THE GREAT DEBATES

Should Subspecialty Surgery Be Limited to Fellowship-Trained Surgeons in Urban Areas?

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Life in the Time of COVID-19

Surgeons From Across the Country Share Their Experiences and Reflections as They Deal With Outbreak

By SAMUEL P. CARMICHAEL II, MD, Trauma Surgeon, Winston-Salem, N.C.

March 22, 2020—World War II witnessed Adolf Hitler's blitz through the Rhineland and into France as an unprecedented demonstration of modern warfare. It was swift and brash, traveling at such velocities previously considered impossible. Panzer tank divisions consumed the countryside, traversing the Ardennes and bringing the German Army to the center of Paris before an

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Surgeons Grapple With Unknowns Amid COVID-19

Private Practice Likely To Be Hit Hard by Canceled Cases

By VICTORIA STERN

[Editor's note: This story went to press on March 31 and information may have changed since then. Readers are encouraged to visit www.generalsurgerynews.com for the most updated information on COVID-19.]

As the number of COVID-19 cases continues to grow at an exponential rate, the demand for hospital supplies, safety equipment, beds and staff is outpacing supplies.

To conserve resources and prepare hospitals for the volume of cases to come, policymakers and surgical societies have issued recommendations to help physicians and hospitals make tough choices.

On March 24, the American College

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Partial REBOA Device Shows Promise in Swine Model

Prototype Still in Early Phase; Controversy on REBOA Remains High Among Trauma Specialists

By CHASE DOYLE

A minimally invasive technique born on the battlefields of Iraq, resuscitative endovascular balloon occlusion of the aorta (REBOA), has saved the lives of countless combat soldiers with traumatic noncomp ressible torso bleeding, but its role in the civilian setting remains limited and somewhat controversial. Despite the need for temporizing measures to slow bleeding en route to surgery, critics of the technique argue that the ischemic complications that ensue from full aortic occlusion are just too damaging.

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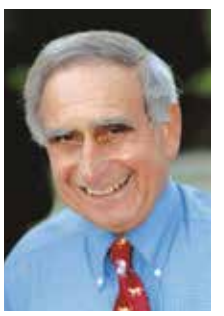
OPINION

Principles and Commitments

By HENRY BUCHWALD, MD, PHD

'Important principles may, and must, be inflexible.'
—Abraham Lincoln



Sandy Koufax, probably the greatest left-handed pitcher in the annals of baseball, refused to pitch Game 1 of the 1965 World Series for the Brooklyn Dodgers, because the game fell on Yom Kippur, the holiest day in the Jewish calendar. He lost Game 2, won Game 5, and after two days of rest, pitched a three-hit shutout in Game 7 to win the series for the Dodgers.

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Positive Steps Perioperative Leaders Can Take to Address COVID-19

By DAVID TAYLOR, MSN, RN, CNOR

Today's health care systems are in uncharted waters in relation to the novel coronavirus causing COVID-19. This rapidly evolving infectious disease outbreak is spreading at an unprecedented rate, leaving health care organizations overwhelmed and scrambling to keep up with the demands of affected patients. In the United States, there are an estimated 2.8 hospital beds per 1,000 patients and 160,000 ventilators.[1] However, will it be enough as the nation continues to see increasing numbers of sick patients?

In an article published in *The New York Times* (March 17, 2020), Harvard researchers concluded that hospitals throughout the country will run out of beds. This analysis will depend largely on how fast this virus spreads and who will be hit hardest. Although the prediction is not exact and reflects the worst-case scenario, it does show that if 40% of adults contract the virus in the next 12 months, hospitals would not have the capacity to care for them.[2]

What about rural hospitals that have closed? Who will serve those communities during this pandemic? If they could be reopened, who would staff them? The crisis in rural areas could have a profound impact on our nation. The shortfall of beds, qualified staff and much-needed equipment makes the closure of rural hospitals a component of this problem that will prove disastrous.

According to the World Health Organization, COVID-19 belongs to a large family of viruses that can cause a variety of illnesses ranging from the common cold to more severe diseases, such as severe acute respiratory syndrome (SARS), which spread globally in 2003-2004, and Middle East respiratory syndrome (MERS), affecting thousands in that region in 2013-2014. Both were relatively mild compared with the influenza outbreak of 1957, when the number of deaths reached 1.1 million globally with 116,000 deaths in the United States contributing to that number.[3] In 2009, the (H1N1)pdm09 influenza emerged in the United States, killing about 12,000 people, and then quickly spread around the world affecting nearly 61 million. The CDC estimated that the global death toll from April 2009 to April 2010 was in the hundreds of thousands.[4]

Regardless of where COVID-19 leads us, it deserves our full attention now. As the outbreak continues to evolve, the CDC is closely monitoring its continued spread across the country and modifying its approach. Hospitals are assessing their preparedness daily or actively responding to an ever-changing situation. On March 14, the U.S. Surgeon General, Jerome Adams, MD, asked hospitals and health care systems to seriously consider stopping all elective procedures during this crisis as concerns of spreading COVID-19 to health care workers become a reality.[5] This message was reinforced on March 18, when Seema Verma, MPH, a White House Coronavirus Task Force member, recommended canceling all nonessential elective surgery including dental procedures as a way to expand the health care capacity nationally.[6]

Hospital and health-system leaders should take this advice and stop performing elective surgery procedures and refocus their attention on the hardest-hit areas. Nurses, technicians and service personnel of the OR can be reallocated to other areas of the hospital to provide support and even expand services. Doing executive leadership walkabouts will help leaders understand what's going on in real time in their organization and will allow the reallocation of resources as needed.

This change will give staff remaining in the OR a unique opportunity to perform all tasks that are often overlooked or pushed off because of the high-paced demands of surgical services. Begin by performing a deep cleaning of your department and terminally clean every

room in your department. Take an inventory of your supplies, removing outdated items, and clean the shelving and cabinetry housing those supplies. Next, inspect all of your equipment, clean as needed, and take this opportunity to repair equipment that has been overlooked or put in a far-off corner. If elective surgery at your facility has been curtailed, perioperative leaders should take this opportunity to meet one-on-one with their staff. It's an opportunity to engage with your staff and let them know they are valued. This will also let you review job descriptions with them and ensure your team has the required skills to perform the various specialties your OR performs. Everyone who works for you knows what is expected of them, but this time will allow leaders to reset what those expectations and responsibilities are.

The importance of this crisis will set leaders apart from those who just manage tasks.

Giving your team some undivided attention will allow you to engage them in different ways. Lastly, take advantage of this time to catch up on education. Whether it be Health Stream; renewing CPR, ACLS or PALS; or providing in-services and hands-on training, your investment in your team will allow them to feel a sense of ownership about their role and the organization.

Efficient Instrument Sterilization

If OR and central sterile processing staff across the country happen to contract the virus, how will hospitals be able to perform surgery when it becomes urgent or emergent? One answer is preoperative leaders can look to vendors to help amplify the staff they do have during these trying times. SteriCUBE is doing just that. According to Maryellen Keenan and Michele Mauzerall, the "SteriCUBE System is an incredibly efficient and safe way of sterilizing and delivering all the surgical instruments required for a single patient surgery, eliminating multiple steps both in the central sterile processing and OR workflows." Ms. Mauzerall said that it has allowed staff from both departments to spend needed time on other tasks, freeing them up to focus more on the patient. Ms. Keenan described one hospital in Olympia, Wash., that recently acquired the SteriCUBE technology and reported they were able to handle an unexpected spike in surgeries despite being short-staffed. They also said they were achieving other efficiencies, too: Not having to use blue wrapper or containers on all those trays saved the hospital money and increased their efficiencies.

No one knows what the impact will be as a result of this pandemic or the numbers of people who will be affected in the coming weeks and months. The importance of this crisis will set leaders apart from those who just manage tasks. Leaders anticipate needs and strategically plan for them, not react to them. A focused approach will enable you to move forward quickly. ■

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