Recommendations on Elective, Non-Essential Procedures During the COVID-19 Pandemic- working DRAFT

Date: March 18, 2020
To: USAP-Colorado Partner Facilities
From: Clinical Governance Board and COVID-19 Quality Taskforce, US Anesthesia Partners of Colorado

USAP's mission is to provide safe and quality anesthesiology care for each patient in our care. We are dedicated to meeting the healthcare needs of the communities we serve by partnering with physicians and healthcare facilities to deliver effective, efficient perioperative services. In alignment with this mission, as well as recommendations from many national healthcare organizations and key government leaders including the Governor Polis Executive Order D2020-009,we are recommending the following guidelines be put into place at this time to assist in minimizing risk to our patients, limiting exposure to our providers and hospital employees, and helping to preserve scarce medical supplies and personnel who will be needed to care for our communities in the upcoming days of the COVID-19 virus.

These guidelines should serve as a framework; they are not meant to be a one-size fits all solution. For elective cases that do not meet the criteria below, we will work with our surgeon and facility partners to reschedule these surgeries in accordance with Governor Polis Executive Orders until April 14, 2020 unless that is extended . Because we recognize that the urgency of any particular procedure is in part dependent upon the aggressiveness of underlying disease for which the procedure is intended to address, as well as patient comorbidities, we recommend that a panel of physician and OR leaders be formed to partner together on decision making for cases not meeting criteria.

We are seeking to collaborate with our colleagues on this process. Suggested members of a panel may include: *Chief Medical Officer or Medical Staff President, Chair of the Department of Surgery, Chair of Anesthesia, and an OR Nursing Leader. Additionally, as needed, specialists can be added as additional consultants.*

This panel can convene by phone as needed to evaluate a provider's request for special consideration of a case that does not meet criteria. Requests for the panel should be written and include a summary of the case with any information needed to aid in decision making. Advance planning is recommended to assist with this process, as any elective procedure not meeting criteria that is scheduled without advanced approval is at risk of cancelling or being postponed until April 14 if the order expires at that time.

We recognize that it would be impossible to create an all-encompassing list of procedures and therefore have recommended the multi-disciplinary panel discuss cases that fall outside of the guidelines.

The below framework was developed in collaboration with our partners within anesthesia as well as other specialties across the country. We realize that over time these guidelines may need adjustments and are looking forward to partnering with you to make any needed changes to definitions or timelines as the healthcare environment changes. For reference, we have attached a copy of the CMS recommendations on elective procedures that were released on March 18, 2020. Additionally, we address Ambulatory Surgery Centers as their own category at the end and the D2020 009 Executive Order

Emergent and Urgent Procedures – Managed as Usual
Must occur in timeframe ranging from next available OR to within 24 hours to improve the chances of saving life or limb and delivering the best chances for long-term functional recovery:

Emergent and Urgent Examples:

- Life, limb, eye or airway sparing procedures
- Acute trauma care (including surgeries such as exploratory laparotomy for gunshot wounds)
- Hemorrhages requiring surgical intervention
- Heart, lung, kidney or liver transplants
- Diagnostic or curative cancer surgery (includes mediastinoscopy, EBUS, biopsies that are open or done by Interventional Radiology)
- Cardiothoracic procedures for the following conditions in which delay may increase risk of a negative outcome:
    - Unstable angina
    - Stable angina with high risk characteristics (angina with walking, left main, etc.)
    - Valvular heart disease with heart failure class II or worse
- Cath Lab procedures for which delay may increase risk of a negative outcome:
    - Procedures for angina
    - High-risk stress tests
    - Dx RHC for Heart failure class II or higher
    - EP procedures for patients with unstable VENTRICULAR rhythms
    - EP procedures requiring AICDs
    - Pacers for class I indications (e.g., symptomatic bradycardia)
    - Pacer battery changes for EOL (end of life) that cannot wait 4-6 weeks
    - TEE cardioversion for unstable A Fib
    - Emergent ablations to prevent arrhythmias and attendant complications, such as CHF
- Vascular procedures for which delay may increase the risk of loss of limb or function:
    - Procedures for management of hemorrhage
    - Stroke protocol procedures, including CEA
    - Procedures for management of acute limb ischemia
    - Repair of aortic aneurysms that are ruptured or leaking
    - Procedures for management of symptomatic carotid stenosis >70%
    - Lysis of pulmonary embolism or DVT
    - Amputations of limbs or digits with wet gangrene
    - Treatment of compartment syndrome
- Orthopedics:
    - Hip fracture repair
    - Reduction of dislocations; ORIF or I&D of open fractures
    - Spine surgeries to treat neurological symptoms such as cauda equina, cord compression or loss of function
- Pulmonary:
    - Bronchoscopy for management of acute medical issues
    - Intubation of patients in end-stage respiratory failure
- GI/GU:
    - Endoscopy/colonoscopy for hemorrhage or to prevent complications from an underlying condition such as esophageal varices
    - Procedures for bowel obstruction or GI bleeding
    - Relief of obstructing kidney stone
    - Repair of incarcerated hernia

- Obstetrical:
    - Emergency Cesarean Section for fetal or maternal distress (may include abruption, uterine rupture, prolapsed cord, etc.
- Miscellaneous
    - Exploration or I&D for active infection
    - Scleral buckle for detached retina

Medically Necessary Procedures
Under Governor Polis's Executive Order, these should continue to be done to prevent permanent dysfunction of an organ system or to prevent the risk of metastasis or disease progression:
Examples:

- Placement of vascular access devices for dialysis or chemo
- Definitive fixation of closed fractures
- Skin graft of open wounds
- Scheduled Cesarean Section
- Cerebral aneurysm repair
- Repair of aortic aneurysms
- Carotid Endarterectomy for asymptomatic patients
- Vascular surgery for rest pain or non-healing wounds with evidence of infection
- Laparoscopic cholecystectomy for obstructing stones
- Repair of ruptured tendon or ligaments
- Surgery for glaucoma
- ECT
- Operations or procedures for the staging or treatment of cancer
- Cardiac valve procedures, sub-acute
- Electrophysiology procedures in symptomatic patients
- Prostatectomy/TURP for urinary obstruction

Semi-Urgent procedures
Under Governor Polis's Executive Order, these procedures should be postponed, but may need to be done after individual case specifics are considered:
Examples:

- Hysterectomy for dysmenorrhea
- Takedown of ileostomy or colostomy
- Tonsillectomy (dependent on symptoms)
- Ear tubes (dependent on symptoms)
- Sub-acute thyroid surgery
- Non-acute hernia repair
- Spine surgeries for less-severe acute or chronic pain (dependent on symptoms)

Discretionary Procedures
Under Governor Polis's Executive Order, these procedures should be postponed, but may need to be done after individual case specifics are considered:
Examples:

- Bariatric surgery (and endoscopy or other diagnostic lead-up procedures)
- Cataract resection or lens implant
- Joint replacement for osteoarthritis
- Carpal tunnel repair
- Functional orthopedic surgery (such as correction of scoliosis or pectus excavatam)

- Vasectomy or tubal ligation
- Infertility or impotence surgery
- Screening colonoscopy
- Joint arthroscopy for chronic pain
- Cosmetic surgery

Ambulatory Surgery Recommendations:
With the Executive Order, elective procedures are those that can be delayed for a minimum of three months without undue risk to the current or future health of the patient as determined by the guidelines developed by the hospital, surgical center or other treating facility. Because we recognize that our Ambulatory Surgery Centers may be experiencing this time differently than our inpatient facilities, we recommend the following guidelines for them.

Most importantly, a thorough and consistent screening of patients should occur to verify that they are low risk. A call should take place the night before surgery to screen them for symptoms of COVID-19 (fever > 100.4 degrees F, cough, shortness of breath). The screening should then again be completed upon patient's arrival to the center, and once again upon arrival to the Pre-Op area, this time by a medical professional with an actual temperature measurement. Anyone with symptoms should not have their surgery or procedure performed. Additionally, we ask that the center supply COVID-19 PPE, including N95 masks in the case that a patient does arrive with symptoms or is deemed to be high-risk after arrival.

We recommend that for ASCs, the CMS Tier System be followed – Tier 1a and 1b procedures should be postponed until a further time. Tier 2a procedures that cannot be delayed for 3 months without adverse outcome to the patient, should be performed based upon material and human resources available to the center, including appropriate PPE. Tiers 2b, 3a and 3b should be performed in hospital settings. Here is also a link to the CMS Recommendations: https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf. For ASCs we also recommend a panel approach for collaborative decision making on cases not meeting criteria. Suggested members of a panel may include: *ASC Director, ASC Medical Director, Surgeon and Anesthesia.*

We look forward to partnering with you to help conserve resources, maintain a healthy and available workforce, prioritize patients, and minimize the spread of COVID-19 virus to your staff and additional patients during this critical period.

We look forward to coming out of this more aligned with our surgeons, other medical staff communities, facilities and patients.

CMS Adult Elective Surgery and Procedures Recommendations:

Limit all non-essential planned surgeries and procedures, including dental, until further notice

To aggressively address COVID-19, CMS recognizes that conservation of critical resources such as ventilators and Personal Protective Equipment (PPE) is essential, as well as limiting exposure of patients and staff to the SARS-CoV-2 virus. Attached is guidance to limit non-essential adult elective surgery and medical and surgical procedures, including all dental procedures. These considerations will assist in the management of vital healthcare resources during this public health emergency.

Dental procedures use PPE and have one of the highest risks of transmission due to the close proximity of the healthcare provider to the patient. To reduce the risk of spread and to preserve PPE, we are recommending that all non-essential dental exams and procedures be postponed until further notice.

A tiered framework is provided to inform health systems as they consider resources and how best to provide surgical services and procedures to those whose condition requires emergent or urgent attention to save a life, preserve organ function, and avoid further harms from underlying condition or disease. Decisions remain the responsibility of local healthcare delivery systems, including state and local health officials, and those surgeons who have direct responsibility to their patients. However, in analyzing the risk and benefit of any planned procedure, not only must the clinical situation be evaluated, but resource conservation must also be considered. These recommendations are meant to be refined over the duration of the crisis based on feedback from subject matter experts. At all times, the supply of personal protective equipment (PPE), hospital and intensive care unit beds, and ventilators should be considered, even in areas that are not currently dealing with COVID-19 infections. Therefore, while case-by-case evaluations are made, we suggest that the following factors to be considered as to whether planned surgery should proceed:

- Current and projected COVID-19 cases in the facility and region.
    - consider the following tiered approach in the table below to curtail elective surgeries. The decisions should be made in consultation with the hospital, surgeon, patient, and other public health professionals.
- Supply of PPE to the facilities in the system
- Staffing availability
- Bed availability, especially intensive care unit (ICU) beds
- Ventilator availability
- Health and age of the patient, especially given the risks of concurrent COVID-19infection during recovery
- Urgency of the procedure.

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/ procedure	**Low acuity surgery/healthy patient**- outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/ procedure	**Low acuity surgery/unhealthy patient**	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	**Intermediate acuity surgery/healthy patient-** Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic -Elective angioplasty
Tier 2b	Postpone surgery/ procedure if possible	**Intermediate acuity surgery/unhealthy patient**-	HOPD ASC Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	**High acuity surgery/healthy patient**	Hospital	-Most cancers -Neurosurgery -Highly symptomatic patients
Tier 3b	Do not postpone	**High acuity surgery/unhealthy patient**	Hospital	-Transplants -Trauma -Cardiac w/ symptoms -limb threatening vascular surgery

*Hospital Outpatient Department
** Ambulatory Surgery Center
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D 2020 009

EXECUTIVE ORDER

Ordering the Temporary Cessation of All Elective and Non-Essential Surgeries and Procedures and Preserving Personal Protective Equipment and Ventilators in Colorado Due to the Presence of COVID-19

Pursuant to the authority vested in the Governor of the State of Colorado and, in particular, pursuant to Article IV, Section 2 of the Colorado Constitution and the relevant portions of the Colorado Disaster Emergency Act, C.R.S. § 24-33.5-701, *et seq.* (Act), I, Jared Polis, Governor of the State of Colorado, hereby issue this Executive Order declaring that, due to the presence of coronavirus disease 2019 (COVID-19) in Colorado, all hospitals, outpatient surgeries and procedure providers are directed to cease all elective and non-essential surgeries and procedures and to preserve personal protective equipment and ventilators and respirators from March 23, 2020 to April 14, 2020, with the exception of rural and critical access hospitals. Rural and critical access hospitals are strongly advised to follow this guidance but are not mandated to do so under this order.

I. Background and Purpose

On March 5, 2020, the Colorado Department of Public Health and Environment's (CDPHE) public health laboratory confirmed the first presumptive positive COVID-19 test result from Colorado. Since then, CDPHE confirmed more than two hundred and sixteen (216) presumptive positive cases and two (2) deaths, and concluded that the State is now experiencing community spread of the virus. I declared a disaster emergency on March 10, 2020, and issued the corresponding Executive Order D 2020 003 on March 11, 2020.

As the number of cases of COVID-19 continues to rise nationally, internationally, and statewide, it is clear that Colorado is facing a historic public health challenge. The State is making every effort to ensure that all Coloradans are safe and receive the best possible care over the next weeks and months, which requires prioritizing essential health care services while this pandemic emergency remains in effect. Our health care personnel have limited access to necessary equipment and supplies, particularly personal protective equipment (PPE), and our hospitals must reserve beds, respirators and ventilators to manage and assist patients that become critically ill.

The American College of Surgeons, the Colorado Emergency Operations Center, the Colorado Hospital Association as well as medical professionals and epidemiological

experts agree that adequate PPE and medical equipment, including respirators and ventilators, are critical to protecting patients and medical staff to prevent the spread of COVID-19. We must take every step possible to preserve Colorado's available PPE to protect health care personnel while they treat individuals with COVID-19 and others receiving critical care.

It is also clear that while we cannot anticipate how many Coloradans will need hospital care in the coming weeks, we must ensure that the State has enough capacity to treat patients who require hospital-level care both as a result of COVID-19 as well as accidents, illnesses, disease or other conditions.

Therefore, I am issuing this Executive Order because it is critical that Colorado take a uniform approach to maximizing its resources with respect to the preservation of PPE, respirators, ventilators and anesthesia machines ensure the availability of sufficient inpatient hospital capacity and equipment for critically ill patients.

II. Directives

A. As of 12:01 A.M. on March 23, 2020, all voluntary or elective surgeries or procedures, whether medical, dental, or veterinary, are suspended in the State of Colorado until April 14, 2020 at the earliest. A voluntary or elective surgery or procedure means that the surgery can be delayed for a minimum of three months without undue risk to the current or future health of the patient as determined by the guidelines developed by the hospital, surgical center or other treating medical facility.

B. Surgeries or procedures, whether medical, dental, or veterinary, may proceed if: (1) there is a threat to the patient's life if the surgery or procedure is not performed; (2) there is a threat of permanent dysfunction of an extremity or organ system if the surgery or procedure is not performed; (3) there is a risk of metastasis or progression of staging of a disease or condition if the surgery or procedure is not performed; or (4) there is a risk that the patient's condition will rapidly deteriorate if the surgery or procedure is not performed and there is a threat to life, or to an extremity or organ system, or of permanent dysfunction or disability.

C. To preserve PPE, only individuals essential to conducting a surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.

D. Each hospital and outpatient surgery or procedure provider shall establish guidelines to ensure adherence to the principles outlined in Sections II.A-II.C., above. In establishing such guidelines, the hospital, surgical center or procedure provider shall include a process for consultation with the treating provider about a designation that the procedure is elective or non-essential under the guidelines.

E. I request that any Colorado business or non-hospital health care facility, whether veterinary, dental, construction, research, institution of higher learning, or other, in possession of PPE, ventilators, respirators and anesthesia machines that are not required for the provision of critical health care services undertake an inventory of such supplies by no later than March 26th, 2020 and prepare to send it to the State of Colorado. I direct the Emergency Operations Center (EOC) to allocate any supplies received pursuant to this order to support activities related to the COVID-19 response.

F. Rural and critical access hospitals are exempt from this Order, but are strongly advised to comply on a voluntary basis. Rural and critical access hospitals are, however, directed to comply with CDC guidelines for PPE preservation. Rural hospital is defined by the Health Resource Services Administration (HRSA) Federal Office of Rural Health Policy as a hospital that is located in a non-metropolitan county or a hospital within a metropolitan county that is far away from the urban center, as defined by a rural urban community area code of four or above (HRSA 2017). Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS) under the provisions of the Balanced Budget Act of 1997.

III. Duration

This Executive Order shall expire on April 14, 2020 unless extended further by Executive Order.

GIVEN under my hand and the Executive Seal of the State of Colorado, this nineteenth Day of March, 2020.

Jared Polis
Governor