal transportation. The proximity of the residents to one another combined with the need to carpool or walk to work together accelerated community spread.

The health system quickly found itself at a disadvantage when they discovered they lacked cultural awareness to meet the needs of the influx of Hispanic COVID-19 patients including indigenous Guatemalans who migrated to the area and carry their traditions and dialect to their new community.

“This is an opportunity for us,” the CEO said. “We should have been prepared and COVID-19 exacerbated the situation, but we recognized it as an opportunity to accelerate a solution to the problem.”

Staffing during a COVID-19 surge is difficult. Coincidentally, during the COVID-19 surge Oregon Health Services had a vacancy for its chief nursing officer (CNO) at Valley River Hospital. So, the CNO at Northwest Community Hospital also served as interim at Valley River

He soon discovered that being responsible for both hospitals helped him understand staffing patterns that allowed him to share staff between the hospitals to meet demand and give relief to fatigued nurses.

As of August 31, the country had reported 15,000 tests of which 841 were positive. Oregon Health Services estimates that they have performed over 9,000 of these tests. Thirty people have been hospitalized and the county has recorded 15 deaths. The numbers continue to increase.