

# Surgical Operations: Safely Resuming Surgery in a COVID-19 Pandemic



May 18, 2020

## For: Intermountain OR Schedulers (to distribute to Office/Clinic Surgical Schedulers)

**Situation:** Intermountain Healthcare, alongside other system hospitals and outpatient centers, will cautiously expand surgery to the outpatient settings for certain patients meeting criteria as described below.

**Background:** On April 21, Governor Herbert rescinded the March 23<sup>rd</sup> order to postpone non-urgent elective medical procedures. He noted hospitals are reporting enough PPE supplies and slowing of new coronavirus cases in Utah to allow for this expansion of cases. However, Gov Herbert cautioned we should safely resume surgeries in a measured and coordinated manner. He likened this expansion to a slow increase of light from a dimmer switch versus a flip of the switch from off.

There may be a need to move along the risk color spectrum in either direction. The following table summarizes the guidance from the Utah Hospital Association regarding surgery in the setting of each level of risk:

Color-Coded surgery and procedure guidance. For additional guidance see latest documents from the Centers for Medicare & Medicaid Services and the Centers for Disease Control & Prevention.				
	COVID-19 GREEN Normal virus risk, except for high-risk individuals	COVID-19 YELLOW Low risk, except for high-risk individuals	COVID-19 ORANGE Moderate risk, except for high-risk individuals	COVID-19 RED High risk for all individuals
 <p>Surgery and Procedures</p>	All surgery, both inpatient and outpatient	Time-sensitive surgery <sup>1</sup> , plus outpatient surgery in low to medium risk patients	Time-sensitive surgery <sup>1</sup> , plus ambulatory surgery in low risk patients	All emergent and urgent surgery, plus some other time-sensitive surgery <sup>1</sup>
	<ul style="list-style-type: none"> <li>Ambulatory, outpatient and inpatient surgery/procedures - proceed for all patients when immune status is known, or pre-procedure COVID-19 testing is performed.</li> <li>Postpone COVID-19 suspected and positive patients if risk of delay is low.</li> </ul>	<ul style="list-style-type: none"> <li>Time-sensitive surgery proceeds. Outpatient surgery/procedures - proceed for low to medium risk patients including those who require overnight observation in a hospital bed.</li> <li>Some yellow level procedures will need to be postponed when resources are limited.</li> <li>Postpone COVID-19 positive patients if risk of delay is low.</li> </ul>	<ul style="list-style-type: none"> <li>Time-sensitive surgery proceeds. Ambulatory surgery (not requiring a hospital stay) may proceed for low risk patients</li> <li>Some orange level procedures will need to be postponed when resources are limited.</li> <li>Postpone COVID-19 positive patients if risk of delay is low.</li> </ul>	<ul style="list-style-type: none"> <li>Emergent and urgent surgery/procedures proceed, plus some time-sensitive scheduled surgery/procedures<sup>2</sup></li> <li>Some red level procedures will need to be postponed when resources are limited.</li> </ul>
	All CMS Tiers <sup>3</sup>	CMS Tiers <sup>3</sup> 2a-b, 3a-b	CMS Tiers <sup>3</sup> 2a-b, 3a-b	CMS Tiers <sup>3</sup> 3a-b

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The following is a summary guide for assessing which patients and procedures will be appropriate at each level of risk:

COVID-19 RED	COVID-19 ORANGE	COVID-19 YELLOW
<ul style="list-style-type: none"> <li>○ Urgent or time-sensitive* (include pertinent history below)</li> </ul>	<ul style="list-style-type: none"> <li>○ Urgent or time-sensitive* (include pertinent history below)</li> <li><b>or meets following elective criteria:</b></li> <li>○ Ambulatory (no admission)</li> <li>○ Tier 2 procedure</li> <li>○ BMI &lt; 40</li> <li>○ Patient score 6-11 (see below)</li> </ul>	<ul style="list-style-type: none"> <li>○ Urgent or time-sensitive* (include pertinent history below)</li> <li><b>or meets following elective criteria:</b></li> <li>○ Outpatient or Ambulatory</li> <li>○ Tier 2 procedure</li> <li>○ BMI &lt; 40</li> <li>○ Patient score 6-15 (see below)</li> </ul>

Factor	1 point	2 points	3 points	4 points	5 points
Patient Age	<20	21-40	41-50	51-65	>65
Lung Dz (asthma, COPD, CF)	Not present			Minimal (rare inhaler)	>Minimal
OSA	Not present			Mild/Moderate (no CPAP)	On CPAP
CV Dz (HTN, CHF, CAD)	None	Minimal (no meds)	Mild (1 med)	Moderate (2 meds)	Severe (> 2 meds)
Diabetes	No		Mild (no meds)	Moderate (PO meds only)	>Moderate (insulin)
Immunocompromised	No			Moderate	Severe

**Assessment:** To aid Office/Clinic teams with the scheduling process and to assist with patient communication, this document is to be distributed to Office/Clinic Schedulers by OR Schedulers.

**Recommended:** The following **Scheduling Process** and **Communication Scripts** for patients be implemented immediately:

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## Scheduling Process

1. In the clinic/office setting, the surgical plan will be determined by the surgeon/provider and patient.
2. As the clinic/office talks to potential surgical patients, it is important that they manage expectations. As the hospital works to coordinate care for COVID-19 patients in our community, our surgical leadership team collaborates daily to match surgical capacity with other supply needs in the hospital. This environment requires greater flexibility from both the healthcare team and from our patients. We appreciate your partnership and flexibility. Let your patients know that as soon as we can safely proceed with their procedure, you will be able to notify them of their surgical date with sufficient time to schedule preoperative testing.
3. For cases that meet eligibility, the Clinic/Office scheduler will propose the surgery/procedure with the OR Scheduler. Cases must be posted at least one week in advance to allow OR Councils review time and patient testing time.
4. The OR Scheduler will provide the case and the completed [Surgery Scheduling Request](#) form to the OR Council for review of patient eligibility and OR capacity.
5. The OR Council will determine if the case is eligible and there is enough capacity to complete the surgery. Upon approval, the OR Council will advise the OR Scheduler to schedule the procedure.
6. The OR Scheduler will coordinate dates with and inform the Office/Clinic Scheduler of the approval. The Office/Clinic Scheduler will let the patient know the case has now been scheduled and that a nurse will call to arrange the COVID-19 testing. At this point, the Office/Clinic scheduler should share the information below with the patient.
7. The pre-anesthesia testing nurse (PAT nurse) will order the COVID-19 test and call the patient and arrange for a testing time and location (3 days before surgery). The PAT nurse will further screen the patient and inform the patient that they will receive a final call with check-in time and test results the day before surgery.
8. The day before surgery, a PAT nurse will inform the patient of test results and check-in time.

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**Script for Preoperative Patients: (to be shared with patients by the Clinic/Office scheduler)**

## How to safely prepare for your upcoming surgery

Intermountain Healthcare is working in this time of COVID-19 outbreak to provide safe surgical care to patients who continue to require procedural care. Surgical dates will be subject to healthcare demands. Please know that as soon as we can safely proceed with your procedure, we will finalize your surgical date. The following adjustments have been made to the surgical process to optimize your safety

### Here's what you need to do before your surgery:

1. When possible, shelter in place for two weeks before your surgery. Stay home. Avoid out of state travel, sick individuals, and communal living spaces (skilled nursing facilities, etc).
2. To maximize your safety, a COVID-19 test will be coordinated by Intermountain Healthcare to be performed three days before your scheduled procedure
  - a. You will receive a call to coordinate the timing and location of this test and will be contacted when the results of the test return
  - b. Testing Location Information is located at: <https://intermountainhealthcare.org/covid19-coronavirus/get-testing/>
  - c. Early studies show that surgical care is much safer in patients WITHOUT COVID-19, so it is essential that immediately after you give your preoperative COVID-19 testing sample you observe strict self-isolation in the three days prior to surgery.
    - Stay home as much as possible
    - Maintain six feet of distance between yourself and people outside of your home
    - Use careful handwashing technique
    - Notify the doctor if you have sick contacts or if you develop any viral symptoms:
      1. Temperature greater than 100.4 F
      2. Cough
      3. Shortness of Breath
      4. New Body Aches
      5. Diminished sense of smell or taste

### On the Day of Surgery

1. The day before surgery you will be contacted with a surgical check-in time
2. Have a single individual drop you off at the appointed time
3. You will be offered hand sanitizer and will be given a mask
4. You will find our caregivers masked to maximize your safety
5. Our check-in process is adjusted to maximize social distancing
6. We'll ask you to provide a cell phone number or other contact information for your key contact to allow the healthcare team to provide that person with updates on your care
7. Your key contact will be notified when you are safely recovered and ready for pick up

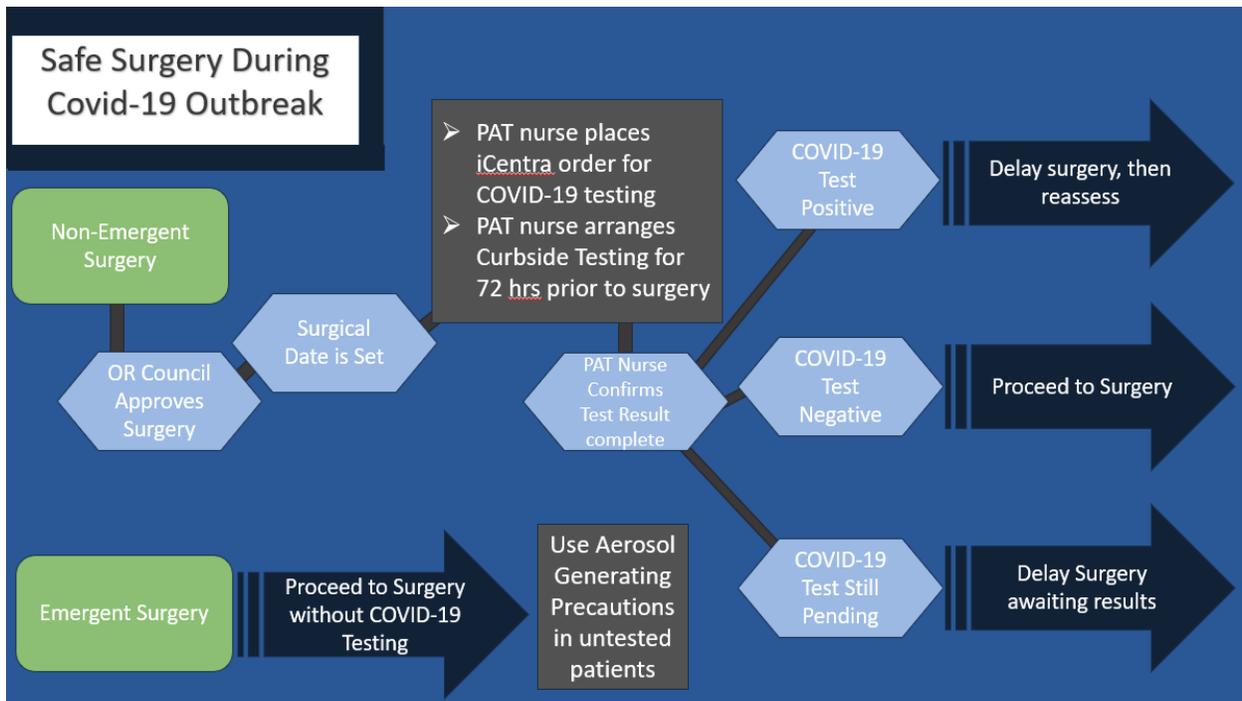
Please contact us if you have any questions or concerns during the preoperative process.

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## Additional Information for Clinic/Office Schedulers and Staff



## Ambulatory Clinic Surgery Scheduling Workflow Orange Condition

