

How rural hospitals are managing the COVID-19 pandemic

Monday, June 29, 2020 | Arizona PBS | Hosted by Ted Simons

11min:23sec to 18min:21sec (7min). Edited. <https://azpbs.org/horizon/2020/06/how-rural-hospitals-are-managing-the-covid-19-pandemic/>

Ted Simons: Arizona hospitals are increasingly challenged by the COVID-19 pandemic, and that's especially so for rural hospitals, which have fewer resources and personnel.

We talked about the issues facing these hospitals with Dr. Daniel Derksen, of the University of Arizona Center for Rural Health, and Acting Director, Arizona Area Health Education Center.



Ted Simons: Doctor good to have you. Thank you for taking the time to discuss the impact of the [COVID-19] pandemic on rural hospitals. Talk to us about it.

Daniel Derksen, MD: Well, we've definitely seen an uptick in the number of cases, both in terms of the general hospitalizations and in our Intensive Care Unit beds. We're seeing it in especially in our urban counties, like Maricopa and Pima, but it's also extended substantially into some of our more rural counties.

Ted Simons: These outlying areas, do they have the equipment necessary?

Dr. Derksen: For the moment, most of our hospitals around the state are dealing with the surge in the number of cases and hospitalizations, but it varies a bit by community, and changes every day. In general, our ability to take on more patients has gone down. We're at about 15% open beds right now, about the same percentage for open ICU beds. That varies by community, depending on the number of [general ward] hospital beds, ICU beds and ventilators they have. But the trend over the last week has become alarming.

Ted Simons: It's become alarming. What about the number of doctors and nurses?

Dr. Derksen: I was talking to a friend of mine that I went to medical school and graduated with – he's an anesthesiologist in Tucson. He relayed to me just how exhausting it is to be on the COVID ward. Anesthesiologists, intensive care unit physicians and nurses are on the front lines, every day dealing with this very high volume.

Of the patients admitted to general ward and ICU beds, 33 to 40% of those beds are COVID related. It's intense rounding on your patients, the anxiety of every day being exposed as a health worker, but also watching over people on ventilators, not getting better. Many times the discharges [from the ICU are] to the morgue. Those are things that weigh on you as a health provider, as hospital staff, and seeing that every single day.

The message doesn't seem to be getting out to the public. I was driving through Springville, Arizona yesterday, in Apache County. I saw 200 bikers walking up to the local barbecue there, not a single person wearing a mask. Of course, not a single person was wearing a helmet either.

The message is not getting out there in some of our Arizona communities about the evidence-based ways to reduce the spread of infection and prevent yourself from getting a moderate to severe infection that would require hospitalization or even the intensive care unit ventilation.

I'm hopeful through venues like this that you provide on your show - that people will start getting the message - this is very serious, and Arizona is one of the worst states in the country [for the spread of COVID-19]. What we're doing right now isn't flattening the curve at all.

Ted Simons: Is the message getting out to other parts of the country? We might need more nurses and we might need more PPE, because in the rest of the country - areas like New York and Washington state - were hit hard early. Are they ready to help us?

Dr. Derksen: I think other states would be willing to help. Those states that opened up a bit too soon, there's about half a dozen to ten states that opened early like Arizona did, that really reversed course. They're already starting to see a decrease in the number of [COVID-19] cases and the number of cases that require hospitalization.

So not only is there an evidence base from other states that have done the same thing that we did, and then reversed course a bit. Other states now see they're on the downward slope of the number of people hospitalized and the number of people dying from COVID-19 infections are going down, that are willing to help. It's hard to bring doctors and nurses into a state that's at its highest peak - breaking records almost every day in terms of the number of new cases diagnosed and hospitalizations, and how few open beds there are.

Ted Simons: And last question doctor, it's also hard to get practitioners - doctors, nurses, and personnel to the rural hospitals, the small towns, the outlying hospitals. How concerned are you about the viability of these places?

Dr. Derksen: The federal government has done a number of interventions to get dollars to the rural hospitals and that has certainly helped. The ability to recruit and retain physicians and nurses in some of these sites has been an intractable problem. In many rural areas, the long-term solutions are to train more of our doctors and nurses in those areas and create the fiscal incentives to keep them once they go into practice there. If some of your health personnel become ill with COVID-19 or require hospitalization, that creates a further stress on the system in places where they're already short of staff.

Ted Simons: All right, Dr. Daniel Derksen U of A Health Sciences, good to have you here. Thanks for your time.

Dr. Derksen: Thank you, Ted for bringing light to this important issue for the state.