

TriHealth CEO: ‘We’re committed to remaining open’ as COVID cases climb

By [Liz Engel](#)

– Staff reporter, Cincinnati Business Courier

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TriHealth will do “everything in its power” to remain fully open during the current third wave of the Covid-19 pandemic, including possibly shuffling patients to competing hospitals in the region if necessary, CEO [Mark Clement](#) told the *Courier* in an exclusive interview.

Clement, president and CEO of TriHealth, Cincinnati’s fourth-largest employer, said his health system is ready to activate a number of contingency plans as coronavirus cases continue to surge in Hamilton County. Hamilton has been teetering near purple, the most alarming level on Ohio’s four-tiered color-coded health alert system.

Those strategies include shuffling patients both internally and outside its health system walls if beds reach capacity. Additionally, TriHealth has been hiring and onboarding new staff, adding beds and stockpiling PPE, like masks, gowns and gloves.

“We’ve been preparing for this third wave almost going back to March,” Clement told me. “Now that we’re here, we’re resharpening our focus. We are committed to remaining open, staying open and staying safe.”

That includes a push to keep elective surgeries on track. That is “critically important,” Clement said, and not just for the hospital’s bottom line; [TriHealth, he told the *Courier* in June, lost nearly \\$100 million](#) because of the ban on elective surgeries in Ohio earlier this year. Clement – along with other health officials in Cincinnati – said that has had a residual health impact on patients.

“The shutdown of elective services was catastrophic,” Clement said. “People either deferred or delayed care. As a result, we are seeing sicker patients in our emergency department. There are lingering fears [still]. The government decision to shut down electives was to preserve PPE and patient beds. It wasn’t because of a heightened risk of exposure.”

He said TriHealth has “dramatically increased” patient staffing levels and has added more adult beds to its systemwide count of 792. TriHealth, for example, is in the process of opening a new unit at Good Samaritan, which adds around two dozen beds. It also has more than 900 days of N95 masks on hand. And the system is improving

throughput and patient flow, rates that depend on how many patients are admitted and how long those patients stay. If hospitals can safely reduce the length of stay, it can open up beds faster.

To further free space, the health system is prepared to move surgeries from its two flagship hospitals – Bethesda North in Montgomery and Good Samaritan in Clifton – to TriHealth’s hospital in Evendale. The Evendale campus, located on Glendale Milford Road, traditionally handles inpatient surgery, orthopedics, gynecology and outpatient imaging, not Covid-19 patients.

And, if all else fails, he said competing hospitals in the region are working on a plan to “load share” or “load balance,” essentially shifting their patients to other health systems if one facility is full, so that no one single hospital in the region is overwhelmed.

It’s an unprecedented level of collaboration, officials have said. New York hospitals did something similar during the first wave earlier this year.

“All the health systems have worked together to put the community first. We’ve really put any competitive instincts and interests on the back burner,” said Clement. “Cincinnati has always been a very collaborative health care community, but it’s been really refreshing to see that go to the next level.”

Dr. [Evaline Alessandrini](#), senior VP and chief medical officer at UC Health, **reiterated much of the same during a media event last week**. Officials from Cincinnati Children’s, Christ Hospital, Hoxworth Blood Center, Mercy Health, TriHealth and UC Health held a joint press conference Friday to further stress the importance of mask wearing, hand washing and social distancing.

Those officials continue to meet with each other almost daily. The region’s health systems are sharing their capacity in real-time with each other, which is also unusual and a recent development spurred by Covid.

“Our goal is to keep patients with their doctors and their nurses and their systems, but we have plans ready in the event we need to do something else,” Alessandrini said. “The most important thing is we are looking at it collectively. We’re pulling all the levers.”

UC, itself, has various contingencies in place. Dr. [Dustin Calhoun](#), its medical director of emergency management, told me UC has plans to “creatively staff and expand bed capacity” in the event of a surge.

That includes using post-acute or post-anesthesia units as ICUs, since they have similar capabilities, and/or converting single-occupancy hospital rooms to double beds in situations where that wouldn’t compromise patient care.

He stressed any plans to load share across systems would “in no way” result in a reduction in the standard of care. That’s a typical public fear when a plan like this is introduced, he said.

“We are absolutely prepared, and everyone is doing everything they can to minimize limitations to services,” Calhoun said. “We have a great deal of capacity in this region.”

But that doesn’t mean the public should lax in its efforts to contain the spread either.

“Yes, we can take care of a lot of patients, and we can make more room, but there are things that can’t be fixed, and there are people who, when they get infected with this, do poorly,” Calhoun said. “We need to remain vigilant.”