

RESPONSIBLE RETURN TO SURGERIES AND PROCEDURES

OHA Revised Proposal, April 23, 2020

BACKGROUND

On March 17, ODH Director Acton issued an order that all non-essential or elective surgeries and procedures should be suspended. This order was made with three important goals in mind as Ohio prepared for an anticipated significant surge in COVID-19 cases: (1) to preserve personal protective equipment (PPE); (2) to preserve inpatient hospital capacity; and (3) to promote social distancing in order to reduce the spread of the virus.

Under the March 17 order, surgeries and procedures are permitted to continue if there is a:

- Threat to the patient's life if the surgery or procedure is not performed;
- Threat of permanent dysfunction of an extremity or organ system if not performed;
- Risk of metastasis or progression of staging if not performed; or
- Risk of rapidly worsening to severe symptoms if not performed.

Due to the significant steps that the state has taken to ensure social distancing and Ohioans' laudable compliance with the state's directives, Ohio has thus far avoided a large surge that would stress hospital capacity. Ohio has been able to "flatten the curve" of COVID-19 cases. We now anticipate a more prolonged period of COVID-19 infection, but at levels that can be accommodated by the existing healthcare infrastructure with periodic and unpredictable "hot spots" occurring throughout the state for several months. Congregate living arrangements (nursing homes, prisons, and other group living environments) are particularly susceptible to outbreaks, which can occur in any community in Ohio. Accordingly, all communities in Ohio must remain vigilant as we continue to combat the virus.

The state has established eight public health response regions, which report to three zones, to organize regional response to the COVID-19 crisis. This structure should continue in place for the duration of the declared public health emergency. The regions enable hospitals, congregate care settings and local public health departments to coordinate and collaborate on patient care, availability of resources and management of regional surges.

PPE inventories have stabilized in recent weeks through procurement, innovative production, newly adopted re-sterilization techniques, and conservation efforts. However, the availability of PPE continues to vary across Ohio and the future supply chain remains uncertain. At the same time, hospitals have increased regular medical-surgical and intensive care unit bed capacity and added surge capacity. Similarly, tracking systems have been put into place to monitor hospital bed capacity as well as PPE and other equipment inventories. It remains vitally important for

regions and the state to continue to work together closely to ensure appropriate testing and PPE is available to the maximum extent possible.

The availability of PPE and real-time testing (both PCR and reliable antibody testing) will dictate the speed with which we can expand health care services (especially surgical and other procedures). If real time testing and PPE were universally available, it would allow providers to return to normal practices now by implementing new processes and practices to ensure the safety of our patients, caregivers and community. However, because there continue to be concerns about the availability of testing and the ability to replenish PPE and other supplies, we recognize the need for a phased-in approach as further detailed below.

PATIENT CARE FOCUS FOR RESPONSIBLY RETURNING TO SURGERIES AND PROCEDURES

Patients and caregivers understood the need to delay certain procedures in light of the surge estimates that were predicted at the time of the Director’s initial order. However, as the curve has been successfully flattened, the need to adjust patient care strategies to best care for patients over the next several months of the pandemic, while accounting for regional flare ups in COVID-19 cases, is necessary. Therefore, OHA, with input from other health care providers, proposes the following criteria for responsibly beginning to re-open certain surgeries and other procedures:

Access to PPE, Supplies, Equipment and Medicine: 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 and ensure uniform initiation of a responsible restart.

Strategies for PPE conservation should include strategies such as decontamination and reuse processes and should include vigilant monitoring of supplies and daily hospital reporting to the statewide resource database.

Statewide PPE Stockpile:

OHA recommends that Governor DeWine establish an Ohio virtual stockpile of PPE for use with COVID-19 patients. This stockpile will be a rigorous accounting of available PPE in Ohio, and can be matched against evolving needs, allowing PPE to be transferred from places where it is plentiful to places where the need is unfilled. All providers must agree to participate in and contribute to, as reasonably necessary, the virtual statewide stockpile, which will be overseen by the regional public health structure. This virtual stockpile will ensure a reliable PPE supply in the event of a surge of COVID-19 patients that may overwhelm a particular hospital or nursing home.

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.

Testing: Providers must have a defined process, whether in-house or referral to another testing provider, for timely COVID-19 testing of symptomatic patients and staff to rapidly mitigate potential clusters of infection and as otherwise clinically indicated. Providers must comply with any relevant guidance related to testing requirements for patients and staff issued by the CDC and/or a provider's professional specialty society.

Environmental Mitigation: 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. Examples of the precautions that should be taken include, but are not limited to, the following:

- A process in place to screen patients for COVID-19-related symptoms prior to scheduled procedures (by phone, online, or in-person). COVID-19 testing may be appropriate for certain patients and certain surgeries and procedures; and providers are required to take all necessary precautions to minimize opportunities for disease spread.
- A process in place to screen all staff and visitors for COVID-related symptoms prior to entering the facility.
- Protective equipment and supplies should be worn and utilized as necessary to ensure staff and patient safety. This may require surgical, N95, KN95, or other healthcare equivalent masks to be worn by all patients and providers when engaged in patient care. Eye-protection (goggles, visor, or mask with visor) must be provided and worn by all healthcare professionals while engaged in direct patient care for patients undergoing procedures with increased potential for droplet aerosolization.
- All patients and companions must wear mouth and nose coverings (either provided by the patient or by the site) when in public areas.
- Patient companions are permitted only if required for direct patient assistance.
- Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
- Waiting room chairs must be spaced to require a minimum of six-feet social distancing.
- Providers must have written procedures for disinfection of all common areas.
- Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and liberal access to hand sanitizer for patients and staff.

Responsible Restart: The responsible restart of surgeries and procedures will occur in two phases following an important clarification of the Director's original order:

Continuation and Expansion of Current State: Providers should reassess all surgeries and procedures that have been delayed consistent with the Director’s March 17 order. All surgeries and procedures should be prioritized and performed if there is a:

- Threat to the patient’s life if the surgery or procedure is delayed;
- Threat of permanent dysfunction of an extremity or organ system if delayed;
- Risk of metastasis or progression of staging if delayed;
- Presence of severe symptoms causing an inability to perform activities of daily living; or
- Risk of rapidly worsening to severe symptoms if delayed.

Phase 1 (Triggered by a Gubernatorial declaration that progression to Phase 1 is appropriate): Providers may perform ambulatory surgeries, procedures, diagnostic testing and diagnostic imaging that do not require an inpatient or overnight hospital stay. This phase will have a minimal impact on inpatient hospital bed capacity and utilize minimal amounts of PPE.

Phase 2 (Triggered by a Gubernatorial declaration that progression to Phase 2 is appropriate): Providers may perform all other surgeries and procedures upon making, on a case-by-case basis, a clinical determination that such surgeries and procedures can be performed safely from clinical and environmental perspectives. Restarting such surgeries and procedures should continue to be predicated on minimizing adverse patient outcomes associated with delayed care, minimizing community transmission, and preserving PPE. Providers should continue to consider alternative care delivery models, including telemedicine, when clinically appropriate. Providers are also required to continue to meet all of the criteria outlined in this document during Phase 2.

Standard for Progressing to Phases 1 and 2: The Governor’s declaration that progression into Phases 1 and 2 is appropriate will be based on a statewide assessment that access to testing and inventories of PPE, supplies, equipment, and medicines are sufficient to support health care delivery and other sectors of the economy that may consume such inventories, while still being prepared to address unexpected outbreaks of COVID-19 throughout the state. Of particular consideration in such an assessment will be the availability of sufficient testing and PPE to protect individuals living and working in congregate environments (nursing homes and prisons, for example).

Governance: Each hospital and outpatient surgery or procedure provider shall maintain an internal governance structure to ensure the criteria and principles outlined above are followed. Providers must also consult with any current guidance issued by relevant professional specialty societies regarding appropriate prioritization of procedures.