Moving Forward
Surgical Care with COVID-19

June 2020

Operating in the time of COVID-19

Webinar Objectives

• Review governing body responsibilities in developing an ongoing strategy for providing services in the COVID-19 era
• Identify best practices to create a healthy environment for patients and your workforce
• Revisit requirements for ensuring a safe environment with adequate supplies
• Understand infection prevention and control requirements to effectively manage and mitigate risks related to COVID-19 exposure

This is a Journey

• Wide range of scenarios
  • Fully operational (and very busy)
  • New or different services
  • Reduced operating capacity
  • Fully closed
  • We aren’t finished adapting
• Details can make the difference
• Don’t hesitate to ask
Standards implications depend on your situation

- Applies to a specific time frame / when you resumed seeing patients onsite
- Standards implications
  - Waived
  - Deferred – Safety
  - Deferred – Administrative
- Did your existing policies and procedures already adequately address pandemic considerations?
  - What’s your plan?

Readiness Checklist

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<tr>
<th>Section</th>
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<th>Status</th>
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<td>2.7.1</td>
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<td>2.7.2</td>
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Faculty

Frank Chapman, MBA  Kris Kilgore, RN, BSN
Non-COVID-19 care should be offered to patients as clinically appropriate and within a state, locality, or facility that has the resources to provide such care and the ability to quickly respond to a surge in COVID-19 cases, if necessary.
The Governing Body is responsible for oversight of the strategy

• Based on risk assessment specific to COVID-19 (Standards 7.I.A.2, 7.I.A.9), re-evaluate and approve infection prevention and control program (ensure addresses pandemic considerations if not already in place) (Standards 7.I.A, 7.I.B, 7.I.A, 7.I.B)
• Update credentialing and privileging (Standards 2.II.E, F, and G [2.II.1 for solo providers], 2.II.B)
• Audit licensure and certification compliance of all health care professionals (Standards 2.II.H, 2.II.B)
• Ensure OSHA compliance: worker protection from biologic hazards (Standards 7.II.L, 3.II.H)

Take the time necessary to consider the plan details

• Federal, State and local plans and criteria for resuming full/normal operations, as applicable (Standard 2.I.B, 2.I.H)
• Sustained reduction of COVID-19 in community
• Notification requirements
  • State and local officials
  • Payors: MAC health insurance contractors
  • Local hospital – transfer of patients (Standards 4.G, 4.K)
  • AAAHC (Standards 2.I.D, 2.I.L)
  • Professional liability carrier (Standards 2.II.H, 2.II.B)

Are you ready?

• Evaluate viability of your supply chain: contractors, suppliers and services (Standard 2.I.C.2, 2.I.L)
• Assess your financial sustainability (Standard 2.I.B.9, 2.I.H.10)
• Test medical equipment (Standard 8.J, 8.I.O)
• Update communication with referring physicians and patients
• Collect deployed assets, if any (tested, cleaned)
• Conduct dry runs (e.g. patient flow)
CMS COVID-19 Emergency Declaration Blanket Waivers

Medical Staff

AAAHC MDS Standards 2.II.B.5, 2.II.C; §416.45(b)
• Waived requirement that medical staff privileges must be periodically reappraised, and the scope of procedures performed in the ASC must be periodically reviewed
• Allows physicians whose privileges will expire to continue practicing
• Allows ASCs to continue operations without performing administrative tasks during the public health emergency (PHE)
• Improves the ability of ASCs to maintain their current workforce during the PHE

Anesthesia Services

AAAHC MDS Standard 9.D; §416.42 (b)(2)
• Waived requirement that a CRNA is under the supervision of a physician
• CRNA supervision will be at the discretion of the ASC
• Allows CRNAs to function to the fullest extent of their licensure, and
• Must not be inconsistent with a state’s emergency preparedness or pandemic plan
Telehealth Considerations

- 1135 waiver extends telehealth for beneficiaries during COVID-19 outbreak
- Telehealth visit: pre/post-procedure (if appropriate)
- Virtual check-in: via phone to decide if visit needed
- AAAHC Standards still apply!
- If telehealth is a new service…Governing Body approved, AAAHC notified
- Medicare Toolkit available

Patient Assessment – Pre-Operative

- Complete H&P within 30 days; consider use of telemedicine for some elements of pre-op assessment (Standards 10.I.N, 10.I.D)
- Explain your advance directive procedure, especially for patients who are post-COVID-19 (Standard 1.B.5, 1.L)

Patient Assessment

**Intra-operative**
- Assess need for additional time-out component (Standards 10.I.N, 10.I.S, 10.I.T)
- Update guidelines for who is present during intubation and extubation (droplet precaution) (Standards 7.I.F, 7.I.I, 7.I.J)
- Update staff training in proper PPE use (Standard 7.I.F, 7.I.G)
- Update risk management policies for non-essential personnel in OR (Standards 5.II.A.6-7, 5.II.A.9-6)

**Post-operative/discharge**
- Telehealth may an appropriate method for post-op appointments
Consider establishing Non-COVID Care (NCC) Zones

- Evaluate necessity of care
- Review and adoption of nationally published guidelines on social distancing
- NCC zones, e.g., designated rooms, equipment with minimal crossover
- Minimize time in wait areas
- Space chairs 6 feet apart
- Low patient volumes
- Screen all patients for potential symptoms prior to entering NCC zones
- Assign dedicated staff for NCC zones; limit movement


Protecting patients

- Responsibility for adherence to COVID-related policies and procedures (Standards 1.C, 1.N)
- Determine policies for screening and testing (Standards 10.I.D, 10.I.D)
- Clinical records demonstrate that:
  - Policies for screening and testing of patients are followed (Standards 6.F, 6.H, 6.D, 6.I)

Ensure a healthy workplace for providers and staff

- Update HR policies to reflect policies for screening and testing of staff (Standards 3.D, 3.I.C)
- Establish provider and staffing levels adequate to resume care within scope, with contingency planning for absenteeism (Standards 4.C, 4.C)
- Update employee health services: routine screening and management of asymptomatic staff (Standards 7.I.I.L, 3.I.I.H)
  - Providers and staff to check for signs of illness
  - Screening for respiratory symptoms and temperature
  - Exposure control plan (Standards 7.I.I.L, 3.I.I.H)
Ensure a healthy workplace for providers and staff

• Document training of all staff in all COVID-related policies and procedures (Standards 3.E, 3.I.C, 3.II.G)
• Infection prevention and control, including use of PPE, hand hygiene, universal precautions
• Identify, Isolate and Inform procedures

Establish your testing protocol

• Type of testing: Waived or not?* (Standard 12.A, 12.A)
  • Molecular
  • Serological
• Cost of testing; discuss with health plans
• Based on infection prevention risk assessment (Standards 7.I.A, 7.I.A), determine who to test and when:
  • Staff
  • Patients

* If not waived, has the FDA issued an EAU (Emergency Use Authorization)?
Prepare for a safe environment

- Is your facility ready?
  - Fire doors, exits, emergency lighting, fire extinguishers, storage areas, emergency lighting, fire alarm systems, illuminated exit signs are in working order (Standards 8.B and 8.C)
- Implement requirements for social distancing and use of PPE in reception area, restrooms (Standards 8.E, 8.I.C)
- Consider OSHA requirements
- Flush faucets – hot and cold lines
- Flush and disinfect devices that store water

Do you have sufficient resources without jeopardizing surge capacity?

- Universal source control
- PPE conservation
  - Monitoring and management
  - Sign in/out
  - Use and re-use guidelines
- Use of cloth masks: staff / patients
- Calculate PPE burn rate (CDC tool)

Evaluate your inventory

- Medical equipment (Standard 8.J, 8.I.O)
  - Testing and maintenance
  - Supply chain: FDA drug shortage, supply and extended use dates
  - Narcotic inventory
  - Fridge temperature monitoring (Standard 7.II.G, 8.I.Q)
- Supplies
  - Take stock
  - Monitoring
  - Management
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Ensure emergency preparedness

- Update emergency and disaster preparedness plan as needed to address COVID-19 (Standard 8.H, 8.II.A)
- Emergency equipment and supplies (Standard 8.K, 8.I.M)
  - Crash cart
    - Check all contents in crash cart
    - Test all equipment in/on crash cart
    - Verify staff knowledge of location/use of equipment
  - Drills (Standard 8.I, 8.II.D.2)
    - Some may be waived
Update the infection prevention and control program and policies

- Conduct risk assessment specific to pandemic considerations
- Update IPC program as needed to address pandemic management guidelines
- Ensure governing body approves revisions (Standard 7.I.A, 7.I.A)
- Identify: screen, test and monitor
- Isolate: policies and procedures
- Inform: state reporting
- Monitor compliance with IPC policies

Review cleaning protocols

- Environmental and equipment cleaning
  - Use EPA-registered agents specific to COVID-19
  - See list of approved products as of May 20: [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
- Review environmental cleaning plans
  - All spaces
  - Equipment
  - High-touch and high-traffic areas
- If anesthesia machines are used on COVID patients, ensure thorough decontamination

Sterile Processing

- Ensure staff trained on proper processing and transportation of sterile instruments (Standard 7.I.D, 7.I.K, 7.I.L)
- Limit the number of reprocessing staff
- Limit reprocessing to experienced staff with documented competency (avoid trainees if possible)
- Process endoscopes according to MFU with proper PPE
- Follow a clean to dirty flow
Meticulous room cleaning is essential

Endoscopy Room
- Clean room between each patient
- All high-touch and horizontal surfaces with approved EPA-registered disinfectant

Operating Room
- Clean room according to guidelines including all surfaces, anesthesia machine, patient monitors, tables, lights and other equipment with EPA-registered disinfectant

AAAHC resources that can help you move forward

- ASCA Toolkit: https://www.ascassociation.org/resourcecenter/latestnewsresourcecenter/covid-19