The impact of canceling elective procedures
due to COVID-19

March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	**14**
15	16	17	18	19	20	21
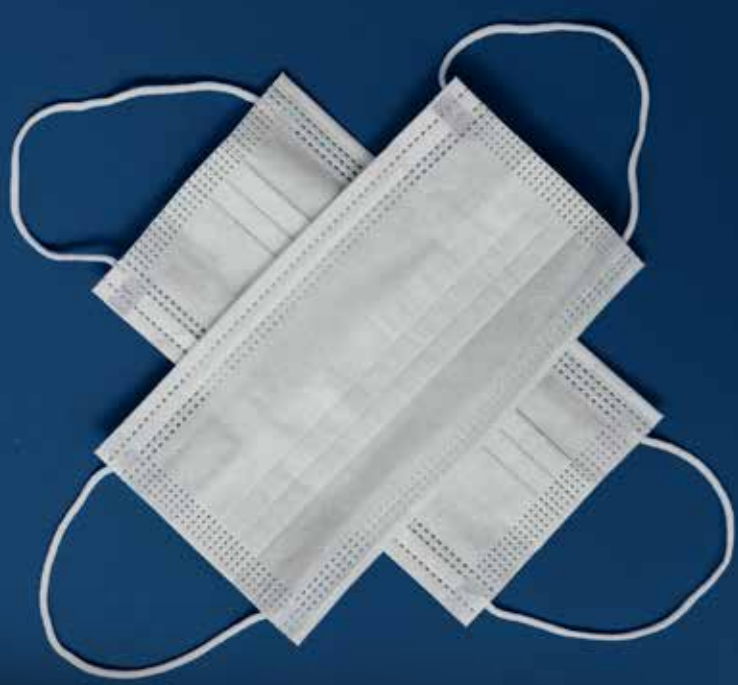
March 14
US Surgeon General advised the **cancellation of all elective surgical procedures**[1]

April

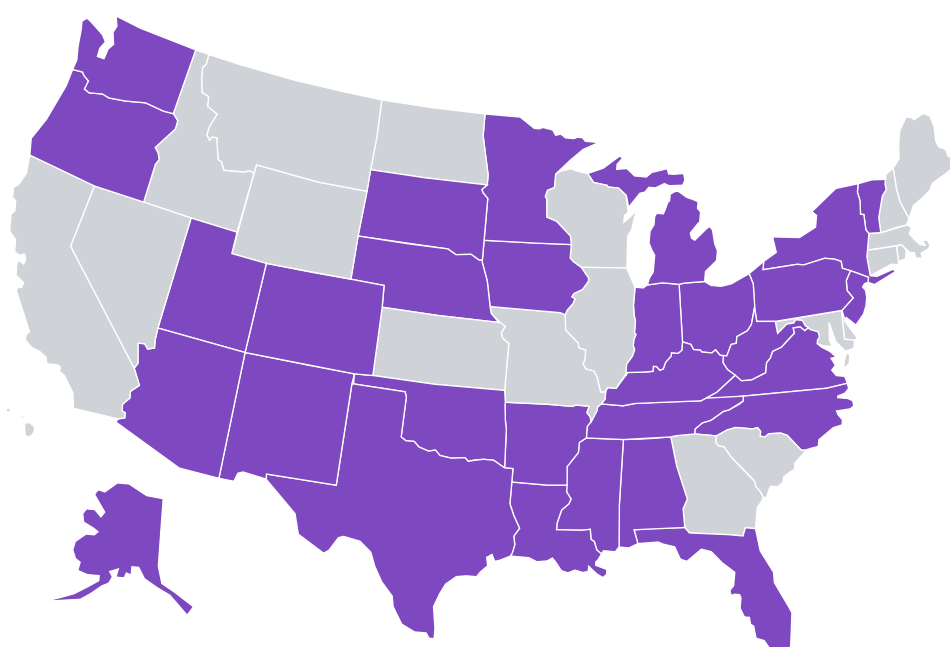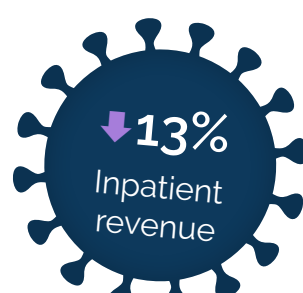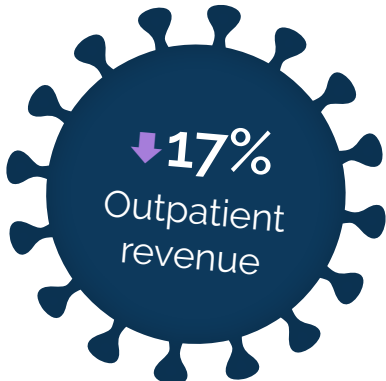| Sun	Mon	Tue	Wed	Thu	Fri	Sat
			16	17	18
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26	27	28	29	30		

As of April 16
An estimated **2 million** surgical cases are canceled nationwide, with an average of **$1.5 million** in revenue loss per hospital[2]

In the month of **March** alone, the financial impact was stark[3]

- ↓ **20%** OR minutes
- ↓ **17%** Outpatient revenue
- ↓ **13%** Inpatient revenue

As of April 21
31 states[4] had halted elective surgeries, leaving patients, surgeons, and staff in limbo

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Projected net losses[5] from **March 1 - June 30** are sobering

Canceling elective procedures
↓ **$161 billion**

Hospitals treating COVID patients
↓ **$37 billion**

In addition, unanticipated increases in supply, medication, and FTE expenses are further straining finances.

Since the start of the pandemic, the cost of supplies alone has increased[6]

10x

And while federal funding initiatives provide a lifeline, the math simply doesn't add up[5]

CARES Act allocated to hospital systems:
$100 billion

The projected loss over 4 months due to COVID-19:
$203 billion

Now more than ever, surgical suite efficiency and healthy margins are needed to help providers sustain operations

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IMO Intelligent Medical Objects

About Intelligent Medical Objects

At IMO, we are dedicated to powering care as you intended, through a platform that is intelligent, intuitive, and intentional. Used by more than 4,500 hospitals and 500,000 physicians daily, IMO's clinical interface terminology (CIT) forms the foundation for healthcare enterprise needs including effective management of EHR problem lists, accurate documentation, and the mapping of over 2.4 million clinician-friendly terms across 24 different code systems.

We offer a portfolio of products that includes terminologies and value sets that are clinically vetted, always current, and maintenance-free. This aligns to provider organizations' missions, EHR platforms' inherent power, and the evolving vision of the healthcare industry while ensuring accurate care documentation and administrative codes. So clinicians can get back to being clinicians, health systems can get reimbursed, and patients can more easily engage in their own care. As intended.

[1] https://www.beckershospitalreview.com/hospital-management-administration/outpatient-surgery-conundrum-amid-covid-19-outbreak.html
[2] https://www.beckershospitalreview.com/strategy/how-to-rebuild-surgical-revenue-after-covid-19-even-if-you-just-lost-60-of-your-or-volume.html
[3] https://www.healthcarefinancenews.com/news/us-hospitals-are-suffering-financial-damage-due-covid-19-pandemic-kaufman-hall-finds
[4] https://www.facs.org/covid-19/legislative-regulatory/executive-orders
[5] https://www.aha.org/guidesreports/2020-05-05-hospitals-and-health-systems-face-unprecedented-financial-pressures-due
[6] https://www.mcknights.com/news/analysis-ppe-costs-increase-over-1000-during-covid-19-crisis/