# Supplement to Operational Principles for Procedures

*Date Effective: April 6, 2020*

**Summary**

Due to the COVID-19 Pandemic, 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. Given evolving incident conditions this document provides further guidance and triage principles for surgical and procedural areas.

**Principles**

- 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 (C > B). This will apply to already scheduled cases, as well as new cases.
- Define operating conditions and evolving limitation of non-urgent of cases based upon conditions defined by the ACS phased triage scenario (https://www.facs.org/covid-19/clinical-guidance/elective-case) and the Chest Consensus statement of the care of critically ill and injured during pandemics and disasters (Christian et al. 2014).
    - Phase I – Semi Urgent (Conventional Phase) - Few COVID 19 patients, hospital resources not exhausted, institution still has ICU vent capacity, and COVID trajectory not in rapid escalation phase. Surgery restricted to patients likely to have survivorship compromised if surgery not performed **within next 3 months**
    - Phase II – Urgent Setting (Contingency Phase) - Many COVID 19 patients, ICU and ventilator capacity limited, OR supplies limited or COVID trajectory within hospital in rapidly escalating phase. Surgery restricted to patients likely to have survivorship compromised if surgery not performed **within next few days**
    - Phase III – Crisis (Crisis Phase) - Hospital resources are all routed to COVID 19 patients, no ventilator or ICU capacity, OR supplies exhausted. Surgery restricted to patients likely to have survivorship compromised if surgery not **performed within next few hours.**

**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.
- OR cases continue to be reviewed and classified in collaboration with the primary surgeon by the Surgery / Anesthesiology Medical Directors.
- 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.
- Modified Case Classification for Phase 2 operating conditions:
    - 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: scheduled at the discretion of the surgical/anesthesiology medical directors.
        - Class C1 - Time sensitive outcome necessitating procedure within 1-2 weeks
        - Class C2 - Time sensitive outcome necessitating procedure within 2-4 weeks:

- 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.

**Triggers for Class C Triage**

Decisions regarding further restrictions for scheduling of Class C cases or the elimination of all Class C cases will be informed through the COVID Command Daily Update meetings with consideration of the following factors:

- Operations Section key metrics:
  - Inpatient Surge Plan activation status
  - Inpatient capacity
- Logistics Section key metrics (Space, Staff, Supplies):
  - Traditional care areas repurposed for Care >> Nontraditional areas repurposed for Care
    - Total ICU beds in use
    - Inpatient beds in use
  - Staff Extension
    - Supervision of larger number of patients (creation of new care teams / ratios)
    - Reassignment and redeployment of providers
  - Conservation, adaptation and substitution of supplies
    - PPE Day Inventory on Hand (DIOH)
    - Germicidal wipes DIOH
    - Pharmaceutical agents for ICU and Anesthesia
    - Ventilators in use
- Work Force Section Chief updates

Changes to Procedure Triage will be communicated from Perioperative/Procedural leadership (Alan Langnas, MD and Matt Pospisil) to physician and operational leaders.
The conversation with the surgeons will be had with Matt Mormino (cell: 402-681-3916) and Tom Schulte (cell: 402-681-2005) regarding the propriety of case scheduling. Their decisions will be informed by further discussion with Alan Langnas, Steven Lisco, Matt Pospisil, and the surgical chairs and chiefs.

American College of Surgeons COVID-19: Elective Case Triage Guidelines for Surgical Care (https://www.facs.org/covid-19/clinical-guidance/elective-case) will be used to inform decisions regarding scheduling.

Thank you for your partnership in this work.
Sincerely,

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