COVIID-19 RISK ALERT

May 21, 2020

CONVENTUS

COVID-19 Update:
New Guidance on Elective Surgeries and Procedures

On May 15, 2020, Governor Murphy signed *Executive Order (EO) 145* rescinding *EO 109*, which had suspended elective surgeries and invasive procedures on March 27, 2020. **Elective surgeries may now resume effective 5:00 am on May 26, 2020**. However, the NJ Department of Health (NJDOH) has issued guidance for *Ambulatory Surgery Centers* (ASCs) and *Hospitals* that must be followed. In addition, physician offices must comply with the Division of Consumer Affairs (DCA) guidance for *Office Practices*, which specifically addresses medically necessary or therapeutic services and procedures in an office setting not licensed as an ASC.

Division of Consumer Affairs – Office Practices

The DCA issued *Administrative Order No. 2020-07*, *Healthcare Services in Office Practices* on May 18, 2020. It applies to licensees of NJ Advisory Councils and State Boards of Medical Examiners, Nursing, Optometry, Ophthalmic Dispensers and Technicians, Respiratory Care, Pharmacy, Acupuncture, Chiropractic Examiners, Occupational Therapy, Physical Therapy, Orthotics and Prosthetics, Polysomnography, Athletic Training, and Audiology and Speech-Language Pathology. The following are the key highlights and suggested operational and risk reduction strategies for implementation.

Definitions

- ***Elective Surgery and Invasive Procedures*** – Those that can be delayed without undue risk to the current or future health of the patient, as determined by the patient's treating healthcare professional.
- ***In-person Medically Necessary or Therapeutic Services*** – Those which, in the judgment of the healthcare professional, are needed to treat or restore or improve a patient's health, and which can't be reasonably delayed without an adverse medical outcome.
- ***Office*** – A practice setting, not licensed by the NJDOH, including but not limited to healthcare professional offices, private practices, clinics, urgent care centers, and community medical centers.

All healthcare professionals authorized to provide in-person adult and pediatric medically necessary or therapeutic services in an office shall be required to comply with policies that at least include:

Avoid Person-to-Person Contact in the Office

- Continue to utilize telemedicine to the greatest extent possible.
- Triage whether in-person appointments are necessary; determine current health risk and whether the patient has had known exposure to COVID-19; has had symptoms or tested positive; length of time since onset of symptoms or from positive test; and advise the patient during scheduling of in-person visits of cloth face-covering requirements.
- Prioritize at-risk populations, especially those with underlying health conditions and/or at risk of complications from delayed care, and those without access to telehealth services.
- All patients must be screened with no-contact temperature checks or thermometers with disposable covers, and results must be recorded in the patient's medical record.
- Patients remain in their vehicles or outside until they are ready to be seen or wait in separate rooms to minimize contact with other patients.
- Schedule patients with known exposure or symptoms at the end of the day or in a dedicated room.
- Schedule patients with increased susceptibility to infections or complications from COVID-19, when the fewest patients and staff are present and not during times reserved for patients with known exposure or symptoms.

Facilitate Social Distancing within the Office

- Install physical barriers and minimize patient contact with staff in the reception areas during check in, check out and triage, or arrange intake and waiting areas to maintain six or more feet distance between individuals, where possible.
- Isolate patients with respiratory illnesses to a separate location or room immediately upon entry and close the door.
- Restrict companions unless medically necessary to assist with mobility or communication, or if the patient is a minor. All companions must wear at least a cloth face-covering.
- Arrange for contactless patient registration and payment options. Disinfect pens and credit cards after each use, if utilized.
- Provide administrative staff their own workspace, if feasible. Avoid sharing phones, computers, pens, paper, medical equipment. If sharing is unavoidable, frequently disinfect.

Adopt Enhanced Office Cleaning and Disinfection

- Disinfection must occur between each patient.
- Follow the *Centers for Disease Control and Prevention (CDC) Guidelines* for cleaning and disinfection, especially high touch areas (e.g. restrooms, countertops, doorknobs, water fountains, shared medical equipment, etc.). CDC guidance can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.
- Remove waiting area materials intended for reuse which are difficult to disinfect.
- Allow staff sufficient break time for handwashing throughout the day.

Establish Rigorous Protections for Staff

- Accommodate telework from home arrangements, where possible.
- Record temperatures for all staff upon arrival and send home if temperature is greater than 100 degrees.
- Staff must wear, at a minimum, cloth face coverings in the office, except where to do so would inhibit the individual's health.
- Require clinical staff to wear Personal Protective Equipment (PPE), consistent with level of risk and with CDC guidance at: https://www.cdc.gov/coronoavirus/2019-ncov/hcp/infection-control.html.
- Optimize the supply of PPE if in short supply, utilizing the CDC recommended strategies at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. These strategies should not be used when performing surgery or invasive procedures, providing care that presents greater risk, or among those with increased infection susceptibility.
- Train staff in proper techniques for donning and doffing PPE.
- Stagger work schedules and schedule staff with increased susceptibility when the fewest patients and staff are present.

Stay Informed About Developments and Obligations; Share Guidance with Patients

- Maintain a log of patients to facilitate contact tracing and submit information to the NJDOH or local health board, if requested.
- Report potential cases and exposures to the local boards of health.
- Develop a plan to respond to potential surges.

Elective Surgery or Invasive Procedures Involving Direct Contact with Patient's Face, Eyes, Mouth or High Aerosolization Risk

- Defer elective surgery or procedures or routine dental or eye care, if a patient is COVID-19 positive or symptomatic, until at least 10 days since the first symptoms and at least 3 days after recovery.
- Postpone any elective surgery or procedure for asymptomatic patients, if it is unlikely to result in an adverse outcome.
- Weigh and review with the patient the risks of elective surgery, invasive procedures, or routine eye or dental care if the patient is identified to be at higher risk of contracting COVID-19.
- Wear PPE to protect mucous membranes of eyes, nose and mouth during aerosol-generating procedures, as well as those likely to generate splashing or spattering of blood or other bodily fluids.
- Implement additional infection control measures to better assure all surfaces are disinfected between patients.
- Eye care professionals should use a slit lamp "breath" shield/barrier that is as large as possible without interfering with clinical care.

NJ Department of Health Guidance – ACSs and Hospitals

The NJDOH issued two (2) separate documents on May 19, 2020, one for ASCs and the other for Hospitals. They are very similar, but not identical and contain some important differences. Providers should review the full guidance documents to ensure compliance with all requirements before resuming elective surgeries and invasive procedures. Below are the highlights:

Conditions for Facilities to Resume Elective Surgeries and Invasive Procedures

- Hospitals and ASCs must ensure additional steps are implemented to protect patients and staff from COVID-19, including implementation of state and CDC guidelines, screenings for staff with symptoms, enforcing social distancing and mask usage, utilization of COVID-19 and non-COVID-19 zones, where possible, and cleaning and disinfection plans. Hospitals are also required to have sufficient plans for future surges.

Eligibility to Resume Elective Surgeries and Invasive Procedures

- Hospitals must review capacity data to ensure a downward trajectory of COVID-19 cases for 14 days, with each day's data calculated using the average of the three (3) most recent days in several categories. Hospitals must also have sufficient availability and staff for ICUs, and critical care and medical-surgical beds.
- ASCs must have a transfer agreement with an acute care hospital and confirm and document before each surgery day that the facility has the appropriate number of ICU and non-ICU beds to support potential emergent transfers, PPE, ventilators, medications, and trained staff to treat all patients.

Standards to Guide Prioritization Decisions

- Hospitals must establish a prioritization policy for providing care and scheduling cases. All cases must be reviewed by a site-based governance group to ensure consistency and consider the urgency of the cases. Hospitals are required to utilize a Level 1-5 system to rank procedures: Level 1 – Lifesaving/critical and less than 72 hours will result in substantial health decline or death; Level 2 – Urgent/intensive and less than 30 days to result in substantial health decline or irreversible health trajectory; Level 3 – Essential/acute and will result in substantial health decline or irreversible health trajectory; Level 4 – Selective, including minor or major surgery with health impact that can be safely delayed; Level 5 - Optional, for surgery with minimal health impact**.** Other factors are also listed for the governance group to consider. ***Please note that COVID-19 positive patients shall only receive Level 1 – 3 procedures.***
- ASCs must also establish a prioritization policy and all cases must be reviewed by a site-based governance group. However, the prioritization system is not specified, except that a prioritization system must be developed for surgical and procedural care for essential cases (e.g. fractures, cancer). ***ASCs must also not perform any procedures on COVID-19 positive patients.***

PPE and Staffing Requirements

- Hospitals and ASCs must ensure they have sufficient supplies of PPE to protect healthcare workers and patients for a minimum of seven (7) days.
- Personnel must wear appropriate PPE consistent with CDC and NJDOH recommendations. See CDC Information *Using PPE for the Care of COVID-Positive Patients* at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.
- Policies and procedures must be developed for personnel who are not in direct patient care roles (i.e. front desk registration, schedulers, environmental cleaning, etc.).
- Policies for the conservation of PPE should be developed, as well as for any extended use or reuse of PPE per CDC, Food and Drug Administration (FDA)and NJDOH recommendations. See the *CDC Strategies to Optimize the Supply of PPE and Equipment* at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.
- Train staff on planned surgical procedures appropriate to the patient population and facility resources.

Disinfection Protocols, Supplies and Equipment Maintenance

- Hospitals and ASCs must implement disinfection and cleaning protocols to confirm that cleaning and disinfection supplies are COVID-19 compatible; ensure adequate supplies of hand sanitizers, tissues and non-touch trash receptacles; and ensure all equipment is up-to-date and on preventive maintenance tested.
- All facilities must confirm/update all infection prevention policies and procedures. See *CDC Infection Control Guidance by Facility Type for Healthcare Professionals about Coronavirus* at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html.

Testing, Self-Quarantine, and Other Preventive Measure Requirements for Patients Seeking Procedures

- ***Hospitals and ASCs must test (specimen collected, and result receive) each patient within a 96 -hour maximum before a scheduled procedure with a preoperative COVID-19 RT-PCR test and ensure COVID-19 negative status.***
- The patients must be counseled to practice the following: ***self-quarantine following testing and up until the day of surgery; social distancing and wearing a mask in their place of self-quarantine, when appropriate***; inform the facility if there is close contact with a suspected, confirmed case, or a person with symptoms of COVID-19; develops any COVID-19 symptoms while in self-quarantine.
- Hospitals and ASCs must have a process to screen patients for COVID-19 related symptoms prior to scheduled procedures and ensure that the patient has worn a mask, social quarantined and social distanced since testing.

Policies Surrounding Visitation and Discharge

- No visitors are allowed except for a parent or guardian with a pediatric patient; same day surgery or procedure patient may have one (1) support person; outpatients may be accompanied by one (1) adult.
- Discharge policies do not need to be changed.

Reporting Metrics

- In an effort to maintain data in preparation for a possible second surge, hospitals must continue to collect and report data through the portal regarding COVID-19 case counts, non-COVID-19 case counts, and capacity data.
- ASCs must continue to report PPE inventory and caseloads.

Key Resources, Recommendations, and Guidance Documents

The NJDOH posted links to state and federal documents providing further guidance on each of these areas of focus and requirements. They can be found in the Hospital and ASC guidance documents.

Operational and Risk Reduction Strategies

- Identify at risk patients that should be seen as a priority either via telemedicine or in-office visit. Special consideration should be given to patients with chronic or serious conditions that need to be managed.
- Consider adapting the *CDC's Phone Advice Screening Protocol* to your needs at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html
- Follow CDC's guidance on *Evaluating and Testing Persons for COVID-19* at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html
- The NJDOH also issued *Guidance for Outpatient Providers Evaluating Patients for COVID-19* at: https://www.njconsumeraffairs.gov/Documents/NJ%20Outpatient%20Provider%20Guidance%20DOH%20CDS%20DCA.pdf
- Follow NJDOH *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* at: https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance_for_COVID19_Diagnosed_andor_Exposed_HCP.pdf.
- Patients should be tested using labs that can meet the 96-hour COVID-19 patient testing turnaround time before a procedure. The DCA guidance for Office Practices does not specifically require a 96-hour maximum on testing, but it is a best practice for patient and staff safety.
- Train staff on how to don and doff PPE. NJDOH Resources can be found at: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID19_Infection_Prevention_and_Control_Resources.pdf. CDC Resources can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
- Keep checking the NJDOH website for updates on COVID-19 Information for Healthcare Professionals at: https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml
- Be familiar with the joint statement/roadmap to guide the readiness, prioritization and scheduling released by the American College of Surgeons, American Society of Anesthesiologists, and the Association of periOperative Registered Nurses. It can be accessed at: https://www.aha.org/standardsguidelines/2020-04-17-roadmap-aha-others-safely-resuming-elective-surgery-covid-19-curve

Operational and Risk Reduction Strategies (cont'd)

- Keep track of/contact patients whose elective surgeries or procedures were previously cancelled to ensure that their condition has not deteriorated or placed them in a higher prioritization category since last contacted.
- Develop prioritization criteria for elective surgeries/procedures in your office or if the ASC has not developed a policy. The American College of Surgeons has developed COVID 19 Elective Case Triage Guidelines for Surgical Care at: https://www.facs.org/covid-19/clinical-guidance/elective-case
  You may also want to consider the *MeNTs Objective Scoring System* (Medically Necessary Time Sensitive), which can be accessed at: https://www.facs.org/media/press-releases/2020/covid-scoring-system0414/worksheet
- The DCA Guidance for Office Procedures only recommends that providers postpone any elective surgery for confirmed COVID-19 asymptomatic patients if, in the provider's professional judgment, a postponement will unlikely result in an adverse outcome. The NJDOH states that ASCs cannot perform procedures on confirmed COVID-19 patients, regardless of whether the patient is asymptomatic. Therefore, consider adopting the higher ASC standard for your office as a best practice for patient and staff safety.
- Contact the ASC(s) and/or Hospital(s) where you perform surgeries and procedures to ensure you understand their policies to comply with the requirements.
- ***Although it is not a state requirement, it is recommended that you utilize a COVID-19 informed consent form for elective surgeries to at least include the required patient counseling and the risks/benefits of elective surgery in relation to COVID-19. Conventus insured members can contact the Practice Resources Department for a sample informed consent, which can be tailored to your needs.***

As always, Conventus members may contact the Practice Resources Department at (877) 444-0484 ext. 7466 with any questions, and we would be happy to assist you.