UNC Health Policy on Procedures and Surgical Cases

Rationale:

The evolving COVID-19 outbreak requires a system to prioritize procedural and surgical care for our patients. Our greatest concern is ensuring that we continue to provide needed health care, while also meeting the uncertain demands on our system associated with COVID-19.

Prudent use of resources today allows us to prepare for the anticipated need tomorrow. Our response to this demand for services in the ambulatory procedural and surgical care areas is outlined below.

Executive Summary:

1. All cases in procedural and surgical care units will be assigned priority classification (Elective, Priority, Urgent, Emergent)
2. Using the Appropriate Level of Care, as determined by the COVID-19 Action Council (CAC), entities can make decisions about proceeding with scheduled cases.

Priority:

1. All Procedural and Surgical Care units will use the following patient prioritization classification system:
    a. **Elective**: Indefinite time frame. There is no immediate harm in deferring the procedure or surgery.
    b. **Priority**: The procedure or surgical case must be performed in the next 1-4 weeks.
    c. **Urgent**: The procedure or surgical case must be performed in the next 1-7 days.
    d. **Emergent**: The procedure or surgical case must be performed immediately or in the next 24 hours.
2. Each Procedural and Surgical area will be responsible for classifying each patient into one of these four categories.

Levels of Care:

1) The CAC will set triggers and determine the System Level of Care. Each entity will be responsible for enforcing and operationalizing the standards for each level. Entities may choose to move to a higher level of care:
    a. Level A: Normal operations.
    b. Level B: Heightened awareness and intensified screening
        i. Patients undergo screening 24-48 hours prior to procedure or surgical case and those who are at risk for COVID-19 are put into appropriate diagnostic pathways (virtual clinic, RDC, etc.). Elective and priority patients at risk for COVID-19 as determined by screening are rescheduled. Decisions on urgent and emergent cases for patients determined by screening to be at risk for COVID-19 are made by the care teams.
    c. Level C: Limited reduction in elective procedural and surgical cases.
        i. Clinicians ***must*** review and select on a case-by-case basis those patients in the elective priority classification who should proceed with care and those who should be rescheduled.
        ii. This decision is based on a clinician-driven benefit and risk analysis. The discussion should involve all involved clinicians (i.e. including surgeon/proceduralist, anesthesia team and operating room leadership)
        iii. Some elective procedural and surgical cases may proceed if benefit to the patient and community outweighs risk to patient or staff. Decisions are made by care team.
        iv. Infectious disease data and experts inform procedural teams about the known risks regarding patient and team exposure.
    d. **Level D: Enforced reduction in elective procedural and surgical cases.**
        i. Elective procedures or surgical care will not be performed.

1. Exceptions will be reviewed on a case by case basis with designated hospital leadership.

ii. Only priority, urgent and emergent procedures and surgical cases will be performed.

e. **Level E – Standard Hospital Operations Significantly Modified due to COVID epidemic**

i. Urgent and emergent care only with triage at individual OR level

ii. Priority procedures and surgical cases require senior leadership approval on a case-by-case basis and would be rare.

iii. Elective procedures and surgical cases are prohibited.