

Aspirus Emergency System Wide Guideline COVID-19

Elective Surgery Prioritization

Approved 02/03/22 at 08:00

PURPOSE:

This is an Aspirus System approved algorithm that requires implementation at local BU's based on local epidemiologic factors.

This policy creates a framework that allows Aspirus to immediately preserve use of essential items need to care for COVID-19 patients, including but not limited to ventilators, ICU beds, staff, personal protective equipment and terminal cleaning supplies.

STAKEHOLDERS:

All business units that perform any inpatient and/or outpatient surgical and invasive procedures.

PROVISIONS (POLICY / CONTENT / PROCEDURAL STEPS):

Determination to advance phase will be made by each region's incident command structure with consultation with local physicians and system EOC

1. Phase 3—Enhanced Normal Operations
 - a. No surgical cases postponed
 - b. Assess current operations for rate limiting factors such as staff, supplies, room
 - c. Request that surgical groups evaluate the inpatient and outpatient elective surgical procedures for ability to be postponed, if needed.
2. Phase 2—Preparation Phase (Few covid patients in the Region. Low community prevalence.)
 - a. Discretionary Electives
 - i. Postpone
 - ii. Schedule only if appropriate resources are available.
 - b. Essential Electives
 - i. Review and schedule if appropriate resources are available.
 - c. Urgent Elective, Urgent, and Emergent cases
 - i. Review and prioritize based on available resources
3. Phase 1—Urgent (Many covid patients within region. High community prevalence.)
 - a. Urgent Elective
 - i. Must meet one or more of the following criteria in order to remain on surgery schedule:
 1. Risk for becoming urgent/emergent (i.e. appendectomy, cardiac)
 2. Risk for system infection
 3. Suspected malignant tumor, pre-cancerous, biopsy

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- 4. If case is not completed, patient will become risk of high resource utilizer (i.e. ED visits, admissions, other resource consumption)
 - ii. Cases will be scheduled based on priority of clinical need utilizing local BU internal scheduling policy.
- b. Urgent/Emergent surgical cases
 - i. Scheduled/performed per Surgeon/Anesthesia discretion with involvement from Aspirus Incident Command or Surgical Services leadership as needed.
- 4. Phase 0—Critical (Surge of covid patients. All hospital resources redirected to covid patients/care units)
 - a. Critical emergent surgery being performed per Surgeon/Anesthesia with involvement from Aspirus Incident Command.
 - i. All other surgeries postponed

REFERENCES:

This policy is in line with the recommendations of the American College of Surgeons and the Office of the Surgeon General guidelines for citation.

<https://www.facs.org/about-acscovid-19/information-for-surgeons>

<https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery>

Reviewed and revised by System EOC on 02/03/22