Guidance to DCHA Members
Roadmap for Responsible Return to Non-Urgent but Medically Necessary Surgeries and Procedures, May 7, 2020

Purpose

To provide guidance for District of Columbia hospitals to responsibly resume non-urgent but medically necessary, and potentially time-sensitive, surgeries and procedures. The resumption criteria outlined below will maintain hospital COVID-19 surge capacity and ensure safety to patients and health care workers.

Background

On March 18, 2020, all District of Columbia hospitals voluntarily suspended certain elective surgeries and procedures to prepare for an anticipated surge of COVID-19 cases needing hospitalization. In addition, the District of Columbia Hospital Association (DCHA) provided guidance permitting urgent and emergent surgeries to continue.

There were four primary goals to the suspension of elective procedures but medically necessary procedures:

1. Avoid potential risks of operating on patients with occult COVID-19 infection.
2. Preserve personal protective equipment (PPE).
3. Preserve inpatient hospital capacity to accommodate COVID patients.
4. Promote social distancing in order to reduce the spread of the virus.

PPE inventories have recently stabilized through aggressive PPE conservation measures and newly adopted reprocessing techniques. At the same time, hospitals have increased regular medical-surgical and intensive care unit bed capacity, increased ventilator inventory, and added surge capacity, successfully managing the volume of COVID patients without overwhelming hospitals.

The District of Columbia has worked diligently to "flatten the curve" of COVID-19 cases. In addition, the significant steps that DC hospitals have taken to ensure safe patient care, maintain the well-being of their health care workers, promote social distancing, and preserve PPE have helped the District avoid a strain on hospital resources. We now anticipate a more prolonged period of COVID-19 incidence but at levels that can be accommodated by the existing health care infrastructure.

These favorable factors have created an environment allowing for the responsible resumption of medically necessary surgeries and procedures. Further prolongation of these procedures could have significant negative downstream effects on patient outcomes.

Indeed, recent data (https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm) have demonstrated that the elevated mortality rates over the last two months cannot be entirely accounted for by COVID-19 mortalities, suggesting a rise in non-COVID deaths from cardiovascular, neurosurgical and oncologic conditions. In support of this, health care providers have noticed an increase in patients presenting emergently to hospitals with critical cardiovascular, neurosurgical and oncologic emergencies that would have been more easily or successfully treated had the patients presented earlier. In short, patients with non-COVID related health care problems have avoided health care facilities to their own detriment. We believe that a lift on the

suspension of these medically necessary procedures would rectify this and encourage patients to return to medical facilities for appropriate health care.

In addition, prolonged delay of elective cases that are non-urgent, but still medically necessary will likely result in significantly diminished quality of life. These patients with non-urgent, medically necessary procedures would benefit from resumption of surgeries and procedures in the near-term.

Resumption of key services following the criteria and phased approach outlined below will allow area hospitals to reduce the number of morbidities and mortalities from patients whose surgeries and procedures have been delayed, or patients who have avoided hospitals due to the current restrictive mandates.

Criteria for Responsibly Resuming Medically Necessary Surgeries and Procedures

DCHA, with input from other health care providers, proposes the following criteria for responsibly beginning to resume certain surgeries and procedures. Hospitals meeting these criteria should be permitted to immediately resume surgeries and procedures in a phased approach described in the next section.

Access to PPE, Supplies, Equipment and Medicine

Providers should ensure they have:

1. Adequate inventories of PPE, supplies, equipment, and medicine in their facility.
2. A plan for conserving PPE, supplies, equipment, and medicine.
3. Access to a reliable supply chain to support continued operations and respond to an unexpected COVID surge in a timely manner.

Testing:

Providers should have a defined process, whether in-house or through referral to another testing provider, for timely COVID-19 testing of symptomatic patients and staff to rapidly mitigate potential clusters of infection. Pre-procedural testing capacity will also help prevent a resurgence of COVID infections. Providers should comply with any relevant guidance related to testing requirements for patients and staff issued by the CDC and/or a provider's professional specialty society.

Testing allows better risk stratification for patients who are asymptomatic in the incubation phase of an occult COVID-19 infection and allows the surgical team to reassess the surgical risk to patients who have a planned procedure and test positive. A process should be in place for this shared decision making with the patient in these cases, with a bias towards rescheduling of cases in COVID-19 patients whenever possible.

Environmental Mitigation:

Providers should demonstrate that they are adhering to social distancing and relevant CDC guidelines regarding infection control and prevention to maintain a safe environment for patients and staff. Examples of precautions that should be taken can be found in Appendix A.

Reassessment of Delayed Surgeries and Procedures:

Providers should reassess all surgeries and procedures that have been delayed during the COVID pandemic. All surgeries and procedures should be prioritized and performed if delay results in:

1. Threat to the patient's life,
2. Threat of permanent dysfunction of an extremity or organ system,
3. Risk of cancer metastasis or progression, or
4. Risk of development of severe symptoms.

Governance

Each hospital and outpatient surgery or procedure provider shall maintain an internal governance structure to ensure the criteria and principles outlined above are followed. Providers must also consider guidance issued by relevant professional specialty societies regarding appropriate prioritization of procedures. In addition, hospitals will closely monitor for any potential new COVID surges that could affect the resumption of these medically necessary procedures.

PHASED APPROACH TO RESUMING MEDICALLY NECESSARY SURGERIES AND PROCEDURES

Hospitals will closely monitor COVID rates in the community and assess hospital resources daily. If it is determined that there are potential constraints in hospital capacity to meet patient needs, non-urgent procedures will be postponed.

Phase 1: Continued efforts to preserve inpatient capacity persist as determined by the respective hospital:

Providers may perform outpatient and some short-stay surgeries and procedures that have a low impact on resources. Patients should be screened preoperatively, and only those that have a minimal potential impact on inpatient hospital bed capacity and utilize minimal amounts of PPE would proceed.

In addition, special attention should be given to those conditions and procedures that contribute to an increase in patient mortality and morbidity by further delaying treatment. Significant consideration should be given to the need for inpatient hospital utilization, need for personal protective equipment, and blood product utilization before proceeding with these procedures.

Phase 2: If Adequate inpatient capacity exists as determined by the respective hospital:

Providers may perform all other surgeries and procedures upon making, on a case-by-case basis, a clinical determination that such surgeries and procedures can be performed safely from clinical and environmental perspectives. Restarting such surgeries and procedures should continue to be predicated on minimizing adverse patient outcomes associated with delayed care, minimizing surgical risk to patients, minimizing community and iatrogenic transmission, and preserving PPE. Providers should continue to consider alternative care delivery models, including telemedicine, when clinically appropriate.

CONCLUSION

We believe that DC hospitals meeting the criteria outlined above can responsibly resume previously suspended but medically necessary surgeries and procedures while simultaneously maintaining the capacity to provide the highest quality of care to all patients. We endorse a Mayoral Order similar to those adopted by the Governors of Maryland and Virginia to enable hospitals meeting these criteria to resume medically necessary surgeries and procedures in a phased approach immediately.

APPENDIX A – Examples of Infection Prevention Measures in Healthcare Facilities

1. Screen patients for COVID-19-related symptoms prior to scheduled procedures (by phone, online, or in-person). COVID-19 testing may be appropriate for certain patients and certain surgeries and procedures; and providers are required to take all necessary precautions to minimize opportunities for disease spread.
2. A process to screen all staff (staff may be self-monitored) and visitors for COVID-related symptoms prior to entering the facility.
3. For non-COVID-19 patients and non-patients under investigation (PUI), follow standard precautions and standard OR attire.
4. For PUI and COVID-19 patients, follow facility policies and procedures on recommended PPE.
5. Personal protective equipment should be worn and utilized as necessary to ensure staff and patient safety.
6. All patients and companions should wear mouth and nose coverings (either provided by the patient or by the site) when in public areas.
7. Patient companions permitted only if required for direct patient assistance.
8. Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
9. Waiting room chairs should be spaced to require a minimum of six-feet social distancing.
10. Providers should have written procedures for routine disinfection of all common areas.
11. Providers should have signage to emphasize infection prevention practices (social distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and liberal access to hand sanitizer for patients, companions, and staff.