Tom Murphy
CEO Minidoka Memorial Hospital

What we have done:

- Treated our first COVID patient April 15, 2020 and have done so consistently ever since then
- Average COVID patient stays 6 days versus our pre covid ALOS of 2.5 for influenza and pneumonia. They also have an average cost of $35k compared to $12k for pneumonia and influenza. Costs can be exponentially higher for those that need to be intubated or placed in an ICU.
- We have taken a few cases from the larger PPS hospitals into our one bed ICU to off load volumes at the larger facilities. First time in my career that life flight has brought patients to a CAH.
- We have become much more proficient at critical care out of necessity, many times there is absolutely no where to transfer complex cases.
- At one point during the last wave of the Delta Variant covid admissions were 70% of our census and it rarely dropped below 50% until late December of 2021.
- ECF experience has been challenging, death, isolation, inability to admit patients. Decrease in number of beds to create more hospital beds.

Impact on Patients

- Delayed care for several patients, example of hip pinning, delayed surgery due to staffing or safety.
- We had two patients that elected to go home with family to die due to no availability of an ICU bed in all of Idaho and Utah. They elected to go home just prior to us activating our tirage committee.
- We have had several patients get stuck in our ED with no prospect of admission anywhere that could take care of them, this has happened more commonly among those needing mental health care. We have also seen in increase in suicide attempts and mental health issues due to the pandemic and the isolation and uncertainty.
- Many have avoided care or have been diagnosed with other life-threatening diseases much later than desired creating an increased risk of failure of successful treatment.

Impact on employees

- Many have worked tirelessly, covering for co-workers that may be out sick, some working 10 to 14 days in a row.
- We have seen many retire or leave the profession completely
- Recently we have lost many to travel assignments leaving us severely short staffed. Just in the last two weeks we have had as many as 18 open shifts on our medical floor, a significant number for our small facility.
- Add this shortage to the 25 employees currently out with COVID or influenza, more than 10% or of our clinical staff.
- This situation puts even more pressure on those that are still working to make up for the shortfall.
- We have had to increase nursing wages 25% to retain and recruit, this is financially unsustainable.
- Our staff are tired, burnt out, and emotionally drained.

- Talk about how a community death upset the entire clinical staff.

Impact on Supply chain

- Supply chain issues have been extremely disruptive, delaying surgeries even more, we have had to pivot quickly to use other methods or obtain supplies through other channels, seeing pricing increased in some cases 300 times more costly
- Oxygen usage went from 2 inches per week to 13 inches per day, expansion of our oxygen system into the swing bed unit.
- Constantly having to change testing methods to meet community need for testing.
- Severe Blood shortage creating a higher risk for performing surgeries or responding to trauma cases in our ED. This is a statewide and national issue that is very life threatening.

Strategy and future planning

- We are experiencing unbelievable growth in our state and our service area is no exception. We need to be planning and preparing to meet the needs of this growth, but the pandemic has delayed everything. Our strategic plan is behind at least two years putting even more pressure on our services. This is echoed by many hospitals around the state
- Serious shortages in labor supply, and some of that due to lack of appropriate funding in our state colleges and universities.
- Data collection used to help guide our decision making and planning is also behind.

Cares Act Funding and State assistance

- Through the CARES act funding we were able to take care of our staff financially during unprecedented workloads, improve infection control by upgrading cleaning equipment and facility improvements.
- We have administered close to 10k doses of the vaccine to our community and created safe environments for care.
- Thanks should be given to the leaders of the state for this assistance.
- I would also like to thank Director Dave Jeppesen and his team for being so supportive and aiding in the provisions of emergency staffing from FEMA and the national guard.
- Small ask, please don't enact more legislation, we don't need more laws or mandates that may put us in contradiction with the state or our federal payor sources. Administration is tough enough as it is and the burn out among hospital leadership is also high.