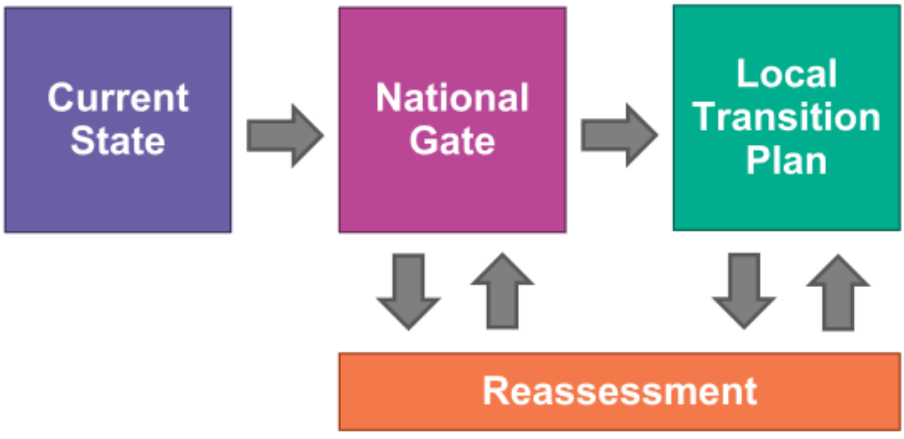
CommonSpirit Health
Resumption of Elective Surgeries: A Phased Approach
April 27, 2020

On March 24, 2020, CommonSpirit Health announced restrictions to elective surgeries. This was done to maintain readiness and capacity for an anticipated surge of COVID-19 patients. The guidelines recognized "elective" is not synonymous with "optional," and included provisions for the continuation of urgent and emergent surgeries and procedures. Other surgeries and procedures have been postponed.

As the first wave of the pandemic elapses at different times in various geographies, CommonSpirit Health must prepare by degrees, to meet the bridled patient demand and resume elective surgeries. States have begun to rescind their restrictions on elective surgeries and selectively set conditions for the reactivation of these activities. In addition, various professional societies, including those for surgeons, anesthesiologists and nurses, and hospital associations have provided lists of principles and considerations to guide physicians, nurses and local facilities in their resumption of care for operating rooms and all procedural areas.[i] These form the basis for the restoration of elective surgeries at CommonSpirit Health.

CommonSpirit Health will take a phased approach to the resumption of elective surgeries. A nationally-developed set of criteria will ensure the proper conditions are present to safely restart elective surgeries. In turn, each facility will establish and implement a plan that takes into account local circumstances, including state imperatives, patient need, workforce availability and hospital capacity. Since the pandemic is fluid and there is concern of a "second wave" as states relax shelter at home mandates, circumstances must be continually assessed and guidelines revised as appropriate. The following graphic illustrates the framework and descriptive details follow.



Assumptions

- The number of new COVID-19 infections, deaths and resource needs in the US peaked in mid-April 2020
    - The current situation, trend and outlook varies by location, with some communities having declining, flattening or increasing infection rates
- States will rescind prohibitions on elective surgeries, but might impose requirements for resuming and continuing elective surgeries
- Competitors in many communities will resume elective surgeries in the very near future
- In-house COVID-19 diagnostic (molecular/PCR) testing capacity will remain significantly constrained for several weeks or longer due to limited availability of testing supplies
- Universal masking, restrictions on visitors, and screening of all staff and visitors (temperature and symptoms) and universal precautions will continue indefinitely

Current State

- CommonSpirit Health facilities are following Elective Surgery Guidelines, dated March 23, 2020
- Facilities maintain a log and regularly reassess postponed cases
- Facilities proceed with postponed cases as appropriate based on disease progression and/or patient conditions

Nationally-Established Gate

In order for a CommonSpirit Health Market to relax current restrictions and resume elective surgeries, the following nationally-established criteria must be met. Any exceptions to these criteria must have explicit approval by the CommonSpirit Health President/Chief Operating Officer.

1) State Mandates
    a. State has rescinded any prior prohibitions on elective surgeries
    b. Market can meet all new requirements imposed by the State, even if these requirements are more restrictive than CommonSpirit Health guidelines
2) COVID-19 Prevalence
    a. Two consecutive weeks of declining new COVID-19 infections in the community based on County-level reports
    --or--
    b. Two consecutive weeks of Low-Moderate to Minimal Influenza-Like Illness (ILI) activity in the State as reported to ILINet
        i. CDC updates and presents ILI activity every week on its website[ii]
3) Hospital Capacity
    a. Hospitals in the Market have 20 percent of capacity available in the following areas
        i. Total beds
        ii. ICU beds
        iii. Ventilators
4) Personal Protective Equipment (PPE)

a. Hospitals in the Market have adequate inventory of PPE, including surgical masks, N95 respirators, gloves, eyewear and gowns
    i. Generally four days of anticipated use on hand (based on calculations of additional workload)
    --and--
    ii. Expectations of maintaining inventory levels for an additional two weeks based on Supply Chain estimates of new product and refurbishing

5) COVID-19 Diagnostic Testing
    a. Hospitals in the Market have sufficient capabilities to test all patients having scheduled procedures and surgeries that generate aerosol for COVID-19 using in-house or externally-sourced molecular/PCR assays
        i. Tests should be done (with results available) as close as possible to the surgery, but generally within four days of the surgery

Locally-Developed Transition Plan

If a Market or geography can satisfy the "gate" criteria noted above, then it will be in a position to relax and potentially eventually lift the restrictions on elective surgery. In anticipation of the resumption of elective procedures, facilities should develop a detailed plan to gradually "ramp up" elective surgeries. The American College of Surgeons (ACS) released *Local Resumption of Elective Surgery Guidance* [iii] on April 17, 2020. ACS recommends facilities address ten specific issues prior to resuming elective surgeries. In addition to state mandates, infection rates, hospital capacity, PPE and testing discussed above, the other key issues are:

- Governance committee
    - An interdisciplinary group (e.g., surgeons/proceduralists, anesthesiologists, nurses) to make real-time decisions regarding procedure prioritization, policies, workforce preparedness, situational assessments
- Procedure prioritization
    - Consideration of previously postponed cases, objective priority scoring, capacity, throughput and added shifts
    - Ramp-up plan, including off-site venues
        - Phased-in approach, starting with low-risk, low-PPE consumption procedures (e.g., diagnostic imaging) and progressing to more complex, higher-PPE consumption activities
- Patient flow
    - Redesign of system to minimize patient waiting in public areas (e.g., waiting rooms)
    - Maintenance of "social distancing" to the fullest extent possible
- Workforce staffing
    - Mitigation of workforce shortages
    - Contingency planning for a potential "second wave" of infection
    - Assessment of and interventions for stress, fatigue, burnout and PTSD
- OR/Procedure room supplies
    - Surgical supplies, implants and equipment
    - Cleaning supplies

- Patient communication
    - Topics include safety measures, procedure prioritization, testing programs, PPE use and visitor policies
- Quality improvement
    - Programs to ensure safe, high-quality, high-value patient care across the continuum of care—preoperative, intraoperative and post-operative (including discharge)

Continuous Reassessment

As noted above, there is a concern of a "second wave" as states relax shelter at home mandates and other mitigation actions. Consequently, circumstances must be continually assessed and guidelines revised as appropriate. Specific thresholds based on infection rates, capacity and outcomes will be developed.

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[i] https://www.facs.org/covid-19/clinical-guidance/roadmap-elective-surgery
[ii] https://www.cdc.gov/flu/weekly/index.htm#ILIActivityMap
[iii] https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery