Recommendations for Health System Reactivation

In response to Governor Inslee's proclamation of March 19th, Washington State healthcare organizations halted non-urgent ("elective") medical and dental procedures and services until May 18th, 2020.

This action was undertaken to support the public health need to eliminate all unnecessary person-to-person contact, to preserve critical equipment and personal protective equipment (PPE) for healthcare workers treating those with COVID-19, and to ensure adequate hospital capacity in a time of much uncertainty.

Recent data from the University of Washington's Institute for Health Metrics and Evaluation indicates that the peak number of patients needing intensive care unit beds occurred on or before April 5th, 2020. The group understands that the regional threat of disease spread is by no means over and is mindful of the risk of a possible second wave of COVID-19 cases among long-term care facilities. Therefore, the need to reserve PPE for long-term care facilities and for first responders continues to be an important consideration. The group understands that information is still being collected on the nature of the risks in long term care and the overall levels of available PPE. In this context, the group believes that a complete assessment of the risks and benefits related to Governors proclamation should include the progress on the hospital front, concerns around long term care and the risks related to continuing the prohibition on elective services. Presented below are recommendations from the group that would allow the state to recognize the benefits of reopening the health care system while effectively mitigating the risks as much as possible.

A broad-based group of healthcare organizations in Washington State convened as a subgroup of the Washington Healthcare Forum believe reassessing the merits of continuing to restrict increasingly needed, elective healthcare services. Continued limitations on elective healthcare services create significant and increasing deferred levels of clinical health challenges among the people of the state, while inflicting serious financial and operational damage on healthcare organizations, providers, and valued staff. While a very reasonable and thoughtful starting point, as time goes on in any such shutdown, patients' levels of pain, illness, and dysfunction can evolve. In the March 19th proclamation, elective care and procedures were defined as "…*health care services, procedures, and surgeries that, if delayed, are not anticipated to cause harm to the patient within the next three months."* What was once considered "elective" may move into "semi-elective," "urgent," or even "emergent" categories. As this occurs, ultimate ability to treat may become more difficult, and outcomes less predictable or acceptable.

Weighing the risks and benefits of continued deferment with COVID-19 spread, we believe the opportunity now exists to safely and progressively increase elective patient care in Washington, in a manner that comprehensively addresses the foundational concerns of the March 19th gubernatorial proclamation. This includes safe social distancing and preservation of necessary PPE levels for COVID-19 care, for long-term care, and for first responders.

Washingtonians' health relies on a healthcare delivery system that can meet a range of needs in a timely manner, including acute care, surgical services, chronic illness management, behavioral health care, and dental care, as well as the treatment of COVID-19 patients in both acute and chronic settings. While we appear to be slowly conquering the initial wave of COVID-19 disease in our patients, the hidden harm

being imparted to other patients from continuing to delay "elective-but-time-sensitive" care has the potential to result in broad, deep, and long-lasting health, social, and economic impact.

In this context, a group of healthcare organizations in Washington state convened as a subgroup of the Washington Healthcare Forum recommend a balanced approach to re-opening the healthcare system that rests on these key principles:

- Harms are generated both by morbidity and mortality from COVID-19 and from deferred access to needed healthcare services.
- Easing of restrictions on elective patient care and surgery may be safely undertaken in advance of easing of society-at-large restrictions. With appropriate use of science-based protocols for social distancing, stringent universal precautions, situation-appropriate PPE-use, and testing, we can and will make our elective patient care spaces among the safest places for Washingtonians to be at this time.
- Access to sustainable PPE levels is key to easing restrictions on elective patient care. At the same time, capacity needs to be preserved in the event of disease resurgence, once general social restrictions are eased. We are prepared to work collaboratively and transparently with our colleagues, institutions, and regulatory agencies to ensure that we maintain adequate supply chain capacity for possible COVID-19 patient care, while servicing our mission of healing.
- Once opened, healthcare organizations of all types will continue to follow evolving Department of Health guidelines and recommendations. Unless otherwise directed, decision-making regarding operational process and delivery of specific services should reside, as before the closure, with individual healthcare organizations, the clinicians involved, and their patients.

Recommendations for All Healthcare Delivery Organizations

These recommendations are for all hospitals, ambulatory surgery centers (ASCs), outpatient care facilities, and dental practices. To balance mounting individual patient *general* elective care needs with ongoing public health concerns, this group recommends all healthcare delivery organizations meet consensus criteria to re-open elective patient-care services in general including:

- **Social distancing:** Maintenance of strict social distancing in patient scheduling, positioning and movement within a facility, and continued maximal possible use of telemedicine/telehealth capabilities for the duration of the crisis.
- **Family and friends:** Minimum group size for patients' visits. Visitors present for transportation only will wait off-site until contacted at conclusion of the visit.
- **Screening prior to visit:** Use of on-site fever and self-report of COVID-19 symptom screening for all patients and staff immediately prior to (preferred) or upon entering a facility.
- **Sanitizing:** Hand sanitization procedures required of all patients and providers upon entering the facility. Hand sanitization required for providers throughout the day. Regular sanitizing of hard surfaces, patient-care equipment, and workstations by care personnel.
- **PPE use:** "Threat-level-appropriate" PPE use by providers and patients, except when dental care is provided. If PPE is unavailable, personal cloth face coverings by patients is recommended.
- **PPE supply:** Maintenance of operational levels of PPE appropriate to continue both elective patient care AND to respond to the potential for a resurgence in COVID-19 cases. If resurgence occurs, facilities will likely be forced to either limit or halt elective care again.

- **Hospital facilities:** Sufficient access to PPE and other supplies, hospital beds, ICU beds, and staff to safely meet needs over the next 30 days.
- **ASC, outpatient clinic facilities, and dental offices:** Minimum operational level of PPE recommended. Due to the possibility of resurgence, these facilities should be recommended to keep on hand only the sufficient level of PPE to maintain operations as other PPE would remain in the supply chain for use by hospitals.

Recommendations for Healthcare Delivery Organizations Performing Surgery

To balance mounting individual patient *surgical* care needs with ongoing public health concerns, this group recommends all healthcare delivery organizations meet consensus criteria to re-open elective patient surgical services including:

- **Capacity:** Hospital-based elective procedures should have a regional hospital census <90% of full capacity. Once restarted, hospitals are expected to maintain hospital census below 95% daily. If cases are projected to exceed 95%, elective procedures will need to be cancelled. The Department of Health will monitor with daily reports and take enforcement actions against systems that exceed capacity at the DOH's discretion.
- **Testing:** Absent universal testing, assume the patient is positive and use PPE as appropriate. As testing becomes increasingly available and increasingly reliable, we recommend that healthcare delivery organizations move towards a universal patient preoperative testing protocol. Universal testing will vary by the capacity of the region to conduct testing. If and when universal testing becomes readily available, patients should be tested within 48 hours preoperatively using an FDA-approved test.
    - For patients who test positive, delay procedure. Advise patient about appropriate quarantine and contact tracing.
    - For patients who test negative, continue to follow guidelines below.
- **PPE:** For ALL facilities performing surgeries and procedures:
    - Surgical areas
        - Operating Rooms – masks worn at all times, gown, gloves, eye protection for non-intubation procedures.
        - Neuraxial and regional anesthesia if possible. Avoid intubation/extubation.
        - Intubation and Extubation – N-95 masks with surgical over-mask, eye protection, gown, gloves.
    - PACU
        - Masks and gloves for routine patient recovery in asymptomatic patients without airway manipulation or coughing.
        - For patients being extubated in PACU, or expected coughing, etc.: add N-95 masks, eye protection, gowns.

In summary, as we move from the height of the COVID-19 pandemic in Washington State, our healthcare community must consider how to safely, progressively, and compassionately increase elective patient care and surgery. With proper use of social distancing, universal precautions, appropriate use and stewardship of PPE, and (when available) accurate, disease-predictive COVID-19 testing, we can safely and effectively ease the mounting, deferred disease and injury burden in our state. Furthermore, our community can simultaneously define a collaborative and adaptable roadmap for managing this and future crises.

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