Surgery and Procedure Scheduling Policy

To address COVID-19 requires limiting exposure of patients and healthcare providers to SARS-CoV-2 virus, and conservation of ventilators, and Personal Protective Equipment (PPE) and limiting exposure of patients and healthcare providers to SARS-CoV-2 virus. In response will limit all the scheduling of all surgery and procedures to Tier 3a and 3b at University Hospital (UH), the MARC and Robert B. Green Campus (RBG) until circumstances change.

<table>
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<tr>
<th>Tiers</th>
<th>Action</th>
<th>Definition</th>
<th>Locations</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Tier 1a</td>
<td>Postpone surgery/procedure</td>
<td>Low acuity surgery/healthy patient- outpatient surgery Not life threatening illness</td>
<td>HOPD* ASC** Hospital with low/no COVID-19 census</td>
<td>-Carpal tunnel release -EGD -Colonoscopy -Cataracts</td>
</tr>
<tr>
<td>Tier 1b</td>
<td>Postpone surgery/procedure</td>
<td>Low acuity surgery/unhealthy patient</td>
<td>HOPD ASC Hospital with low/no COVID-19 census</td>
<td>-Endoscopies</td>
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<tr>
<td>Tier 2b</td>
<td>Postpone surgery/procedure if possible</td>
<td>Intermediate acuity surgery/unhealthy patient-</td>
<td>HOPD ASC Hospital with low/no COVID-19 census</td>
<td></td>
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<tr>
<td>Tier 3a</td>
<td>Do not postpone</td>
<td>High acuity surgery/healthy patient</td>
<td>Hospital</td>
<td>-Most cancers -Neurosurgery -Highly symptomatic patients</td>
</tr>
<tr>
<td>Tier 3b</td>
<td>Do not postpone</td>
<td>High acuity surgery/unhealthy patient</td>
<td>Hospital</td>
<td>-Transplants -Trauma -Cardiac w/ symptoms -Limb threatening vascular surgery</td>
</tr>
</tbody>
</table>

*Hospital Outpatient Department, ** Ambulatory Surgery Center
Adopted from CMS Adult Elective Surgery and Procedure Recommendations, 3/15/20

The scheduling of surgery and procedures will occur through the routine process as always at UH, the MARC and RBG. Cases must meet the qualifications of a Tier 3a or 3b case in order to be posted.

Examples of Tier 3a and 3b cases below.

The procedure below will be followed daily, M-F.

- 1000 hrs. - The physician leader from the Department of Anesthesiology and the Administrative Nursing dyad will review the surgical and procedure schedule for the following day.

- 1000 to 1200 hrs. - Any conflict concerning a case Tier designation will be reviewed with the relevant Department Chair. If further adjudication is required to finalize a case Tier designation the Executive Vice Dean for Clinical Affairs, the Executive Director Perioperative Services University Health Systems and the Department Chair of Anesthesiology will render a final decision.

- 1200 hrs. - The surgery and procedure schedule for the following day will be published.

- After 1200 hrs. – Any additional Tier 3a and 3b cases can be booked into open operating rooms or procedure areas with the identical vetting procedure described above when necessary.

UH

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RBG CAMPUS

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Examples of Tier 3a and 3b cases

**ENT:**
1. Incision and drainage of abscess
2. Control of nasal or post-tonsillectomy hemorrhage
3. Repair of fracture
4. Removal of foreign body, throat
5. Mastoidectomy
6. Endoscopic sinus surgery for meningitis
7. Head and Neck tumor excision
8. Tracheostomy

**General Surgery:**
1. Appendectomy for Acute Appendicitis
2. Cholecystectomy for Acute Cholecystitis
3. Laparoscopy or exploratory laparotomy for Acute abdomen
4. Laparoscopy or exploratory laparotomy for Perforated viscous
5. Laparoscopy or exploratory laparotomy Bowel obstruction
6. Laparoscopy or exploratory laparotomy Gastrointestinal hemorrhage
7. Laparoscopy or exploratory laparotomy Ischemic bowel
8. Laparoscopy or exploratory laparotomy Strangulated hernia
9. Debridement of Necrotizing Soft Tissue Infection
10. Debridement of Fournier’s Gangrene
11. Drainage of Abscesses that cannot be performed on floor
12. Resection of Aggressive Malignancies
13. Enteral Access for patients without functioning Dobhoff or nasogastric tube
14. Central Venous Access when peripheral IV or PICC is inadequate
15. Trauma
16. Control of Hemorrhage from any source
17. Tracheostomy for non-COVID or PUI patients
18. Foreign Body Removal
19. Colon Resection for volvulus
20. Cholecystectomy for Gallstone Pancreatitis
21.

**GI:**
1. Upper and lower GI bleeding
2. Suspected GI bleeding
3. Dysphagia significantly impacting oral intake
4. Cholangitis or impending cholangitis
5. Symptomatic pancreaticobiliary disease (stones, stricture, etc.)
6. Palliation for gastrointestinal obstruction (luminal or pancreaticobiliary)
7. Foreign body removal or removal of device (stent, etc.)
8. Endoscopy that will significantly change the patient’s management

**Neurosurgery:**

**Emergent:**

1. Craniotomy
   a. Traumatic/spontaneous intracranial hemorrhage
2. Spine Decompression/Fusion
   a. Unstable fractures and declining exam
   b. Cauda equina

**Urgent:**

1. Spine Decompression/Fusion
   a. Infection
      i. Progressing neurologic deficits
      b. Intolerable pain (i.e. unable to discharge from hospital)
2. Craniotomy
   a. Shunt malfunction revision/placement
   b. Tumor with mass effect/worsening neurological deficits

**Ob/Gyn:**

**Emergent/Urgent**

1. Uncontrolled bleeding with risk of end-organ damage or requiring transfusion
2. Acute Abdomen
3. Ovarian Torsion
4. Ectopic Pregnancies – not candidates for medical management
5. Infection or Abscess not responding to IV antibiotics or necrotizing fasciitis

**Medically Time Sensitive:**

1. Diagnosed malignancy or probable malignancy where a 4-week delay
2. Other diseases where a 4-week delay in surgical management would reduce functional status.
3. Abnormal Uterine Bleeding (Menorrhagia) with severe anemia
4. Abortion – missed, incomplete, septic, etc.

**OMS:**

1. Incision and drainage/debridement procedures mouth face and neck.
2. Maxillo-facial fractures

**Ophthalmology**

1. Globe rupture/ corneal, scleral laceration
2. Corneal perforation, impending corneal perforation
3. Intraocular foreign body
4. Retinal detachment
5. Glaucoma with uncontrolled intraocular pressure
6. Cataracts causing phacomorphic glaucoma or phacolytic uveitis
7. Orbital/subperiosteal/eyelid abscess
8. Lid laceration preventing adequate globe coverage
9. Hyphema complicated by glaucoma or corneal blood staining (amblyogenic age)
10. Endophthalmitis
11. Exposed glaucoma drainage device
12. Optic nerve sheath fenestration

**Orthopedic Surgery:**

1. Acute Fracture requiring stabilization to preserve life or limb
2. Total Joint Arthroplasty with acute dislocation, infection requiring surgery
3. Acute Trauma whose condition would significantly worsen without surgery
4. Infections
5. Potential malignancy
6. Total Joint Arthroplasty with acute dislocation
7. Post-operative complications that include hardware issues

**Plastic Surgery:**

1. Wound Debridement
2. Infections of any type
3. Removal of infected hardware
4. Skin Grafts in special circumstances
5. Flaps to cover exposed bone, joint, hardware etc.
6. Aggressive breast cancer – reconstruction delayed/selective
7. Facial trauma

**Podiatry:**

1. Necrotizing Fasciitis with elevated temperature and white blood cell count
2. Acute Osteomyelitis with high fever and white blood cell count
3. Open fractures requiring reduction and debridement
4. Crush injuries with possible compartment syndrome
5. Open wound with uncontrolled hemorrhage in the ER

**Urology**

1. Infected stone
2. Fournier’s
3. Testicular Torsion