Emergency Management Plan Addendum: 4-2-2020

Pandemic Crisis

Integrated Surgical Institute: response to highly communicable disease outbreaks i.e. (COVID-19)

Coordination of the Plan with State and Local Authorities (Pandemic Crisis)

- Integrated Surgical Institute as required will coordinate its disaster preparedness plan with the state and local authorities by ensuring that the facility's plans are consistent with the larger community approach to similar hazards.
  The Center will make known to the State and local authorities the assets and capabilities that each has available during an emergency.
- As the **regulation does not require** that ASCs be integrated into State and local emergency preparedness plans to address threats; All emergencies that extend beyond the premises of the ASC will ultimately be the decision of the State and local officials whether and how they might utilize ASCs in a response to an emergency event.
- Understanding the degree to which State or local authorities engage in coordinated planning with local healthcare facilities, especially ones that are not hospitals, may vary among localities and States the Center will make these agencies aware of our interest in coordination.
- Integrated Surgical Institute is committed to work closely with the East Central PA Healthcare Coalition, County Emergency Management Agencies, and other local emergency officials, agencies, and health care providers to ensure a community-wide coordinated response to disasters.
- The Quality assurance Performance Improvement will develop a surgical review sub-committee comprised of the following members: Medical Director, Director of Anesthesia and Clinical Director and Administrator to provide defined, transparent, and responsive oversight.
    - This committee will lead the development and implementation of guidelines that are fair, transparent, and equitable for the hospital or system in consideration of rapidly evolving local and regional issues.

Integrated Surgical Institute has adopted the following:

COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures

In response to the rapidly evolving challenges faced by hospitals related to the Coronavirus Disease 2019 (COVID-19) outbreak, and broad calls to curtail "elective" surgical procedures, the American College of Surgeons (ACS) provides the following guidance on the management of non-emergent operations.

Following careful review of the situation, we recommend the following:

- Hospitals and **surgery centers** should consider both their patients' medical needs, and their logistical capability to meet those needs, in real time.
- The medical need for a given procedure should be established by a surgeon with direct expertise in the relevant surgical specialty to determine what medical risks will be incurred by case delay.
- Logistical feasibility for a given procedure should be determined by administrative personnel with an understanding of hospital and community limitations, taking into consideration facility resources (beds, staff, equipment, supplies, etc.) **and** provider and community safety and well-being.
- Case conduct should be determined based on a merger of these assessments using contemporary knowledge of the evolving national, local and regional conditions, recognizing that marked regional variation may lead to significant differences in regional decision-making.

- The risk to the patient should include an aggregate assessment of the real risk of proceeding and the real risk of delay, including the expectation that a delay of 6-8 weeks or more may be required to emerge from an environment in which COVID-19 is less prevalent.

In general, a day-by-day, data-driven assessment of the changing risk-benefit analysis will need to influence clinical care delivery for the foreseeable future. Plans for case triage should avoid blanket policies and instead rely on data and expert opinion from qualified clinicians and administrators, with a site-specific granular understanding of the medical and logistical issues in play. Finally, although COVID-19 is a clear risk to all, it is but one of many competing risks for patients requiring surgical care. Thus, surgical procedures should be considered not based solely on COVID-associated risks, but rather on an assimilation of all available medical and logistical information.

To further assist in the surgical decision-making process to triage non-emergent operations, ACS suggests that surgeons look at the Elective Surgery Acuity Scale (ESAS) from St. Louis University (below).

Elective Surgery Acuity Scale (ESAS)

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Tiers/Description	Definition	Locations	Examples	Action
Tier 1a	**Low acuity surgery/healthy patient** Outpatient surgery Not life threatening illness	HOPD ASC Hospital with low/no COVID- 9 census	Carpal tunnel release Penile prosthesis EGD Colonoscopy	Postpone surgery or perform at ASC
Tier 1b	**Low acuity surgery/unhealthy patient**	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery or perform at ASC
Tier 2a	**Intermediate acuity surgery/healthy patient** Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD ASC Hospital with low/no COVID-19 census	Low risk cancer Non urgent spine Ureteral colic	Postpone surgery if possible or consider ASC
Tier 2b	**Intermediate acuity surgery/unhealthy patient**	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery if possible or consider ASC
Tier 3a	**High acuity surgery/healthy patient**	Hospital	Most cancers Highly symptomatic patients	Do not postpone
Tier 3b	**High acuity surgery/unhealthy patient**	Hospital		Do not postpone

HOPD – Hospital Outpatient Department
ASC – Ambulatory Surgery Center

A request form for the Appropriateness of Surgery will be completed prior to any scheduled procedure

- Based on approved committee guidelines the Urgent Surgery Request form will initiate the process to determine scheduling

Urgent Surgery Request Form

Effective [ ] all surgeries, not meeting one of the following criteria will be postponed until further notice, cases scheduled meet information as listed below:

☐ Acute Infection

_____

_____

☐ Acute trauma whose condition would significantly worsen without surgery

_____

_____

☐ Potential malignancy

_____

_____

☐ Uncontrollable pain that would otherwise require a hospital admission

_____

_____

☐ A condition whose prognosis would significantly worsen with a delay in treatment

_____

_____

By signing below, I attest that this procedure meets the above noted criteria:

Physician: _____ Date: _____