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Dear Friends and Colleagues,

I hope you, your family, and your friends are remaining well. Its been about a week since I last wrote. Like you, I've been busy trying to keep one step ahead of Covid. While we're transitioning slowly and deliberately to a recovery phase, there are a number of developments and plans that are beginning to coalesce. Here's what we're thinking.

Pandemic Numbers are Encouraging

- **Covid Deaths:** The Colorado Department of Public Health and Environment (<https://covid19.colorado.gov/case-data>) is reporting a drop in the number of coronavirus related deaths; see histogram below.
- **Covid hospital census:** While the number of reported cases in the state have been increasing (<https://covid19.colorado.gov/case-data>), the table below shows that we've been stable over the past 2 weeks in terms of hospitalized patients. The increase in reported cases in Colorado is undoubtedly due to more expanded testing.

Date/Time	UCH-Inpatient total COVID-19+	UCH-Floor COVID-19+	UCH-ICU COVID-19+	UCH-ICU COVID-19+ Vent	VA Inpatient total COVID+	DH Inpatient total COVID+
4/12/2020	130	74	56	47	18	40
4/13/2020	132	78	54	42	18	45
4/14/2020	134	76	58	44	20	50
4/15/2020	127	69	58	43	14	53
4/16/2020	137	81	56	41	14	44
4/17/2020	138	91	47	38	14	53
4/18/2020	134	88	46	38	14	55
4/19/2020	127	74	53	45	16	61
4/20/2020	124	67	57	41	16	65
4/21/2020	126	67	59	42	15	60
4/22/2020	131	77	54	38	13	61
4/23/2020	133	76	57	39	11	64
4/24/2020	139	77	62	40	11	66
4/25/2020	139	77	62	37		

The take home message is that although the number of cases appears to be leveling off in the state, our providers and hospitals are working hard to provide care to the patients that continue to require admission to our hospitals. Fortunately, as this crisis progresses the care of Covid patients is becoming a bit more routine. As the state relaxes social distancing, it is entirely possible that we'll see an increase in hospitalized cases.

Clinical: Our providers and hospital staff have been doing an outstanding job taking care of Covid-19 patients at UCH, DH, VAMC, and NJH. At UCH, Hospital Medicine has 7 Covid teams, Pulmonary Medicine has 4 surge ICU teams (2 of which are covered by anesthesiology and surgery), and ID has 5 consult teams. At last count at UCH, we've admitted 470 patients with Covid, ventilated 127, successfully extubated 65, and discharged 300 Covid patients. Only 16 patients have been readmitted and 31 patients have unfortunately died from this virus (16 deaths in patients over 75 years of age). I'm extremely proud of the contributions our providers and hospital staff have made to fighting this disease, caring for our patients, and working as a team. The comradery I see every day is something we have to embed in our DNA and retain forever. We are stronger together, and we're proving it every day.

The clinical program is entering into a recovery phase that will involve a phased and deliberate transition and will be coordinated and orchestrated by UCH and CU Medicine. The recovery phase will prioritize hospitalized patients with Covid and will slowly increase the number of procedures (emergent > urgent > non-urgent) and number of ambulatory visits (starting at 30% of the pre-Covid volume and attempting to increase by 10%/week), while accounting for personnel, PPE, testing, social distancing, and trainees. Virtual health will continue to be emphasized to meet our patient needs. Importantly, a recovery like this has never been done before and we need to learn from what we do and modify what we're doing. So please be constructively engaged in this iterative process.

Research: Our research program is going through a phased recovery with an emphasis on safety of our workforce. The phased transition to re-opening will be directed by Tom Flaig, Vice Chancellor for Research and will involve the following steps:

- Next week
 - Pilot selective increase in core activity and support services
 - Skillsoft training program for those returning to campus or currently on campus
 - Testing of building entry procedures for the research buildings
 - Identification of Covid officials for each research floor to begin developing formal, floor-specific plans
- Ongoing
 - Any work that can be done remotely will continue to be done remotely
 - Incident tracking to assess transmission of infection when and if they occur
 - Reinforcement of Social distancing
 - Assessment of PPE needs for lab and clinic-based research
- Monitor progress and be prepared to modify plans

Covid-19 Medical Grand Rounds (MGRs): The slides for our MGRs are posted on the on the [Grand Rounds library](#) and recording are available at the below youtube sites.

- **April 1: COVID-19: Challenges, Opportunities, and Unknowns** <https://youtu.be/fVL7xv29Bf0?t=1>
- **April 8: Acute Respiratory Distress Syndrome, Interleukin-6, and Cytokine Storm Induced By COVID-19** <https://youtu.be/iUmsUqFUitA?t=1>
- **April 15: Crisis Standards of Care: 10 Years of Lessons Learned About Ethical Triage, But Are We Ready?** <https://youtu.be/5P-BPasEL3k>
- **April 22nd: SARS-CoV2 Vaccine Development** <https://youtu.be/kD90qLY1c-s?t=1>
- **April 29th: Challenges in the management of Covid-19 patients, case-based presentations**
 - Kelly Bookman, MD
 - Abbey Lara, MD
 - Anunta Virapongse, MD
- **May 6th: Covid-19: Why the supply chain for PPE and medications are vulnerable to disasters**
 - Sam Poeter, MD
 - Deepa Ramadurai, MD
 - Neelam Mistry, MD
- **May 13th: Mind the Brain: Mental health in the time of Covid-19**
 - Steven Berkowitz, MD
 - Brooke Greise, MD
 - Laura McGladrey, MD
 - Neill Epperson, MD

If you have suggestions for other topics or speakers, please let me know

Weekly DOM Town Hall:

- We have had lively discussions at our weekly DOM Town Halls
- The next DOM Town Hall will take place on Thursday, April 30th between 7 and 8pm (join via zoom: <https://ucdenver.zoom.us/j/98034012095>). This is an opportunity for you to get your questions answered. Send questions in advance to Holli Keyser (holli.keyser@cuanschutz.edu)

Finances:

- Given our loss in clinical revenue, the DOM is conservatively projecting a \$4.3M deficit in FY20 and a \$2.9M deficit in FY21 that we will need to cover.
- Our deficit reduction plan will involve contributions from the divisions and the department. While this is an ongoing discussion with the division heads, I'm confident that we will be able to address the anticipated deficits through December. My primary goals are to continue to support our faculty, trainees, and staff, and the educational and research programs that we've built over the past decade. If you have concerns, I would like to hear them.

We're entering Phase II of what is proving to be an extended multi-stage process that will clearly test our resolve. There was a terrific opinion piece by Tom Friedman from the NY Times this past week that helped me think about where we are and how we need to approach our future (<https://www.nytimes.com/2020/04/21/opinion/covid-dov-seidman.html>). In this piece, Tom interviewed Dov Seidman, a mentor of his. Dov said something that stuck with me all week, "...what started as a health crisis exploded into a humanitarian crisis and then quickly became an unprecedented economic and unemployment crisis. And now it's also a moral crisis, forcing leaders to balance saving lives and saving livelihoods..." While we need to recognize that Covid-19 has and will change our lives, we need to have the humility and strength to let the truth and our values guide our next steps. This won't be easy and it won't be quick, however, I'm confident that if we continue to work together and strive for the greater good, we will succeed. Stay well and stay connected. Please send me your concerns and ideas. My very best wishes.

David

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