

Surgeries are back. Here's how our hospitals are reinstating them.

By [Sara Gilgore](#) – Staff Reporter, Washington Business Journal
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Elective surgeries are back on the table in parts of the region, but a lot still needs to happen before any hospital can return to pre-coronavirus volumes.

Virginia's restrictions on nonessential procedures [expired](#) May 1, more than a month after Gov. Ralph Northam's March 25 mandate that all health care providers put them on hold in the face of the pandemic. Maryland Gov. Larry Hogan [similarly lifted](#) his mid-March moratorium Thursday. Only the District's ban remains in place as Mayor Muriel Bowser [expects](#) a surge of Covid-19 patient at the city's hospitals.

While acute-care facilities never stopped performing some critical surgeries such as cancer treatments amid the outbreak, the reintroduction of nonurgent procedures is [important to their bottom lines](#). Such surgeries account for a significant portion of revenue and offset losses in their emergency departments and other areas. It's also vital for patients who have been waiting for care and, in some cases, whose conditions have worsened as they delayed treatment, hospital leaders say — patients initially found at risk for colon cancer and need colonoscopies, for instance, or who delayed joint replacement surgery.

“Maybe you're the patient who's been sitting at home for the last two months in pain, and you can't really move, because you need a hip or knee replacement,” said Dr. Jeff DiLisi, chief medical officer for [Virginia Hospital Center](#) in Arlington, adding: “There is morbidity associated with not doing these cases.”



Dr. Jeffrey DiLisi is vice president and chief medical officer of the Virginia Hospital Center in Arlington. (Photo by Allison Shelley/Global Assignment by Getty Images for HealthLeaders Magazine)

ALLISON SHELLEY

“Of course, the way we do and handle surgical patients now is completely different than before the Covid-19 crisis,” said Dr. Tom Taghon, chief medical officer of Reston Hospital Center, owned by Nashville, Tennessee-based HCA Holdings Inc. (NYSE: HCA). “We’ve put in place a lot of changes.”

That includes “constantly evaluating” the coronavirus situation and RHC's “significant levels” of Covid-19 patients, he said. It also means weighing whether an elective surgery patient can still function and work, and the potential for further damage by more postponements.

Hospitals still need about a quarter of available capacity for a potential Covid-19 surge, per the governor’s recommendation, Taghon said. “We have to take that into account for how many beds we have available and how long the patients will be here after their procedure.”

Here are some protocols Virginia’s health systems have implemented:

- **Tracking supplies:** Hospitals are checking personal protective equipment inventories to perform surgeries, and for operating staff’s own protection. At [Inova Health System](#), a supply management team generates regular reports with those counts, said Dr. John Moynihan, president of the surgery service line and chief medical officer of Inova's Fairfax Medical Campus.
- **Preoperative testing:** VHC is testing all patients for Covid-19 before their procedures, with results back within 30 minutes, DiLisi said. Earlier this week, for instance, a patient tested positive for Covid-19, so the team had to cancel a knee replacement.
- **Separation:** If patients present with Covid-19 symptoms, they’re taken to a separate ER, given masks and “everyone is on high alert in terms of PPE they wear to take care of these patients,” Taghon said. For surgery patients who test negative, hospitals often have separate OR waiting or recovery rooms, reconfigured for social distancing with more hand-washing stations.
- **Heightening safety protocols:** These include temperature screenings for staff and patients, enhanced cleaning and more resources for infection prevention teams, said Al Piong, CEO of Novant Health UVA Health System, whose three hospitals have only reintroduced “medically necessary, time-sensitive procedures.” “We will continue to ramp up additional services over the next several weeks,” Piong told the WBJ.
- **Federal guidance:** That involves following Centers for Disease Control and Prevention guidelines for best practices to protect patients and employees.

Maryland’s hospitals are now working toward that, after getting the green light to resume nonurgent surgeries this week. Johns Hopkins Medicine, which owns [Suburban Hospital](#) in Montgomery County and Sibley Memorial Hospital in D.C., said it is finalizing plans to increase clinical activity in the next month.

Holy Cross Health, Kaiser Permanente of the Mid-Atlantic States, Adventist HealthCare and MedStar Health likewise said they are developing plans to safely begin procedures.

In the District, where a hold on elective procedures remains in place, some like Children's National Hospital have offered "semi-urgent" services, with pre-operation testing for all pediatric patients, said Dr. Anthony Sandler, senior vice president and surgeon-in-chief of Children's national Joseph E. Robert Jr. Center for Surgical Care. The key, he said, is not to overwhelm the system.

"It's up to the surgeon to determine which cases are symptomatic and need surgery sooner," Sandler said. "We do have some Covid patients — though not nearly as many as adult hospitals — so we'll need to continuously monitor to make sure we have the space and equipment to keep kids safe after surgery."



The Fairfax Medical Campus is one of five major facilities for Inova Health System, based in Falls Church.

JOANNE S. LAWTON

There's pent-up demand

Volumes across local hospitals are still down considerably from precoronavirus days. Across Inova's five hospitals and several ambulatory surgery centers, volumes are up to about 55% to 60% of the system's pre-Covid range, Moynihan said. "We are thinking it will take somewhere between the next two to six weeks to get back up closer to normal," he said.

Reston Hospital Center is similarly running roughly 40% below its pre-Covid surgery volume, amid pent-up demand for procedures, Taghon said.

In some cases, hospitals are having to touch base on patient cases with primary or specialty physicians whose offices have been closed for weeks. But generally, not all patients are comfortable reentering health care facilities yet, Taghon said. "We're going to have to work really hard to build that confidence."

Across the board, that means outreach to patients to assure them hospitals are safe and emergencies can't wait. Some patients have delayed coming to the hospital for chest pain or stroke symptoms "that have resulted in a more serious situation when they do finally come in," Taghon said. "The harm in waiting is real."



Dr. Tom Taghon is chief medical officer of HCA-owned Reston Hospital Center.

COURTESY RESTON HOSPITAL CENTER

Covid-19 cases

The anticipated surge of coronavirus patients has yet to happen in Greater Washington. Many local hospitals say they've been seeing a steady stream with neither spikes nor drops.

"But instead of quickly dropping off, it's sort of plateaued, and we're staying there," Taghon said. "The models are suggesting we may stay here for a little while longer, before we start to see that decline."

That could change, Taghon said, if there's an outbreak in a nursing home facility that spreads to the broader community, for instance. That would require hospitals to bring more services back online safely.

"It's a lot of planning and thought," Taghon said, "but I think that we're all at a place where we recognize we're not going to, anytime soon, go back to the way it was."