

Updated: May 11, 2020

Communication for Surgical Offices:

As we continue to expand our access to testing, continue to ensure PPE levels and increase our understanding of disease prevalence and rates of asymptomatic carries throughout the country we are recommending universal pre-procedure COVID19 testing for non-urgent/non-emergent cases for cases to be performed on Friday, May 1st and thereafter. Please see the updated protocol that details the expanded testing process. While we have increased our ability to perform in-house testing with rapid turnaround, supplies are not yet sufficient to fully support the peri-op volume. As such we continue to rely on a combination of both in-house and send out testing. Please also note that as this remains a dynamic healthcare environment, we anticipate that this operating procedure will continue to mature as more high-level evidence is released and published.

We have also made modifications in the protocol to remove barriers to care for those patients in our community who are working or being called back to work. We are working with statewide partners to identify a process by which out of town patients may have access to testing closer to home. We will update you as this becomes available.

Our clinical decision-making and communication with patients have never been of greater importance. Given the relative immaturity of the COVID-19 specific science, patients at highest risk for disease and who have low acuity surgical issues may benefit from further case postponement at which time management and mitigation of those risks are better understood. It is also imperative that patients clearly understand their responsibilities as well as risks related to surgery in this new era. We are committed to the ongoing monitoring of this care pathway and its outcomes. We will alter our schedule as clinically indicated by this safety process.

We are very grateful for your ongoing support and teamwork as we endeavor to meet our community's needs. Please see the summary of the surgical process as well as the responsibilities for individual team members. Please also see our definitions and some FAQ's as a resource when communicating with your patients.

Respectfully,

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Surgical Scheduling Process:

1. Process begins with surgeon assessment, COVID-19 symptom screening, and COVID-19 risks discussion and documentation
2. Surgeon's office posts case preferably at least one week prior to surgery date
3. PAT team contacts patient, performs second COVID-19 symptom screen and notifies patient of need for preop COVID-19 testing and assigns them a date to come for testing
4. Anesthesia reviews case per routine preoperative screen
5. PAT updates OR tracking board with COVID-19 test results
6. PAT notifies surgeon's office of positive COVID-19 test results
7. Surgeon notifies patient of positive COVID-19 test result. A multidisciplinary discussion about treatment and delay/cancellation of case and coordination with patient's PCP for follow up care will be handled by surgeon
8. Periop team performs the night before surgery COVID-19 symptom phone screen
9. If patient has a positive COVID-19 screen, case is reviewed for expedited testing

Surgeon's Responsibility:

1. Determine need for surgery
2. Perform COVID-19 symptom screen to cover prior 14 days
3. Inform patient of RSFH procedures to minimize COVID-19 related risk, but that elimination of risk is not possible. Please document discussion of this risk in your History and Physical.
4. Inform patient of visitation policy during surgical experience— one support person in preop to rejoin patient in recovery room for discharge or transfer to floor. Support person to wait outside during procedure. Support person will not be permitted to spend the night.
5. Inform patient that they need to maintain social distancing wearing face cover and practicing hand hygiene for the week leading up to their procedure. They will be asked to stay at home from day of COVID 19 testing until day of surgery. Post operatively, patient will be asked to resume social distancing, face cover/masking, and hand hygiene for the next 14 days.
6. Inform patient that PAT team will be calling them to do their standard and COVID-19 related screening and arrange any COVID-19 testing.
7. If patient agrees to above, then post case. Indicate on posting slip:
 - a. If elective or urgent and
 - b. if overnight stay is needed
8. If patient tests positive for COVID-19, surgeon's office will need to notify the patient of their positive COVID-19 testing result when it is received from PAT. Surgeon will need to notify patient and the patient's PCP of positive result to establish COVID-19 related care, surveillance and follow-up. Surgeon will need to discuss with anesthesia (and ID as indicated) whether the case should be cancelled or can proceed under the COVID+ protocol.

PROTOCOL for patients who work, live or are traveling out of the State:

1. Patient who are working/residing/staying out of State will be required to stay at home for 1 week within the State and undergo Preop COVID19 testing on Preop Day 3

URGENT PROTOCOL:

All surgical and endoscopy procedures that have clinical urgency of 3 days or less, will be performed under the URGENT protocol. Only those patients who have a positive COVID-19 screen, will be set up for 24-hour turnaround testing. Any patient whose clinical urgency allows for posting 4 or more days from day of scheduling, will require pre-procedure COVID-19 testing.

PAT team Responsibility:

1. Continue existing PAT and COVID-19-like illness symptom screen as part of standard process at time of routine screening and one day prior to surgery date.
2. Inform patient of date for testing at Rivers Avenue Transition clinic. Testing should be done 3 days prior to OR date. Place COVID-19 test order in Cerner and fax order to Rivers Avenue Transition clinic.
3. Review pending COVID-19 lab results daily and convey positive results to surgeon's office daily. (The surgeon will always report to patient and where indicated to patient's PCP.)
4. Document positive COVID-19 test results on the Anesthesia tracking board.
5. Anesthesia to perform standard preop review which will include review of testing if performed.

Suggested script:

"We understand that your surgery has been scheduled by your surgeon's office for (date). To ensure your safety and the safety of our healthcare team, we request that you:

1. Use social distancing, wear a face mask and perform proper hand hygiene on preop days 7-4. On Preop Day 3 present yourself for COVID 19 testing and then stay at home until day of surgery, maintaining social distancing. For the two weeks after surgery we ask you to maintain social distancing, wear a face cover and continue hand hygiene.
2. Monitor daily for symptoms such as fever, cough (dry or productive), shortness of breath, difficulty breathing, sore throat, laryngitis, headache, fatigue, myalgias, diarrhea, nausea, sudden loss of taste or smell. If you develop any of these symptoms, please contact us for review and possible rescheduling of your procedure."
3. "Given the nature of your surgery and COVID-19 related risks, we are requiring that you undergo preoperative COVID-19 testing on (date). Please present yourself to our drive-up testing site at 5133 Rivers Avenue, located at I-526 and Rivers Avenue. Hours of operation are 8:30 am – 5:00 pm (Monday – Friday) and 9:00 – 1:00 pm (Saturday and Sunday). If you are required to test on Friday, you must present prior to 12noon so your results will be available in a timely manner. Your surgeon's office will contact you if you have a positive test result. "

OR Scheduling Responsibility:

1. Post cases as per standard procedures
2. Notify surgeon's office if their typical block time location has been moved to another site for COVID-19 reason

Patient Responsibility:

1. Patient and any visitor planning on accompanying patient to surgery must maintain social distancing 1 week prior to surgery. The patient must stay at home from preop Day 3 following their COVID testing until day of procedure.
2. Perform proper hand hygiene frequently
3. Perform regular and routine cleansing of high-use surfaces
4. At all times, wear face mask or cloth covering nose and mouth when outside your home
5. Report any COVID-19-like symptoms to RSFH immediately
6. Attend any required COVID-19 testing as instructed
7. Maintain stay at home measures between time of COVID-19 testing and surgery

Definitions:

COVID-19- like illness symptoms: fever, cough (dry or productive), shortness of breath, difficulty breathing, sore throat, laryngitis, headache, fatigue, myalgias, diarrhea, nausea, sudden loss of taste or smell

High Risk Non-emergent procedures that require preop COVID-19 testing: all ENT surgery, tracheostomy, bronchoscopy, thoracic surgery, TEE (non-intubated patient), endoscopy, esophageal surgery, laparoscopic or intra-abdominal robotic surgery

Length of Stay Testing Requirement: any procedure for which an overnight stay is anticipated

Stay at home/social distancing practice:

- Social distancing of at least 6 feet between people at all times if possible
- Stay at home and minimizing interaction with other people except as necessary (e.g. medical follow-up)
- Avoid any close contact with people who are sick with COVID-19 -like illness symptoms
- Frequent hand washing or sanitizing for at least 20 seconds each time, especially before and after eating or touching face/nose, putting on and taking off face masks/coverings
- Regular and frequent cleansing of high-use surfaces (e.g. counters, doorknobs, draws, cupboards, and refrigerator handles) with soap, bleach, or germicidal/viricidal cleansers
- Wearing a face mask or cloth covering nose and mouth when outside your home at all times

Common Patient or Teammate FAQ's

- 1) Why are you reopening surgery now when COVID-19 infections are still occurring?

COVID-19 infection will be an ongoing threat to our community for the months to come. We continue to learn and remain committed to ongoing review of the safest way in which to care for our community in this new era. As our State has noted a significant flattening of the curve, RSFH is well equipped from a bed capacity, critical care capability and PPE supply to not only address the current COVID-19 threat but also meet the routine surgical needs of our community. We will continue to monitor these factors and patient outcomes, altering our process when clinically warranted.

- 2) While I am staying at home and practicing social distancing, how can I be assured that I will not become infected by my surgeon or healthcare teammate?

RSFH teammates are conducting themselves with recommended hand hygiene technique, personal protective equipment protocols, refraining from coming to work with COVID-19-like symptoms and maintaining social distancing while outside of work. Our Environmental Services teammates are committed to maintaining a pristine clinical environment. We continue our restricted visitation policy to minimize community transmission risk at our facilities. While these efforts do not eliminate the risk of COVID-19 transmission, we are striving to do everything possible to minimize that risk.

- 3) Will I be cared for on the same unit or by the same staff that is caring for a COVID-19 positive patients?

RSFH currently is grouping patients who are COVID-19 positive together in specified units within our facilities. Nationally, this technique has improved the quality of care that COVID-19 positive patients receive, but also minimizes risk to other patients and care givers. This "cohorting" strategy greatly reduces and often eliminates the risk of being on the same physical unit or sharing clinical staff between these patient groups. Additionally, RSFH teammates are conducting themselves with appropriate and evidence-based standards to minimize risk of cross infection. Where necessary, physical barriers have been erected to separate portions of a unit to avoid cross infection.

- 4) Will I be allowed to have a support?

RSFH visitation policy as of 4/22/2020 will allow for one masked support person who has adhered to social distancing standards prior to surgery date to accompany a surgical patient into the preoperative area. During the operation, that support person will be asked to wait outside the hospital or operative facility. They will be contacted when they can rejoin the patient in the recovery room for discharge or accompany the patient to a hospital floor bed. Support person will not be permitted to spend the night with the patient. We will require all visitors to be have maintained social distancing and hand

hygiene standards as well as to remain in their designated location while in the RSFH facility.