

Statement of The Hospital and Healthsystem Association of Pennsylvania

For the

Health and Human Services Committee  
Local Government Committee  
Pennsylvania Senate

Submitted by

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Good Morning. Chairs and members of the committees, thank you for the opportunity to participate in this hearing about the “reopening” of Pennsylvania. My name is Rob Shipp, vice president of quality and population health for The Hospital and Healthsystem Association of Pennsylvania (HAP). HAP advocates for approximately 240 member organizations across the commonwealth, as well as for the patients and communities they serve.

My plan is to provide you with an update about when and how hospitals will approach the reopening of their facilities. Patient, staff, and visitor safety is the top priority of our members as they assess their individual approach to resuming schedule services.

I’d like to offer important clinical context for this issue. In order to mitigate the spread of COVID-19 and preserve limited health care resources, since March, many essential, medically necessary surgeries and procedures have been on hold. Examples of needed patient care include: heart catheterizations; joint replacements to improve ambulation, decrease pain and prevent falls; colonoscopies which prevent colorectal cancer and save lives.

Having flattened the COVID-19 curve, it is crucial to start to safely reintroduce needed care for Pennsylvania patients; continued postponement of care could result in negative health outcomes.

I want to thank Secretary of Health Dr. Rachel Levine for her guidance last week regarding the resumption of scheduled procedures. The Department of Health advised that hospitals may begin to allow scheduled admissions and perform surgeries and procedures if the hospital or ambulatory surgery center makes an affirmative decision that it is able to do so without jeopardizing the safety of patients and staff or the hospital’s ability to respond to the COVID-19 emergency.

### **DOH Guidance**

In determining whether a hospital is able to support scheduled admissions, surgeries, and procedures, the hospital must review and apply operational evidence based guidance developed by the American Hospital Association, the American College of Surgeons, the American Society

of Anesthesiologists, and the Association of periOperative Registered Nurses, as well as separate national guidelines issued by the Children's Hospital Association.

In general, this guidance provides (among other things) that:

- There should be a sustained reduction in the rate of new COVID-19 cases in the relevant geographic area for at least 14 days
- The facility should have an appropriate number of intensive care unit (ICU) and non-ICU beds, personal protective equipment (PPE), ventilators and trained staff to treat all non-elective patients without resorting to a crisis standards of care
- Appropriate testing policies should be in place to test patients and staff
- A prioritization plan on how to safely resume surgeries and procedures that identifies capacity goals so that necessary availability of resources remain should there be a second wave.
- Other disinfection and environmental controls to maintain mitigation efforts

### **Focus on Safety**

Last week, HAP President and CEO Andy Carter recorded a conversation with two Pennsylvania hospital leaders about safely resuming scheduled surgeries. Shelly Buck, DNP, RN, MBA, president of Main Line Health's Riddle Hospital, and J. Edward Hartle, MD, executive vice president and chief medical officer, Geisinger, detailed the gradual process of resuming scheduled services, as well as the safety measures that hospitals are taking to protect patients from COVID-19 exposure.

I will share their words with you:

Dr. Hartle offered, "As we see a phased reopening...it's more important than ever that we do so responsibly. This means that in the early stages, life may look a little different....As a health care system and as a society at large, a return to normal needs to be driven by data and with the safety of our communities at the forefront. We cannot take the earliest signs of leveling off or flattening and get complacent. We must remain diligent in our efforts to stop the spread of the virus with social distancing and other preventive measures."

Dr. Buck reassured patients stating, "What happens to me when I walk through those doors? ...We are ensuring that all of our staff are wearing masks. Of course, handwashing is key...making sure you have the appropriate gowns and cover to protect not only the health care worker, but also the patient... We are cohorting patients that are testing positive for COVID..."

### **Resuming Services**

The national guidelines Pennsylvania hospitals will be following speak to a strategy for phased opening, to address capacity goals by initially resuming at 25 or 50 percent capacity.

The application of the guidelines for the resumption of scheduled surgeries likely will lead to gradual volume increases in a staggered fashion across the commonwealth due to the differences in how the virus has transmitted across the commonwealth. Think of slowly turning up the dimmer in various areas of the commonwealth over time, not flicking the "on" switch.

For some hospitals, the dimmer may need to be lowered or adjusted as COVID-19 cases increase in their geographic area.

Having endured the initial peak of cases, mitigation efforts including social distancing have reduced the impact on hospitals resources than what initially was predicted through the early projections.

HAP members have communicated that—even with full resumption of services—prior to a vaccine, and anticipation of a second surge, may only return to 75 to 80 percent of pre-COVID capacity, due to multiple limiting factors including testing, social distancing, psychological barriers to care, and throughput barriers.

### **Public Psychology**

In a [report](#) commissioned by HAP detailing the financial impact of the COVID-19 pandemic on the Pennsylvania's hospitals, it was noted that hospitals report that, even when restrictions are lifted, many individuals likely would not initially be comfortable seeking care at a hospital and that it would take significant time to overcome these psychological barriers.

Other hospitals have noted that patients whose procedures could result in requiring skilled nursing or rehabilitation services for recovery will be even less likely to move forward at this time. Additionally, many patients who had been considering scheduled surgeries pre-COVID-19 are now unemployed and uninsured or under-insured, and may not be able to proceed when faced with the full cost of such procedures.

### **Interruption in Primary Care**

Some hospitals interviewed for the report also noted that the interruption in primary, specialty, and outpatient care as a result of the COVID-19 pandemic also has impacted the surgery continuum. In other words, because primary care (which leads to screenings, testing, and subsequent surgery) has been delayed, there will be a lag in hospital surgery volume. Also, outpatient care facilities will have significantly reduced throughput moving forward because of social distancing requirements.

### **Testing Capacity**

As you are aware, Pennsylvania is not alone in facing initial significant shortfalls of necessary testing capacity. Testing capacity gradually is improving; however capacity challenges are likely to severely impact any returns to pre-COVID volumes for the foreseeable future.

### **Other Operational Barriers to Resuming Care**

There are other considerations hospitals must take into account to responsibly return to "normal," such as the time necessary to bring back employees from furlough, implementing rigorous testing protocols for patients and staff, and re-configuring pre-op and post-op holding areas to accommodate social distancing requirements.

For example, one multi-hospital system is using one of its hospitals for COVID-19 care and will not be resuming scheduled surgery in this facility, effectively eliminating one-third of their system-wide operating room (OR) capacity. This system also notes that OR volumes will be significantly decreased in order to adhere to appropriate social distancing and cleaning procedures.

Despite the challenges that will continue to exist for the foreseeable future—and the reduction in the volume of non-emergent care that can be provided in prior to the availability of vaccine—Pennsylvania hospitals are committed to providing care to their communities. We understand that people have delayed or avoided certain services during the COVID-19 response, either through necessity or because they are concerned about COVID-19 exposure. We want to emphasize again that hospitals are going to do everything they can to assure that Pennsylvanians can safely receive the care they need during the upcoming weeks and months. They will not resume these services before they are ready.

Infection control professionals and other members of the hospital team will be taking every precaution to protect patients and health care workers. It will begin when patients enter the facility—with efforts to direct people to specific entrances, don masks, and create safe social distancing—and it will include strict disinfecting and infection control processes, from door pulls to elevator buttons.

This is good news for individuals who have had to postpone procedures. We know it has been a stressful time waiting for surgery or specific treatment, and hospitals and their care teams are prepared to care for all patients in a safe environment.

In closing, on behalf of HAP, I want to thank our hospitals and, of course, our health care workforce, for their unwavering dedication to the people of Pennsylvania. We must continue to look for meaningful ways to support them in this time of crisis and in the aftermath, as the toll of this pandemic will have devastating effects that have yet to be realized.