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Nebraska Hospital Association
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# Nebraska Guidelines for Resuming Elective Procedures

1. Governor Ricketts' Guidance (per Apr. 20 announcement)
   **Hospitals can resume elective surgeries if they:**
   - Maintain 30% general bed availability,
   - 30% ICU bed availability,
   - 30% ventilator availability,
   - AND have a two-week supply of necessary personal protective equipment (PPE) in their specific facility.

2. Each public health department will be issued an individualized Governor Directed Health Measure (DHM). **Hospitals must work with their local public health department prior to returning to elective procedures.**

3. **Follow CMS guidelines** – "Opening Up America Again" AND
   a. https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf
   b. Implement COVID-19 Care Zones (see DHHS guidance).
   c. Continue to monitor a maintained downward trajectory of both COVID-like symptoms and documented cases within a 14-day period.

- ***Can you maintain adequate facilities, workforce, testing and supplies?***

4. **Follow gating criteria** (symptoms, cases and hospitals) and Phase 1-3 opening
   a. https://www.whitehouse.gov/openingamerica/#criteria
   b. Phase 2 is resuming of elective surgeries

- ***Continue to maximize use of telehealth during reopening period.***

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## Resuming elective procedures at your facility

**Clinicians should use clinical judgement to determine performance of procedures considered to be non-urgent or "elective."**

1. Clinical judgements regarding non-urgent or "elective" procedures need to be viewed through the lens of relative harm to patients of treatment vs. determent, in terms of potential patient and provider contraction of COVID-19.

2. Potential harm to a patient's health and well-being can be evaluated using the following criteria:
    - Expected advancement of disease process
    - Possibility that delay results in more complex future surgery or treatment
    - Increased loss of function
    - Continuing or worsening of significant or severe pain
    - Deterioration of patient's condition or overall health
    - Delay would be expected to result in a less-positive ultimate medical or surgical outcome
    - Leaving a condition untreated could render the patient more vulnerable to COVID-19 contraction, or resultant disease morbidity and/or mortality
    - Non-surgical alternatives are not available or appropriate per current standards of care
    - Patient's co-morbidities or risk factors for morbidity or mortality, if infected with COVID-19 after procedure is performed
    - Post-operative recovery plan, with intent to avoid environments in which COVID-19 contraction are more likely (i.e. long-term care facilities) if possible.

3. Diagnostic imaging, diagnostic procedures or testing should continue in all settings if disease is suspected, based on clinical judgment that uses the same definition of harm and criteria as listed above.

## Available resources

AHA special bulletin: Roadmap for Safety Resuming Elective Surgery https://www.aha.org/standardsguidelines/2020-04-17-roadmap-aha-others-safely-resuming-elective-surgery-covid-19-curve

CMS: Opening Up America Again https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf

Gating Criteria https://www.whitehouse.gov/openingamerica/#criteria

American College of Surgeons Guidance https://www.facs.org/covid-19/clinical-guidance/elective-surgery