

March 16, 2020

To: IHA Member Hospitals

From: Brian Tabor

Re: IHA Policy on Elective Procedures During COVID-19 Response

Background: The CDC has asked hospitals in some areas already significantly impacted by COVID-19 to “cancel elective and non-urgent procedures.” This was echoed by U.S. Surgeon General Jerome Adams on March 14. Without defining “elective and non-urgent procedures”, such a policy could greatly limit necessary and lifesaving care for Hoosiers. This document is intended to provide guidance about how to operationalize a directive to cancel/postpone elective procedures.

Modeling predicts a surge of the number of serious COVID-19 cases who potentially need hospital care. However, the system must continue to balance the needs of caring for patients with COVID-19 while also continuing to provide vital services to others in the community who need non-COVID-19 related care. Hospitals must continue to treat many patients with emergency needs, such as heart attacks, strokes, mental health crises, or trauma care.

“Elective” simply means a procedure is scheduled rather than a response to an emergency or urgent need. For example, “elective” surgeries could include replacement of a faulty heart valve, removal of a serious cancerous tumor, or a pediatric hernia repair. Often, if these types of procedures are delayed or canceled, the person’s condition rapidly worsens. The resulting decline in their health could make them more vulnerable to COVID-19.

A blanket directive to cancel elective and non-urgent procedures does not reflect the varying capacity of hospitals to provide care at this moment. In addition to its general acute care hospitals, Indiana is also served by some specialty hospitals, including cancer, heart, and children’s hospitals.

IHA Policy:

- All Indiana hospitals are planning for or implementing cancellation of procedures that, if delayed, will not cause harm to the patient. Procedures where patients return home the day of their surgical intervention are often considered elective and may include some orthopedic procedures, cataract surgeries, certain cardiac procedures, and some interventional radiology services.
- Hospitals will continue to provide necessary emergent and elective procedures, prioritizing care that, if delayed, could negatively affect the patient’s health outcome, including leading to disability or death. Examples may include

procedures that are associated with cancer or heart disease diagnosis and preventing underlying conditions from worsening to the point of emergent intervention.

- We recognize that this a fluid and ever-changing situation and that these standards may change to meet the needs of our citizen and communities.
- Elective and non-urgent procedures, both those in an operating room and in other procedural areas of hospitals, will be performed based on evaluation of the following factors:
 - *Current and projected COVID-19 cases in the facility and in the surrounding area.*
 - *Supply of personal protective equipment (PPE), staffing availability and bed availability.*
 - *Urgency of the procedure—the least urgent procedures or those with the least long-term impact on health outcomes will be cancelled first.*
 - *Effectiveness of steps to reduce inpatient hospital load such as moving hospitalized patients not in need of acute care to a lesser level of care.*
 - *Whether the patient is well enough for a procedure, including age and underlying health factors, particularly given the risks of COVID-19.*
 - *To attempt to keep beds as free as possible, taking into consideration the likely length of stay of the patient post-procedure and the ability to discharge the patient efficiently. In particular, considering the delay of procedures for patients who need to be discharged to post-acute care given the current inability to discharge patients.*
 - *Clinical judgement of patient needs and the specific situation.*