

# Reopening echocardiography services to care for our patients, including the COVID-19 patient population

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The COVID-19 pandemic has greatly impacted healthcare services. Departments performing transthoracic echocardiography and procedures with the potential for aerosolization, such as transoesophageal and treadmill stress echocardiography, are at great risk of transmission. Many hospitals have chosen to limit the functionality of their departments and postpone elective procedures. Leadership is now being called to address the impact and reopen their respective departments.

Although some hospitals are continuing to defer echocardiography procedures, we believe that with carefully constructed safety protocols and proper evaluation of the availability of personal protective equipment (PPE), we can care for our COVID-19-positive community. It becomes even more important for echocardiography to be involved in the evaluation of COVID-19-positive patients given that most other cardiac examinations still may not be available to them. We have a unique opportunity to care for these patients because myocardial dysfunction may be detected earlier by echocardiography than by clinical decompensation. The imaging assessment can be accomplished with focused protocols to limit exposure and risk. Therefore, if the prevalence of COVID-19 is significant in a region, echocardiography departments should not continue to limit functionality but rather become more involved in the care of patients with COVID-19.

Thoughtful consideration by leadership when reopening an echocardiography department post-COVID-19 is critical to a successful relaunch. New safety standards must be established, and caregivers will need to be educated to build trust in the new process and workflow. Personal protective guidelines should be followed at a system

level. Leadership should assess the PPE stock on a regular basis to ensure appropriate availability. Enhanced disinfecting protocols for equipment, waiting rooms, and workstations should be initiated and reviewed with staff. The disinfecting protocol will depend on availability of approved products in the area, and the correlative wet times for disinfecting should be verified.

Building on the base of new safety standards, leadership can begin to address scheduling exams and accommodating deferred procedures. To help accommodate deferred elective procedures, a capacity analysis should be completed, with consideration given to current staffing levels and action plans in place to prepare staff for an anticipated volume surge. Consideration of a new productivity model may need to be initiated without jeopardizing the newly created safety protocols. Regular communication with and wellness checks of the team are key to staff engagement during department change and to gauge burnout caused by potential extended hours. In labs with higher volumes of patients who are positive for COVID-19, assigning sonographers on a rotating schedule can ensure limited exposure.

The outbreak of COVID-19 has shaped the world of healthcare, and leadership is called on to ensure departments can successfully reopen. Applying newly developed safety standards and protocols, echocardiography can become more active in the care of COVID-19-positive patients and patients under investigation for COVID-19. With regular communication, clear expectations, and readily available information, leaders can empower staff to adapt to their new environment. Departments can feel confident in reopening their services to provide patient care in a safe environment for both patients and caregivers.