



The Hospital + Healthsystem
Association of Pennsylvania

Leading for Better Health

Guidelines for Resuming Surgeries and Procedures in Pennsylvania

Introduction:

COVID-19 is a novel coronavirus disease caused by the SARS_CoV-2 virus, which is spread from person to person. Currently no vaccine is known to protect from this virus. Mitigation of spread efforts have consisted of avoiding direct contact with others, social distancing, face coverings, hand washing, and disinfecting of frequently touched surfaces, among other steps as more is known about this novel virus. Pennsylvania began to experience COVID-19 positive patients on March 06, 2020. Since that time, Pennsylvania has taken extraordinary steps to prevent its spread.

On March 19, 2020 Pennsylvania Governor Tom Wolf issued an executive order prohibiting the operation of business that are not life sustaining. Subsequent to that order, Secretary of Health Dr. Rachel Levine issued a similar order preventing the operation of non-life sustaining business. These unprecedented and necessary steps were taken to prevent the control and spread of COVID-19. These orders allowed for the continuance for life sustaining health care, but prohibited non-emergent procedures in ambulatory surgical facility, outpatient locations and hospitals across the commonwealth.

Since this time, Pennsylvania has continued to find an increasing number of citizens contracting this disease, however at a lower rate than original projections. Social distancing and other mitigation steps have resulted in a gradual rise in cases and hospitals have been able to respond to the demand placed on their services.

The health care community needs to create a path forward for resuming surgical and other procedures that have been on hold for over the past month. Left unrepaired and untreated, the medical and dental conditions suffered by our citizens will inevitably lead to poorer health and lower disease prognosis.

Hospital inpatient, outpatient locations and ambulatory surgical facilities are equipped to safely care for infectious diseases and the wide range of patient care needs. Standard precautions and other worker and patient safety procedures are in place to prevent the spread within our facilities while still remaining open to, and having the ability to care for those not effected. We recommend the following conditions and strategies for resuming access to medical services in alignment with the governor's Plan for Pennsylvania.

Recommendations:

Safety of Employees, Patients, and Visitors

Spread of COVID-19 within the local community should trend flat or declining in the number of new cases and hospitalizations, for a defined period of time, with an appropriate number of intensive care unit (ICU) and non-ICU beds, personal protective equipment (PPE), ventilators



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and trained staff to treat all non-elective and elective procedural patients without resorting to crisis standards of care.

PPE, Capacity and Monitoring

Early in the response to COVID-19, facilities were challenged with, or planning for, a surge of patients. Having reached the projected peak of occurrences and caring for fewer cases than original projections, the return of surgical and procedural services should resume. Patients have been prevented from undergoing life and health enhancing procedures during this time of caution. As we enter into a new phase of this pandemic, local conditions as outlined in this document offer a path to resuming surgical and procedural services. A condition of this plan includes facilities meeting the following conditions:

- Adequate inventories of PPE, supplies, and medicine in their facility
- A plan for conserving PPE, supplies, and medicine
- Access to a reliable supply chain capable of supporting continual operations and unexpected surge timely
- An adequate capacity of ICU rooms
- An adequate capacity of medical-surgical beds
- Access to ventilators without a delay in care
- Trained staff to care for pre, intra, and post surgical and procedural patients

Supply is one side of the equation; demand is the other. Facilities must ensure that they have the capacity to safely treat both elective and non-elective patients. Mindful of and in anticipation of a second wave of COVID-19 cases facilities must remain vigilant in their capacity for treatment by meeting the following conditions:

- A plan for prioritization of procedures, including the capacity to perform sequela procedures as necessary
- Allocated procedure times which allow for proper disinfection
- Identification of essential health care professionals and medical device representatives per procedure
- Creation of capacity goals prior to resuming (e.g. incremental increases in capacity to assure adequate conditions of safety, PPE, supplies, and medications are maintained
- Begin with outpatient/ambulatory cases first, followed by inpatient surgeries

Testing

Real-time capacity and disease prevalence within the local community are primary indicators for resuming surgeries and procedures. Widely available testing can serve as an important intervention, however its limited availability should not necessarily prevent the resumption of procedures when a plan is in place for maintaining patient, visitor, and staff safety. Hospital inpatient, hospital outpatient locations and all ambulatory surgical facilities must comply with



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CDC and PA Department of Health guidance related to testing requirements for patients and staff.

- If testing is widely available, consider pre testing of patients prior to arrival for procedure
- If testing capacity is limited but available, have an evidence-based infection prevention plan that maintains a safe environment in which elective procedures can occur. If there is uncertainty or suspicion about a patients' COVID-19 status, PPE appropriate for the clinical task should be provided for the care team
- A process for testing exposed or potentially infected health care providers and a process for responding to COVID-19 positive works and "person under investigation" (PUI)

Environmental Controls

Mitigating the spread of COVID-19 into and within a health care facility is an important step to assuring worker and patient safety. Providing safe conditions for the vulnerable populations within the facility walls must be maintained so that they are confident that the care they are receiving is safe. Precautions facilities should take include:

- Adhering to social distancing and relevant CDC and PA DOH guidance
- A process for screening patients prior to scheduled procedures (in-person or via the continued use of telehealth modalities)
- Pre testing of COVID-19 prior to procedure when indicated
- Screening of visitors prior to entering the facility
- Limiting access areas within the facility for visitors while maintaining six-feet of social distancing, facial coverings, and other infection prevention steps in visitor common areas
- Protective equipment and supplies should be worn and utilized as necessary to ensure staff and patient safety. This may require patients, visitors, and staff to wear masks and other appropriate PPE when engaging in patient care
- Eye protection (goggles, visor, mask with visor, or PAPR hood) must be provided and worn by all healthcare professionals while engaging in aerosolized procedures
- Procedures in place for disinfection of all common and procedural areas and between patient room turnarounds

Attestation of Conditions Met

Pennsylvania is extremely diverse in its geography and population densities. A uniform statewide approach would not adequately account for the variety of local and regional variables necessary for resuming surgeries as outlined in this document. It is essential for hospital inpatient, hospital outpatient locations and all ambulatory surgical facilities to have a process by which they can attest that adequate supplies, capacity, staffing, and other mitigating conditions are present so that these necessary procedures can resume.



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Attesting that conditions outlined in this document are met, hospital inpatient, hospital outpatient locations and ambulatory surgical facilities may resume surgery and other procedures that follows internal planning and real-time decision making so that an undue strain is not placed on the healthcare system. No Department of Health action would be required prior to resumption.

- The return of Tier 1 and Tier 2 procedures as outlined in the Elective Surgery Acuity Scale¹ (ESAS) may resume at ambulatory surgical facilities, outpatient locations, and within hospitals. When possible, these lower impact procedures should be performed at the most appropriate setting. This will help to mitigate the spread of COVID-19 while still allowing access to necessary healthcare services.

The attestation process outlined in this document will allow for individual hospital inpatient, hospital outpatient locations and ambulatory surgical facilities to resume services in alignment with the business reopening strategy outlined within the Governor's Plan for Pennsylvania.

Reference:

¹American College of Surgeons. (March 17, 2020) *COVID-10: Guidance for Triage of Non-Emergent Surgical Procedures*. Retrieved from: <https://www.facs.org/covid-19/clinical-guidance/triage>