

DMV hospitals work to expand testing, free up beds as covid-19 cases climb

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March 17, 2020 at 10:18 p.m. EDT

As the number of Washington-area residents testing positive for the novel coronavirus climbs, hospitals are racing to enact a two-pronged strategy — expand testing capability and free up beds — in preparation for what could be a months-long response to the [global pandemic](#).

Montgomery County hospitals are installing treatment and triage tents. Kaiser Permanente set up five drive-through testing sites in Maryland and Virginia for patients who have a prescription, and Virginia Hospital Center in Arlington and a health-care system in Hampton Roads, Va., are testing people via drive-through if they meet certain criteria.

Providers also are encouraging “virtual visits” to prevent the spread of the virus among the general population and medical community.

But as residents continue to [struggle to access tests](#) they say they need, medical experts in the Washington area and across the nation warn that the lack of adequate testing materials, limited supplies of personal protective equipment and too few beds mean the country is probably facing a dangerous situation.

There will be a bed shortage if the pandemic worsens, despite Maryland’s efforts to prepare for an influx of patients all at once, said Gene Ransom, chief executive of the Maryland State Medical Society.

“The biggest thing is: How big is the surge?” he said.

Gov. Larry Hogan (R) said Tuesday that Maryland will repurpose vehicle inspection program sites as drive-through testing centers, but testing will not begin until labs have the capability to actually run the tests. Otherwise, it would create “false hope,” he said.

But Kaiser Permanente said it had set up drive-through testing locations in Maryland and Virginia, by prescription only, in Gaithersburg, Largo, Woodbridge, Tysons and South Baltimore. Since Friday, about 200 people have been tested and swabbed.

“Our goal is to keep as many patients out of the ER as possible,” said Kaiser infectious disease specialist Mona Gahunia.

Virginia Hospital Center is partnering with local government agencies to open a drive-through site in Arlington starting Wednesday to collect samples from people who have written orders for testing and

meet other criteria, according to a news release from Arlington County officials.

After D.C. officials floated the idea of reopening the shuttered Providence Hospital in Northeast Washington for a surge of covid-19 patients, Tamarah Duperval-Brownlee, president and CEO of Providence Health System, said the facility is not suitable for inpatient or residential care.

The Norfolk-based Sentara Healthcare system launched three drive-through screening and testing sites Monday outside their facilities in Hampton Roads, not far from the part of the state where two men in their 70s died after testing positive for the [coronavirus](#). They are the only two coronavirus fatalities reported so far in Virginia; no deaths have been reported yet in the District or Maryland. The health-care system said it was adapting a drive-through model it has used to administer the flu vaccine.

All Sentara facilities have the ability to expand by adding tents and overhangs. Many hospitals in the region are setting up tents outside their facilities to prevent emergency rooms from being overwhelmed with covid-19 patients.

Shady Grove Adventist Hospital set up tents Monday where they plan to eventually treat patients, and MedStar Montgomery plan to do so later this week, said Montgomery County health officer Travis Gayles.

“Let me be clear that none of these tents are being used or operationalized at this point,” he said. “It is again a standard part of preparedness in the event that we need to move quickly” to screen more potential patients.

Holy Cross Hospitals in Silver Spring and Germantown expect to be treating patients in tents by the end of the week, spokeswoman Kristin Feliciano said.

In the first tent, patients will give their names and vital information. If they are showing signs of the illness, they will report to a second tent for further assessment, care and possible testing. While awaiting results, patients will be quarantined at home, or admitted if their symptoms are severe or if they have preexisting conditions. The regular hospital triage space will be used for non-virus patients.

Many area residents are still reporting difficulty getting tested. One woman from Northern Virginia, who spoke on the condition of anonymity because of privacy concerns, said her 20-year-old son has been sick with a fever and respiratory issues since this weekend. But he has been turned down for testing online, at the doctor’s and at urgent care because he had not traveled abroad or been exposed to someone known to have the virus.

“It’s just really frustrating,” the woman said. “He’s sitting there and nobody is listening to him.” Her son, who attends George Mason University, had a chest X-ray Monday night that showed his lungs were clear. He’s feeling better, and he is now on antibiotics and cough syrup. Hospital networks such as Johns Hopkins are prioritizing testing for patients who have been hospitalized, Hopkins epidemiologist Aaron Milstone said. The network has tripled its testing capacity in the last two days and is hoping to double or triple it again by the end of the week.

People experiencing symptoms, he said, need to call their doctors before going to the emergency room. “If our ERs get flooded, then we can’t safely manage the patients that are truly in need.” Most hospitals are also delaying elective surgeries, and limiting visiting hours and guests temporarily.

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United Medical Center, the District's public hospital in Southeast Washington where a doctor recently tested positive for the virus, has added a separate emergency department waiting room and isolated spaces for patients who report to the hospital with flu-like symptoms, UMC spokeswoman Toya S. Carmichael said.

Health-care systems such as Kaiser are encouraging people to use virtual medicine when possible, logging onto the Kaiser website, entering their symptoms and then awaiting guidance from a physician.

Gahunia, the Kaiser doctor, said there has been an eightfold increase in e-visits in recent days. Kaiser physicians in the Washington region saw about 750 patients via video per day on Thursday and Friday, including many experiencing symptoms of covid-19, she said.

Virtual medicine allows doctors to work even when in quarantine themselves, and slows the spread of covid-19 by reducing the number of patients seeking in-person treatment.

Yet there are substantial challenges to transitioning doctors to telework, including counseling patients through phone and video calls, because so few have previously done it.

For health-care workers providing in-person care, one of the biggest issues is the limited supplies of personal protective equipment — especially masks. Ransom said many physicians described a “major shortage” of gear on a call Saturday, saying their vendors had run out of supplies.

Costi Sifri, the director of hospital epidemiology at University of Virginia Medical Center, a 600-bed hospital in Charlottesville, said supply chains for this equipment are “very very thin and limited” across the United States.

There is high demand for the gear and many products are produced in countries that have limited export abilities due to the virus, such as China, Sifri said. Sentara put together high-risk respiratory carts for each hospital, including personal protective equipment, to ensure providers are prepared and can treat coronavirus-positive patients in the same unit.

In response, UVA professionals are bundling their care efforts, doing as much as they can for a patient in isolation all at once before having to discard masks and gowns, for example, and limiting the number of medical providers who enter a room at once.

Sifri of UVA said all of these efforts will be put to the test as the number of cases — especially those of no known origin — continues to rise.

“That is what we are racing to be able to confront adequately,” he said.

Fenit Nirappil and Rebecca Tan contributed to this report.