

Workgroup: Reopening Healthcare

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Medically Necessary Surgery and Procedural Guidelines (Revised)

A revision to the 4/28/20 document released by the MAT, the following is a framework for restarting medically necessary surgical procedures in hospital and ambulatory surgical centers (ASC) settings: A separate set of recommendations is available for office-based procedures and medical care. These services will be essential as ancillary services to surgical patients to enable pre-and post-operative care.

Principles:

The following priorities must inform all actions towards resuming medically necessary procedures requiring PPE:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others;
- Avoid further delays in healthcare for New Mexicans;
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
- Minimize health emergencies presenting at emergency departments;
- Support the healthcare workforce in safely resuming activities; and,
- Trusted professional associations have made available recommendations that hospitals should rely on for guidance.

Timing of reopening of medically necessary surgery: Public Health gating criteria as decided by State authorities to determine timing of resumption of services. Additionally, joint guidelines (ACS, AHA, AORN and AHA) and CMS guidelines state relevant geographic areas demonstrate stable or reduced incidence of new COVID-19 cases over a 14-day period.

Phased resumption of cases

- Facilities to decide capacity goal: e.g. 25% vs 50% of pre COVID-19 procedural capacity;
- Strongly recommend that facilities do not exceed 50% pre COVID-19 procedure volume for first 2 weeks; and,
- Upon completion of a 2-week pilot period and review of PPE supply levels and COVID-19 incidence curves, decisions regarding further ramp up can be made. These decisions should be made in accordance with public health gating criteria established by the State.

Case prioritization and scheduling

- Facilities are encouraged to establish governance committees to address prioritization of cases;
- Priority given to patients in severe pain, severe ADL dysfunction, expected to possibly worsen surgical challenge to treat and / or adversely affect usual outcome;

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- Prioritization of cases should occur according to specialty society guidelines. (For example: American College of Surgeons, Society of Thoracic Surgeons, Society for Vascular Surgery);
- Avoid procedures on patients with high likelihood for need for post-acute care at rehabilitation facility or skilled nursing facility;
- Consider postponement of procedures requiring transfusions, pharmaceuticals in short supply and ICU admission; and,
- Recommend starting with ambulatory surgery cases first, however surgeon judgement of risk and benefit should take priority.

Enhanced Screening procedures

- Telephone screening of patients and caregivers for symptoms, previous exposure and prior COVID 19 testing by Pre-anesthesia team / scheduling; and,
- Upon arrival to facility, screen all patients for symptoms including temperature and pulse oximetry checks.

COVID-19 Testing

- COVID-19 nucleic acid-based testing is highly recommended within 48 hours of a procedure using a highly sensitive testing platform (e.g. Abbott M2000, Roche 6800, Cepheid GeneXpert);
- At this time, point of care device testing is not recommended in this setting due to lower sensitivity;
- At this time, antibody testing alone does not add clinically actionable information for procedures;
- Nasal or nasopharyngeal sample sources (and appropriate swabs/transport media) are acceptable for testing;
- Home self-collection is not acceptable at this time;
- Facilities should follow [CDC guidelines](#) for COVID-19 risk assessment, exposure mitigation, and testing of healthcare personnel;
- Facilities should have protocols in place for reporting positive tests; and,
- Facilities should consider social distancing contracts between provider and patient from the time of testing to 14 days after procedure.

Facility considerations

- All facilities should have a designated waiting area that allows social distancing (consider one masked caregiver to be with patient only for post-operative instructions if needed); and,
- It is recommended all patients and caregivers to wear a mask.

PPE considerations

- Demonstration of adequate PPE for 14 days in accordance with [CDC guidelines](#);
- Staff training on and proper use of PPE according to non-crisis level evidence-based standards of care (see [CDC guidelines](#)); and,

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- Regular reporting to State authorities of PPE availability and demonstration of availability commensurate with planned capacity increase.

Reporting Requirements:

Facilities should maintain compliance with Federal and State COVID-19 testing reporting requirements. See resources below for further information:

- Federal: <https://www.fema.gov/news-release/2020/04/10/coronavirus-covid-19-pandemic-hhs-letter-hospital-administrators>
- State: <https://cv.nmhealth.org/clinicians/>

Recommendation	Joint Statement ACS, AHA, ASA, AORN	CMS guidelines	Other supporting literature (see references)
Criteria for reopening	Yes, non-specific	Yes, non-specific	
Phased resumption of cases	Yes	Yes	
Prioritization of cases	Yes (tools provided)	Yes	Yes, societal guidelines
Start with outpatient cases	Yes	Not addressed	
Creation of governance committees	Yes	Not addressed	
Social distancing contract	No	No	State plans from Washington, South Carolina
Contact tracing program	No	No	
Pre-op COVID-19 testing	If available	If available	Yes
Enhanced screening (pre-op)	Yes	Yes	
Ensure PPE adequacy	Yes	Yes	
Monitoring (reporting to state agency)	No	No	Federal and DOH requirements
Social distancing in facility	Yes	Yes	
Testing of Healthcare workers	Yes, but no specifics	Yes, but no specifics	
Assess need for post-acute care to rehab of skilled nursing facility	Yes	Not addressed	

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References

- <https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery>
- <https://www.facs.org/covid-19/clinical-guidance/roadmap-elective-surgery>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2190272/> (effectiveness of PPE)
- [https://www.journalacs.org/article/S1072-7515\(20\)30317-3/pdf](https://www.journalacs.org/article/S1072-7515(20)30317-3/pdf) (case triage tool)
- [https://www.bjoms.com/article/S0266-4356\(20\)30164-9/pdf](https://www.bjoms.com/article/S0266-4356(20)30164-9/pdf) (pre-op screening)
- <https://www.cms.gov/newsroom/press-releases/cms-issues-recommendations-re-open-health-care-systems-areas-low-incidence-covid-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>
- [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30075-4/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30075-4/fulltext) (post-op outcomes)
- <https://www.osha.gov/Publications/OSHA3990.pdf>