COVID-19 Questions, Myths and Facts

Finances

1. Does Kootenai Health get money for identifying a positive COVID-19 case?

No. Kootenai Health does not receive money as the result of positive COVID-19 lab results. Kootenai Health is providing community drive through testing as a public service. The lab testing fees charged for these tests do not cover the cost to run the center.

2. Why do people say Kootenai Health is making extra money due to COVID-19 case numbers?

It's hard to know how rumors get started. At the beginning of COVID-19, many hospitals canceled non-urgent procedures to make sure they had patient rooms available to care for COVID-19 patients and to conserve personal protective equipment, PPE. All hospitals received federal stimulus money during the shutdown to help maintain baseline operations without non-urgent surgical revenue. Kootenai Health also received some stimulus funding because of its status as a rural referral center. Early on in the pandemic some hospitals in "hot spots" received additional stimulus funds because they were severally impacted by COVID-19 patients. Kootenai Health did not receive a hot spot stimulus.

It's also important to note that the stimulus money Kootenai Health has received to date does not equal the amount of income lost due to the ongoing pandemic.

3. Is there a federal bounty given to Kootenai Health for identifying positive cases?

No.

4. I've heard hospitals are "padding the numbers" of COVID-19 cases to get more federal funding, is that true?

No. Falsifying data about patient diagnoses would be illegal and unethical. It would also mean our 3,500 employees and physicians have collectively agreed to put their professional reputations on the line by providing false information. This is not happening.

Viruses and Masks

5. How can a mask help if viruses are so small?

Viruses are very small. However, viruses don't move on their own, they must be transmitted in some way. The novel coronavirus (COVID-19) is transmitted in droplets that come through the nose and mouth. Using a mask creates a barrier that greatly decreases the potential to transmit droplets that could be carrying virus. If everyone wears a mask, we can keep everyone's germs (droplets) to themselves.

6. Can people get sick from increased carbon dioxide intake while wearing a mask?

No. There is enough filtration of air through a mask that wearers do not have increased carbon dioxide intake. Viruses, although very small, are much larger than molecules of oxygen or carbon dioxide which will readily pass through masks.

Surgeons and nurses regularly wear masks for long periods of time as part of their normal work. While it may take time to get used to, and may be uncomfortable, we are all doing our part to keep each other safe. You may want to experiment with different styles and types of masks to see which is best for you.

7. I have heard masks don't work, is that true?

CDC provides information on how masking helps prevent the transmission of respiratory illness.

Wearing a mask has long been used to help prevent the spread of respiratory illness such as tuberculosis and the pneumonic plague.

Masking helps us keep our germs to ourselves. A study examines how mandatory mask wearing in Wuhan, China, Italy and New York City helped reduce the spread.

8. Why weren't masks recommended at the start of the pandemic?

According to the CDC, at the beginning of the pandemic experts didn't know the extent to which people with COVID-19 could spread the virus before symptoms appeared. Nor was it known that some people have COVID-19 but don't have any symptoms. Both groups can unknowingly spread the virus to others.

These discoveries led public health groups to reconsider the use of face masks. The World Health Organization and the CDC now include face masks in their

recommendations for slowing the spread of the virus. The CDC recommends cloth face masks for the public and not the surgical and N95 masks needed by health care providers.

The CDC recommends cloth face masks for the general public.

9. How do I clean my mask?

We recommend washing your cloth mask each day in hot and soapy water (a washing machine works great).

Using a "clean" and "dirty" Ziploc bag (note: be sure there isn't excess moisture in the bag) or paper lunch sacks to separate masks in your back pack or purse is another great idea to keep your mask from getting dirty inside bags, purses and pockets.

10. Did Kootenai Health mandate masks for the community?

Kootenai Health does not have the authority to mandate masks in public. The only organizations and people capable of mandating masks in public are: the federal government, the state government, the city government or the public health district.

Kootenai Health does require all people who enter our buildings (employees, patients, visitors) to wear a mask at all times.

The hospital has the obligation and legal right to implement rules and restrictions to keep patients and staff safe.

We support the decision to mandate masking to help keep our community safe.

Testing

11. If you test the same person twice, and both tests are positive, are they counted as two cases?

No. The tracking numbers for the county represent the number of COVID-19 positive individuals, not for the number of positive test results.

12. Is the COVID-19 nasal swab test accurate?

Our medical professionals believe the nasal swab test that checks for the virus is accurate and the results can be trusted. It is much more likely to have a false negative (testing too early or insufficient sample) than a false positive.

If tested too early, or submitting an insufficient sample, a test could result negative. This same individual may test positive at a later date in time. It is extremely rare that a false positive result is seen.

Recently we have seen a number of home tests and antibody (serology) tests on the market. If a test sample is not collected by a trained professional and/or the test is not processed in a lab that follows appropriate clinical protocols, it's accuracy can be negatively impacted.

13. Can the numbers be trusted?

As with all infectious disease cases, Kootenai Health, other health care organizations, and laboratories provide the number of COVID-19 positive tests to Panhandle Health District each day. The Panhandle Health District reports this information in their dashboard online and sends the information to the State Department of Health and Welfare, who then passes it onto the CDC. This information is then used by the state and federal government.

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14. I heard a papaya and a goat tested positive for COVID-19, is this true?

In May 2020, Tanzania's President, John Magufuli said he had sent samples taken from a goat, a sheep, a bird and a papaya, labeled them with human names and sent them to Tanzania's National Laboratory for testing. In a speech, he said the papaya and the goat tested positive. He claims this is proof that the labs were falsifying positive test results. Here is an article on NPR about this topic. He went on to say he had ordered an herbal cure for COVID-19 available in Madagascar. This claim has not been independently verified.

Hospital Capacity

15. If the hospital is at capacity, why are some people furloughed?

No employees who provide direct patient care are currently furloughed.

At the start of the pandemic some employees who had little work to do (because non-urgent cases were postponed) took a furlough or were redeployed in other areas.

Currently, all non-patient care employees are taking one extra day off per pay period as part of our financial recovery plan.

16. How many Critical Care (intensive care) beds do you have?

Kootenai Health's traditional Critical Care unit has 26 beds. Six more hospital rooms have been converted to Critical Care rooms with the necessary equipment, air flow and supplies. We are working on staffing those additional beds with nurses and intensive care physicians.

17. Where are COVID-19 patients treated?

Kootenai Health converted one of our medical units to an all COVID-19 unit. This unit treats patients positive with COVID-19 who need regular hospital-level care and also those who need critical-level care.

18. Why can't all rooms be used for Critical Care?

Critical Care requires highly specialized equipment, supplies, and most importantly, specially-trained critical care staff to care for patients. We have converted an additional six rooms to be Critical Care rooms, but not all rooms can be converted.

19. Is Kootenai Health continuing non-urgent surgeries?

As of today, yes. Kootenai Health is working to care for our entire community. If we stop doing all non-urgent procedures many community members who need procedures will be left waiting. Delaying medical care can be a safety concern. Just because a surgery is not urgent, does not mean it doesn't need to be done in a timely manner.

We are still working on the backlog of procedures from the March/April shutdown.

We are trying to balance the needs of our COVID-19 patients with the needs of non-COVID-19 patients who need care.

20. Why aren't patients being discharged if they don't need to be in the hospital?

Every patient is required to have a safe plan of care before they can be discharged. Many skilled nursing and assisted living facilities will not accept their residents back from the hospital if they have COVID-19. If a family member or friend cannot care for these people in their home, and there is no place to which these patients can be discharged, Kootenai Health must keep them in the hospital.

COVID-19

21. Isn't COVID-19 just like the flu?

No, so far COVID-19 is more contagious. The first COVID-19 American death was reported on February 29.

As of July 27, 2020, five months later, more than 149,000 Americans have died from COVID-19.

According to the CDC the flu season accounts for around 12,000 – 61,000 American deaths each year since 2010.

22. How is a cause of death determined?

The cause of death is determined by the attending physician. When a person dies, his or her physician reviews their case and determines the cause of death before signing a death certificate.

This process is the standard practice for all physicians across the country.

Please note, there is no financial incentive for a physician when determining cause of death. Please see this vital statistic reporting guide from the CDC.

23. Does Kootenai Health have enough ventilators?

In the early stages of the COVID-19 pandemic, ventilators were used extensively and there was quickly a shortage of ventilators. As more has been learned about the most effective course of treatment for COVID-19, other equipment, such as a BiPap machine, is being used more frequently. At this point, we are confident we have enough ventilators and ventilator-alternatives such as BiPap, to effectively care for our COVID-19 patients.

24. I have seen mask exemption cards you can print off the internet, can I use one?

Kootenai Health requires all employees, visitors and patients to wear a mask when in our facilities. Kootenai Health requires a formal, written doctor's note to be exempt from this requirement and encourages wearing a mask unless incapacitated.