Jessica LaBombard, Marketing and Communications Coordinator at Onslow Memorial Hospital, had the opportunity to sit down with Board Certified surgeon, Dr. Safley, to talk about the COVID-19 landscape, resuming elective surgeries, and patient safety in a healthcare setting.

Jessica: I have the pleasure today of introducing Dr. Safley, Board Certified surgeon at Onslow Memorial Hospital. Welcome!

Dr. Safley: Thanks for having me! It’s my pleasure to talk to you about how we’re getting back to normal activity in the operating room at the hospital.

Jessica: Great! So our first question is how are we separating COVID-19 positive patients inside the hospital?

Dr. Safley: Right now there is an entire wing of (a floor in the hospital) that is margined off for COVID positive patients. The nurses on that floor are following CDC guidelines in terms of what types of PPE, or personal protective equipment, they are going to be wearing - masks, face shields, gloves, and gowns. All of those patients are kept in that area so they’re not mingling in with other patients in the hospital. We also make sure those nurses are not traveling around the hospital as they’re caring for those (COVID positive) patients. They go up to work, they wear their personal protective equipment, and when they get ready to go home, they use appropriate hand washing and other CDC and UNC Health recommended protocols.

Jessica: So, is it safe to come to the emergency department?

Dr. Safley: Absolutely! Previously we employed a tent out front for people that we thought may have COVID-19. What we do now is there are screening questions that identify people who are at high risk of having the disease, especially in the ER. There is also a separate area of the ER that they are using for people that they suspect possibly have COVID-19. People who are suspected to have it are put into their own little area. When we can reasonably recognize that they don’t have it, then they can be put up on the floor. If they can’t say that they’re cleared, then they would go to one of the areas of the hospital that are designated for patients who may have COVID-19. A trip to the emergency department is safe. They are keeping all of this in perspective, and it’s always considered at every part of the hospital visit. If you come through the ER or if you’re coming for elective surgery, people are screened appropriately and then sent to one side of the hospital, one side of the ER or another depending on how the screening questionnaire results.

Jessica: What about employees, are they screened? What’s their protocol?

Dr. Safley: For several months now, whenever all of this stuff started. So, the questionnaires that are given to patients are actually given to nurses and doctors. Everybody that steps foot in the hospital is given a screening questionnaire of some variation, but essentially the same types of questions that are given to patients. You have to pass the screening questionnaire before you’re ever let in to work. Your temperature is checked before you’re let into work. What they do is they’ve actually taken, we have lots of entrances and exits to the hospital, and (employees are) only allowed to use two separate entrances and exits in the hospital. And so if you’re going to come in or go out, you are stopped at the door and you’re screened before they let you in or before they let you come to work. So, questions, temperature, and then the nursing staff is expected to wear masks while they’re in the hospital and treating patients.
Jessica: We have another question, if I had an elective surgery scheduled and it was cancelled, how should I go about rescheduling it?

Dr. Safley: We have been working through that for about the last month or so. Those surgeries that were cancelled have been tracked by the operating room and also by the physician’s office. So what happens is that people (who) were cancelled, as soon as we were allowed to sort of go back and start scheduling these patients, between the OR schedulers and the physicians’ offices, those people have been put back on the schedule. Some people were given a higher priority; people that had cancer, people that had potential for life-threatening problems were sort of given a little bit higher priority. But all those patients that have been cancelled have been given the opportunity to put their cases back on. Now, in my own personal experience, some of those patients want to have their surgery as soon as possible. Some of them are busy taking care of their families and stuff during the pandemic, and said well no, I’d really like to delay my surgery for another month or so, and they’re given that opportunity. Believe it or not, there was actually a backlog of about 200 cases over that about six or eight week period that we were holding off and trying to sort of get our footing with this whole thing. I think that most of those cases have either been scheduled or have already been performed over about the last three to four weeks. And so we’re really working on sort of mobilizing those surgeries and trying to get them done so that we can move on to more elective cases that are also needing to be done.

Jessica: So what if my surgery was cancelled and my condition has gotten worse, but my surgery hasn’t been rescheduled, what should I do?

Dr. Safley: Let’s say I’m a general surgeon, I do hernia surgery and gall bladder surgery. Let’s say you were scheduled for your gall bladder surgery and it’s now been scheduled for late July because that was the first time that we could get you on. If your symptoms are worsening, you have two options. You can talk to your doctor, you can call my office or the doctor in your office and tell them hey, by the way my symptoms are worsening. I can’t hold anything down, I can’t eat, I can’t drink, you know, I can’t live like this. There is the possibility of us rescheduling you sooner if the situation has changed. The other option would be if you’re having a medical emergency, you should go to the emergency room, and that way you can get taken care of immediately. So, those are the two options. If it’s something that we’re going to try to get you (in) sooner (for) and you can wait a few days, you can always contact your physician. If it’s something that’s a medical emergency, or if you’re having extreme difficulties, fever, chills, nausea, vomiting, whatever’s going on, if it’s progressing and getting worse, a trip to the ER may be the best and the quickest way to get you taken care of.

Jessica: We don’t want anyone to avoid seeking healthcare if they need it, we want people to come if they’re sick.

Dr. Safley: Absolutely. Let me also say that the pandemic is significant and we don’t want people to take it lightly, but at the same time we don’t want people to avoid normal healthcare. If you have a problem, please go to your doctor. If you’re due for a colonoscopy or if you’re due for a mammogram, or if you’re due for a pap smear, please seek out those processes and testing and the procedures that are going to help you be healthy. One thing that we have seen is that people are staying at home longer and they’re actually getting sicker. That doesn’t help you and it doesn’t help us. It makes the physicians job harder, it makes your course a little longer, and it makes your course more difficult. So if you’re having a problem, please seek out that help. And like I said, be assured that doctors offices are being cleaned appropriately. CDC guidelines are being maintained and they’re being met, and those are also being done at the hospital as well.

Jessica: Here’s another question, if my surgery has been scheduled, but I think I’ve having symptoms of COVID-19, what do I do?
Dr. Safley: Right now the protocol that we have at the hospital is if you think you have COVID-19, you can call your doctors office or you can call the number at the hospital (910-577-2345 or the COVID helpline at 1-888-850-2684). That’s the resource center that will tell you exactly what you need to do. There are people who, that’s all they do all day is they talk to people about their COVID-19 symptoms. I would get in contact with those people who have been tasked with maintaining that.

Jessica: Is there anything else you want to say or add, Dr. Safley?

Dr. Safley: I would say, everybody needs to wear their masks, follow the CDC guidelines, and try to stay safe.

Jessica: We had one additional question come through; they would like to know about visitor restrictions.

Dr. Safley: Let me back up by saying that visitor restrictions are unfortunate, nobody wants to have to leave their loved ones at the hospital. But especially, initially, when we didn’t have a really good handle on what was going on, it was necessary. The visitor restrictions have changed a little bit (and policies may vary, i.e. maternity, end of life situations, a support person is deemed medically essential to patient care, etc.). But understand that the restrictions that we put in place are not because anybody wants to restrict it, it’s for safety reasons. It’s for the patients safety, it’s for the employees safety, and it’s for visitors safety.

Jessica: You can see how all of our visitor restrictions have evolved over time based on hospital policy, UNC policy, and CDC guidelines, and those are all available on our website which is onslow.org. (View our latest visitor policy at https://www.onslow.org/news/updated-visitor-restrictions-omh-5-1-2020).

Jessica: If there are no other questions, we will end there. Thank you Dr. Safley for taking the time to talk with us today!

Dr. Safley: Thanks!