

Conflict of Interest Disclosure



James R. Ficke

- I have no financial conflicts with this presentation
- Disclosures:
 - Research Funding: U.S. Dept of Defense
 - Forum for Medical Preparedness for Disasters, National Academy of Sciences, Engineering, Medicine
 - Board of Directors, Team Red White Blue

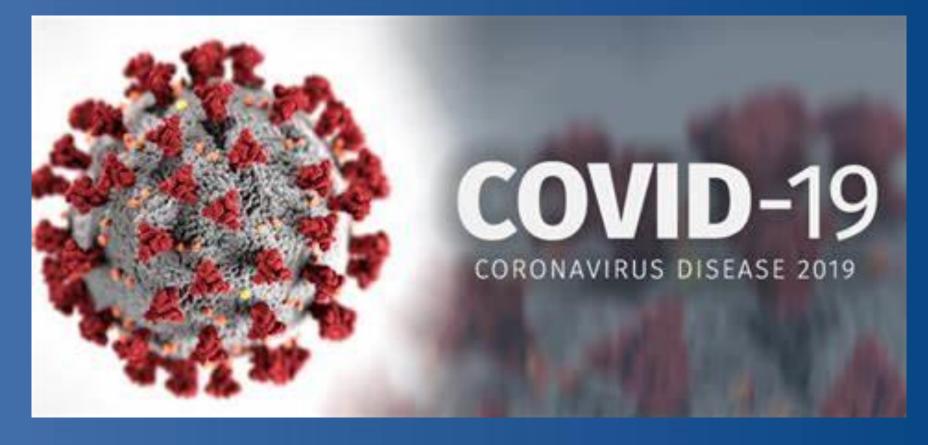


ORTHOPAEDIC SURGERY

COVID 2019-...



Pandemic

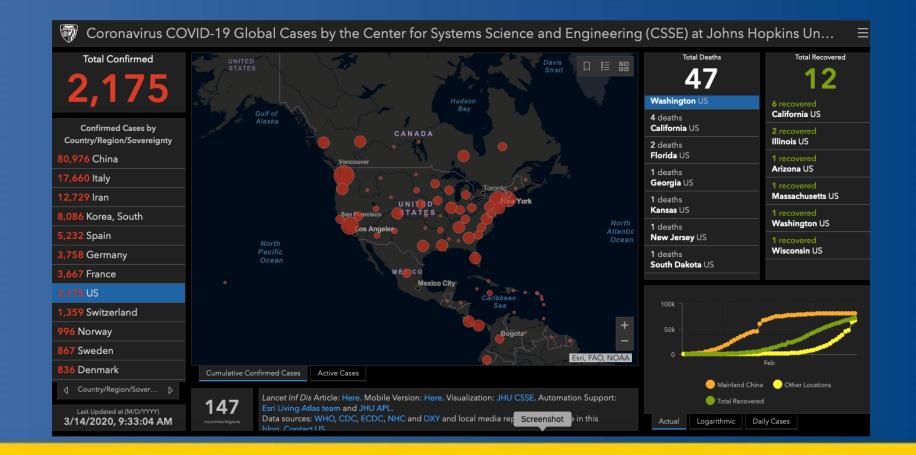




COVID19 United States



March 14, 2020





OrthoHopkins Plan



- Effective March 18, across all JHM clinics and hospitals: elective surgery/ clinic care <u>triaged</u>
- Workforce protection= patient protection
- Dispersal and distancing: limit contact/ 6 feet
- Daily decontamination: new scrubs on entry
- Heightened security and hygiene

LOOK OUT FOR EACH OTHER



Sabharwal Ficke LaPorte: Modified residency programming & adoption of remote didactic curriculum during the COVID-19 pandemic. J Surg Educ. 2020

Baltimore Convention Center Field Hospital





3 Week organization & operational





Some Facts



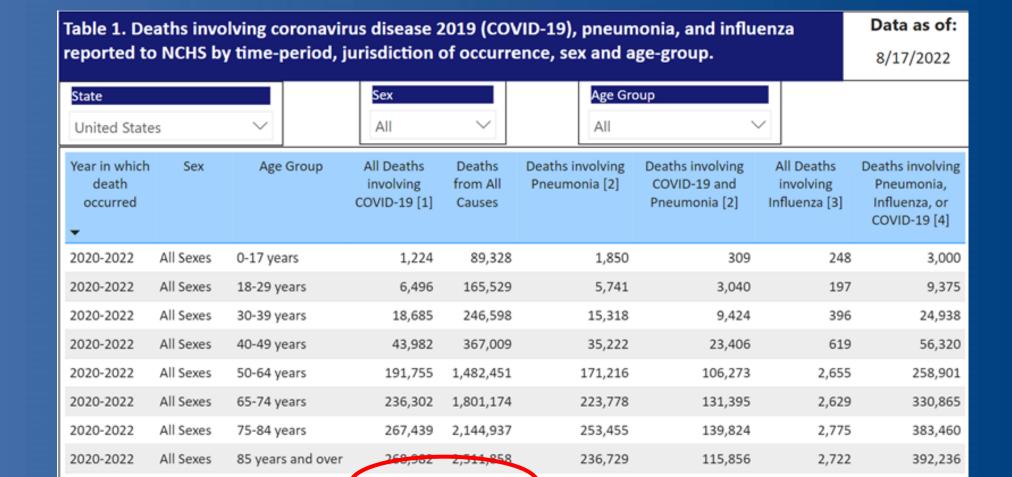
- World focus past 30 months has centered around COVID
- 65 to 75% of population has been infected
- USA 1 million deaths involving COVID-19
- Global, national, county shutdowns



https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

At Risk Populations





8,808,884

943,309

529,527

12,241

1,459,095



All Sexes

2020-2022

All Ages

1,034,865

For Comparison



- >900 deaths per year in age group 0-19 unintentional drowning
- >45,000 deaths per year in age group 20-45 unintentional injury deaths
- >690k deaths/ year from cardiovascular disease



DRTHOPAEDIC SURGERY

Summary of Central Guidance



- February 2020 US Surgeon General states masks are not effective in preventing public and healthcare workers need them
- March 2020 CDC official statement- Healthy People not in healthcare sector and not caring for an infected person don't need to wear mask
- April 2020 CDC guidelines asymptomatic individuals are contributing to spread of COVId (no posted studies)
- July 2020 publishes one case study from one hair salon suggesting masking helps prevent spread (1st posted study)



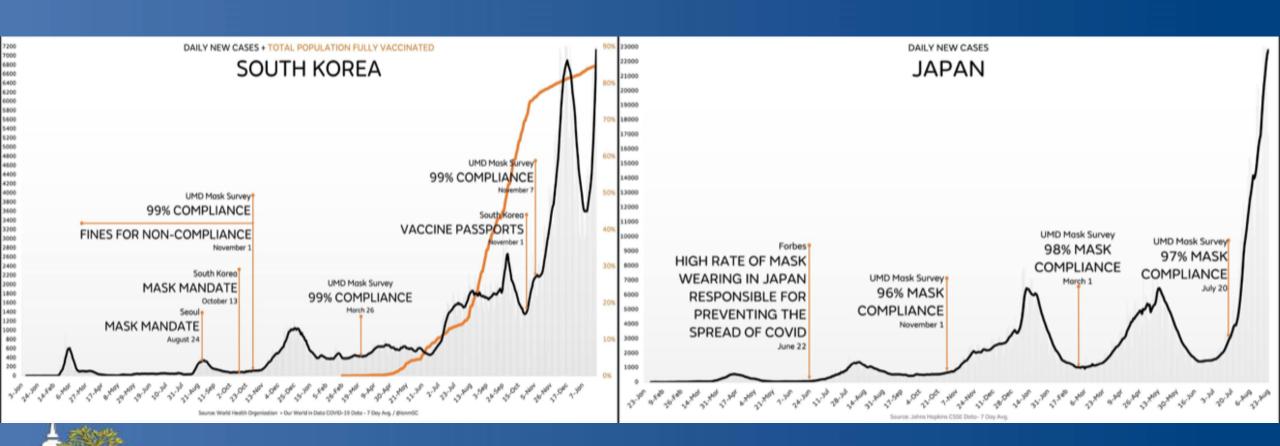
...like herding monkeys.....

Continued Timeline



- Oct 2020- CDC suggests in statement that if 95% of Americans wore masks it could save a half million lives. No study attached. No medium or large-scale retrospective or RCTs at this time
- March 2021-CDC releases guidelines allowing unmasking with close friends and family if vaccinated, not in public.
- April 2021-CDC expands maskless areas to outdoors for both groups. No accompanying study or published literature.
- May 2021-Vaccinated people do not need to wear masks in any setting
- July 2021-Delta variant emerges. After more than 6000 vaccinated individuals died from COVID-19, CDC admits that vaccinated still catch and spread the disease and can have severe symptoms
- August 2021-CDC-Everyone needs to wear masks at all times
- April 2022-CDC stops order to wear masks on public transport or in federal buildings.
 - K-12 teachers, students and visitors should all be wearing masks

Large-Scale Data on High Masking Compliance OPKINS



Other Considerations For Masks



- Estimates put millions of tons of facemasks have entered the oceans since 2020
 - Most have nonbiodegradable pieces
- Sharp Increase in pediatric speech/language development diagnoses in 2021/2022
 - Likely multifactorial
 - Speech specialists initial guidance includes wearing translucent masks or no masks to allow children to watch mouth movements





COVID impact- Supply Chain



- Difficult to find supplies.
- Vendors.
- Raw material issues.
- Inadequacy in resilience.
- Absence of communication.
- Increasing costs.





https://www.christopherreeve.org/blog/daily-dose/covid-19s-effect-on-the-medical-supply-chain-1

COVID Impact- Nursing



- Large inner-city hospitals required avg 12 mos to recover from elective case cancelations
- 12% healthcare workers were laid off/ suspended
- >1 million patients backlogged for joints and spine surgery

www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

The profile of a hospital with the greatest retention capacity and lowest turnover is a hospital with less than 200 beds and located in the South-Central or West. Conversely, a hospital with the highest turnover is a facility in the North-Central with between 200 to 349 or more than 500 beds.

| REGION | HOSPITAL TURNOVER | FULL/PART TIME TURNOVER |
|---|----------------------|----------------------------|
| North East — (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT) | 25.7% (+10.0%) | 21.8% (+8.5%) |
| North Central — (IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY) | 28.6% (+4.8%) | 24.7% (+3.5%) |
| South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV) | 27.9% (+3.3%) | 24.0% (+2.9%) |
| South Central – (AR, CO, LA, NM, OK, & TX) | 22.9% (+3.9%) | 19.4% (+3.1%) |
| West – (AK, AZ, CA, HI, ID, NV, OR, UT & WA) | 23.1% (+7.3%) | 18.3% (+5.2%) |
| BED SIZE | | |
| <200 Beds | 24.4% (+4.5%) | 20.3% (+3.2%) |
| 200-349 Beds | 27.2% (+4.2%) | 22.4% (+2.6%) |
| 350-500 Beds | 25.0% (+5.0%) | 20.6% (+3.7%) |
| >500 Beds | 26.2% (+7.8%) | 22.6% (+6.7%) |
| NATIONAL AVERAGE | 25.9% <i>(+6.4%)</i> | 22.0% (+5.3%) |

An overwhelming majority (96.1%) of hospitals view retention as a "key strategic imperative" and, to a lesser degree, is evident in operational practice/planning. Almost all hospitals have retention initiatives. In fact, close to three quarters (72.6%) have a formal retention strategy, yet less than half (44.5%) are tied to a measurable goal. Establishing a measurable goal needs to be a

ORTHOPAEDIC SURGERY

COVID Impact Ortho



Impact of the Covid-19 Pandemic on Orthopaedic and Trauma Surgery – A Systematic Review of the Current Literature

PHILIPP BLUM¹, DAVID PUTZER², MICHAEL C. LIEBENSTEINER¹ and DIETMAR DAMMERER¹

- Systematic review of Impact to orthopaedic surgery worldwide
 - 36 studies- 50-74% reduction in elective surgery
 - Trauma reduced 21%



Cancellation of All Elective Cases



- Elective cases contribute 78% of inpatient hospital revenues
- MSK, Circulatory and digestive category elective contribute 33%
- Cancelling all elective cases only reduced ICU overcapacity by 30%
- American Hospital Association estimates losses as high as \$50 billion/month
- Despite massive government bailouts 27 hospitals in 14 states closed permanently in 2020 and 2021



Perioperative Risk



- 228913 patients- retrospective cohort Ann Surg July 2022
- Risk stratified from test + infection
 - 0-4 weeks
 - 4-8 weeks
 - >8 weeks post VAX
- Vax- no increased risk
- No Vax- no increased risk w General anesthesia >8 weeks

ORIGINAL STUDY

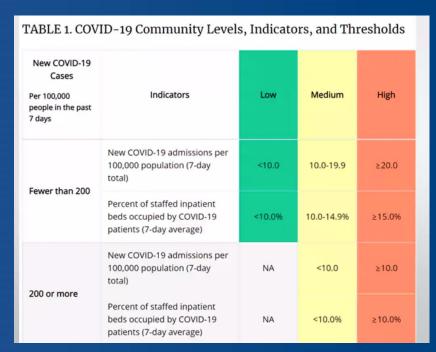
Covid-19 Vaccination and the Timing of Surgery Following Covid-19 Infection

Le, Sidney T. MD*, Kipnis, Patricia PhD*; Cohn, Bradley MD*; Liu, Vincent X. MD, MSc*,

ASA Recommendations 2022



- Test all severely immunocompromised
- In high COVID prevalenence:
 - All patients should be screened
 - Elective surgery delayed for positive tests
 - 7 week delay unless risks> benefits
- Death/ ICU rates lagging indicator
- Community transmission (CDC) –LEADING indicator



Elective Surgery Testing Recommendations



- Test Sick Patients
- Test symptomatic/ suspected contacts 2-3 days prior
- No elective surgery within 10 days symptom onset
- No increased harm to vax'd patients



Summary



- Wear an N95 w COVID positive patients- and have them do same
- Public Mask wearing does not prevent COVID spread
- US one of most unhealthy countries due to Heart disease, obesity, DM, bone health
- We Also have highest COVID
 deaths

- We were not prepared for pandemic, and not adequately prepared for next one
- We are >1 million orthopaedic surgical cases behind

