From “Rural Wisconsin hospitals already operated at narrow or negative margins. Will they survive the pandemic?” by Naomi Kowles, WSAW-TV, Wausau, WI, 4/30/20:

“Rural Wisconsin hospitals have largely been spared the nationwide closures that have plagued some states around the country in the past decade. But six weeks into a postponement of elective procedures that’s left them without half or more of their revenue streams, federal funding has so far covered barely a third of those losses and experts fear for their future.”

“In the words of one longtime worker in the rural hospital world, ‘My crystal ball has never been quite so cloudy.’ ”

“Tim Size helped found the Rural Wisconsin Health Cooperative in Sauk City more than forty years ago; he serves as its executive director. More than forty rural hospitals, including seven in central Wisconsin, comprise its membership. As an advocate and networker for them, Size says he’s worked more hours in the past month than any other in the last twenty to thirty years.”

“He doesn’t know how many, if any, of the hospitals in the RWHC may fold; much depends on their individual circumstances.”

“’I’d be very happy if we get through this period without any closures,’ he noted. ‘It’s hard to imagine there won’t be some.’ Wisconsin has only seen one rural hospital close in the last decade, leaving them as one of the states with the lowest risks for rural closures going forward according to pre-pandemic calculations. But they weren’t necessarily healthy, either.”

“’We have a fair number of rural hospitals in our state who have been running negative operating margins,’ Size noted. ’[They] went into this in a weakened condition.’ According to hospital financial reports aggregated by the American Hospital Directory, that included at least three in central Wisconsin for the period ending in July 2019. Normal margins are still narrow, running between 3 and 5%–some higher.”

Elective Procedures and federal funding—Nonemergency medical procedures are the ‘electives’ that bolster a hospital’s operating revenue, forming 40-60% of their income according to estimates from the Wisconsin Hospital Association. Now roughly six weeks into their postponement for hospitals across the state amid the COVID-19 pandemic, the timeline of their return will be one of the biggest factors in determining how soon hospitals will return to some form of normal.”

“Some hospital systems in the state, including Aspirus which operates six hospitals in northern and central Wisconsin, are just beginning to roll back those procedures. But the revenue lost has only been recouped by barely
a third so far in federal funding through the CARES act, which allocated $100 billion in hospital relief, and further relief legislation passed last week with an additional $75 billion for hospitals. $10 billion has been earmarked specifically for rural hospitals.”

“WHA’s Senior VP of Finance Brian Potter tells 7 Investigates that statewide, they estimate hospitals are losing about $260 million a week from the loss of elective procedures. Out of six weeks’ revenue lost, while more is expected in the future–federal funding so far covers less than two.”

“‘It’s a large number to try to replace that revenue lost,’ Potter said. ‘It’s a pretty dramatic hit to margins because there’s no offsetting expense that goes away as part of it.’ Hospitals have had to ramp up pandemic surge preparations and invest further in personal protective equipment, leading to hospitals needing to cut in other areas: staff furloughs, reduced hours and pay cuts. ‘That’s touchy, too, because first of all, they still have to be ready in case a surge does happen,’ Potter said. ‘Secondly, even before all of this happened there were workforce shortages, so you don’t want to let good people go.’”

“Size lists several major factors affecting the timeline of how soon rural hospitals are able to return to normal: the unknown length of time left in the fight against COVID-19, the final amount of incoming federal funds, a hospital’s starting operating margin, and the return of elective procedures. But several key factors lie in the communities around the hospitals.”

Community’s role in rural hospitals—“Many rural hospitals have been community pillars for decades, Size explains but their success is connected to the community’s health.”

“‘You can’t really separate out the economy from the health of the people,’ he said. Some people scheduling elective procedures before the pandemic may have lost their jobs and economic stability; others may be nervous for their health entering a hospital in the post-pandemic world.”

“‘Everyone’s hurting in this, it’s not just health care providers,’ Potter said. ‘There’s that symbiotic relationship, particularly in rural areas, of ‘strong economy, strong rural healthcare provider.’”

“Those communities, too, may be the ones that keep rural hospitals afloat through philanthropy—a common pillar of support. Other supports include financial investments and reserves—but all taken together, experts say, it’s difficult to predict whether it will be enough to meet the crisis. Those types of assets have been built up over a long period of time, Potter said, and those investments, are likely down themselves in a suffering stock market.”

“‘It’s gonna be case by case–hospital by hospital,’ Size said. In regards to their finances, ‘the losses are going to be profound.’ But while there is no silver bullet, Potter hopes closures won’t be the case. ‘I think if we all do the right things, we’ll all get through this.’”

The WSAW televised interviews for this investigative report can be watched at: https://bit.ly/3bSEIU3

Now is Time to Get Postponed Care

From “Is there a patient in the house? Hospitals eager to get back to normal” by Tom Still, Biz Times–Milwaukee Business News, 5/7/20:

“This may sound counter-intuitive given the state is still dealing with the largest pandemic in a century, but Wisconsin hospitals aren’t all that busy. In fact, they’re ready to schedule that hip replacement you put off a few months ago–or to talk about the wrenched back you got raking your yard while staying ‘safer at home.’”

“Maybe it’s because Wisconsin hospitals and health systems started from a relative position of strength compared to other states, or that prompt isolation efforts paid off, but the head of the Wisconsin Hospital Association thinks the worst has been averted. At least, for now, based on available data and feedback from underused hospitals.”

“‘COVID-19 continues not to stress our health care system in any really urgent way,’ said WHA President
Eric Borgerding, even as expanded testing shows more people positive for the virus. A more important factor, he said, is how many of those virus-positive people wind up in the hospital.”

“The state’s COVID-19 related hospitalization rate has been trending downward,” Borgerding said in a recent interview. “It fell quite a bit after the initial surge and it’s been relatively flat since then.”

“While the WHA and its 130 or so member hospitals must meet recently announced ‘gating’ measures established by the state Department of Health Services and the State Emergency Operations Center, Borgerding said he’s confident the system will be able to do so. ‘When the new data are posted, I feel pretty good they will be green,’ he said.”

“Two key metrics are being able to operate under established crisis conditions and concentrated testing of staff who deal with patients. Borgerding said Wisconsin hospitals have stayed under the ‘crisis’ bar and should have little trouble testing patient-facing staff. A bigger problem, he said, is making sure those health systems have enough personal protective equipment.”

“Like many other businesses and institutions in Wisconsin and across the nation, hospitals and health systems have taken financial hits as a result of the COVID-19 outbreak. Some might ask, ‘How can that be if the federal government is shipping billions of dollars to hospitals to combat the outbreak? It’s because those hospitals were ordered to stop doing just about everything else by the federal Centers for Medicare and Medicaid Services, not state government, and the COVID-19 reimbursement dollars don’t cover all related costs.”

“With other services and procedures delayed or still not available for CMS reimbursement, Wisconsin health systems have forfeited about $2 billion in revenue over the past two months. Many have laid off staff that can’t be used to carry out non-urgent or elective procedures.”

“It would be understandable if hospitals were swamped, unsafe and unable to take on delayed procedures or services, but they’re not. ‘There’s a distressing byproduct to the ‘COVID-19 journey,’ which is the impact of the perception that hospitals are overrun, unsafe or infected,’ Borgerding said. ‘Hospitals and clinics are safe. People can feel confident in that, and we hope that message gets out.’ ”

“Borgerding said hospitals generally welcome independent metrics measuring quality and safety, because they will help ‘dispel that inaccurate perception of hospitals and clinics not safe at this time.’ Empty surgical suites and clinics is not just a financial challenge for hospitals and health systems, but a health care issue.”

“When medical procedures that were deemed serious are delayed for too long, other health issues surface. Hip replacements, bad backs and much more can only wait so long before people begin to suffer from ailments that have nothing to do with COVID-19.”

“Hospitals have never stopped treating emergency, urgent and critical care needs,” Borgerding said. ‘Patients should not be hesitant now to pursue preventive and diagnostic care, either, especially to maintain their health.’ ”

“Health care workers across Wisconsin and beyond have worked wonders during the COVID-19 surge. It’s time to let them get back to work helping people with other health issues, as well.”

Tom Still is president, Wisconsin Technology Council.
Regional Openings Not Partisan

From “Cuomo Details Regional Restart Criteria as NY Hits 1M Tests” by the Associated Press, 5/4/20:

“Gov. Andrew Cuomo on Monday laid out criteria for reopening New York’s economy region by region, the state surpassed 1 million coronavirus tests, the number of people dying per day continued to fall and New York City’s mayor laid out a plan to get millions of masks to people walking around outside.”

Regional Reopenings—“Cuomo said some parts of the state could start to reopen as early as May 15 if local governments provide plans for coronavirus testing and tracing the contacts of those who’ve been infected, and if data provided by hospitals and health officials shows the regions are not at high risk of a new surge of cases.”

“The five regions of the state that are getting closer to becoming eligible to open under the criteria are central New York, the Finger Lakes, the Mohawk Valley, the North Country and the Southern Tier.”

“Those regions, which have had far fewer COVID-19 cases than New York City and its suburbs, meet some of the criteria for reopening that Cuomo laid out Monday, including an ample supply of empty hospital beds that would be available in case there is an unanticipated surge in new infections.”

“But no region of New York appears to meet Cuomo’s reopening requirement of 30 contact tracers per 100,000 residents. It’s unclear when New York will fully roll out Cuomo’s plan to hire an ‘army’ of workers who can track people infected with COVID-19 and their contacts through a partnership with Bloomberg Philanthropies.”

“New York City’s billionaire former mayor, Michael Bloomberg, is putting up $10.5 million through his charitable foundation to help the state’s tracing effort. The foundation will help hire and train thousands of investigators develop apps to aid their work.”

1 Million Tests, Fewer Deaths—More than 1 million coronavirus tests have been conducted in New York, according to data released Monday, the most of any state in the country. Nearly 1 in 7 tests in the U.S. have been performed in New York.”

“New York reached the milestone in little more than two months. The first test was administered on March 2, according to state data. So far, 318,953 tests have come back positive—about 31.7% of the 1,007,310 total tests administered.”

“Meanwhile, the number of people dying from the coronavirus in the state dipped again, to 226 fatalities Sunday, Cuomo said. That’s the fewest number of deaths in a day since March 28, when 237 people died.”

“In all, 19,415 people in the state have died from the disease, though the total doesn’t include more than 5,300 deaths in the city that were attributed to the virus on death certificates but weren’t confirmed by a lab test.”

“Other indicators are also continuing to fall, including the number of people being treated in hospitals for coronavirus—now below 9,700 after a peak on April 12 of 18,825—and people newly admitted for disease treatment.”

“After weeks of what he said felt like a ‘game of whack-a-mole,’ trying to find enough personal protective equipment and getting it to the right places, New York City Mayor Bill de Blasio on Monday announced plans to create a 90-day city stockpile of masks, gowns, face shields and other safety gear.”
“The city has sent 10 million pieces of protective gear to nursing homes, which have seen scores of coronavirus deaths, with reinforcements this week including nearly 2 million surgical masks.”

“At the same time, de Blasio said over the next few weeks the city will be giving out 7.5 million masks for people to wear outside, a sharp increase from the 275,000 face coverings distributed at city parks and other public spaces over the weekend.”

“De Blasio said the masks will be handed out at public housing developments, at schools providing takeaway meals and the Staten Island Ferry, as well as by police officers and parks department employees enforcing social distancing.”

“I am very impressed by what New Yorkers are doing in terms of staying at home to the maximum extent possible, practicing social distancing, wearing face coverings—people deserve high marks overall,” de Blasio said. ‘There are some people not getting it and those people need to get it because they’re putting everyone else in danger.’ ”

Guidelines to Restart Business

From “Restarting restaurants, hair salons: WEDC issues guidelines on how a dozen industries can reopen,” Milwaukee Business Journal, 5/8/20:

“As the state of Wisconsin continues to plan for the reopening of businesses during the COVID-19 pandemic, the Wisconsin Economic Development Corp. published a set of guidelines and industry-specific advice for a safe economic restart, including for fitness centers, restaurants and hair and nail salons.”

“The best practices—developed in partnership with the Department of Health Services, Agriculture, Trade and Consumer Protection, the Department of Tourism and industry experts—coincide with Gov. Tony Evers’ Badger Bounce Back plan, which has three phases of reopening based on federal guidelines announced in April.”

“The WEDC’s document includes specific advice for businesses in the following industries: agriculture, construction, entertainment, fitness centers, hair and nail salons, hospitality, manufacturing, professional services, public facilities, restaurants, retail, transportation and wholesale trade.”

“Information on outdoor gatherings and outdoor recreation will be available soon, according to the WEDC’s website.”

“‘Wisconsin businesses have done a great job in adapting to our state’s Safer at Home order,’ Evers said in a press release. ‘As we begin to ‘turn the dial,’ they need to know how to reopen safely so that employees and customers can feel confident to return.’ ”

“Some of the general guidelines included in the document is having adequate access to hand sanitizer and personal protective equipment when appropriate. Other recommendations include continuing work-from-home arrangements when possible, curtailing business travel and reminding employees that are sick not to come into work.”

“What these guides really aim to do is provide actionable advice for businesses, especially small businesses, as they begin the road back to reopening,” WEDC secretary and CEO Missy Hughes said in a press release. ‘The guides answer basic questions, such as how to handle transactions at cash registers, what to do about merchandise that’s been handled by customers, and how to set up an office using social distancing strategies.’ ”

The full guide is available at the WEDC’s website: https://wedc.org/reopen-guidelines/
Our Fight with the Virus is Not Over

From “Dr. Raymond: Without a vaccine, Wisconsin will have to maintain social distancing as economy reopens,” Milwaukee Business Journal, 5/8/20:

“Wisconsin will have to double down on its efforts to practice social distancing as the economy reopens until a COVID-19 vaccine is available, said Dr. John Raymond Sr.”

“During his daily briefing Friday, Raymond, president and chief executive officer of the Medical College of Wisconsin, said data shows the state has reached equilibrium with the virus. Progress in bending down the ‘curve’ of the pandemic’s spread stalled about two weeks ago, he said.”

“Raymond examined what he called a ‘reproductive number’ for the state of Wisconsin, which looks at how contagious the disease is. Essentially, the reproductive number measures how many people catch COVID-19 from a single infected person.”

“Although he did not specify the figures from about two months ago, Raymond said the measure was higher in early March. ‘The pandemic was spreading rapidly at that time,’ ”

“For the past five weeks, the reproductive number has stayed at or near one, without improvement or significant worsening. The decrease since March, Raymond said, is directly attributable to social distancing and people staying home.”

“A sign the pandemic is fading away would be to see the reproductive number drop below one, he said.”

“As businesses start to reopen, Raymond said Wisconsin would need to maintain ‘diligent adherence’ to social distancing to avoid a surge of cases.”

Don’t Delay Essential Care

An open letter from Bob Van Meeteren, CEO, Reedsburg Area Medical Center, Reedsburg, WI:

“Over the past few weeks, I have been speaking to anyone who will listen about the importance of not delaying essential care, including cancer screenings. During a daily COVID-19 meeting that we have with our Leadership team, my Radiology Department director shared some very concerning information.”

“She listened to an interactive conference presented by Hologic, which is the vendor for our mammography unit. They had 3 esteemed women’s health physicians on the panel. Hologic surveyed 1,500 screening compliant patients age 45-74 yrs old for their perception on returning for screening exams during the COVID-19 pandemic. 86 % were concerned about the cleanliness of the facility. 4 out of 10 were concerned about coming for a screening exam tomorrow at their usual screening facility. And they were even more concerned about coming to a hospital versus a stand-alone imagine center. Over half of the women would come in May for a scheduled mammogram, but would need reassurance about the safety of the facility and would require it. About 2/3 stated they would return in August.”
“If reassurance is provided, the ‘back-to-scheduled mammogram’ likelihood could shift and get to end of year levels in July. Similarly, Epic recently released a whitepaper stating that screenings for breast, colon and cervical cancers were down 86-94% from March.”

“My mom was diagnosed with Breast Cancer 3.5 years ago. Today she is doing well, but I cannot imagine how things may have been if she delayed her annual mammogram by 6-8 weeks.”

“Today I was rounding in my clinic and I spoke with the physicians and nurse practitioners. A few shared that some of our patients are concerned about returning to the medical center because they are not sure if our medical center is safe.”

“These same patients have been going to the grocery store for the past 8 weeks without second guessing. At my facility, we have posted letters from myself and medical staff members to our social media accounts. We have placed ads on the radio recorded by myself and medical staff members and even filmed a short video with medical staff members and myself strongly urging our patients to NOT delay essential care. Our Emergency Department is seeing an increased number of patients with a higher acuity than normal. We are admitting 3-4 patients on a daily basis who have delayed their care unnecessarily.”

“I am requesting that we all, including the State, get the message out to our friends and neighbors that hospitals and clinics are open, clean, safe and ready to care for our patients. We also need to urge patients to NOT delay care for essential and needed services.”

Leadership Insights: “Good Ideas in Action”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

“Most of us are getting lots of suggestions about how we should manage the stress and challenge of the current crisis. What I offer you in this space today are examples of what leaders around me actually ARE doing to support and guide their teams to the future.”

1. **Focus.** “David Hartberg, CEO of Vernon Memorial Healthcare in Viroqua, WI, grounds his team in the present and the future by asking them to answer these two questions:

   - **What is one goal you have for yourself during this unprecedented time?** Setting a goal keeps people focused on the here-and-now actions to take no matter what is going on around us. It helps to prevent overwhelming thoughts from taking over and gives people a sense of agency.

   - **What is the thing you most look forward to doing again when the crisis is behind us?** The thing we choose is a guidepost of what is important and why we are doing what we are doing when the going gets tough. (It also helps to keep a sense of humor, as David said that he looks forward to ‘sitting in my sweats all day, with a big bucket of treats, and binge watching the West Wing or Newsroom.’)

2. **Simple wellness challenges.** “Throughout April, the RWHC Wellness Team offered employees a daily checklist to identify one really quick and simple activity to do to jumpstart wellness. The brilliance in this was that they were actions we complete in just a couple minutes (e.g. 15 jumping jacks and a 15 second wall sit; 15 crunches and 10 squats; 5 minutes of meditation, etc.) Email me for a copy to adapt locally. The other brilliance is that most of them were physical. The point was not that these actions alone would create fitness, but they forced getting up. Starting is probably 90% of the motivation we need to move.”

3. **Basic needs.** “At Western Wisconsin Health (WWH) in Baldwin, WI, the doctors and employees created a fund they could contribute to, housed with their foundation, to help any employees in need. Another WWH group set up a ‘caring and sharing’ corner where people can donate food items for other employees to take as they need it, ‘From those to whom much is given, much is expected,’ and this team delivers on that wisdom.
WH CEO Alison Page sends out **daily email updates** to employees. One update encourages employees to freely use the **showers available** in the hospital’s fitness center before they leave work so that they can go home to their families after work with less fear of potentially infecting them.”

4. **Make some assumptions.** “You will usually hear me say just the opposite but in the viewpoint of my friend, futurist Rebecca Ryan, one action that helps in a crisis is to **do some planning.** That planning asks, ‘What assumptions might you make about your business’s future over the next year?’ Her blog at [https://bit.ly/3czML3n](https://bit.ly/3czML3n) shows the method she used with her team and an example for yours.”

5. **Gratitude circles.** “When giving departmental reports or updates, more than one leader has been asking team members to share one thing that they are grateful for or that is positive. This is a low cost/high return activity that on the surface seems lightweight. But after going around the circle, starting with a leader who is open and emotionally present, this practice has power to lift spirits in a lasting way.”

6. **More frequent forums.** “Several leaders talked about ramping up the frequency of open forum times to talk with employees…and to listen. Let people talk about whatever they want to talk about. Being present, transparent and approachable has helped to calm some of the anxiety that everyone is feeling.”

7. **Forgiveness.** “There has been more than one occasion in the last two months when I forgot to do something I promised. When I get an email from the boss telling me that it’s ok, he feels a little discombobulated too, it definitely eases my stress.”

*Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For info re the RWHC Leadership Series go to [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx) or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.*