



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

May 1, 2020

Dear Hospital and Ambulatory Surgery Center Leaders:

I am writing to update the guidance issued by the North Carolina Department of Health and Human Services (NCDHHS) on March 20<sup>th</sup> requesting that all hospitals and ambulatory surgery centers suspend all elective and non-urgent procedures and surgeries, defined as any procedure or surgery that if not done within the next 4 weeks would not cause harm to the patient. Effective May 1<sup>st</sup>, elective and non-urgent procedures and surgeries can be resumed in accordance with the attached guidance developed by the North Carolina Healthcare Association (NCHA) and the additional considerations below.

Fortunately, the early actions that Governor Cooper has taken and the adherence by the public to these measures, has slowed the spread of COVID-19 in our state and prevented our health care system from being overwhelmed as we have seen in other parts of the country. However, without a vaccine or effective treatment for COVID-19 we must remain vigilant about limiting the spread of the virus and protecting those most at risk from serious illness.

We appreciate the efforts of NCHA to work with health care providers and NCDHHS in developing this guidance that will allow a phased return to elective surgeries and procedures based on a clinical determination and an assessment of resource adequacy – hospital facilities, medical personnel, medical equipment, blood products, medicines, post-discharge facilities, and personal protective equipment (PPE). This guidance covers protecting healthcare workers, ensuring adequate supply of PPE – recommending a 30-day supply on hand, and developing a defined COVID-19 testing process among others.

In addition to adhering to the attached guidance, I request that hospitals continue their daily reporting on resource availability such as acute and ICU beds, ventilators and other resources.

Given the rapidly evolving nature of the COVID-19 pandemic, DHHS may need to revise this guidance in the future to appropriately protect the health and safety of the people of North Carolina.

We are thankful for the tremendous efforts of the hospitals and health care providers across our state who have been on the front lines as we fight COVID-19 and look forward to our continued partnership.

Sincerely,

A handwritten signature in cursive script that reads "Mandy K. Cohen".

Mandy K. Cohen, MD, MPH  
Secretary

## North Carolina's Responsible Return to Elective Surgeries and Procedures

### Background

On March 20, 2020, at the request of the North Carolina Department of Health and Human Services (NCDHHS), providers of surgical and other procedures significantly changed their operating model and voluntarily suspended such services as deemed 'elective.' The request was made with three important goals in mind as NC prepared for an anticipated significant surge in COVID-19 cases: (1) to preserve a limited supply of PPE; (2) to preserve access to hospital facilities, medical personnel, medical equipment and PPE to handle the expected surge in COVID-19 cases; and, (3) to reduce the spread of the COVID-19 virus.

Due to the significant steps that the state has taken to ensure social distancing and North Carolinians' compliance with the state's directives, NC has thus far avoided a large surge that would stress hospital capacity, medical personnel and the availability of medical equipment and PPE. NC appears to have been able to "flatten the curve" of COVID-19 cases. We now anticipate a more prolonged period of COVID-19 infection, but at levels that can be accommodated by the existing healthcare infrastructure with periodic and unpredictable "hot spots" occurring throughout the state for several months. Congregate living arrangements (nursing homes, prisons, and other group living environments) are particularly susceptible to outbreaks, which can occur in any NC community. Accordingly, all North Carolinians must remain vigilant and adhere to guidance and orders to practice social distancing and good hygiene as we continue to combat the virus.

PPE inventories have improved in recent weeks through procurement, innovative production, newly adopted re-sterilization techniques and conservation efforts. However, the availability of PPE continues to vary across NC and the future supply chain remains uncertain and expensive. At the same time, hospitals have increased regular medical-surgical and intensive care unit bed capacity and have also added plans to address surge capacity. Similarly, tracking systems utilized by the NC DHHS, NCDHP, and the NCHA have been put into place to monitor medical surgical hospital bed and intensive care unit bed capacity as well as hospital PPE and other hospital equipment inventories. It remains vitally important for NC, other states and the federal government to continue to work together closely to ensure appropriate testing and PPE is available to the maximum extent possible.

The availability of PPE and real-time COVID-19 diagnostic testing will dictate the speed with which we can expand health care services (especially surgical and other procedures) to pre-COVID-19 levels. If real-time testing and PPE were sufficiently available in NC, it would allow providers to return to normal practices now by implementing new processes and practices to ensure the safety of our patients, caregivers and community. However, because there continue to be concerns about the availability of testing and the ability to replenish PPE and other supplies, we recognize the need for a phased-in approach as further detailed on the next page.

## **Recommendations and Guidance for Protections for Patients and Healthcare Workers in Responsibly Returning to Elective Surgeries and Procedures**

Patients and caregivers understood the need to delay certain procedures considering the surge estimates that were predicted at the time of the Secretary's request on March 20, 2020. However, as the curve has been successfully flattened, the need to adjust patient care strategies to best care for patients over the next several months of the pandemic, while accounting for regional flare ups in COVID-19 cases, is necessary. Therefore, NCHA, with input from other health care providers, proposes the following criteria for responsibly beginning to re-open certain elective surgeries and other procedures:

**Assessing Patient Condition:** Of primary concern is the condition of the patient, the disease process and the type of surgery or procedure being performed. It is also important that the patient is provided with a justification for the surgery or procedure which clearly outlines the benefits versus the risks of performing the surgery or procedure during this time. The physician should document the justification in the History and Physical Assessment or interval Assessment. During the initial expansion of services phase, particular effort should be made to avoid elective surgeries or procedures for patients which require extensive resources that could jeopardize the hospital's bed capacity in the event of a surge in COVID patients. Non-time sensitive surgeries should not be performed if there are not adequate beds (floor and ICU) and critical equipment (e.g. ventilators) available. A focus on the patient and medical necessity must define which procedure should be prioritized ahead of others.

**Protecting the Exposure of Healthcare Worker to COVID-19:** Every effort should be made to protect health care workers from exposure to COVID-19 by minimizing the amount of health care workers in the surgical suite or office to the minimum necessary to complete the surgery or procedure or to conduct office business while being mindful of appropriate social distancing practices to the extent practicable. All health care workers should be monitored for illness (e.g., daily temperature screen, cough, difficulty breathing, body aches). Healthcare workers should be provided with appropriate PPE to perform the elective surgery or procedure. If appropriate PPE is unavailable to protect the healthcare worker, then the elective surgery or procedure should be cancelled. Institutions should utilize measures to reduce health care worker exposure by limiting the number of visitors and masking of patients, visitors, and staff. Institutions must assure that they have adequate number and types of staffing to support the planned surgery or procedure.

**Access to PPE, Supplies, Equipment and Medicine:** Providers must ensure they have (1) adequate inventories of PPE, supplies, equipment including ventilators, blood, and medicine in their facility (recommended 30 days of supply on-hand), (2) a plan for conserving PPE, supplies, equipment, and medicine, and (3) access to a reliable supply chain to support continued operations and respond to an unexpected surge in a timely manner. Providers must also assure that there is availability of clinical labs and diagnostic imaging. To preserve PPE, health care personnel should minimize the number of personnel in the operating or procedure room (avoid swapping personnel for "breaks" keep scrubbed in personnel to a minimum). If appropriate PPE is unavailable to protect the health care worker or the supply of appropriate PPE is limited, then the non-time sensitive surgery or procedure should be cancelled. Similarly, if there exists a limited supply of equipment including ventilators, supplies, beds, blood, or medicine, then the elective surgery or procedure should be cancelled.

**Testing:** All patients scheduled for surgery should be screened pre-operatively for COVID-19 related symptoms. Providers must have a defined process for handling patients who screen positive. Providers must have a defined process, whether in-house or referral to another testing provider, for timely COVID-19 testing of symptomatic patients and staff to rapidly mitigate potential clusters of infection and as otherwise clinically indicated. Providers will comply with any relevant guidance related to testing requirements for patients and staff as issued by state and federal authorities. As providers follow-up with patients, post-discharge, they should determine if the patient has developed any COVID related symptoms.

**Environmental Mitigation:** Every effort should be made to protect the exposure of the non-COVID + patients to COVID-19. This should include the use of mechanical and engineering safeguards in addition to physically separating non-COVID patients from symptomatic patients COVID + patients. With respect to environmental mitigation providers must demonstrate that they are adhering to social distancing and relevant state and federal guidelines infection control and prevention to maintain a safe environment for patients and staff.

**Responsible Restart:** The responsible restart of surgeries and procedures will occur based on the organization's ability to safely do so based on the guidance above. Ramp up of surgeries should be done in a phased approach. Institutions should have a formal process for daily review of resource adequacy prior to starting surgeries/ procedures for that day with pre-determined triggers and scale back if indicated.

**Continuation and Expansion of Current State:** All surgeries and procedures should be prioritized and performed if there is a:

- Threat to the patient's life if the surgery or procedure is delayed;
- Threat of permanent dysfunction of an extremity or organ system if delayed;
- Risk of metastasis or progression of staging if delayed; or
- Risk of rapidly worsening to severe symptoms if delayed.

A formal review of non-time sensitive surgeries should be undertaken to establish case priority. Providers should make a clinical determination on a case-by-case basis that the surgery or procedure can be performed safely from both clinical and environmental perspectives. Restarting non-time sensitive surgeries and procedures should continue to be predicated on minimizing adverse patient outcomes associated with delayed care, minimizing community transmission, and preserving PPE. Providers should also consider the expected length of stay for the patient, including any potential stays in the intensive care unit and the post-discharge destination (e.g. SNF). Providers should continue to consider alternative care delivery models, including telemedicine, when clinically appropriate.

Continued progression in adding types and volumes of cases should be based on a statewide assessment that access to testing and inventories of PPE, supplies, equipment, blood, and medicines are sufficient to support health care delivery and other sectors of the economy that may consume such inventories, while still being prepared to address unexpected outbreaks of COVID-19 throughout the state. Of particular consideration in such an assessment will be the availability of sufficient testing and PPE to protect individuals living and working in congregate environments (nursing homes and prisons, for example).

**Governance:** Each hospital and outpatient surgery or procedure provider should maintain an internal physician-led governance structure (surgical review committee or similar medical committee) to ensure the criteria and principles outlined above are followed. Providers must also consult with any guidance issued by state or federal agencies regarding appropriate prioritization of procedures.