

**MEMORANDUM**

**Date:** November 17, 2020

**To:** Pennsylvania Acute Care Hospital Chief Executive Officers and Chief Medical Officers

**From:** Rachel L. Levine, MD  
Secretary, PA Department of Health



Since the middle of October, Pennsylvania has seen a steep increase in the number of new COVID-19 cases, hospitalizations and deaths. Across the nation, hospitals are becoming “overwhelmed,” either because overall capacity is maximized, necessary clinical staff are unavailable or there are not enough ICU beds. The Department of Health (Department) seeks to share some background, data and expectations with the hospital community to ensure we are prepared to be able to manage all Pennsylvania patients that require hospitalization.

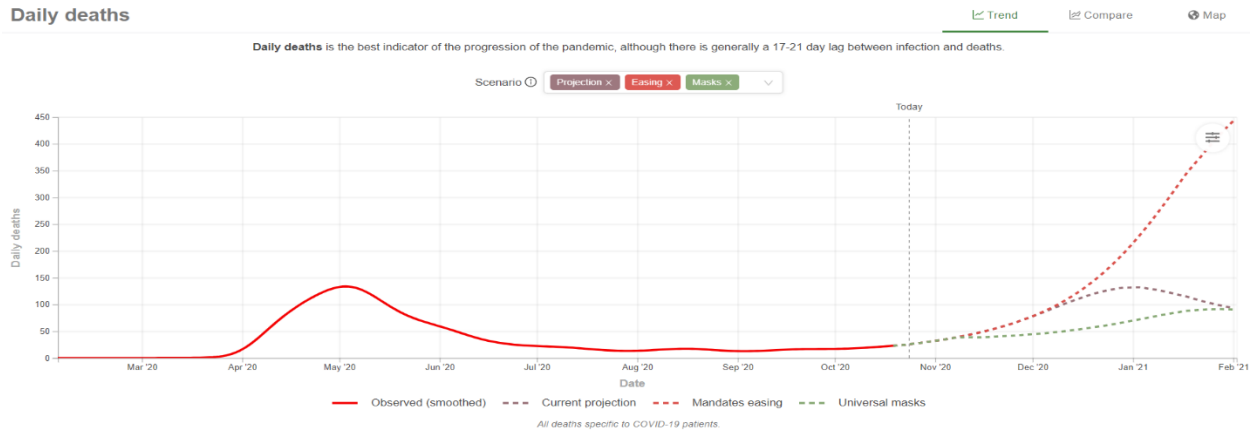
On March 17, 2020, the Department issued guidance to licensed hospitals requiring them to postpone or cancel all elective procedures, which was followed by Orders from the Governor and the Secretary of Health (Secretary) on March 19, 2020, mandating hospitals stop elective procedures. These steps were taken to conserve personal protective equipment (PPE) and increase hospital capacity to treat COVID-19 patients. On April 27, 2020, the Department lifted restrictions on elective procedures in accordance with a [Joint Statement](#) issued by the American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, and American Hospital Association on the safe resumption of elective procedures. Elective procedures were prohibited for 40 days during the spring surge, which had individual health and hospital financial impacts.

In March and April, when the Governor and the Secretary required hospitals to cancel or postpone elective procedures, there were between 2,000-2,800 COVID-19 positive patients hospitalized per day, while case counts were between 1,100-1,700 per day. Because more therapeutic options are now known for COVID-19 and there is more robust testing capacity, the inverse could happen in the Fall and Winter – there could be many more cases but not as many of those patients requiring hospitalizations. Unfortunately, even with a decrease in the percent of patients hospitalized, this second surge of COVID-19 is much larger than the initial spring surge.

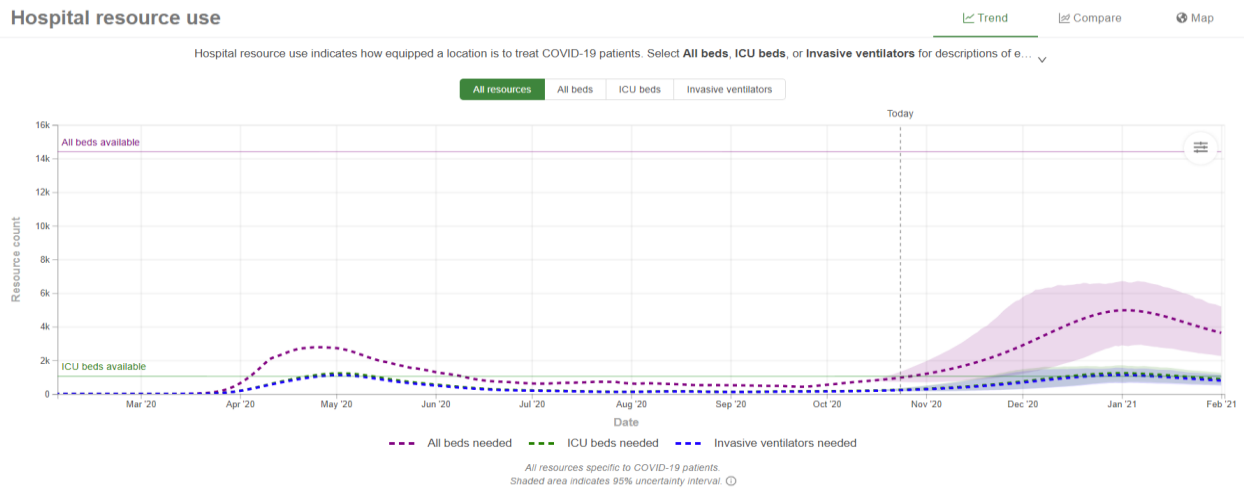
Current national modeling projections indicate that Pennsylvania is at risk of having our health care system become overwhelmed. Modeling from the [Institute of Health Metrics and Evaluation](#) (IHME) projecting what the second surge of COVID-19 cases could look like for Pennsylvania shows that January 2021 is expected to have the most deaths (Table 1) and hospital resource utilization (Table 2), while December 2020 is expected to have the most new infections (Table

3). This modeling does not account for influenza hospitalizations that will also occur, so *this assessment for hospital utilization may be low relative to the overall forecast.*

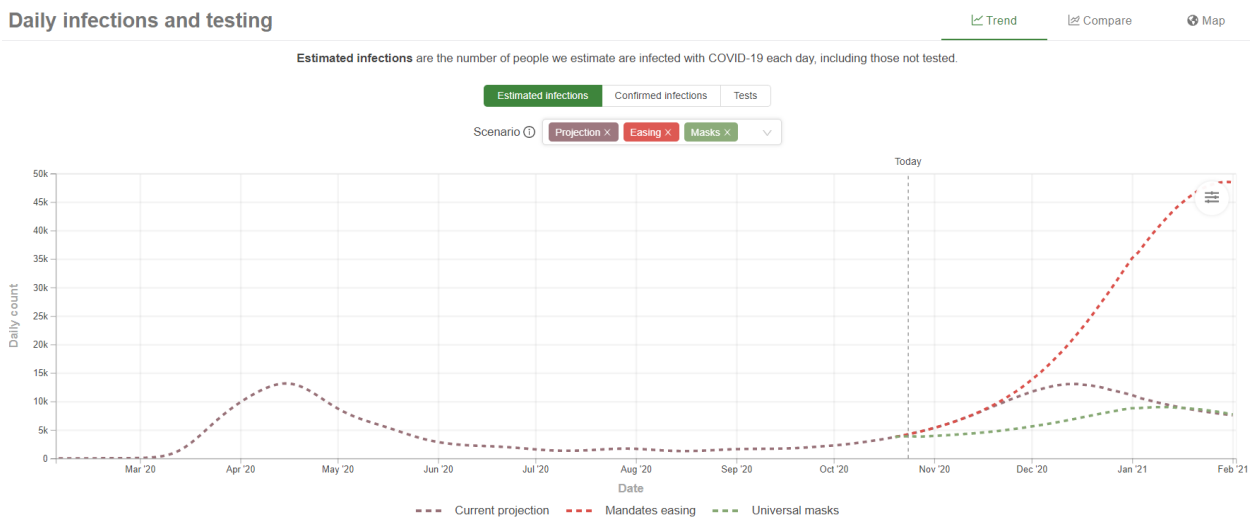
**Table 1: Projected Daily Deaths in Pennsylvania due to COVID-19**



**Table 2: Projected Hospital Resource Utilization**



**Table 3: Projected Daily Case Infections and Testing Demand**



The national modeling aligns with the Department’s assessment that in-person holiday shopping and Thanksgiving will be significant opportunities for spread. My staff have spoken with many of you about how you are preparing for this possible outcome. Many of you have your own models, some of which may be different from these. We appreciate you taking a data driven approach to preparations and invite you to share with us the modeling upon which your facility or system is basing preparations.

I also recognized the work the hospital community has undertaken through the engagement of chief medical officers from across the state to frame the hospitals’ commitment to:

- leveraging and expanding regional clinical leadership forums in all regions of the state to proactively mitigate capacity challenges;
- coordinating with regional Health Care Coalitions (HCC) and providing additional executive and physician leadership and strategic direction to the HCCs’ operational support of the health care community’s mitigation and collaboration efforts; and
- welcoming participation of state and local public health officials to offer visibility into the collaborative strategy.

As we enter this second surge of COVID-19, I believe there are several things on which we can all agree:

- The second surge coming through Fall 2020 and Winter 2021 will be significantly bigger than the surge in Spring 2020, and this will lead to more COVID-19 patients hospitalized than we experienced in the Spring.
- Testing availability, therapeutics and treatment options are better now than Spring 2020.
- A vaccine may be available as soon as Winter 2020 for health care workers with additional vaccine becoming available to the public by Summer 2021.
- Pandemic “burnout” is real for all Pennsylvanians, and many of our heroic frontline health care workers are understandably suffering from pandemic burnout.
- We will collectively do whatever it takes to care for and save the lives of Pennsylvanians.

While I strongly believe we all agree on the “ends” described in the last point, I want to make my expectations about the “means” clear. As a physician, I understand that not all “elective” procedures are optional or perfunctory – many of them are essential to quality of life, prevent the worsening of chronic or acute symptoms, or have simply already been put off for too long. It is not the Department’s nor the Administration’s intention to again, by Order, prohibit all elective procedures across the Commonwealth. It is in the best interest of patients for them to receive necessary scheduled care. I expect the hospital community to work proactively with their patients to move up scheduled procedures now, so they do not have to be cancelled or postponed at the last minute if your facility experiences a surge in the future. I expect the hospital community to work diligently with patients to make sure they understand that future scheduled

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procedures may be delayed or re-scheduled should the surge in Pennsylvania exceed expectations.

Additionally, it is my expectation that the hospital community will continue to be collaborative partners through their emergency preparedness health care coalitions in order to coordinate between hospital facilities and systems at a regional level to share resources and balance patient loads when necessary. I also expect continued coordination between these regional efforts and the state, including timely and accurate reporting of data through Corvena and national systems.

However, if Pennsylvania finds itself in the same situation as Texas, Wisconsin or Arizona, where hospitals have run out of ICU beds, medical-surgical beds, ventilators, or staff, it is my and the Governor's strong expectation that hospital leaders will look carefully at what procedures can wait without harming a patient. It is our expectation that you will use clinical judgement to assess which patients have the greatest need at the time and treat them appropriately. If the Department determines that the hospital community cannot effectively manage the situation to provide care to patients who need it the most, we will intervene to ensure Pennsylvanians with acute needs are receiving adequate care.

Again, we want to be clear – based on the modeling available to us, Pennsylvania will run out of ICU beds in December. There will be sufficient medical-surgical beds across the Commonwealth, but it is not clear if they will be available in all regions. It is our expectation that you work together to expand access to care to meet demand, collaboratively load balance, and make patient – not profit – driven decisions about what can be postponed if additional supply cannot be identified through those other efforts.

The Governor and I are grateful to you and your teams for your persistence and courage during this unprecedented time. I encourage all of you to work as collaboratively as possible during what is to come. My sincere hope is that through your continued perseverance, teamwork, and ingenuity, you will collectively provide Pennsylvanians with the necessary and high-quality care you have always provided them. The Department and Administration stand at the ready to assist you in any way possible to achieve those “ends.”