



**Pennsylvania Senate Health & Human Services and Local Government Committees**  
**Joint Public Hearing on Process to Reopen Pennsylvania**  
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**May 4, 2020**

**Introduction**

Majority Chair Senator Scott Martin, Majority Chair Senator Michele Brooks, Minority Chair Senator Timothy Kearney, Minority Chair Senator Art Haywood, and members of the Senate Local Government and Health And Human Services Committees, on behalf of Penn Medicine Lancaster General Health, thank you for inviting us to provide testimony today.

Penn Medicine Lancaster General Health's mission is "To advance the health and well-being of the communities we serve." We do this through 620-beds at Lancaster General Hospital and Women and Babies Hospital with over 125,000 annual emergency department visits and 35,000 annual discharges. Lancaster General Health Physicians also delivers over 1.2 million outpatient visits in our physician practices, the Ann B. Barshinger Cancer Institute, and our outpatient locations.

Now, more than ever, we are called to live our mission as we test, evaluate and treat our community members with COVID-19. Like many businesses across the state, we are in the midst of planning resurgence from this pandemic while ensuring the safety of our patients, their families, our employees and the community.

**COVID-19 Impact in Lancaster County**

We track the impact and forecast of this pandemic on a daily basis for the communities we serve.

Here's a summary of activity in Lancaster County, as of Sunday, May 3, per the Pennsylvania Department of Health:

- 10,278 people in Lancaster County have been tested for COVID-19.
- Of those, 1,936 people tested positive. That's about 18.8 percent, or nearly one in five people tested.
- On April 24, the County had an all-time high of 93 new patients testing positive in one day. The second highest all-time volume of positive cases was 84 on May 2.
- Also on May 2, the Lancaster County coroner confirmed the County's death toll reached 188.
- The 14-day total of new cases in the County is 748, for a rate 137 per 100,000 of the population.

At Lancaster General Health, we have the following statistics regarding COVID-19 through May 3:

- LG Health has identified 1,485 total positive patients.
- Of those positive, the average age is 51. 74% are in the 20-65 age group and 22% are >65.
- There are 43 inpatients at Lancaster General Hospital with COVID-19. Eight patients are in critical care and three are on ventilators.
- On April 26, LGH cared for its highest number of COVID-19 positive inpatients at 56.
- Overall, only about 40% of LGH's admissions are from nursing homes. The remaining 60% have an average age of 57.
- Forty-five patients have died while admitted at LGH. 83% of those patients were residents of long-term-care communities. The average age of these patients has been 77 years old and 64 percent



were males. Of all 45 patients at admission, 72% requested “do not resuscitate” orders per their advance care plan, living will, power of attorney, or their POLST (Physician Orders for Life Sustaining Treatment).

- In terms of those recovering from the virus, we have discharged 118 patients. The average age of those discharged is 61 and their ages range from 19-89.

### **Impact of COVID-19 in Post-Acute Care in Lancaster County**

During this pandemic, the post-acute team at LG Health has been in contact with 32 skilled nursing facilities throughout Lancaster County. Our team of geriatricians provides medical direction for nine of these, representing 1,500 residents in the County. During this difficult time, these sites not only need support from their acute-care partners but also from county, state, and federal resources.

The impact of this illness in long-term care is devastating, as COVID-19 spreads easily in congregate settings. In one location with just over 100 beds, where LG Health provides medical direction, the leadership provided an early universal masking policy, delivered prompt administrative response, enacted an expansive COVID-19 management protocol, and had a very engaged medical director. Despite all of these early interventions, the following still occurred:

- 30 positive COVID-19 cases = **28% of all residents**
- 17 deaths, **57%** of COVID-19 cases, and **16%** of all residents
- 6 residents recovered and have been released from transmission-based precautions
- 2 residents were sent to the hospital and the other 28 patients positive for COVID-19 did not have symptoms requiring hospitalization or chose palliative support

Long-term care teams have bravely and professionally cared for residents and have respected their wishes. Many residents did not want to go to the hospital. Rather, they chose palliative measures with near universal comfort. They want to approach death in a familiar setting, with care from known and trusted staff. The public needs to understand this story beyond just a report of increasing deaths in these facilities. Despite well-established advance care planning discussions before the onset of COVID-19 in their building, the effects of COVID-19 still exact a high emotional toll on the patients, their families, and their caregivers. The expected increases in moral distress, burnout, and emotional fatigue remain a long-term concern.

In terms of resources, the facilities need personal protective equipment (PPE) and staffing. For PPE, N95 masks, gowns and surgical masks are in shortest supply. For staffing, the facilities struggle with those employees who are sick or who are on quarantine. Furthermore, they have increased needs due to supporting meals and activities for patients who are no longer in a dining room or community room.

### **A Commitment to Community Testing**

As per the plan outlined in the *Governor’s Process to Reopen Pennsylvania*, reopening necessitates that Lancaster County have increased diagnostic testing availability. Testing has to be accessible in rural and urban locations and available for long periods in a day. Furthermore, an effective testing strategy should include a plan to test underserved populations and those that have limited access to transportation. Finally, any effort to increase testing will ultimately be limited by the availability of test swabs and kits as well as viral transport medium.



Availability of testing is currently limited to those with symptoms of COVID-19. Even now, we are unable to test every patient admitted the hospital, because of limited test availability. To safely reopen closed businesses, testing needs to be increasingly available to identify as many infected people as possible and by isolating them from people who are healthy. This will continue to be an ongoing challenge unless something changes that would enable screening large numbers of individuals quickly.

LG Health has tested over 8,000 patients for COVID-19. As of May 2, 87% of those tested live in Lancaster County. Over the last two weeks, LG Health tested just over 200 patients per day on average with a range of 79 to 311 patients depending on the day of the week or the weather. Since March 6, 55% of overall testing has been at the LG Health community testing tents at the Pennsylvania College of Health Sciences and Clipper Magazine Stadium. 21% of total testing has been completed in the LGH Emergency Department and 9% in LG Health's seven Urgent Care locations. LG Health has begun plans to develop long-term, accessible testing locations and to increase potential capacity to test at least 1,000 patients per day in the county.

### **A Commitment to Contact Tracing**

When patients present for community testing at LG Health, they receive verbal and written instructions regarding informing close contacts if they are positive. The checklist, developed by one of LG Health's Infectious Diseases physicians, asks the patients to identify the date of their first symptoms, and then prompts them to think about the places traveled and contacts made starting from two days prior to symptoms. The instructions define close contact as within 6 feet for 10 minutes or more. Finally, the checklist also prompts patients to think about travel to doctors' offices and work.

When we identify a patient who is positive for COVID-19, one of 20 LG Health nurses on our surveillance team calls the patient to give them their result. Then, the nurse asks the patient to look at their "contact checklist" received at the community testing location. The nurse reminds the patient to make calls to their contacts and to inform them of their exposure. The nurse also provides them with quarantine and self-care instructions. This team of nurses also follows-up with patients until resolution of symptoms. So far, they have monitored over 1,100 patients until resolution, and they are currently monitoring about 300 patients.

While the current methods described above are not full epidemiologic contact tracing, the LG Health team is privileged to work with the City of Lancaster, its Board of Health, and the Pennsylvania Department of Health to begin an expansion of our current work. We appreciate the opportunity to collaborate with the Pennsylvania Department of Health on this effort, and we recognize that access to the data is a critical success factor. We are researching options to expand these contact tracing services to include all of Lancaster County.

Evaluating the test results, identifying trends and establishing mitigation strategies are all significant steps, which health systems such as LG Health can help to provide, but we cannot do this on our own. Health systems cannot enact stay-in-place orders to limit spread, and are limited in the data we can share publicly, because of federal privacy guidelines. Assistance from state and local governments is needed to fill gaps in the effort.



## **Resurgence Plans**

Since the pandemic arrived in Lancaster County, LG Health has seen a 50% reduction in inpatient discharges, a 50% reduction in emergency department visits, and a 50-60% reduction in outpatient visits depending on the type of visit. While our County has clearly followed stay-at-home orders, our clinicians remain concerned about this unprecedented delay in care for patients with chronic conditions. What illnesses have subsequently worsened due to only providing emergent or life-threatening care? Which vulnerable patients may need longer hospitalizations to stabilize their chronic illness when they feel safe to come to the hospital?

Later this month, LG Health plans to increase our capacity to resume testing and perform procedures and operations in a safe manner.

Starting this week, our teams will analyze our procedural and operative cases to determine potential increases in capacity for patient care. We will continue to monitor hospital, ICU, and overall ventilator utilization during this process throughout the month of May.

We will prioritize bringing on additional cases based on three factors:

1. Procedural factors like operating room time, use of the intensive care unit, and overall hospital length of stay.
2. Disease factors like surgical difficulty and risk of continued delay to the patient's outcome.
3. Patient factors like age, chronic diseases (lung disease, cardiovascular disease, or diabetes) and potential risk for COVID-19.

Beyond patients seeking to resume care by choice, the supply chain will continue to be a limiting factor for resurgence back to normal volumes. The supply chain issues associated with this pandemic have been substantial and extraordinary. While PPE has been a key focus, other supplies and pharmaceuticals, or their key components from overseas, have been a struggle to acquire throughout this event. As we start to increase healthcare services, limited allocations from the manufacturers will be an issue for at least several months. Large numbers of fraudulent offers, price gouging, ridiculous payment terms, or incorrectly presented products have compounded this difficult effort. For example, on April 28, the CDC posted warnings of counterfeit respirators that did not meet approved protection standards. Our procurement team wastes a large amount of effort to track these down, but only ends up at a dead-end.

## **Financial Impact**

Our health system's financial health experienced an unprecedented hit from the COVID-19 pandemic – just like every other system and hospital across the Commonwealth.

Hospitals and doctors' offices lost essential revenue when they canceled elective surgeries and non-emergent visits to prepare for a possible surge in COVID-19 patients and to reduce the spread of the virus.

Patients also began scheduling fewer appointments and avoiding the hospital, even for medical emergencies, creating another hit for providers who were already hurting. The surge, in places where it did arrive, was not enough to compensate for the losses.

Lancaster General Hospital experienced a \$70M top-line revenue loss in April alone. We predict that businesses will not all open at the same speed and as a result will influence payer mix with potential shifts



to medical assistance and the uninsured. Furthermore, we see impacts of self-funded and small group employers unable to pay their premiums. Given all of the uncertainties, it will be difficult to repay advance payments from Medicare under the CARES Act starting in 120 days. Finally, it's hard to estimate what's ahead, given the uncertainty of the virus.

The loss of revenue from shutting down elective surgeries for the past six weeks cannot be recovered quickly. Future patient visits may also be negatively impacted by the uncertainties of the economy as patients may lose insurance due to unemployment.

Across the nation, job losses in the healthcare sector have been second only to those in the restaurant industry, according to federal labor statistics. The pandemic will be a stress test that is especially challenging for rural hospitals and private practices, already working with slim margins.

### **Conclusion**

I began my testimony this morning emphasizing that our priority is the safety of our patients, their families, our employees and the community – in all that we do. Our ability to do this is dependent upon our daily monitoring of necessary data, having the supplies that we need to test and treat, and working with our communities to establish sound contact tracing.

We are immensely grateful for the support the General Assembly and the federal government have provided with funding assistance and critical temporary suspensions of requirements that have made it possible to continue our work. We remain concerned about being prepared to respond as needed over the months to come. We believe it is essential to the health of our communities that we plan for and conduct resurgence activities safely. It will not solve the fiscal imbalances that we expect to experience. Finally, we will continue to elevate how important social distancing and infection control measures are now and will continue to be.

Thank you again for the opportunity to present this testimony. We look forward to continuing the work with you to protect our patients, employees, visitors, and the communities we serve.