



Ramping Up After COVID-19

*“As certain procedural care (surgeries and procedures), chronic disease care, and, ultimately, preventive care. Patients continue to have ongoing healthcare needs that are currently being deferred. Therefore, if states or regions have passed the Gating Criteria (symptoms, cases, and hospitals) announced on April 16, 2020, then they may proceed to Phase I. The Guidelines for Opening Up America Again can be found at the following link:
<https://www.whitehouse.gov/openingamerica/#criteria>”*

CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS)

“From the beginning, I have said California’s decisions will be guided by science, not politics, and that Californians’ health comes first,” said Governor Newsom. “Thanks to the work our health care delivery system has done expanding hospital capacity and reducing the rate of spread of COVID-19, hospitals and health systems can consider resuming medical care that residents have delayed during this crisis, such as heart valve replacements, angioplasty and tumor removals, when such care can be delivered safely and with appropriate protections for health care workers. It’s in the best interest of the overall health of our state to allow these procedures to resume when they can be done safely.”

GOVERNOR GAVIN NEWSOM

Timing for Reopening of Urgent Scheduled Surgery

There must be a sustained reduction in rate of new COVID-19 cases in the relevant geographic area for at least 14 days before resumption of elective surgical procedures - <https://data.chhs.ca.gov/>

- Any resumption should be authorized by the appropriate municipal, county and state health authorities.
- Facilities in the area are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care.
- Does the facility have appropriate number of PPE, medications, anesthetics and all medical surgical supplies?
- Does the facility have adequate staffing?

Timing for Reopening of Urgent Scheduled Surgery- Tasks



Document downward trajectory for 14 days and authorization from appropriate authorities



Verify local hospital can accept emergency transfers



Convene Governing Body to determine roll out



Notify medical staff, staff, anesthesia, schedulers & vendors



Notify CMS/CDPH and accreditation body



Communicate with staff and answer any safety concerns



Make accommodations for staff with childcare concerns



Develop plan should COVID-19 resurge in community



Update facility website

Testing For COVID-19

Facility COVID-19 testing policies should account for:

- Availability, accuracy and current evidence regarding tests, including turnaround time for test results.
- Where will testing take place?
- Frequency and timing of patient testing
- Health care worker testing.
- How a facility will respond to COVID-19 positive worker, COVID-19 positive patient (identified preoperative, identified postoperative), “person under investigation” (PUI) worker, PUI patient.

If such testing is not available, consider a policy that addresses evidence-based infection prevention techniques, access control, workflow and distancing processes to create a safe environment in which elective surgery can occur. If there is uncertainty about patients’ COVID-19 status, PPE appropriate for the clinical tasks should be provided for physicians and nurses.

Personal Protective Equipment

- Adequacy of available PPE, including supplies required for potential second wave of COVID-19 cases.
- PPE Utilization – Develop policy and educate staff
 - CDC recommendations on PPE Utilization
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
 - Conservation Strategies
 - Policy to secure access to PPE
- Mask Compliance
 - Patients and All Staff to wear masks
 - Have masks available behind the reception desk
- Risk Assessment regarding mask needs
 - Surgical vs N95

Case Prioritization and Scheduling



Develop a surgery prioritization policy that considers immediate patient needs



Review staffing plan and availability of all staff including anesthesia especially for extended hours of operation



Review list of canceled procedures for rescheduling by priority



Review all medical staff credentialing files for lapses in appointments and expiration dates

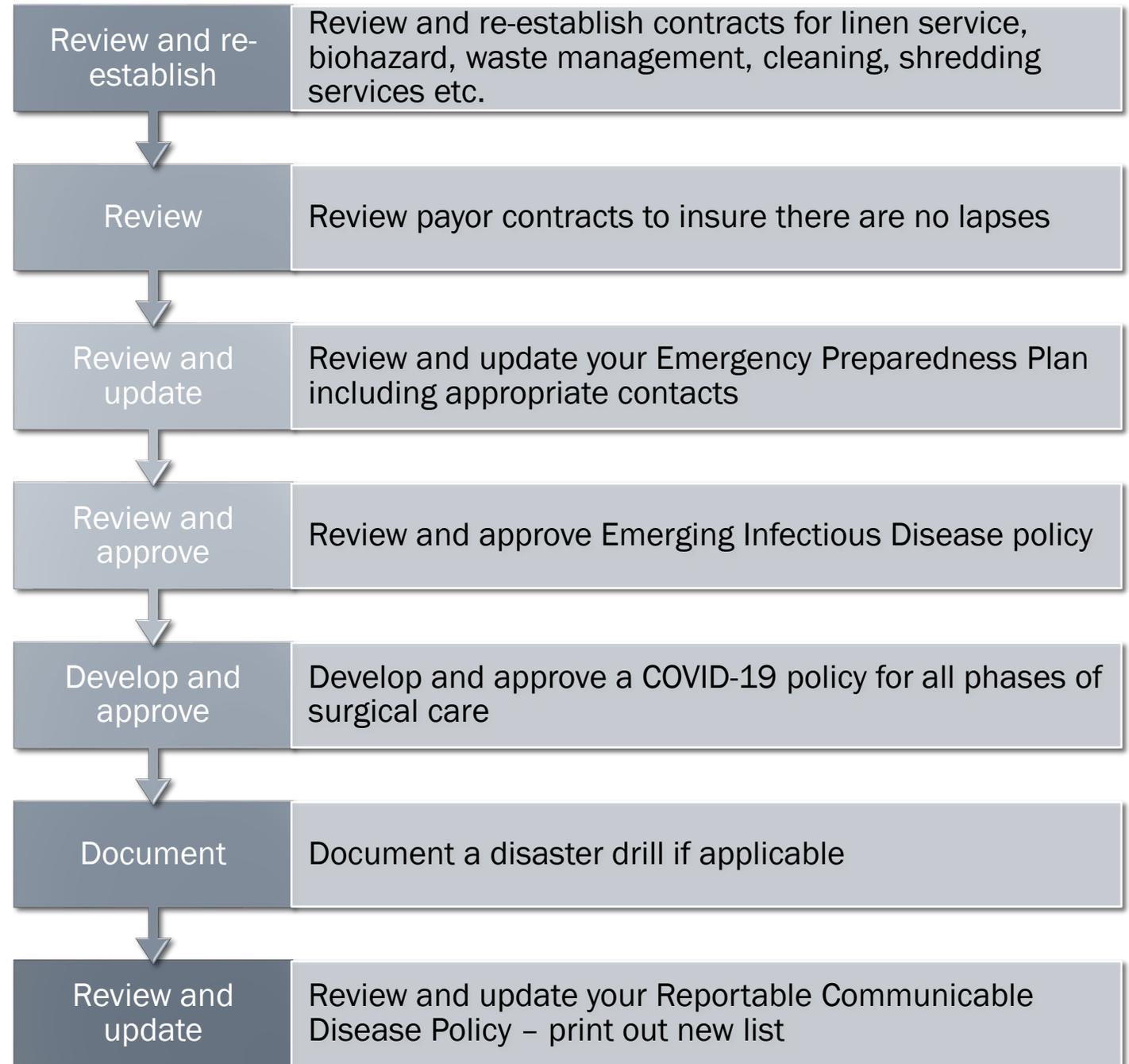


Develop a patient communication regarding the safety of the ASC

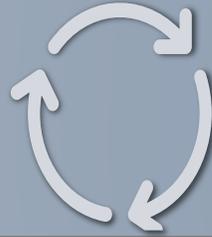


Investigate computer and telephone systems to assure working properly

Case Prioritization and Scheduling



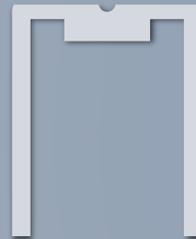
Case Prioritization and Scheduling



Develop processes and policy to verify staff remain COVID-19 free after beginning re-employment



Review and update employee handbook with policies on sick leave and social distancing



Conduct Infection Control Rounds



Evaluate for traffic control and social distancing



Educate staff and medical staff

- Hand hygiene
- Strict adherence to changing scrub attire
- Reporting Fever and signs of respiratory infections before reporting to the facility and symptom free for 48 hours
- Require attestation to return to work

Preoperative Guidelines - Tasks

Pre-operative phone calls

- Instruct patient to contact the facility if any new symptoms like fever, cough, shortness of breath, fatigue, headache, body ache, diarrhea, vomiting, loss of taste and smell
- Request patients to wear a mask from home
- Instruct patients that visitors should remain in the car except for surgery on minors

Upon Patients Arrival

- Take the patients temperature prior to coming in the facility (if > 100.4 refer to Medical Director and/or physician) cough sob, Complete checklist regarding recent contact and travel
- Appropriate testing when available

Post signs

- Attention No Visitors on the front door
- CDC Cover your Cough in the waiting room
- Hand hygiene signs in the waiting room

Immediate Preoperative

All forms including patient history, consents and instructions have been updated for COVID-19 policies and questions.

Stagger patient arrival times to maintain social distancing

All toys and magazines have been removed from waiting area and chairs allow for social distancing

Intraoperative

Develop Anesthesia Guidelines

- Prefer regional over general anesthesia
- Staff restrictions during intubations

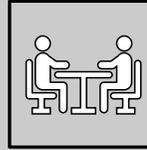
N95 Respirators

- Required for all intubations
- Has the staff received fit testing
- When will N95 be required (intubation, GI procedures, dental procedures)
- Will you re-process the N95 masks?

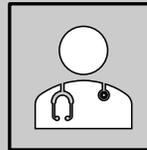
Develop Policy for Cleaning Between Cases

- Increased turnover time
- Biohazard is not treated differently

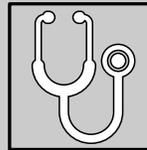
Postoperative



Develop protocol for family or caregiver's virtual discussion with surgeon



Develop protocol for virtual discharge instructions with patients care givers



Coordinate telemedicine post op visit where appropriate with surgeon



Post Discharge calls include questions about any changes in health status regarding the patient or their family members that have been in direct contact with the patient;

IC Facility Preparations

Ensure temperature and humidity monitoring has been continuous where sterile supplies/ instruments are located.

Contact janitorial service for terminal clean prior to re-opening

Review all disinfectants in the facility and ensure EPA approved for COVID-19

Adequate supply of hand sanitizers, tissues and no-touch trash receptacles

Cleaning regime and schedule for high touch surfaces

Supply and Medication Inventory

Medication Safety and Inventory

- Check all medications for outdates
- Check crash cars/MH cars/anesthesia carts for outdates
- Conduct narcotic count and ensure inventory is correct
- Contact pharmacy consultant for direction and scheduled visit

Medication Shortages

- Check FDA website for extended use dates
- Put this information near the medications for quick reference

Supply Inventory

- Check outdates on all supplies
- Ensure adequate inventory of PPE and disinfectants
- Who will monitor PPE and disinfectants inventory and how often
- Validate all supplies on MH cart, crash carts, etc. and establish PAR levels
- Conduct inventory of all patient nourishment items

Physical Plan/Equipment/ Contract Services

Conduct safety rounds including emergency lights and exit signs

Review Life Safety Calendar and ensure all required PMs are completed

HVAC PM

- Determine if air balance needs to be conducted
- Do the HVAC filters need to be changed?
- Clean return air vents in the OR's

Functioning nurse call systems

Medical Gas/Vacuum Pump

- Check medical gas and ensure adequate supply
- Test medical gas alarms
- Check dual vacuum pump and ensure all systems are working

Plumber to check all drains that have been dormant

Physical Plan/Equipment/ Contract Services

Sterilizers/Washer Sterilizers/Endo- processors

- Run biologicals and other quality controls per IFU's
- Inspect any reverse osmosis or water softener as applicable
- Re-process all endoscopes
- Sterilize any instruments which have been compromised

Check defibrillator and ensure in working order

Conduct a fire drill to ensure all systems are working

Check all fire extinguishers for current date

Physical Plan/Equipment/ Contract Services

Generator Testing

- Conduct weekly inspections
- Perform monthly transfer switch

CLIA – Waived testing

- Re-establish QC testing and logs

Anesthesia Machines

- Consider PM or have anesthesia check machines to ensure functioning properly
- Assure you have proper filters and are adhering to COVID-19 guidelines for machines

Business Office



Re-activate voice mail



Check on mail delivery



Notify transcription and/or billing service of facility operation status



Re-verify any pre-authorizations or insurance verification if applicable



Establish process to bring AP current



Educate business office staff on new infection control practices



Establish script for business office staff related to safety protocols in place for patients



New policies regarding deductibles, co-pays and patient responsibilities

Summary

- Review your community data and any applicable local executive orders
- Assess your ability to resume cases—manpower, PPE, medical supplies, etc.
- Develop facility specific plan in collaboration with your GB/MEC
- Ensure that equipment, physical plant and contractual services are back on-line
- Update applicable internal department policies to ensure compliance with COVID 19 guidelines
- Establish COVID 19 screening protocols
- Roll out your reopening communication plan—patients, HCW, website, etc.
- Prioritize procedures, schedule accordingly
- Establish a mechanism for reviewing and responding to ongoing COVID 19 prevalence data