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Hospitals restart elective procedures after a monthlong pause for COVID-19. Will patients return?

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The hallways at Mary Washington Hospital in Fredericksburg were eerily quiet in April.

Its emergency department saw half as many patients as an average month. The hospital has treated 40% fewer people for heart attack and stroke this April compared to last, a figure that makes Dr. Christopher Newman, chief medical and operating officer for Mary Washington Healthcare, fear that many people are not seeking urgent medical care to avoid the risk of catching the novel coronavirus at the hospital.

The hospital has treated 212 COVID-19 patients as of Thursday, both admitted and outpatient — about the same number the emergency department would see on a typical day before the COVID-19 pandemic reached Virginia, Newman said.

Hospitals across the state — particularly in regions that have not seen high numbers of COVID-19 infections — have reported similar stories: quiet halls, sidelined staff, plummeting revenue and a relatively small number of COVID-19 patients.

Hospital leaders in the state have projected more than \$600 million in lost revenue related to the pandemic. They hope more people will seek care since Gov. Ralph Northam’s executive order banning all non-urgent surgeries — an order put in place over a month ago to preserve limited supplies of protective equipment and to open up beds for a potential surge in COVID-19 cases — expired on Friday.

But as hospitals begin to reincorporate more surgeries and procedures into their daily workloads, they must balance the business of providing regular medical care with preparing for a possible future surge in COVID-19 hospitalizations that may have been delayed by statewide restriction measures that have encouraged social distancing.

How it’s done will likely vary from hospital to hospital and region to region, said Julian Walker, vice president of communications for the Virginia Hospital and Healthcare Association.

“Each hospital and health system will approach this process in a responsible fashion that emphasizes best practices and considers a range of factors including treatment capacity, available supplies, the hospitalization status of COVID-19 patients and many other variables,” Walker said in an email.

For some hospitals, this will include testing surgery patients for COVID-19 before the procedure, reviewing the latest COVID-19 hospitalization numbers before scheduling surgeries, and keeping careful stock of the available protective equipment. Northam has also directed all hospitals to keep at least

https://www.richmond.com/special-report/coronavirus/hospitals-restart-elective-procedures-after-a-monthlong-pause-for-covid-19-will-patients-return/article_cc481206-a2c1-5626-a8ce-a24e55a55aaf.html

25% of their bed capacity open in case of a sudden surge in COVID-19 patients.

At Chippenham Hospital in Richmond and Johnston-Willis Hospital in Chesterfield County, which were using 7% of their ventilators as of Thursday, the new normal will mean having patients coming into the hospitals for surgeries use a separate entrance from those coming for COVID-19 symptoms; separating the waiting room chairs 6 feet apart; and having everyone who comes in screened, temperature checked and masked.

“There’s a lot of human tragedy that’s come out of COVID that has nothing to do with the virus itself but because of fear,” said Dr. William Lunn, CEO of HCA Virginia’s Chippenham and Johnston-Willis hospitals, describing a scenario where a patient experiencing a heart attack waited too long to come to the emergency room. “We’re definitely safer than the grocery store or Home Depot. ... If you’re having chest pain — having symptoms of stroke, please come to the hospital.”

But at Virginia Hospital Center in Arlington County, a locality that has one of the highest COVID-19 hospitalization rates in the state, while the overall patient volume has gone down over the past month, COVID-19 cases have increased by the day, according to Dr. Rohit Modak, the hospital’s chief of infectious diseases.

The cases have also been worryingly serious.

“We’re seeing 30- and 40-year-olds — we’re seeing patients on ventilators, and they are not getting better,” Modak said Thursday. “We’ve had a few improve, [but] this level of acuity has not been seen before.”

Modak said his hospital’s 28-bed intensive care unit is near capacity.

He agrees that it's time to start scheduling more surgeries, especially those that are important for a patient's health, but fears that a broader loosening of restrictions could bring the surge in COVID-19 patients that the past month's measures have helped avoid.

“This virus has the potential to spread much more quickly,” Modak said. “[Without social distancing] we'll think everything is fine. In two weeks, people will be getting sick. In three weeks, people will be coming to the hospital. In four weeks, we'll see people dying. This is not the time to loosen up.”

VCU Medical Center in Richmond — where there have been about 29 COVID-19 hospitalizations per 100,000 people, about half as many as in Fairfax County, according to data from the Virginia Department of Health — has continued to perform dozens of urgent surgeries and admitted hundreds of patients each day, but has also seen a significant drop in emergency department visits and other kinds of medical work.

The result has been about a \$95 million loss of revenue since March 12, about a week before VCU Health System decided prior to the governor's ban to cease non-urgent, elective surgeries, according to Chief Financial Officer Melinda Hancock.

The health system also incurred additional expenses by building more hospital bed space, including in a converted Virginia Commonwealth University dorm.

But in April, only 4% of the hospital's total discharged patients had been treated for COVID-19, according to Dr. Ron Clark, interim CEO for VCU Health System.

“That’s a pretty small fraction of the overall care,” Clark said. “The bigger threat to public health is not seeking care when it’s needed as opposed to getting coronavirus going to an ER.”

Clark said VCU Health System is taking precautions, including limiting visitors, testing all surgery and admitted patients for COVID-19, and isolating COVID-19 patients in separate units where the air is vented out of the building.

As of Friday, there were 5,181 available hospital beds throughout the state, a sign that many hospital leaders and the Virginia Hospital and Healthcare Association say shows it’s time to proceed with some scheduled surgeries and procedures, all while continuing a complex monitoring process that changes based on the day’s figures.

But while doctors and medical leaders are urging patients with serious symptoms not to fear seeking medical attention at hospitals, they also caution the public not to believe that the threat from the novel coronavirus is over.

“This virus is still here,” Clark said. “It’s important for people to not take their eye off this and remain vigilant.”