

New Mexico Medical Advisory Team (MAT) Assessment

Committee: Reopening Healthcare

Date: 4/28/20

Resumption of Medically Necessary Surgery and Procedural Guidelines

The MAT presents the following framework for resuming medically necessary surgical procedures in hospital and ambulatory surgical centers (ASC) settings. A separate set of recommendations is available for office-based procedures and medical care. These services will be essential as ancillary services to surgical patients to enable pre- and post-operative care.

Principles:

The following priorities must inform all actions towards resuming medically necessary procedures requiring PPE:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others;
- Avoid further delays in healthcare for New Mexicans
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases
- Minimize health emergencies presenting at emergency departments
- Support the healthcare workforce in safely resuming activities.
- Trusted professional associations have made available recommendations that hospitals should rely on for guidance

Timing:

- Public Health gating criteria as decided by State authorities will shape timing of resumption of surgery and procedures.
- Joint guidelines (ACS, AHA, AORN and AHA) and CMS guidelines state, "Demonstration of stable or reduced incidence of new cases over a 14-day period in relevant geographic area."

Phased resumption of cases:

- Facilities to decide capacity goal: (e.g. 25% vs 50% of pre-COVID-19 procedural capacity)
- Strongly recommend facilities do not exceed 50% pre-COVID -19 procedure volume for first 2 weeks
- Upon completion of a 2-week pilot period and review of PPE supply levels and COVID-19 incidence curves, decisions regarding further ramp-up can be made. These decisions should be made in accordance with public health gating criteria established by the State.

Case prioritization and scheduling:

- Facilities to establish governance committees to address prioritization of cases.
- Priority given to patients in severe pain, severe ADL dysfunction, expected to possibly worsen surgical challenge to treat and / or adversely affect usual outcome.
- Prioritization of cases should occur according to specialty society guidelines. (For example: American College of Surgeons, Society of Thoracic Surgeons, Society for Vascular Surgery).
- Avoid procedures on patients with high likelihood for need for post-acute care at rehabilitation facility or skilled nursing facility.
- Consider postponement of procedures requiring transfusions, pharmaceuticals in short supply, and ICU admission.
- Recommend starting with ambulatory surgery cases first, however surgeon judgement of risk and benefit should take priority.

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Enhanced Screening procedures:

- Telephone screening of patients and caregivers for symptoms, previous exposure, and prior COVID-19 testing by Pre-anesthesia team/scheduling.
- Upon arrival to facility, screen all patients for symptoms including temperature and pulse oximetry checks

COVID-19 Testing:

- COVID-19 nucleic acid-based testing is highly recommended within 48 hours of a procedure using a highly sensitive testing platform (e.g. Abbott M2000, Roche 6800, Cepheid GeneXpert).
- At this time, point of care device testing is not recommended in this setting due to lower sensitivity.
- At this time, antibody testing alone does not add clinically actionable information for procedures.
- Nasal or nasopharyngeal sample sources (and appropriate swabs/transport media) are acceptable for testing.
- Home self-collection is not acceptable at this time.
- Facilities should follow [CDC guidelines](#) for COVID risk assessment, exposure mitigation, and testing of healthcare personnel.
- Facilities should have protocols in place for reporting positive tests.
- Facilities should consider social distancing contracts between provider and patient from the time of testing to 14 days after procedure.

Facility considerations:

- All facilities should have a designated waiting area that allows social distancing (consider one masked caregiver to be with patient only for post-operative instructions if needed).
- All patients and caregivers to wear a surgical mask
- All healthcare personnel in direct patient care areas to wear mask and gloves except for food and drink breaks

PPE considerations:

- Demonstration of adequate PPE for 14 days in accordance with [CDC guidelines](#).
- Staff training on, and proper use of, PPE according to non-crisis level evidence-based standards of care (see [CDC guidelines](#)).
- Regular reporting to State authorities of PPE availability and demonstration of availability commensurate with planned capacity increase.

Reporting Requirements:

Facilities should comply with current and future Federal and State COVID testing reporting requirements.

- Federal government reporting requirements: <https://www.fema.gov/news-release/2020/04/10/coronavirus-covid-19-pandemic-hhs-letter-hospital-administrators>
- New Mexico DOH reporting requirements: <https://nmhealth.org/about/erd/ideb/ids/>

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Recommendation	Joint Statement ACS, AHA, ASA, AORN	CMS guidelines	Other supporting literature (see references)
Criteria for reopening	Yes, non-specific	Yes, non-specific	-
Phased resumption of cases	Yes	Yes	-
Prioritization of cases	Yes (tools provided)	Yes	Yes, societal guidelines
Start with outpatient cases	Yes	Not addressed	-
Creation of governance committees	Yes	Not addressed	-
Social distancing contract	No	No	Other states plans (WA, SC)
Contact tracing program	No	No	-
Pre-op COVID-19 testing	If available	If available	Yes
Enhanced screening (pre-op)	Yes	Yes	-
Ensure PPE adequacy	Yes	Yes	-
Monitoring (reporting to state agency)	No	No	-
Social distancing in facility	Yes	Yes	-
Testing of HCW	Yes, but no specifics	Yes, but no specifics	-
Assess need for post-acute care to rehab or skilled nursing facility	Yes	Not addressed	-

References

- <https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery>
- <https://www.facs.org/covid-19/clinical-guidance/roadmap-elective-surgery>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2190272/> (effectiveness of PPE)
- [https://www.journalacs.org/article/S1072-7515\(20\)30317-3/pdf](https://www.journalacs.org/article/S1072-7515(20)30317-3/pdf) (case triage tool)
- [https://www.bjoms.com/article/S0266-4356\(20\)30164-9/pdf](https://www.bjoms.com/article/S0266-4356(20)30164-9/pdf) (pre-op screening)
- <https://www.cms.gov/newsroom/press-releases/cms-issues-recommendations-re-open-health-care-systems-areas-low-incidence-covid-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>
- [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30075-4/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30075-4/fulltext) (post-op outcomes)
- <https://www.osha.gov/Publications/OSHA3990.pdf>