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*Elective Surgery: Using the New ACS Readiness Checklist with Dr. Chris Gonzalez*

**Host:** As states begin to reopen across the country, physicians are returning to their practices and non-urgent procedures are resuming. In late April, the American College of Surgeons released guidance to help with that process. And in late May, they released a new post-COVID-19 readiness checklist for resuming surgery. We're joined today by Dr. Christopher Gonzalez. He's an immediate past Chair of the AUA's Public Policy Council, and he's been a frequent contributor with important guidance for the urology community during this COVID-19 pandemic. Good afternoon, Dr. Gonzalez, and thanks for joining us again. It's been about a month since we last spoke about elective surgeries and COVID-19, and let me just start out the conversation by having you give us a quick update on how things are going in Chicago and the Chicago land area right now with the COVID-19 pandemic.

**Dr. Gonzalez:** Well, we're doing much better. So, yesterday, we had the lowest number of new cases in 2 months, which was really good news, total of just over 300 new patients. So, although we'd like to see a drop even more, we are going in the right direction and we can see the deaths related to COVID are plateauing as well. So, the new thing is, obviously, we concerned with some of the large gatherings and protests that have been going on right now. We're not really quite sure what that's going to mean as far as if this will cause another surge, but we're gonna have to wait and see.

**Host:** Tell us about your department at Loyola and the reopening process. How are things going with both inpatient and outpatient surgeries and procedures right now?

**Dr. Gonzalez:** So, we really are having to be quite flexible at this point. So, just a little reiteration. So, at Loyola, we were allowed to resume elective surgery on May 11th per the State of Illinois. And we just did elective outpatient cases only. So, as we remember, not that long ago, we had a pretty bad problem with increasing numbers of patients with COVID. We had over 150 COVID inpatients, our ICU beds were nearly all occupied, but we still want to try and do outpatient surgery. So, what we did was we have an outpatient surgery center of eight rooms, and as an organization, we then divided up block time amongst each of the specialties. And we each took the block time to perform cases. So, we were able to knock off quite a few of our elective cases. The urgent and emergent cases continue to proceed at the main

hospital, things like high-grade urothelial carcinoma, renal cell carcinoma, testis cancer, penile cancer, those kept going on, and emergencies such as torsion, sepsis, obstruction also kept going on, but with a very close eye to the number of ICU beds and inpatient beds that we had available.

Last week, we were ready to move to our next phase of trying to do inpatient cases at our main hospital with longer stays. And this, unfortunately, has had to be put off. We saw a couple of things. So, although the numbers are going down, the inpatient beds, the number of inpatient COVID beds has gone down significantly, but in the ICU, the number of COVID patients remains quite high. And unfortunately, that is just related to just the incredible sickness that these patients have, and the fact that they had been there for several weeks. So, nearly all the COVID beds, nearly 60 ICU beds are occupied. We also saw a backlog of patients coming to see us as well that had had a lot of issues that have just delayed care. I mean, basically heart failure, strokes, coronary artery disease, diabetes, all these things, and they've been occupying quite a few of our ICU beds. So, we really do have a crunch on the 120-plus ICU beds that we have available.

So, what we had to really do as an organization was take a look at what do we have available and what can we do is reminder that Loyola is one of the largest burn units in the Midwest and also we're a level one trauma center. So, we also have to accommodate ICU beds for those patients as well. The biggest issue, I think, we'll find some of this in our hospitals is staffing. So, we have beds available for inpatients, for surgical inpatients, but the problem is we don't have the staffing because a lot of them are diverted to the surge ICUs for COVID. So, obviously, the organization is well aware of this, and we're trying to find nurses, you know, from our region within Trinity, our big brother organization, from different states, and we're also trying to hire new nurses and get them trained. But that's one of the struggles that we have, that the capacity may be there with a number of physical beds, but staffing is gonna be an issue and that's something we should all be aware of.

**Host:** Is there anything else you wanna say about what's going on with your institution?

**Dr. Gonzalez:** You know, we just have to keep a very close eye on the number of beds that can be staffed, the number of ICU beds. So, as an organization, we have a small group of shares that we get together and we take a look at everything and we make decisions based on what we can and can't do. We definitely lead to each of the specialties what they think is gonna be the best case triage to do. We don't wanna interfere with that, but we do have to make decisions. So, I think it's important to understand that hospitals will have to do

this and hospital systems will have to do that. But the name of the game is flexibility. The good news is that, as an organization, we set a target and as a department of just getting back to 70% of our productivity compared to pre-COVID volumes in January of this year and we did exceed that. So, we're very happy about that, but we're trying to set very realistic goals for ourselves and we're trying to serve our patients as best we possibly can with everything.

As far as any other things going on with the backlog of cases, I think one of the things we're finding is that many times when we would have short stays for patients, 23 hours or 48 hours, we're not converting them to outpatients. It's much easier to get the patient in and get the patient out. And frankly, the patients don't wanna stay in the hospital. So they wanna leave the hospital. So, really, what we're seeing is patients and doctors coordinating this, where, for instance, if I do a urethroplasty for a patient and buccal mucosa harvest, and usually, I'll keep the patient overnight and send them home the next morning, but the patients are more than happy to go home now. And this has actually turned out pretty well. So, again, we may see some new practice patterns evolve from this, but again, we're looking at all different things for prostate surgery and whatnot, more of the same. The other thing we've noticed too is that we've had a big backlog, but not as big as we thought it was gonna be. So, many patients are dropped off, many are still afraid to come to the hospital because of the pandemic, some of the loss are in employer-based insurance and they're not coming to the hospital for their healthcare. So, again, we're seeing all these nuances and ramifications of the pandemic that we're seeing play out in front of us.

**Host:** Let's talk about the new readiness checklist from the American College of Surgeons. Can you tell us a little bit about this document and how it's different than the guidance that was previously released by the ACS?

**Dr. Gonzalez:** Yeah. Well, to my reading, it's not really a lot different, but it just provides a very broad perspective and it provides a lot of ideas to think about. The most important thing is to know what your local situation is gonna be in your community and also in your hospital. I think that's gonna be the most important thing. But by going through this checklist, it's gonna give you ideas of questions to ask. And the ACS put this out and, really, it's geared towards providing information to our patients. Patients are worried, they're concerned, they're scared, and they really want information before they come into the hospital. And I think it really is on us as physicians and surgeons to know that information that we can discuss with the patients. I think, you know, knowing the local conditions, knowing the number of COVID cases in your area, knowing what the hospital conditions are, knowing the number of COVID inpatient beds in the hospital, and your ICU, I think those are all really

important. What safety protocols are in place for patients and providers? They may ask you these questions. And what are the perioperative protocols? So, really taking your patients through the entire perioperative experience is really transparent. I think it's gonna make your patients feel comfortable when they have to come into the hospital because of the concerns.

So, the way the ACS did this was they broke it up into two parts. One was called a core facility readiness and the other was surgery-specific readiness. Core facility readiness was really talking about things of what's the core facility doing? Most importantly, patient testing, patient screening, entering the facility, screening for healthcare workers also, what's being done about that? What types of infection mitigation protocols are in place in your organization? So, mask use, PPE use by healthcare workers. What's the social distancing policy? What's going on in the waiting room and visitor policies? I think those are very important, but, most importantly, I think is just being able to relate what's going on in the hospital as far as the COVID rate tracking. This is important, and patients will wanna know this information. They will ask you about it. The other part of this is surgery-specific readiness. And really what this is, is talking about the consent to surgery, which is very, very important. So, consenting a patient to surgery in the middle of the pandemic, and how's that going to affect the patient? If they're coming in for a routine case, are they going to be infected with COVID? And I think those are the things that patients wanna know about. What's the risk of hospital stay if they do have to spend the night in the hospital and what's the risk of delaying the case?

So, again, they say, "I may not wanna come near the hospital," but there's also gonna be a risk depending on their condition or what's the delay. So, I think those are important things to discuss with your patient. What's the patient readiness? So, what do they expect for testing two or three days before? What do they expect with testing the morning of, which is what we do sometimes with the rapid testing? What about isolation prior to surgery? Are there protocols in your institution for that? I think many patients even ask you about the cleaning processes within areas of the hospital that the patient will encounter. So, what's going on at the waiting room? How are you cleaning there? What's the pre-upholding situation in recovery? How do my family and friends who are bringing me to the hospital and waiting for me, how are they gonna be impacted by this, and where do they wait? And what are the healthcare worker protocols who have what exposure?

So, they go as far as to even recommend video tours, which I know some organizations have already, but what's the video tour of the perioperative process, and walk me through from the parking lot, all the way to back to the parking lot you get your surgery performed. So, it's a very broad checklist, but I

think it, kinda, will help you to think about things or questions you should be asking and have you prepared to discuss that with your patient. But again, your local situation is gonna dictate that because some of these things may not apply in your local situation.

**Host:** Do you have any other thoughts or words of advice for urologists across the United States who are reopening and resuming surgeries and procedures at this time?

**Dr. Gonzalez:** Well, I think, you know, the biggest thing is right now is reopening surgery. It's a very complicated process, and I think it's probably much more difficult to reopen the surgery than it was to actually ratchet it down. And I think we've gone through the entire gamut here, but the ACS has provided guidance, cumulative information that we've all learned and we're all a little bit smarter about this than, say, we were a month ago or two months ago. And, really, I think the biggest message is we have a new reality. It's really unclear how long this is gonna last. We need to work alongside this and continue with the great care we provide our patients. So, I don't think it's gonna go away anytime soon. So, we have to figure out how do we take care of our patients who need our help in the midst of all this?

So, I really would say for urology colleagues, the key takeaways are, know your community and hospital numbers. I think that's very important, and that will instill a lot of competence in your patients if you know these things. Know your hospital resources. What's the inpatient ICU bed capacity, staffing challenges? What's your OR capacity, and what's the testing capabilities at your institution? I think that's extremely important. Really, there's any chance at all on that note of the previous point I tried to make was that having a seat at the leadership table in your organization, in your hospital, in your surgery center, I think it'd be very important. When decisions are made about which impact resource utilization or capacity constraints, I think it'd be important to have a seat because we do take very important care of our patients, our urologic patients. And I think the most important thing to think about is staying in touch with your patients and keeping a thorough log with properly triaged as the order of your elective cases. That way, you're not gonna miss anything. Patients do drop off. You need to be in touch with them, call them, discuss with them, and figure out why they're dropping off, but just not to lose sight of your patients and what they're doing.

**Host:** Dr. Chris Gonzalez is the immediate past Chair of the AUA's Public Policy Council and Chair of the Department of Urology of Loyola Medicine in Chicago. He's been a consistent voice of guidance for the urology community during this pandemic. And we thank him once again for his time and expertise.