COVID-19 Guidance

Management of Elective Procedures

Intermountain® Healthcare

Update: March 13, 2020

The CDC and the American College of Surgeons (ACS) have made recommendations for management of elective procedures guided by the trajectory of cases in Italy and other countries. To plan for capacity constraints, the ACS immediate guidelines include:

- Each hospital, health system, and surgeon should thoughtfully review all scheduled elective procedures and develop a plan ready to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until we have passed the predicted inflection point in the exposure graph and can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.
- Immediately minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators. There are many asymptomatic patients who are, nevertheless, shedding virus and are unwittingly exposing other inpatients, outpatients, and health care providers to the risk of contracting COVID-19.

As local leadership, please partner with OR Councils (to include hospital medical director, administration and local infection prevention) when discussing the need to cancel or reschedule procedures. Please begin now to:

- Reschedule elective surgeries as necessary, in particular patients in the high risk population.
    - Age 60 and older
    - Immunocompromised
    - Pregnant
    - Significant chronic cardiopulmonary disease
    - Person lives with or has consistent, mandatory close contact with anyone else fitting this criteria
- Shift remaining elective inpatient diagnostic and surgical procedures to outpatient settings and be ready to postpone or cancel these procedures as needed.
- Limit visitors to COVID-19 patients.
- Plan for a surge of critically ill patients and identify additional space to care for these patients.

If because of local facility capacity constraints you begin facing the need to cancel elective procedures, please use the following guidelines:

1. Patients of surgeons who are high risk for COVID-19 or are with a confirmed diagnosis of COVID-19. *See the caregiver screening protocol.*
2. Patient is high risk for COVID-19. *See SurgOps screening protocol.*
3. Patients who are in the population at high mortality risk should they contract COVID-19. *See above*.
4. Inpatient vs Outpatient. This will be based upon your hospital's current capacity for beds and inpatient management.
5. Cases in which the risk of not performing the procedure will cause undue harm to the patient. (Discussion with surgeon, as with all of these factors, is *critical*. Refer to local teams. When guidelines are needed for prioritization within a specialty, please consult with Clinical Program specialty specific medical directors.)
6. If surgeons have been canceled before (check who has already been canceled and rotate fairly).

7. Elective patients who are on isolation precautions. *These cases may require use of vital PPE and require increased caregiver ratios*.
8. Patient local vs. traveled. Consider if a patient has traveled from out-of-state or a long distance and would be more devastating to cancel than a patient who lives locally.

Time is of the essence. Please be vigilant and take a leadership role in your practice and facility setting so that these recommendations begin to take hold immediately.

We trust you to make correct decisions. Please track all cancelations and submit to Surgical Operations leaders. Let us know how we may be most useful to you.

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