

University of Toledo Medical Center
Elective Surgery Reimplementation Action Plan
27 April 2020

1. **Purpose.** Outline the plan for reimplementing elective surgeries and procedures at the University of Toledo Medical Center (UTMC) on **1 May**.

2. **UTMC COVID Mission.**
 - a. Keep our healthcare team safe
 - b. Care for COVID patients
 - c. Participate in local, state, and national health
 - d. Minimize negative financial impact on UTP and UTMC

3. **Background.** The Ohio Department of Health (ODH) limited elective surgeries beginning 18 March 2020. The purpose of this action was to conserve personal protective equipment (PPE) for healthcare workers and first responders. Permitted surgeries were limited:
 - a. Threat to the patient’s life if surgery or procedure is not performed
 - b. Threat of permanent dysfunction of an extremity or organ system
 - c. Risk of metastasis or progression of staging
 - d. Risk of rapidly worsening to severe symptoms

UTMC complied with this ODH directive and developed a physician-led multi-discipline committee to prioritize surgeries. On 13 April, Governor DeWine requested plans to reimplement elective surgeries. On 17 April, UTMC provided an action plan to the Ohio Hospital Association (OHA). On 22 April, Governor DeWine directed that “healthcare providers in hospitals and outpatient surgery centers to reassess procedures and surgeries that were postponed” (<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/resources/news-releases-news-you-can-use/elective-surgery-order-mental-health-careline>). On 27 April, the governor announced that elective outpatient surgeries would could resume on 1 May.

4. **Overall Approach.** UTMC’s approach is to match patient and provider safety with careful resource stewardship and financial sustainability. UTMC’s action plan is informed by joint society guidelines issues on 17 April 2020 by the American College of Surgeons (ACS), the American Society of Anesthesiologist, the Association of periOperative Registered Nurses, and the American Hospital Association.

5. **Authority.** The date of performing elective surgeries will be determined by ODH and the Toledo-Lucas County Public Health Department. The University of Toledo Incident Commander in consultation with the Chief Executive Officer (CEO) will approve the reimplementation action date. The CEO will determine the operating room capacity goals and the timelines.

6. **UTMC PPE Considerations.** Prior to scheduling elective surgeries, UTMC will ensure that it has adequate PPE to accommodate all aspects of surgical care. Additionally, UTMC will ensure that it

has adequate PPE for a sustained COVID-19 surge at least equal to the amount used in the 8 weeks prior to reimplementing elective surgeries. At 25 elective surgeries per day with 6 staff in room, 150 N95 masks will be used per day.

7. UTMC COVID-19 Testing Considerations. UTMC has the organic capacity to test symptomatic patients and healthcare workers with results available in less than 24 hours. The procedures for testing asymptomatic patients and healthcare workers are undergoing evaluation at the national and state level.

- a. Estimated prevalence for Lucas County (24 Apr 20) of 2.3%, which accounts for 90% of cases as asymptomatic. Estimated prevalence for Ohio (24 April 20) of 1.3%.
- b. RT-PCR test characteristics- sensitivity of 70% and specificity of 100%.
- c. Negative predictive value of 99.1%.

8. Prioritization Criteria.

- a. Surgical case prioritization will be done under the direction of the Surgical Services Executive Committee (SSEC).
- b. Based on the governor's guidance, outpatient surgeries will be done during the initial period. Overall, the highest priority should be given to the most urgent procedures based on patient need that require the fewest resources and the shortest length of stay or recovery.
- c. The SSEC will adopt the ACS recommendations for scheduling surgeries (<https://www.facs.org/covid-19/clinical-guidance/elective-case>). Additionally, as part of Surgical Directions consultation relationship with UTMC, they will develop a prioritized schedule.

9. UTMC Approach to Five Phases of Surgical Care.

- a. **Phase I** - Preoperative. Special attention to preoperative assessment and planning.
 - i. Adherence to ACS preoperative assessment. UTMC will screen patients with a questionnaire and PCR testing prior to scheduling (Figure).
 - ii. Adherence to ACS assessment of patient health status
 - iii. Review advanced directives
 - iv. Assess need for post-acute care including infection control measures. We will currently exclude patients who will have to go to SNF or coming from SNF.
- b. **Phase II** - Immediate Preoperative. Assess need for revision of procedure timeout.
- c. **Phase III** - Intraoperative. Follow current UTMC COVID-19 OR policy for location of intubation, those present during procedure, and limited personnel and learners.
- d. **Phase IV** - Postoperative. Adhere to UTMC standard postoperative protocols to limit length of stay and decrease complications.
- e. **Phase V** - Post Discharge Care Planning. Ensure appropriate discharge planning based on procedure, patient needs, and COVID-19 status.

10. Infection Control Measures.

- a. Current COVID-19 infection control measures will remain in place during the reimplementation period.
- b. Active surveillance will be conducted to ensure patient, provider and staff safety (Figure). This will involve a questionnaire and PCR-based testing.
- c. Environmental cleaning and OR assignment will be accordance with the COVID-19 OR policy.

11. Communication. UTMC will ensure messaging to patients, staff, vendors, learners, and providers. Special emphasis will be placed on patient and provider safety. Patients need to be informed of the questionnaire and testing strategy that are in place to protect them and the surgical staff.

12. Reassessment. UTMC will daily collect relevant facility data and make necessary adjustments based on local COVID-19 epidemiology (e.g., prevalence), hospital census, ICU-bed capacity, PPE availability and burn rate, and staffing. These data will inform increasing or decreasing surgeries.

13. Outpatient Surgery Target. UTMC aims to begin outpatient elective procedures on **1 May** with a capacity of **25 cases per day**.

Figure.

