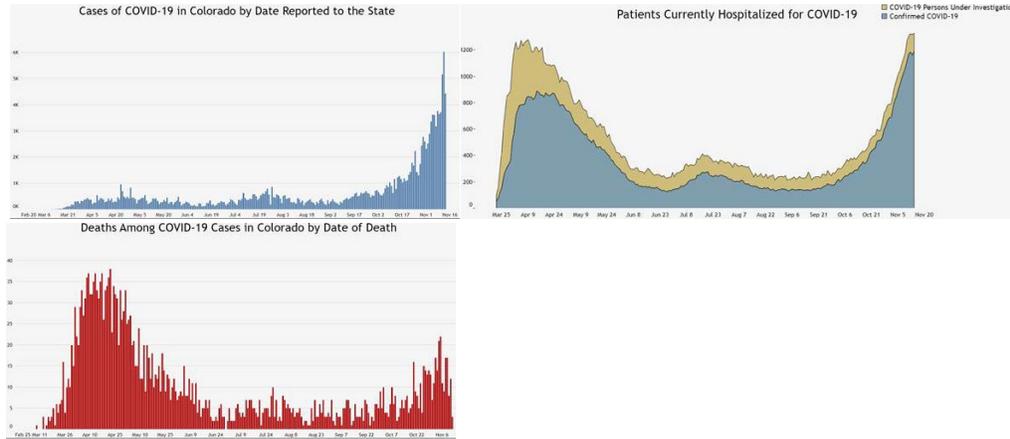


From: Schwartz, David  
 Cc: Allen, Larry; Barnes, Kathleen; Borges, Virginia; Burden, Marisha; Buttrick, Peter; Chonchol, Michel; Colgan, Sean; Earnest, Mark; Edmundowicz, Steven; Fontenot, Andrew; Freed, Curt; Grizz, Mark; Haugen, Bryan; Holers, Michael; Jordan, Craig; Messersmith, Wells; Moss, Marc; Poeschla, Eric M; Schwartz, Robert; Stanmark, Kurt; Austin, Gregory; Beck, James; Carmichael, Corena; Flores, Sonia; Ho, Michael; Keyser, Holly; Musani, Ali; Albert, Richard  
 Subject: DOM Covid Communication  
 Date: Sunday, November 15, 2020 5:35:33 PM  
 Attachments: We need your help with the medicine inpatient service.mso  
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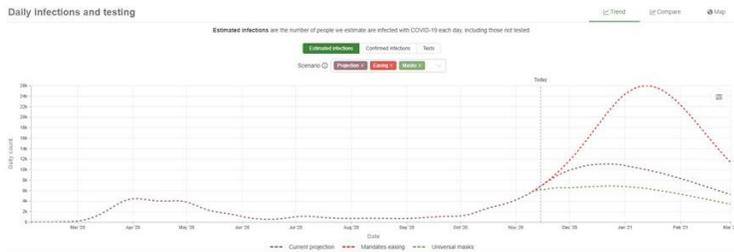
Dear Friends and Colleagues,

I hope you, your family, and your friends are remaining well. The number of new cases of Covid and confirmed Covid hospitalizations continue to increase substantially in Colorado (<https://covid19.colorado.gov/data> and <https://www.nytimes.com/interactive/2020/us/colorado-coronavirus-cases.html>). Fortunately, the number of deaths are lower than what we experienced last spring, however, there's always a lag in these numbers.

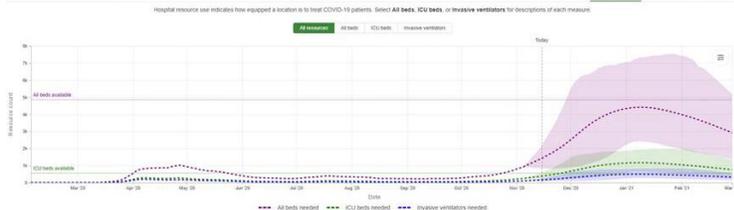


Based on the number of Covid cases in CO, the IHME (<https://covid19.healthdata.org/united-states-of-america/colorado?view=total-deaths&tab=trend>) estimates the number of cases, hospitalizations, and deaths will increase through January-February. However, remember IHME modeling is based on a number of complex assumptions; Jon Samet (Dean of the CO School of Public Health) likes to remind us of the George Box quote "All models are wrong, but some are useful". So think of these as estimates as a data point, rather than a conclusion.

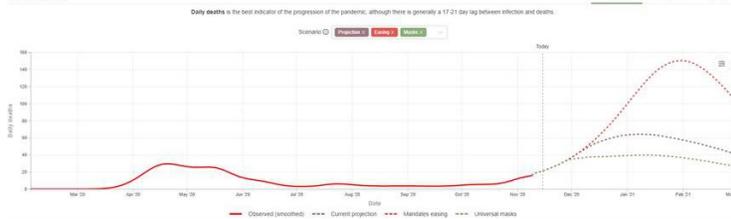
Daily Infections and testing



Hospital resource use



Daily deaths



At UCH, we currently have 106 patients hospitalized with Covid-19 (75 floor patients, 31 ICU patients of whom 13 are ventilated). At the end of April, our highest number of Covid+ patients at UCH was 145 (87 floor patients, 58 ICU patients of whom 42 were ventilated). The VA, DH, and NJH are experiencing a similar increase in the number of Covid patients. Thus, of the patients hospitalized during this surge, a lower proportion are going to the ICU (29% vs 40%) and of those that go to the ICU a lower proportion require mechanical ventilation (42% vs 72%). Since the mean age of those hospitalized is the same as last spring, the lower severity of respiratory failure during this second surge is undoubtedly due to dexamethasone, remdesivir, and more experience taking care of patients with Covid-19.

So what does this mean:

- **Next 2-3 months:** we need to be prepared for Covid cases and hospitalizations to continue to increase throughout Colorado, especially with the upcoming holidays. Currently, at UCH, we have 5 Covid Hospital Medicine teams, 2 surge ICU teams, and 5 ID consult teams. Hospital Medicine, Pulmonary Medicine, and ID have plans in place to increase the providers for Covid care. We have been able to do this with the support of our DOM Divisions, our volunteers (see attached email if you'd like to volunteer), our colleagues in other departments (Anesthesiology, Emergency Medicine, and Family Medicine), our CU Medicine and UCH partners, and most importantly our dedicated providers and staff. However, these next few months will be challenging and I will likely ask for more help and support.
- **Telehealth:** Beginning Tuesday (11/17) we will be proactively offering virtual health visits to our patients to decrease exposure for patients/providers and free up resources for inpatient care. We are not moving to 100% virtual visits. We are providing the patients with a choice and we will still be offering in person visits in all areas. This is being done in cooperation with Mike Romano, VP for Clinical Operations.
- **Team work is essential to our success:** working with our hospital partners, supporting our nurses and other paramedical personnel, and supporting each other is absolutely essential. As I mentioned last week, we will continue to make decisions about patient care and allocation of resources in collaboration with leaders at UCH, CU Medicine, and the Command Center. This is clearly a team effort, so please let me know about your ideas and concerns to improve the working environment to enhance our overall effectiveness.
- **Stay healthy:** Unfortunately, there have been several cases of Covid among our providers and staff, so please take care of yourselves. Avoid gatherings involving food or drink, don't go to restaurants, restrict travel even for Thanksgiving, avoid gatherings with those outside your household, wear a mask, and stay home if you're sick. If you have symptoms of Covid (fevers/chills, cough, shortness of breath, sore throat, loss of taste/smell, GI symptoms, or excessive fatigue), have had prolonged contact (< 6 ft for > 15 min over 24 hrs) with someone with Covid in the past 14 days and were not wearing PPE, or have tested positive for Covid in the past 10 days, do not come to work and get in touch with our Occupational Health Services to self-report (<https://www.cuanschutz.edu/coronavirus#:~:text=Testing%20for%20COVID%2D19,>

If%20you%20are&text=If%20you%20are%20a%20faculty,8%20a.m.%20to%205%20p.m). We need you, your family, and your friends to remain healthy.

We've had a number of recent Covid-19 presentations in the DOM which were exceptional and are available on our website (DOM COVID-19 Resource Web Page: <https://medschool.cuanschutz.edu/medicine/faculty-affairs/covid-19>) and through the specific links below:

**DOM Recent COVID-19 Grand Rounds:**

**Sept 30, 2020:** [The Triumph of Despair: Health Inequities and Structural Racism](#)

**Oct 14, 2020:** [Impact of COVID-19 on Family Members and Providers](#)

**Oct 21, 2020:** [Effect of HIV-1 and SARS-CoV-2 on innate lymphoid cells](#)

**Oct 28, 2020:** [The Neutralizing Antibody Response to SARS-CoV-2 Infection](#)

**DOM Recent COVID-19 Town Halls:**

**Oct 28, 2020:** [COVID-19: What's Next?](#)

**Nov 5, 2020:** [Fighting Stigma: Facing Barriers to Mental Health for Faculty and Staff](#)

**Nov 12, 2020:** [Treatment: what's known and what's in the pipeline \(https://youtu.be/ywhvB3U5BY?t=1\)](#)

**Upcoming town hall:**

**Nov 19, 2020 from 7-8pm: Vaccine Development, Trials, and Distribution**

Thomas Campbell, MD, professor, Division of Infectious Diseases

John Douglas Jr., MD, executive director, Tri-County Health Department

So I'll close by looking to the future. I sincerely believe that the Biden-Harris administration will return the U.S. to the days when the advice of experts was taken seriously. Their election is a win not only for the U.S., because we will have an administration that believes in science, trusts the data, and respects researchers, but also for the world, because Biden and Harris have vowed to rebuild America's relationships with allies and work with them to solve global problems, starting with the Covid pandemic. The incoming Biden-Harris administration has already assembled a task force of experts to inform and implement their Covid plan, and they have promised to make decisions based upon evidence rather than politics. As a department that believes deeply in the health of our community and in the integrity of medicine and science, we need to support our clinicians and scientists to move forward uninhibited to develop, design, innovate, and report scientific findings in an unbiased manner, and then use that knowledge to improve the lives of our patients. I have confidence that the new administration will restore the standing of the U.S. as the world leader in medicine and science and as a beacon for the most talented and brightest minds.

These next few months will be tough for all of us. I definitely feel the stress and recognize the enormous challenge we face. However, I believe that your expertise, dedication, and ability to work collaboratively will get through this next crisis. Please send me your thoughts and concerns. Stay well and stay connected. My very best wishes.

David

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