Consensus Statement on Resuming Elective Procedures

April 24, 2020

On March 18, 2020, Kentucky's hospitals stopped performing elective procedures in response to a request by Governor Andy Beshear. That action was necessary to conserve critical health care resources in order to assure hospitals could respond to the COVID-19 emergency. In recognition that hospitals must be available to treat patients with emergent and urgent medical needs, KHA developed tiered guidance to help hospitals and physicians implement the moratorium on elective procedures. Under that guidance, elective procedures were defined as medically necessary procedures which could reasonably be postponed for thirty days. For purposes of this guidance, elective procedures includes ambulatory visits in offices and clinics, ambulatory diagnostic services, and inpatient and outpatient surgery and procedures.

Many factors need to be in place for facilities to resume elective procedures including adequate hospital capacity, health care workers, testing, and personal protective equipment (PPE) to protect both staff and patients. The purpose of this document is to outline a strategy and establish minimum standard guidelines for facilities to resume elective procedures while recognizing the need to maintain flexibility for facilities to assess and respond differently in relation to local circumstances.

Re-evaluation of Procedures Classified "Elective" Thirty Days Ago

Nearly thirty days have passed since the moratorium on elective procedures was put in place. Physicians should re-assess those procedures deemed "elective" thirty days ago to determine if any would move into the "urgent" tier if, in the physician's judgment, they should not be postponed.

Consensus Statement to Resume Elective Procedures

Recommendations contained in National Coronavirus Response, A Road Map to Reopening, suggest that state-by-state re-opening should be done gradually and paired with increased surveillance for new cases. This will allow time to monitor and rapidly respond for resurgence of COVID-19 transmission. KHA's recommendations mirror federal guidelines to resume elective procedures through a phased approach.

The ability to resume elective procedures will be dependent on a variety of factors which include the incidence of new COVID-19 cases, and ability to safely treat all patients requiring hospitalization without resorting to crisis standards of care.

Facilities may resume elective procedures and other healthcare services, on a phased-in basis as outlined by the following guidance:

Urgent and Emergent Procedures will continue during this ramp up period under the previous guidelines given by CHFS and the Kentucky Department for Public Health.

PHASE ONE – End of April/First of May

- Restart diagnostic radiology and laboratory services and also resume non-urgent/emergent in person and ambulatory visits.
- Pre-anesthesia testing services to restart in preparation for surgical ramp up.
- Whenever possible, non-traditional waiting options should be instituted including, but not limited to patients waiting in vehicles and notified when staff is ready to room them or start their procedure.
- For any instance where a waiting area is necessary, keep > 6 feet social distancing at all times including any chairs. Do not schedule in a way this can't be achieved.
- At all times and for all phases, employ universal masking in facilities seeing in-person visits and ensure COVID-19 screening is in place for all staff, patients, and any other entrants to the facility.
- In all health care facilities staff will be masked with appropriate PPE (surgical/procedural or N95) based on the specific risk and clinical setting per CDC guidelines.
- In regards to patients, it can be acceptable for them to use their own mask, including cloth masking, but this should be determined on a case-by-case basis appropriate to the nature of the facility and patient population served. CDC states patients should wear their own face covering upon arrival to the facility, and facilities will provide masks for patients as clinically indicated.
- Visitors in all patient care locations/facilities (clinic and procedural) and in all phases should be limited to situations where patients require to be accompanied (incapacitated, pediatric, etc). Otherwise there should not be visitors accompanying patients or waiting in reception areas/waiting rooms.
- **Continue to emphasize and use telehealth rather than in-person services for as many visits and functions as is possible throughout all phases of this plan**.

PHASE TWO – First Full Week of May

- Organizations/Facilities that can both – **a)** ensure the ability to appropriately test as outlined below and **b)** can demonstrate a fourteen (14) day supply of all necessary PPE based on a projected burn rate for that fourteen day period for the entire facility, and **c)** maintain at least 30% bed capacity in both ICU and total inpatient beds to care for COVID-19 patients based on surge planning documents may resume **outpatient/ambulatory procedures.**
- Type and timing of cases will be determined by a facility specific Procedure Prioritization and Oversight Committee or other committee charged with procedural oversight as outlined in this guidance.
- Acceptable testing for patients in procedural and operative areas will include:
  1. Negative findings on viral testing within a period less than 72 hours prior to any procedure.
  2. Negative findings on viral testing within a 72 to 96 hour window prior to any procedure and patient consent to self-isolate between the period of testing and actual procedure.
  3. Serologic testing showing immunity (IgG with no IgM) or negative IgM within 96 hours prior to procedure with self-isolation precautions as above, or 72 hours or less prior to procedure with or without self-isolation.

Phase Three – Second Full Week of May

- Organizations/Facilities that can both – **a)** ensure the ability to appropriately test as outlined in Phase 2 (above), **b)** demonstrate a fourteen (14) day supply of all necessary PPE based on a projected burn rate for that fourteen day period for the entire facility, and **c)** maintain at least 30% bed capacity in both ICU and total inpatient beds to care for COVID-19 patients based on surge planning documents may resume **inpatient procedures with a target of 50% of previous inpatient surgical volume.**
- Type and timing of cases will be determined by a facility specific Procedure Prioritization and Oversight Committee or other committee charged with procedural oversight as outlined in this guidance.

Phase Four – Fourth Full Week of May

If Phases One, Two, and Three have been successful with sustained low/manageable COVID-19 disease burden and hospitalizations as determined by Kentucky Department of Public Health, then:

- Organizations/Facilities that can – **a)** ensure the ability to appropriately test as outlined in Phase 2 (above), **b)** demonstrate a fourteen (14) day supply of all necessary PPE based on a projected burn rate for that fourteen day period for the entire facility, and **c)** maintain at least 30% bed capacity to care for COVID-19 patients based on surge planning documents in both ICU and total inpatient beds may resume **inpatient procedures at pre-COVID isolation levels.**

Throughout each phase, hospitals will work actively with post-acute care facilities within the region to service their needs as situations arise.

This plan is subject to the understanding of all affected healthcare facilities/entities that at any point if there is significant change in the number or trajectory of COVID-19 cases, the timeline may be altered, held or reversed to ensure adequate resources and capacity to care for those patients based on then current projections to ensure safe and adequate services to our surrounding communities and the Commonwealth as whole.

Other Considerations/Guidance:

Timing: A facility may resume outpatient elective procedures based on the following metrics:

A hospital must have and maintain the adequate infrastructure to support both elective procedures and a rapid increase in COVID-19 patients as measured by the hospital having the ability to surge thirty percent to meet new and sudden demand for total beds and concomitant ICU and ventilator capacity.

- A hospital must have a stored inventory – or a reliable supply chain – of 14 days of PPE on hand to support hospital operations.

Procedural Oversight

- As indicated in the timeline,each hospital should establish a Procedural Prioritization and Oversight Committee or designate an existing hospital committee, to prioritize procedures, and as appropriate clarify, interpret and iterate policies, monitor situational data, make real-time decisions, and initiate and communicate messaging.[1]
- The committee charged with procedural oversight should be multidisciplinary with representation from surgery, anesthesia, proceduralists, nursing, and administration.

[1] American College of Surgeons (ACS), Local Resumption of Elective Surgery Guidance.

Testing and Alternatives

Testing is a key component of this phased approach for the safety of both patients and health care professionals so adequacy of testing is necessary to resume elective procedures. The facility shall test all patients prior to undergoing a planned invasive elective procedure using an FDA approved test with timely turnaround of test results as outlined in the above guidance; and;

- The facility shall adhere to CDC guidelines and institute universal source control by:
  - Screening everyone for fever and symptoms of COVID-19 before they enter the facility;
  - Instructing patients to wear their own cloth face covering, regardless of symptoms, before entering the facility; and further following the masking guidance as outlined in the above phased timeline; and
  - Maintaining limitations on visitors

Social Distancing – Transmission of COVID-19 occurs primary through respiratory droplets from an infected person which land in the mouth, nose, or eyes or are possibly inhaled by people nearby. To prevent spread of the virus from asymptomatic and pre-symptomatic individuals, maintaining social distancing will be required when elective procedures resume.[2]

- Facilities should have physical facilities to maintain social distancing for elective patients throughout the care delivery process
  - Barriers should be installed to limit contact with patients at triage and reception areas[3]
  - Waiting areas should be configured to maintain social distancing between patients and facility staff[4] as outlined above, but wherever possible, facilities should utilize non-traditional approaches to patient waiting (in vehicles, etc) to further enhance social distancing
- Facilities should maintain separation of patients seeking care for respiratory related symptoms from other patients, including those receiving elective procedures[5]

Case Prioritization and Scheduling

Each hospital's committee charged with procedural oversight should have a process to prioritize outpatient surgical cases that is sensitive to the institution's resources, priorities, and patient needs which may consider:

- Previously cancelled and postponed cases,
- Need for PPE and PPE availability,
- Specialists' prioritization
- Operating Room availability and strategies to expand through extended hours along with primary and adjunct personnel availability and other supply availability
- There shall be an adequate supply of appropriate PPE in relation to the cases being performed and to meet the hospital's needs for other patients and respond to a potential spike in COVID-19 cases;

Hospitals should review and consider adopting policies addressing care issues specific to COVID-19 and the five phases of surgical care as recommended by the American College of Surgeons[6]

Health Care Personnel (HCP)[7]

- The facility shall have diagnostic testing policies for health care workers. Health care personnel

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[2] Guidelines Opening Up America Again.

[3] Centers for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, April 13, 2020.

[4] Centers for Disease Control, American College of Surgeons.

[5] Centers for Disease Control.

must be screened for fever and symptoms of COVID-19 before every shift (Fever is either measured temperature ≥ 100.0 degrees F or subjective fever);

- Health care personnel must wear appropriate-level PPE at all times while they are in the facility and facilities must provide HCP with job-specific training on PPE and demonstrated competency with selection and proper use (donning and doffing) as well as when, how, and where cloth face coverings can be used (e.g. frequency of laundering, guidance on when to replace, circumstances when they can be worn in the facility, importance of hand hygiene to prevent contamination)
- The hospital must continue to cohort suspected and COVID-19 positive patients and have dedicated staff, when possible, to care for them. Staff assigned to treat COVID-19 patients should not also be assigned to treat patients having elective procedures.
- The facility must have sufficient staffing coverage for routine and “expanded” hours when resuming elective procedures as well as adequate staffing to accommodate a COVID-19 surge if a second wave occurs.[8]

Personal Protective Equipment (PPE)

Adequate supplies of PPE are needed to resume elective procedures. There must be a sufficient supply of appropriate PPE to protect health care workers and non-infected patients as well as for the hospital to respond to potential spikes in COVID-19 cases. The supply chain must be reliably able to distribute sufficient N95 masks, surgical masks, gloves and other PPE to the hospitals before elective procedures are resumed.

- Each hospital’s committee charged with procedural oversight shall monitor PPE on a daily basis. Elective procedures may be performed as long as the hospital has at least 14 days of PPE on hand in the facility or a reliable supply chain for PPE to meet its operations and to respond to a potential spike in COVID-19 cases
- Hospitals should adjust the number of elective cases in relation to the facility’s supply of PPE
  - Hospitals should cancel elective procedures if their supply of PPE on hand falls below a 7 day supply
- The hospital has a policy on the conservation and decontamination of PPE[9]

Ongoing Situational Awareness and Monitoring

- Each hospital’s committee charged with procedural oversight must monitor the following data, on a daily basis, through WebEOC or the Kentucky Hospital Association: the availability of total hospital beds, ICU beds, ventilators, surge capacity, PPE Supply, as well as new COVID-19 cases in the hospital and in the region.

[6] American College of Surgeons.
[7] Centers for Disease Control.
[8] American College of Surgeons.
[9] Joint Statement: A Roadmap for Resuming Elective Surgery after COVID-19 Pandemic, American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, American Hospital Association.