



COVID-19 Update

April 9, 2020



Discussion Topics



Where we are today

- What we're seeing now
- Supplies
- Testing
- Surge planning
- Data models
- Financial impact

We still need your help

- We must continue to amplify the “stay at home” message. This is critical, especially as the weather warms up.

What we're seeing now



9

COVID-positive
patients who are
hospitalized

4

are in the
Intensive Care Unit

- Our overall patient volume is down, both because we've cancelled elective procedures and because the community is heeding our advice to first see their primary care provider unless they have emergent health needs.
- However, among those patients we are seeing in our Emergency Department, an increasing number have respiratory symptoms.

Supplies

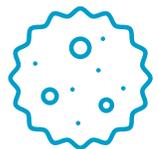


- We continue to be impacted by disruptions in production and high global demand. N95 masks and isolation masks are our most challenging items to source.
- We estimate we have a three- to four-week supply of personal protective equipment, or PPE, but that could change quickly if we experience a surge.
- We are grateful for the donations we continue to receive from the community. We launched our 10,000-masks campaign last week (for hand-sewn masks) and have already received more than 3,800.

Testing



- We hope to have the ability to provide in-house testing soon. We already have several machines capable of performing the tests, but we have not yet received the necessary supplies.
- In the meantime, we are sending all our specimens to the University of Washington lab for testing, and we're receiving results in as few as 48 hours



Over 900 specimens sent for testing since early March

St. Charles' latest test numbers



COVID-19 in Central Oregon

33 Positive cases

9 hospitalized

801 Negative test results

137 Pending test results

Our most up-to-date testing criteria



Any outpatient with a fever (100.4 F or 38.0 C) in the past 24 hours, cough or shortness of breath AND:

- Whose symptoms are sufficiently severe to require medical attention may be tested **IF** they ALSO meet one or more of the following criteria:
 - Older than 60 years of age
 - Age less than 12 months
 - Any child (age < 12 y.o.) with household contact at high risk of severe COVID-19 illness
 - Patients with underlying medical conditions, including hypertension, diabetes, cardiovascular disease, lung disease, and immunocompromising conditions, including cancer
 - Pregnancy
 - Patients who had contact with a patient with a COVID test pending or with confirmed COVID 19 infection
 - Health care workers (including scribes and EMTs), first responders including police and fire personnel who are non-EMTs, and any worker in a vital infra-structure role, such as an employee of an electrical, gas or other utility, water or sewer treatment facility.
 - Any patients with worsening symptoms (e.g., this could include a repeat visit to the ED or office, or no improvement in fever, cough or dyspnea in the past 48^o)

Surge planning



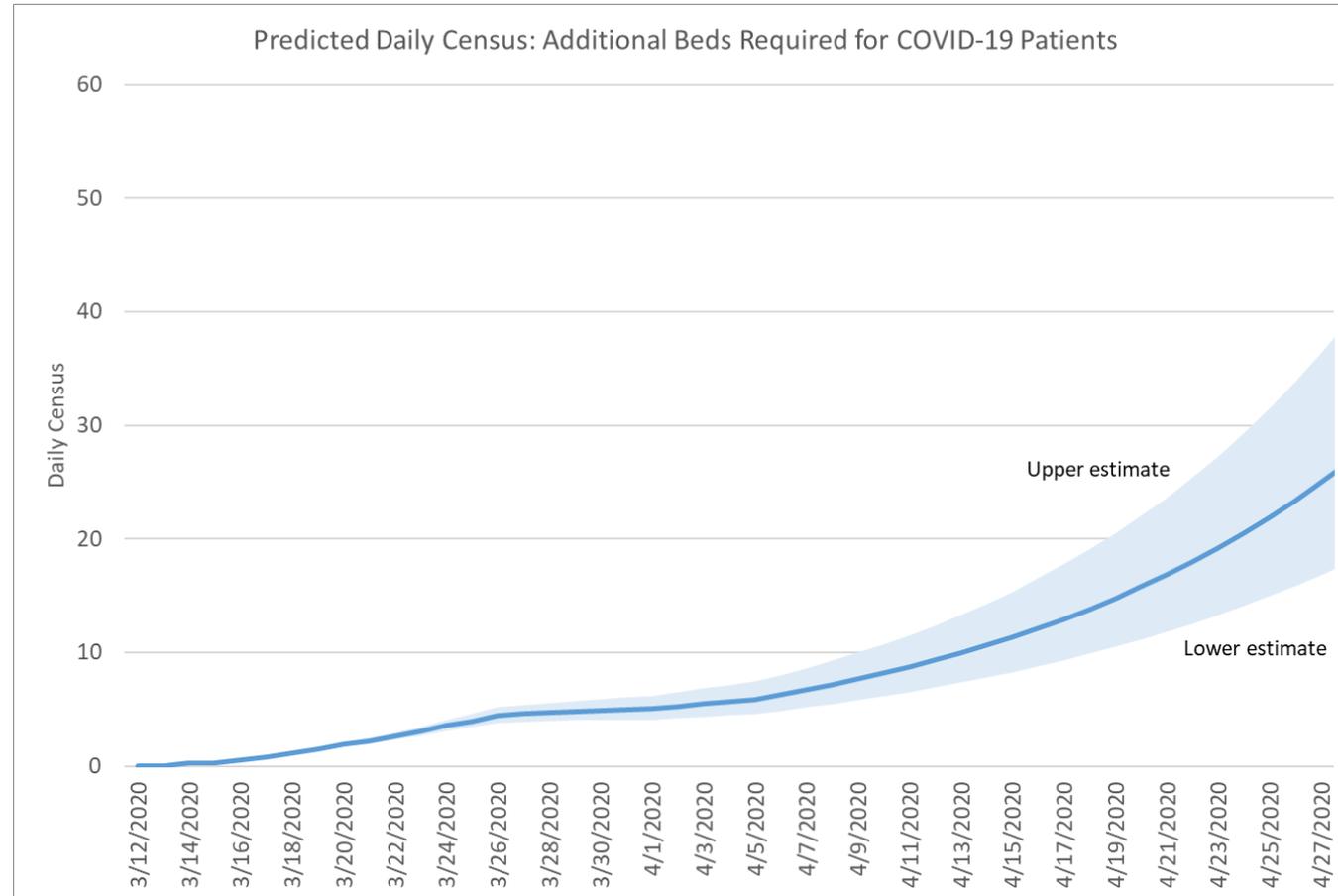
- St. Charles Health System's objectives for its COVID-19 response are to protect its workforce, preserve its critical medical supplies and prepare for a patient surge.
- At all our hospitals across St. Charles, that means bringing former patient rooms into service, adjusting rooms for double occupancy, repurposing outpatient spaces for inpatient care and even preparing conference and visitor spaces if needed.
- The health system's goal is to more than double its acute care bed capacity to 610 beds to handle a potential influx in patients.

The latest data models

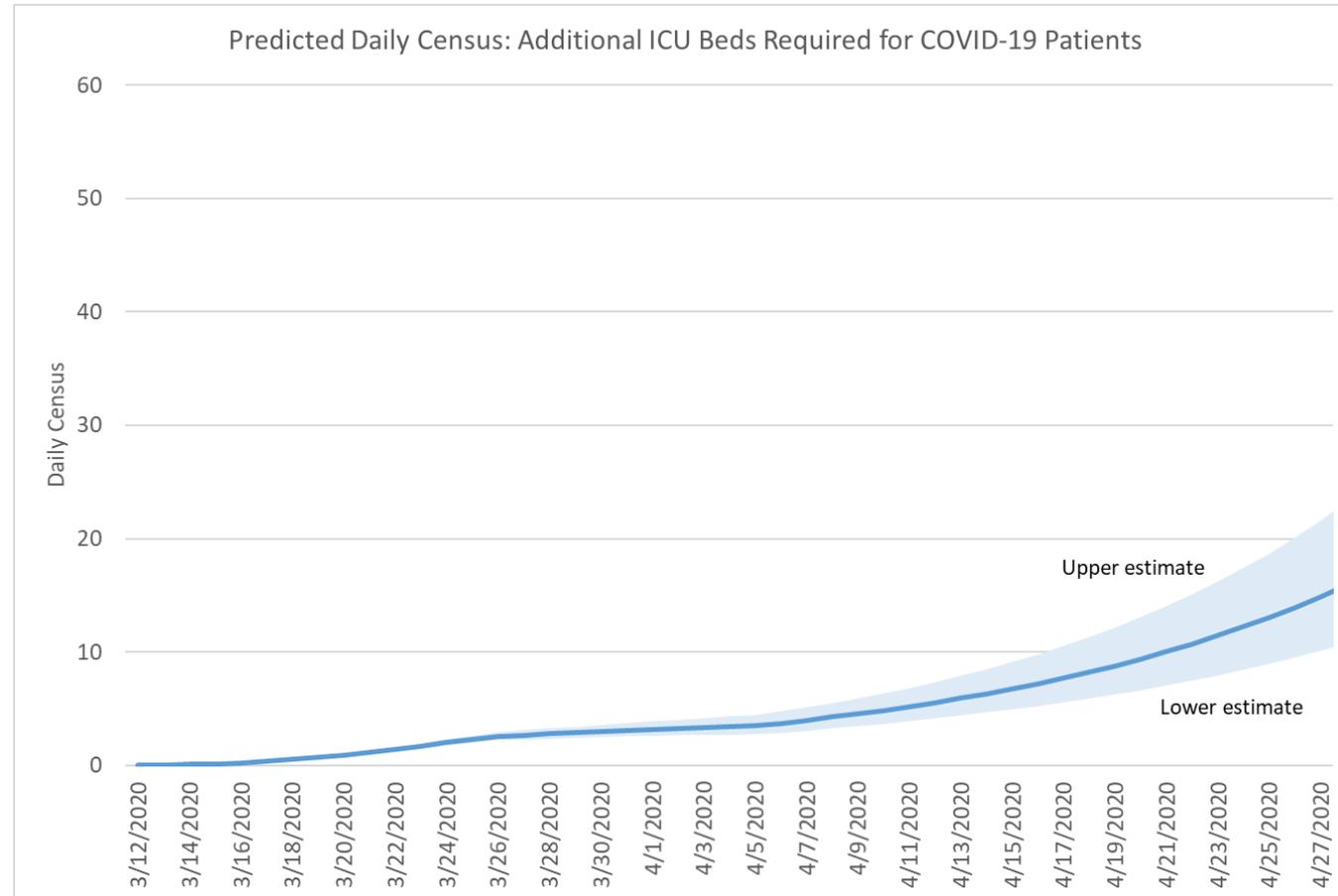


- We are very early in the battle with COVID-19, lagging a significant distance behind the majority of the Oregon state population that reside in the Portland, Salem and Corvallis metropolitan areas.
- The following slides show the predicted daily bed requirements for COVID-19 patients for the next three weeks.
- Estimates beyond three weeks are possible, but made with much less confidence due to highly variable conditions and unknown adherence to the intervention strategies (social distancing, hand washing, cancelling group events, etc.).
- According to our current model, the peak resource use will **not** occur within the next three weeks.

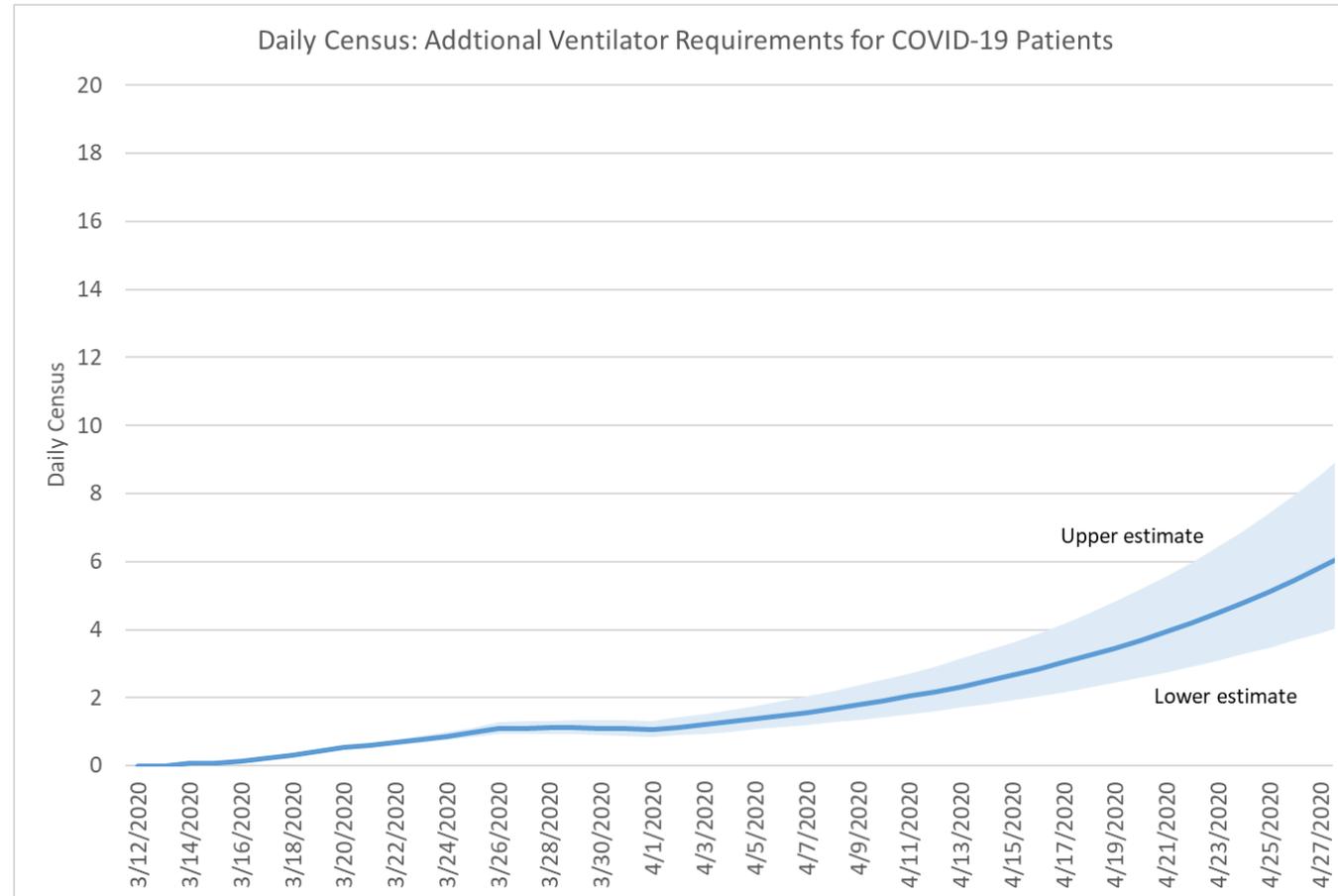
Predicted hospital beds needed



Predicted ICU beds needed



Predicted ventilators needed



Social distancing is working, but we can't quit

- Based on current adherence to social distancing, St. Charles' data models show we have reduced our infection rate by 68 percent from baseline (no social distancing.)
- While this is good, there are other communities that have reduced their rate of infection by 80 percent or more. So, we still have a lot of room to improve.
- If we improved our adherence to social distancing by just 25 percent, we'd reduce our rate of infection from baseline by 80 percent.



Financial Facts



COVID Impacts:

- Daily revenue, since March 16, is 45 percent below normal levels
- Expenses, due to preparedness efforts and paying our employees for regular shifts, are running above normal levels
- Liquidity position as of April 6 is 50 days of operating cash with an additional 218 days available via our long-term investment portfolio
 - Reflects full amount drawn on line of credit

Cash Conservation Initiatives



- Capital spending – suspended unless patient safety or regulatory required project
- Non-COVID essential spending – suspended
- Employee travel and education – suspended through Aug. 31
- Vendor contracts and terms – requesting extension of payment terms and/or discounts

Funding Pursuits



- CARES Act \$100B – awaiting details from federal government on how funds can be accessed
- CMS Accelerated Payment Program – applied for maximum available, this is a loan with repayment due in 12 months
- FEMA – submitted application, requested amount will not be known until emergency declaration ends
- SAIF Worker’s Safety fund – submitting applications monthly
- Insurance Companies – accessing all early contract settlements
- Continuously evaluating all available opportunities

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Thank you