

# Joint Committee on Pandemic Relief Funding Health and Human Services Subcommittee

Jay Johnson

President and CEO,  
Duncan Regional Hospital

Jim Gebhart

Community President,  
Mercy Hospital



# Overview

- The Hospital Healthcare Landscape in Oklahoma
- The Impact of the COVID-19 Pandemic on Hospitals
- Healthcare System Opportunities Identified by the Pandemic
- Considerations for the Selection Process

# The Healthcare Landscape in Oklahoma

- Structure of healthcare delivery in Oklahoma
  - Competitors and partners
- 154 hospitals in the state
  - 39 critical access hospitals
  - 13 specialty hospitals
  - 44 hospitals have ICUs
- Not all hospitals have the same capabilities
  - Equipment, technology, ICU, staff and specialty expertise, etc

# The COVID-19 Pandemic: Mercy

- Impact on Mercy
  - Total COVID patients
  - Length of Stay
  - Demand on Resources
- Impact on Patients
  - Admission to hospital
  - Delays in patient transfers
  - Inability to Transfer
  - Post Acute
  - Delay in care
- Communication
  - With other providers
  - With governmental entities

# The COVID-19 Pandemic: Duncan Regional Health

- Bed availability
- Current and historic COVID numbers
- Average length of stay
- Mitigation strategies

# Healthcare System Opportunities Identified by the Pandemic

- Staffing Shortages
- Gaps in Systemwide Communications
- Public Health Infrastructure Needs

# Opportunities Identified by the Pandemic

- Staffing Shortages
  - Severe Nursing Shortage
    - Supply Issue
      - Shrinking nursing labor pool
      - Regulatory barriers that slow workforce pipeline
      - Pandemic-related burn out
      - Nurse educator shortages
      - Nationwide shortage (not just regional)/agencies unable to fill requests
    - Demand Issue
      - To provide care in a pandemic, more nurses and support staff are needed than the system is built to require. The shortage has existed for over a decade for routine needs.
      - Scheduling preferences mean more nurses per capita are needed to meet system demands.
  - Staffing shortages across healthcare delivery including physicians, respiratory therapists, pharmacy staff, CT technologists, EMTs, paramedics.

# Opportunities Identified by the Pandemic

- Gaps in Systemwide Communications
  - IT system inability to track real-time patient and hospital data
  - Difficulty in coordination of patient transfers/transport
  - Accessibility of timely and accurate lab data



# Opportunities Identified by the Pandemic

- Public Health Infrastructure

In a healthcare system designed to be efficient in everyday care delivery, meeting state needs in a pandemic takes creativity, preparation and government partnership.

- Responding to heightened needs for resources in a pandemic, including:

- PPE
- Ventilators
- Negative pressure rooms, etc.

- Streamlining post-acute care coordination to free up beds for new patients

- Improving the transportation of patients

# Considerations for the Selection Process

- Does it help create additional capacity to care for patients?
- Does it improve the efficiency of the system?
- Does it help the state and the state's hospital network respond to public health emergencies?
  - Does it fix a structural need that would help a hospital respond more effectively?
- Does it help address clinical staffing shortages in critical areas?
  - Does it make it more attractive for critical medical personnel to stay in Oklahoma?
  - Does it help solve nurse educator supply issues?
  - Does it lessen regulatory burdens that keep medical professionals from getting to work?

Questions?