

Vizient guide to aid hospitals in applying the Whitehouse and CMS guidelines for “Opening Up America Again.”

What is included:

A summary and workflow compilation of the following three documents with a focus on mitigating risk during reopening:

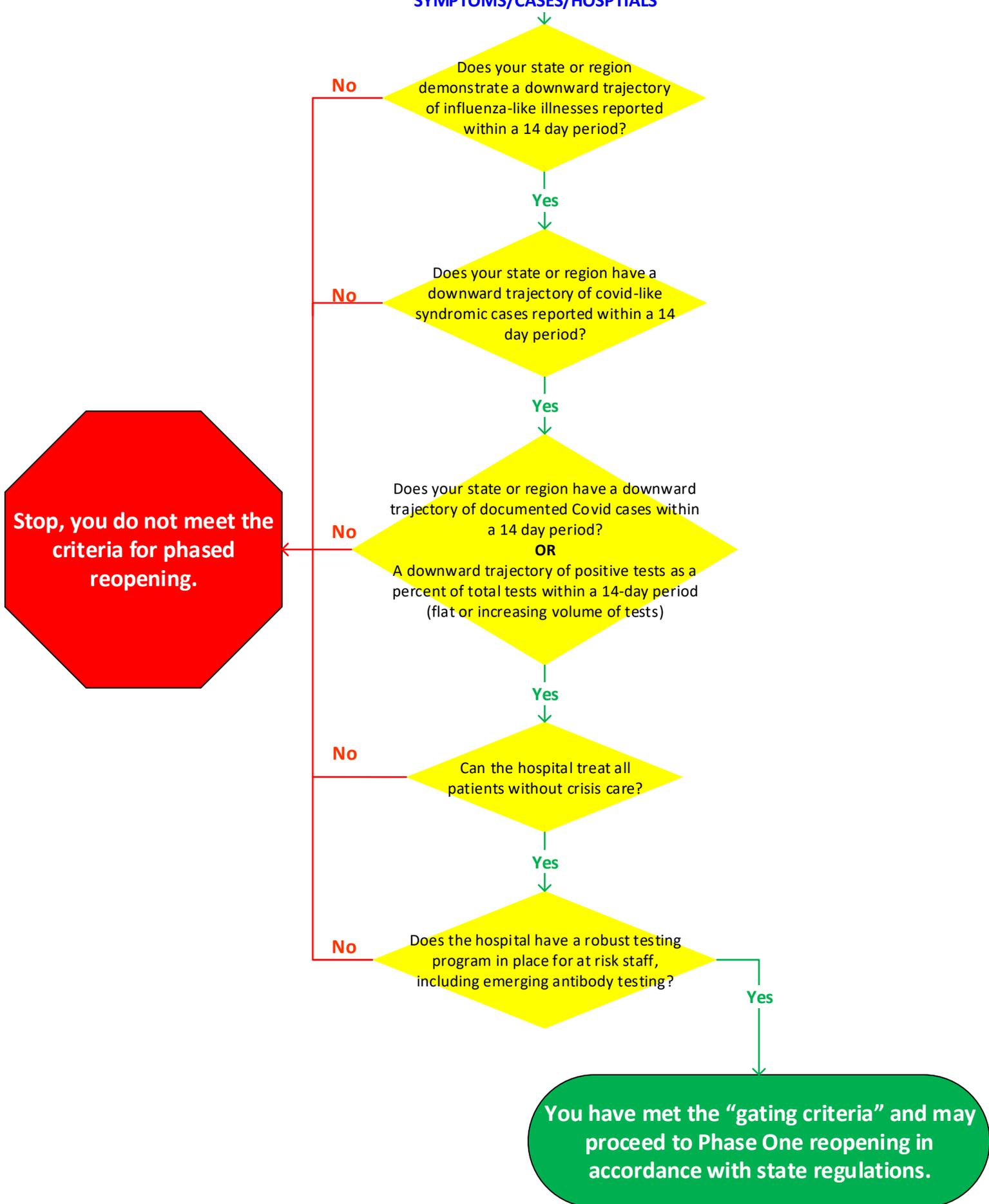
- The Whitehouse guidelines “Opening Up America Again,” outlines “gating criteria” and Three Phased Approach for states and regions to utilize in reopening. The full document is available at: <https://www.whitehouse.gov/openingamerica/#criteria>
- The CMS document, “...Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I.” The full document is available at: <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
- Joint Statement (American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, and American Hospital Association): “Roadmap for Resuming Elective Surgery after COVID-19 Pandemic.” The full document is available at: <https://www.aorn.org/about-aorn/aorn-newsroom/safely-resuming-elective-surgery-as-covid-19-curve-flattens>

Disclaimer: Please see full document(s) for additional detail on the requirements.

The White House State or Regional Gating Criteria - Satisfy Before Proceeding to Phase I

<https://www.whitehouse.gov/openingamerica/#criteria>

SYMPTOMS/CASES/HOSPITALS



No

Does your state or region demonstrate a downward trajectory of influenza-like illnesses reported within a 14 day period?

Yes

No

Does your state or region have a downward trajectory of covid-like syndromic cases reported within a 14 day period?

Yes

No

Does your state or region have a downward trajectory of documented Covid cases within a 14 day period?
OR
A downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

Yes

No

Can the hospital treat all patients without crisis care?

Yes

No

Does the hospital have a robust testing program in place for at risk staff, including emerging antibody testing?

Yes

Stop, you do not meet the criteria for phased reopening.

You have met the "gating criteria" and may proceed to Phase One reopening in accordance with state regulations.

Phase One Strategies for Hospital Reopening- CMS recommendations.

The guidance outlined in this document is intended to aid organizations during phase 1 of "Opening Up America Again." The focus is to restart providing care that had been postponed, such as procedural care, chronic disease care, and ultimately preventative care, during the COVID-19 PHE. Please ensure "gating criteria" is met prior to working through the 3 independent phases of reopening America.

PPE-staff should wear surgical masks at all times, aerosolizing procedures require respirator (N95), patients should wear cloth or surgical mask

Consider care prioritization:
 1) Surgery/procedure
 2) Complex chronic disease
 3) Preventative medicine

See Appendix A for procedural case prioritization and scheduling guidance provided by ACS, ASA, AORN, AHA joint statement.

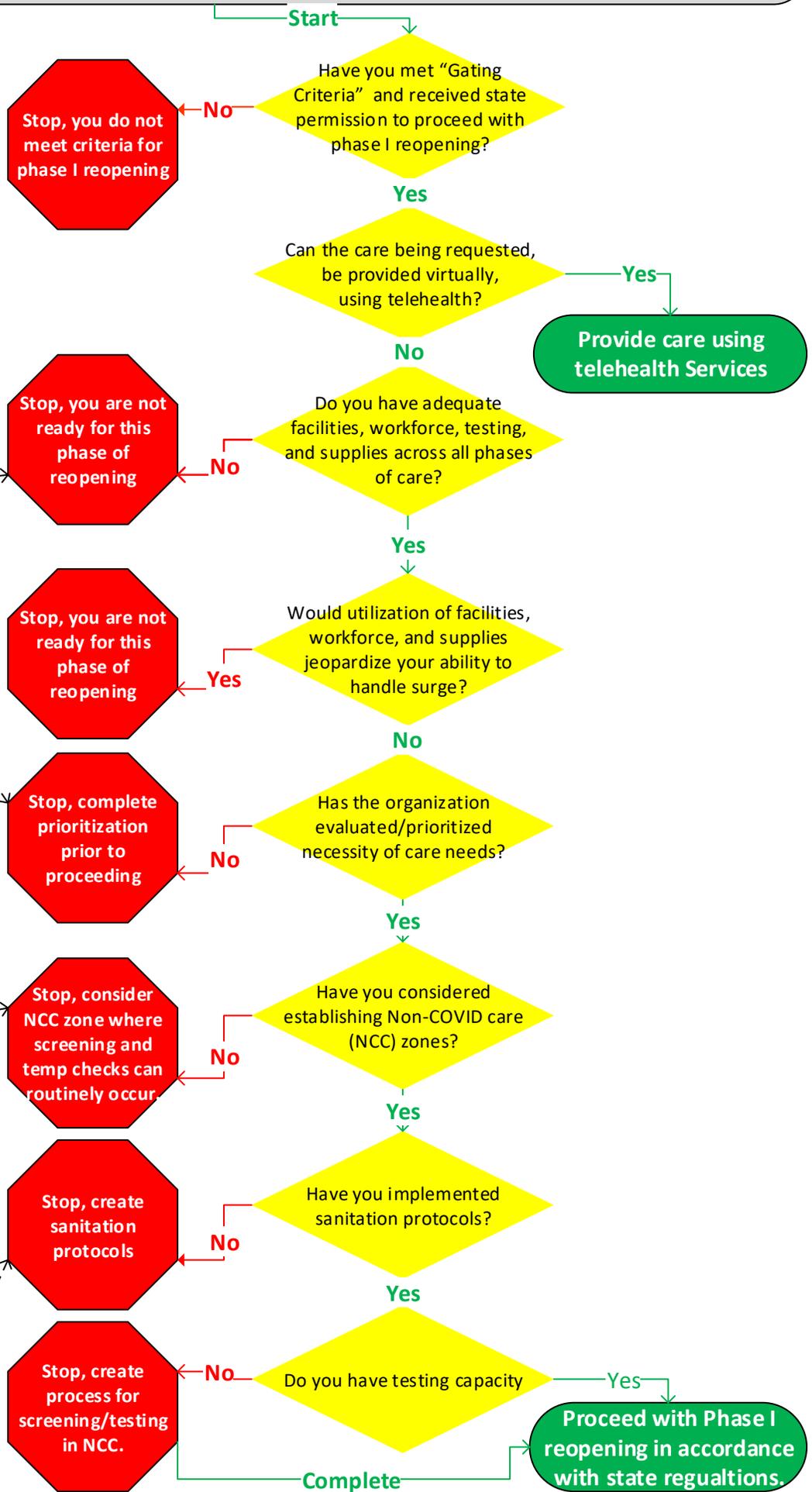
Steps should be made to reduce risk of exposure/transmission (physical separation, & social distancing).

Staff working in the NCC zones should be dedicated and not rotated to COVID care zones.

Visitors should be prohibited/restricted.

Ensure that equipment, such as anesthesia machines, used for COVID (+) patients have been decontaminated following CDC guidelines.

Thoroughly clean/disinfect care areas prior to using space for Non-Covid patients.



The White House Phase One - For States and Regions that satisfy the gating criteria

EMPLOYERS

- Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.
- If possible, **RETURN TO WORK IN PHASES**.
- **Close COMMON AREAS** where personnel are likely to congregate and interact, or enforce strict social distancing protocols.
- **Minimize NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel.
- Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.

Vulnerable Individuals

1. Elderly individuals.

2. Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.

SPECIFIC TYPES OF EMPLOYERS

- **ELECTIVE SURGERIES** can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to **CMS guidelines**.
- **VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS** should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.
- **SCHOOLS AND ORGANIZED YOUTH ACTIVITIES** (e.g., daycare, camp) that are currently closed should remain closed.
- **LARGE VENUES** (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.
- **GYMS** can open if they adhere to strict physical distancing and sanitation protocols.
- **BARS** should remain closed.

INDIVIDUALS

- **ALL VULNERABLE INDIVIDUALS** should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
- All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.
- Avoid **SOCIALIZING** in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)
- **MINIMIZE NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel.

The White House Phase Two - For States and Regions that satisfy the gating criteria

EMPLOYERS

- Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.
- Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.
- Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.

SPECIFIC TYPES OF EMPLOYERS

- **ELECTIVE SURGERIES** can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to **CMS guidelines**.
- **VISITS TO SENIOR CARE FACILITIES AND HOSPITALS** should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.
- **SCHOOLS AND ORGANIZED YOUTH ACTIVITIES** (e.g., daycare, camp) can reopen.
- **LARGE VENUES** (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.
- **GYMS** can remain open if they adhere to strict physical distancing and sanitation protocols.
- **BARS** may operate with diminished standing-room occupancy, where applicable and appropriate.

INDIVIDUALS

- **ALL VULNERABLE INDIVIDUALS** should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
- All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.
- **NON-ESSENTIAL TRAVEL** can resume.

The White House Phase Three - For States and Regions that satisfy the gating criteria

EMPLOYERS

- Resume **UNRESTRICTED STAFFING** of worksites.

SPECIFIC TYPES OF EMPLOYERS

- **VISITS TO SENIOR CARE FACILITIES AND HOSPITALS** can resume. Those who interact with residents and patients must be diligent regarding hygiene.
- **LARGE VENUES** (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.
- **GYMS** can remain open if they adhere to standard sanitation protocols.
- **BARS** may operate with increased standing room occupancy, where applicable.

INDIVIDUALS

- **VULNERABLE INDIVIDUALS** can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.
- **LOW-RISK POPULATIONS** should consider minimizing time spent in crowded environments.

Appendix A: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic Case Prioritization and Scheduling- Joint Statement provided by ACS, ASA, AORN, AHA

Principle: Facilities should establish a prioritization policy committee consisting of surgery, anesthesia and nursing leadership to develop a prioritization strategy appropriate to the immediate patient needs.

Considerations: Prioritization policy committee strategy decisions should address case scheduling and prioritization and should account for the following:

- A)** List of previously cancelled and postponed cases.
- B)** Objective priority scoring (e.g., MeNTS instrument).⁵
- C)** Specialties' prioritization (cancer, organ transplants, cardiac, trauma).^{6,7}
- D)** Strategy for allotting daytime "OR/procedural time" (e.g., block time, prioritization of case type [i.e., potential cancer, living related organ transplants, etc.]).
- E)** Identification of essential health care professionals and medical device representatives per procedure.
- F)** Strategy for phased opening of operating rooms.
 - 1. Identify capacity goal prior to resuming (e.g., 25% vs. 50%).
 - 2. Outpatient/ambulatory cases start surgery first followed by inpatient surgeries.
 - 3. All operating rooms simultaneously – will require more personnel and material.
- G)** Strategy for increasing "OR/procedural time" availability (e.g., extended hours before weekends).
- H)** Issues associated with increased OR/procedural volume.
 - 1. Ensure primary personnel availability commensurate with increased volume and hours (e.g., surgery, anesthesia, nursing, housekeeping, engineering, sterile processing, etc.).
 - 2. Ensure adjunct personnel availability (e.g., pathology, radiology, etc.).
 - 3. Ensure supply availability for planned procedures (e.g., anesthesia drugs, procedure-related medications, sutures, disposable and non-disposable surgical instruments).
 - 4. Ensure adequate availability of inpatient hospital beds and intensive care beds and ventilators for the expected postoperative care.
 - 5. New staff training.

Source document: <https://www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19>