Minnesota Hospital Association

Road map for surgeries during COVID-19

How to use this tool:

- **Executive Order 20-51:** This column includes language from Emergency Executive Order 20-51, Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency. Please see the document linked here for the entire executive order.
- **Road Map Element**: This column includes language from the Minnesota Department of Health document, Guidance: Requiring Facilities to Prioritize Surgeries and Procedures and Provide Safe Environment during COVID-19 Peacetime Emergency. This section will help operationalize the requests in the executive order language. It is set up in an audit style format for your facility to utilize when creating their hospital or health system written plan. Please see the document linked here for the complete guidance document.
  - In some of the sections operational narrative is included and taken from the MHA Draft Minnesota Guidelines for Resuming Time Sensitive Surgery and Procedures COVID-19 submitted to MDH for consideration prior to the executive order. Please see link here for full document.
- **Resources**: This column includes relevant standards, guidance and resources to reference. If your hospital or health system would like to share a resource to include in this section of the document, please email Abby Stoffel at astoffel@mnhospitals.org.

Road map sections	Executive Order 20-51	Road map element	Resources
Prioritization of procedures	a. Assessment of risks and benefits of surgery or procedure b. Utilize criteria and guidance from MDH, CDC, CMS and professional licensing boards regarding prioritization of procedures c. Assessment and resources associated with risk of COVID-19 transmission d. Prioritize cases that pose a high risk to the patient if delayed e. Consider need for pre and post-operative care/resources including the risk of COVID-19 transmission	☐ Organization should create a prioritization policy committee consisting of surgery, anesthesia and nursing leadership to develop a prioritization strategy appropriate to the immediate patient needs. ☐ The prioritization policy committee strategy decisions should address case scheduling and prioritization. Consider the following: a. List of previously cancelled and postponed cases. b. Objective priority scoring c. Central prioritized list versus distributed prioritization d. Specialties' prioritization (pediatric, cancer, organ transplants, cardiac, trauma) e. Strategy for allotting daytime "OR/procedural time" (e.g., block time, prioritization of case type [i.e., potential cancer, living related organ transplants, etc.]).	Prioritization Tools: • Medically Necessary, Time-Sensitive Procedures (MeNTS) Tool • Joint Statement (ACS, ASA, AORN, AHA): Roadmap for Resuming Elective Surgery after COVID-19 Pandemic • The Children's Hospital Association: Pediatric Elective Surgery/Procedure Guidance • CMS Non-Emergent, Elective Medical Services and Treatment Recommendations • Example Hospital Surgery Algorithm #1 • Example Hospital Surgery Algorithm #2 • Example Surgery Algorithm #3

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Prioritization of procedures, cont.		f. Identification of essential health care professionals per procedure. g. Strategy for phased opening of operating rooms. ○ Identify capacity goal prior to resuming (e.g., 25% vs. 50%). ○ Outpatient/ambulatory cases start surgery first followed by inpatient surgeries. ○ All operating rooms simultaneously – will require more personnel and material. h. Strategy for increasing "OR/procedural time" availability (e.g., extended hours before weekends). i. Issues associated with increased OR/ procedural volume. ○ Ensure primary personnel availability commensurate with increased volume and hours (e.g., surgery, anesthesia, nursing, housekeeping, engineering, sterile processing, etc.). ○ Ensure adjunct personnel availability (e.g., pathology, radiology, etc.). ○ Ensure supply availability for planned procedures (e.g., anesthesia drugs, procedure- related medications, sutures, disposable and non-disposable surgical instruments). ○ Ensure adequate availability of inpatient hospital beds and intensive care beds and ventilators for the expected postoperative care. ○ New staff training.	• Example Hospital Procedure Flowchart • Fillable MeNTS tool-Excel

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Community Considerations	a. Collaborate with other stakeholders and facilities in community including regional health care coalitions to ensure adequate supplies and capacity are available to respond to a COVID-19 surge without resorting to crisis standards of care b. Address cessation of low and medium priority procedures in event of COVID surge	Evaluating facility readiness to resume elective surgery and procedures is of the utmost importance. Readiness may vary by geographic location, ability to sample and process tests and amount of PPE available. ☐ The organization must collaborate with other facilities and stakeholders in their community, including their regional health care coalition, to facilitate a community-wide approach and maintain capacity for a potential surge in COVID-19 cases. ☐ The organization must include in their written protocol a plan to reduce or stop low- and medium priority procedures in the event of a surge or resurgence of COVID-19 cases in their region or if they are unable to maintain sufficient capacity to address a potential surge including the appropriate number of ICU and non-ICU beds, PPE, ventilators, staffing, blood, medications and other supplies. The organization should ensure that they are not requesting or relying upon PPE from state reserves for additional non-COVID-19-related procedures provided as a result of this guidance or Executive Order 20-51. ☐ The organization must ensure they are safely able to treat all patients requiring hospitalization or services without resorting to crisis standards of care.	• Minnesota Regional Healthcare Coalitions: Regional Healthcare Preparedness Coordinators • MDH Local/County Public Health Directory • MDH Healthcare Crisis Standards of Care • CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

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Adequate screening and testing	a. Develop protocols to screen all staff, patients, visitors b. Staff must be screened at the beginning of each shift c. Symptomatic patients, staff and visitors will not be allowed to remain in facility once symptoms are detected d. Facility must develop protocol for testing patients prior to conducting procedure OR assume all patients are COVID positive and take all attendant precautions	Providers must comply with any relevant guidance related to testing requirements for patients and staff issued by the Minnesota Department of Health, the CDC and/or a provider's professional specialty society. ☐ The organization must conduct active health screening of all staff (e.g., providers, medical assistants, support staff, environmental services staff) at the beginning of each shift, patients, and visitors entering the facility, to assess for signs and symptoms of COVID-19. Screening must include assessment for symptoms associated with infection, as recommended in CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. ☐ If staff screen positive for signs and symptoms of COVID-19, the organization must immediately remove them from work even if presenting with mild signs or symptoms. ☐ Except for patients seeking care on an emergency basis or for COVID-19, the organization must not allow patients or visitors who screen positive for signs and symptoms of COVID-19 to enter the facility. The organization should also conduct screening of couriers, delivery persons, vendors and other visitors who enter the facility. ☐ The organization must require patients and visitors to wear a source-control mask when entering the facility, and the facility must be prepared to provide such masks if needed.	Recommendations: • CDC Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) • MDH COVID-19 Recommendations for Health Care Workers (PDF) • MDH Responding to and Monitoring COVID-19 Exposures in Health Care Settings (PDF) Active Surveillance: • MDH COVID-19 Action Plan for Health Care Facilities

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Adequate screening and testing, cont.		☐ Organizations may use RT-PCR testing of patients prior to performing procedures to help protect staff and patient safety by informing infection prevention and control practices, with the understanding that a negative RT-PCR test represents a single point in time and patients may be infected in the period between the test and the procedure. ☐ If the organization chooses to develop a protocol for RT-PCR tests or other diagnostic testing prior to performing procedures, organizations should consider testing within the shortest time window available (e.g., 24-72 hours) prior to the procedure, based on laboratory turnaround time. ☐ If the organization does not implement a protocol for patient testing, the facility must consider all patients potentially COVID-19 positive and take appropriate precautions. Organizations should consider the availability, accuracy and current evidence regarding tests when developing their testing protocols.	
Use and Supply of PPE	a. Ensure professionals and staff are trained on current guidelines and recommendations b. Conduct compliance audits c. Procedures on mucous membranes should be performed with caution and use appropriate respiratory protection d. Develop PPE conservation methods consistent with MDH and CDC guidelines	Providers must 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, and (3) access to a reliable supply chain to support continued operations and respond to an unexpected surge in a timely manner. Providers who are in specialties or practice settings that may not experience a surge in COVID-19 patients must be situationally aware of statewide PPE, supplies, equipment, and medicine needs and be prepared to contribute as necessary.	PPE Conservation: • MDH Strategies for Optimizing the Supply of Personal Protective Equipment (PDF) • CDC Strategies to Optimize the Supply of PPE and Equipment • CDC Personal Protective Equipment (PPE) Burn Rate Calculator

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Use and Supply of PPE, cont.		☐ Organizations must follow CDC recommendations for health care professionals, providers and staff for appropriate PPE use, ensure staff are trained accordingly, and conduct routine compliance audits. ☐ The organization must incorporate current recommendations for universal masking and routine use of eye protection from MDH: Responding to and Monitoring COVID-19 Exposures in Health Care Settings. ☐ Procedures on the mucous membranes (e.g., the mouth or respiratory tract) with a higher risk of aerosol transmission (e.g., intubation or dental procedures) are conducted with great caution, utilizing guidance from the CDC, along with the Minnesota Board of Dentistry related to dental procedures. The organization should require that staff conducting such procedures utilize appropriate respiratory protection, such as N95 or higher-level respirator and face shield. ☐ The organization must develop policies for the conservation and extended use of PPE (e.g., dedicated intubation team to reduce number of N95 respirators and other PPE used) consistent with MDH and CDC guidance. ☐ The organization must ensure adequate PPE supply that accounts for a potential surge of COVID-19, including sufficient number of days' supply on hand and an open commercial supply chain that is adequate to maintain PPE supply without reliance on public PPE reserves for non COVID-19 procedures that are offered as a result of this guidance and Executive Order 20-51. The facility's supply should be sufficient to care for all patients without resorting to crisis standards of care.	PPE Use: • MDH Interim Guidance on Alternative Facemasks • MDH The Difference Between Alternative Masks and Surgical Masks for COVID-19 (PDF) • MDH Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (PDF) • CDC COVID-19 PPE for Health Care Personnel Infographic

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Commercial sources of PPE	a. Ensure supply reserves and commercial PPE supply chains are adequate for non COVID-19 needs and consider PPE needs in COVID-19 surge b. Facility must ensure sufficient number of day's supply in their own reserves to account for potential supply shortages c. PPE cannot come from public reserves for non- COVID-19 surgeries or procedures		
Social Distancing & Other Infection Prevention Measures	a. Implement evidence-based protocols and physical measures to provide for social distancing b. Separate and minimize crossover between COVID-19 and non COVID-19 areas and units when possible c. Reduce unnecessary contact and interactions between staff, patients, visitors d. Clean and disinfect spaces e. Require facility patients and visitors to wear source control facemasks f. Train staff on protocols and measures, conduct audits	For hospitals to consider opening for elective surgery, providers must 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. Patients must be confident that the environment where they will receive care is safe. ☐ The organization must monitor employees and take all possible measures to ensure they are well before they enter the workplace and manage potential exposures to COVID-19 during their workday. ☐ The organization must create designated areas and protocols to provide care to patients not diagnosed with COVID-19, including steps to reduce risk of exposure and transmission. These measures and protocols include separation of staffing, and separation from other facilities or areas of facilities that provide care to patients with COVID-19, to the degree possible (e.g., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas).	Infection Prevention: • CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings • MDH Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (PDF) • Environmental Protection Agency (EPA) List N: Disinfectants for Use Against Sars-CoV-2 • CDC Appendix B: Air • MDH Interim Guidance on Facemasks as a Source Control Measure (PDF)

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Social Distancing & Other Infection Prevention Measures, cont.		☐ Providers and organizations must make every effort to minimize direct contact with patients, to the greatest extent possible, including utilization of means such as telehealth, phone consultation, and physical barriers between providers and patients. ☐ The organization must follow evidence-based standards for infection prevention and control, including a cleaning and disinfection procedures plan, adequate training, and routine auditing of practices. ☐ Organizations must take appropriate measures to provide for patient and staff safety. Organization policies for visitation, if allowed, and rules regarding persons accompanying patients, must ensure reduced exposure and eliminate unnecessary contact and interactions. For example, the organization may prohibit visitors except in end-of-life circumstances or when assisting pediatric or vulnerable populations. ☐ Within the organization, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least six feet apart, and maintaining low patient volumes. ☐ Organization must ensure that there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs.	

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Patient consultation	a. Prior to surgery or procedure each patient must be informed of risks of COVID-19 transmission associated with the surgery or procedure b. bInform patient that surgery or procedure may be cancelled on short notice if patient tests positive or experiences symptoms of COVID-19 or if the facility service area requires additional capacity to address COVID-19	☐ The organization's decision to proceed with any procedure during the COVID-19 pandemic must include an assessment of risks and benefits and informed consent by patients regarding those risks, which includes potential COVID-19 infection. ☐ The organization's decision to perform a procedure must be based on medical judgement, prioritizing procedures that, if deferred, pose a high risk of disease progression or refractory severe symptoms, using professionally accepted criteria. ☐ When deciding whether to proceed with a procedure, the organization should consider and plan for required pre- and post-operative services, including the availability of the services and the measures that can be taken to enhance safety and infection prevention aspects of the services. Pre- and post-operative services may include, but are not limited to, transportation, medical appointments, rehabilitation, medicine and prescription availability, and durable medical equipment services. ☐ The organization must inform patients that scheduled procedures may be canceled with very short notice should a patient test positive for, or experience signs or symptoms of, COVID-19, the organization's health care capacity change, or COVID-19 caseloads in the community change	Informed Consent: • American Society of Plastic Surgeons Informed Consent COVID-19 • Hospital Example COVID-19 Informed Consent Patient Resources: • CDC Print Resources COVID-19 • Example Letter to Patients Scheduled for Surgery During COVID-19