

# **Eastern Montana Experience in Rural COVID-19 Care and Operations**

**Nathan Allen, MD, FACEP  
Department Chair, Emergency Medicine  
Medical Director for Healthcare Ethics  
Billings Clinic, Billings MT**



# Unique Rural Considerations

- **Dual purpose rural facilities (Hospital and SNF)**
- **Staffing ability/bench strength**
- **Early epidemiologic modeling based on non-rural environments**
- **Open beds  $\neq$  capability**
- **Relationships are a mix of formal and informal. Telemed partners are not always the referral center**



# Equipment, Supplies, Testing

## Challenge

- **Testing (Reliant on send out)**
- **PPE stockpiles and reuse capabilities**
- **Ventilators**

## Opportunity

- **Partner into group purchasing organization**
- **Pre-deploy ventilators to locations that can use them**
- **Regional distribution facilities for medications**



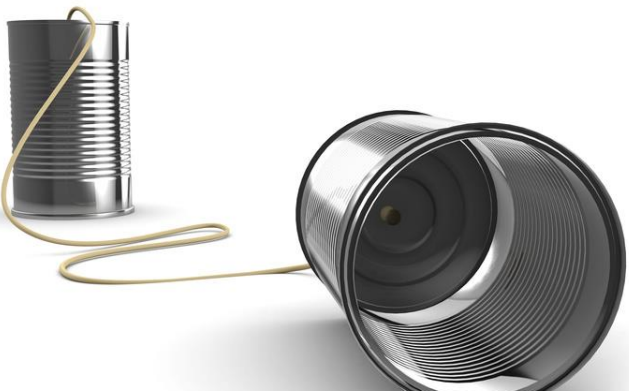
# Communication and Collaboration

## Challenge

- Collaborations dependent on existing or creating new relationships
- Working on the right issues

## Opportunity

- Build collaborative networks. Daily → Weekly briefings and electronic information repositories.
- Pre-consultation with ID and ICU specialists
- Use regional triage teams in crisis standards of care



# Transfer and Transportation

## Challenge

- Long transport times
- Dependency on aero-medical transport
- Risks to transport crews and no uniform practice for COVID +/-suspected patients

## Solutions

- Increase care in place +/- telement
- Predefine capability/capacity
- Developing novel solutions to capacity challenges

