



Operational Principles for Procedures

Date Effective: March 20, 2020

Summary

Due to the COVID-19 Pandemic and increasing number of affected patients entering the Nebraska Medicine system, the following plan for surgical and other interventional procedures has been developed in order to provide the best possible care to all patients and also reduce PPE resource exhaustion, conserve inpatient beds and mobilize the workforce to areas of acute need.

The principles and triage procedures below apply to all perioperative platforms: Bellevue Medical Center, Village Pointe, Fritch Surgery Center and Hixson Lied/CL Werner.

Principles

- Reschedule elective surgeries.
- Cancel any patients with fever and or respiratory symptoms, except class A.
- Because the influx of patients is unpredictable, inpatient beds need to be identified prior to start of any surgical procedure, except class A.
- Case cancellations should proceed by class (E > D > C > B). This will apply to already scheduled cases, as well as new cases.

Procedure Triage

- Prior to scheduling new cases, determine the case classification (see below) and schedule accordingly. Effective immediately only class A and class B cases will be added to the schedule.
- Effective immediately, the OR cases will be reviewed and classified in collaboration with the primary surgeon by the Surgery / Anesthesiology Medical Directors. Class C, class D, and Class E cases will be identified for immediate removal from the schedule. Surgeon will be notified and cases will be postponed and/or rescheduled accordingly.
- Surgical schedules will be assessed by the surgical and anesthesiology directors in collaboration with surgical provider on a daily basis to validate cases meet classification criteria.
- In the event a conflict arises that cannot be resolved by the surgical/anesthesiology medical directors of the operating room, a subcommittee – comprised of the Senior Associate Dean for Clinical Affairs, the Chair of Surgery and the Chair of Anesthesiology, appointed by the CMO for purposes of final adjudication – will hear all appeals. Their decision will be final.
- Case Classification:
 - Class A - Life/limb at risk: should be done now.
 - Class B - Time sensitive outcome necessitating procedure within 24 hours: short delays acceptable.
 - Class C - Time sensitive outcome necessitating procedure within 4 weeks: reschedule at Nebraska Medicine within 4 weeks as resources permit and at the discretion of the surgical/anesthesiology medical directors. In the alternative, and as otherwise might be necessary, you can arrange to transfer care of your patient to a community colleague.
 - Class D - Can wait 4 - 12 weeks or longer without substantial change in outcome: reschedule at Nebraska Medicine for later date.
 - Class E - Can wait greater than 12 weeks without substantial change in outcome: postpone and reassess in 12 weeks for rescheduling at Nebraska Medicine.

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Additional strategies will be defined and executed by non-surgical procedural areas:

- Endoscopy
- Bronchoscopy
- Cath/EP Lab
- Interventional Radiology

Our ask of surgeons:

- When scheduling new cases: review the classification guidelines and schedule accordingly.
 - Review your scheduled, elective cases relative to the classification guidelines: reschedule patients accordingly.
- Contact surgeon / anesthesiology directors to help prioritize class B and C cases as needed. The directors will begin reviewing scheduled cases on March 20, 2020 to ensure patients meet classification guidelines.

Thank you for your partnership in this work.

Sincerely,

Carl V. Smith, MD
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Chairman, Department of Obstetrics and Gynecology, UNMC
Chief Academic Officer, Nebraska Medicine

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Note: All decisions will be based solely on case classification and patient need and not on the basis of discriminatory factors or ability to pay.

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