

Marshall Medical Center has been and continues to prepare for a potential patient surge related to the COVID-19 pandemic. At the same time, it continues its actions and education to help patients and communities “bend the curve down” and slow the progression of the disease.

By early April, El Dorado County had 28 confirmed cases of COVID-19 and MMC had no confirmed inpatient cases and three persons-under-investigation (PUI) cases. MMC is coordinating surge planning with its provider partners, local county resources and state resources, which includes potential expansion beyond MMC’s physical walls.

MMC leaders are focusing their communication education on supporting sheltering in place and accessing care if residents have symptoms. It has stood up a triage advice line to address community and provider questions related to COVID-19 and is implementing video and telephone visits to reduce transmission.

While the financial impact of the pandemic is unknown at this time, MMC continues to use every available avenue to increase funding and cash flow to the organization. It received \$5.6 million additional funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act in mid-April, which will help its finances but “really

only covers a very limited amount of the net revenue reduction,” said Siri Nelson, CEO of Marshall Medical Center. “We will also be applying for additional funding related to the \$100 billion to support hospitals in the CARES Act and are hopeful that will cover more of our shortfall.”

### Preparations for Patient Surge

MMC has taken a number of steps to ensure it is prepared for a surge of patients related to COVID-19. In the last several weeks, it has:

- Delayed / cancelled all non-urgent elective procedures and testing (ranging from major surgeries such as knee replacements to annual wellness exams and screenings like mammograms)
- Developed a detailed surge plan to expand inpatient capacity by 50% to 100%. MMC leaders are also coordinating this plan with El Dorado County Office of Emergency Services to ensure a coordinated and cohesive approach. The plan addresses:
  - o COVID-19 patients as well as other patients needing admission
  - o Facility and equipment needs
  - o Medical professional support – including which providers on staff at MMC can be redeployed to address crucial inpatient care and emergency provider privileging
  - o Support staff needed, including nurses, pharmacists, respiratory therapists, etc.
- Urged its ethics committee to review extraordinary policies, such as triage, resuscitation and physician orders for life-sustaining treatment (POLST).
- Developed plans to mitigate stress and emotional burdens with MMC’s chief wellness officer and



Care for Caregiver Committee supporting Marshall providers and staff

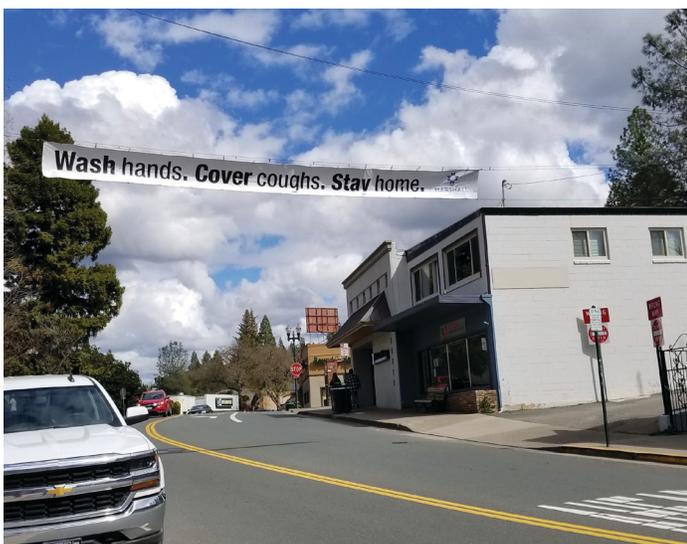
- Prepared for supervised home management of and recovery from viral pneumonia.

## Current Care and Treatment of Patients

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During the COVID-19 crisis, MMC leaders are now more dedicated than ever to caring for and treating patients. Here are some ways MMC is working to ensure quick, high-quality care for patients during COVID-19. So far, it has:

- Consolidated its clinics and redeployed staff to open clinics
- Erected a triage tent in front of the emergency department to screen potentially positive COVID-19 patients and separated them from other patients
- Established a 24/7 telephone triage line to screen patient calls related to chronic conditions as well as COVID-19 questions and follow-up
- Screened patients at all open clinics prior to entry for signs and symptoms of COVID-19
- Adjusted its PPE supplies based on available clinical data and supply availability.
- Screened staff before they start their shift
- Established a drive-thru emergency department triage/testing



## Community Outreach

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Health care leaders at MMC are working outside their own walls to care for patients with COVID-19 and others who normally rely on the clinics. In the last few weeks, it has:

- Developed telephone pre-visits for patients who need prescription refills or routine lab work so patients don't have to physically come into the clinics for care
- Implemented telephone visits that began in April
- Implemented virtual visits through Epic My Chart and a secondary platform that began in mid-April
- Partnered to provide community education about the state's shelter-in-place order and protection for the general public. This education includes:
  - Banners, digital signage and bus shelter posters
  - A public service announcement that addressed shelter-in-place and other protective measures released and shared on social media
- Implemented outreach to local senior housing and skilled nursing facilities to provide on-site medical screening and support – the goal of which is to allow vulnerable senior populations to remain in place while still receiving necessary medical care
- Implemented outreach and sheltering to homeless populations



## Financial Impact / Actions to Address

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MMC is working with all available outlets to maintain necessary cash to support operations. So far, it has:

- Received advance payments from Medicare
- Continued to allow staff to bill and collect for services rendered
- Secured bond issue estimated to be completed in late April which includes approximately \$27 million to re-fill cash reserves
- Documented and tracked all pandemic-related activities for future funding support from the Federal

Emergency Management Agency and the State Office of Emergency Management

- Redeploying staff to the labor pool when services are necessary to address pandemic-related activities
- Adjusting staff hours so that employees who are not working due to the pandemic are working reduced hours, allowing them to take time as unpaid time or use their accrued Paid Time Off (PTO)
- Evaluated service lines to determine next steps during the immediate post COVID-19 time period

## Next Steps

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“MMC applied for Medicare advance payments and received about half of what it expected,” Nelson said. “We share the concern of others that this is a loan against future payments and will be recouped in 120 days. With our very low outpatient volume and our low inpatient census, our gross charges for March are about 10% below budget and net revenue will be very low as well.”

“While we are flexing staff and attempting to lower our expenses, we won’t be able to reduce them fast enough or far enough to be able to make up the net revenue hit we are taking,” Nelson said. “So, I am all in favor of the additional cash now. We will be looking to put it in our war chest for later in the summer, to repay the loan and to make up for the cash shortfall we expect later in the summer.”