

Principles and Guidance for Inpatient & Outpatient Care During COVID-19

Use of this Guidance

This Guidance has been submitted to the Agency of Human Services and Department of Health to inform any modifications to Governor Phil Scott's Executive Order suspending non-essential surgical and medical procedures and/or health advisories from the Health Department. In the meantime, facilities and practices can also use the guidance established in this document to start informing planning.

Background

On March 20th, Governor Scott issued an executive order that all non-urgent adult elective surgeries and procedures should be suspended in the safest way possible. This order was made with several important goals in mind as Vermont prepared for an anticipated significant surge in COVID-19 cases: (1) to limit exposure of patients and staff to COVID-19; (2) to preserve personal protective equipment (PPE) and ventilators; and (3) to preserve inpatient hospital capacity.

Due to the significant steps that the state has taken to ensure social distancing—and Vermonters' laudable compliance—Vermont has averted a surge that would stress hospital capacity. We now anticipate a more prolonged period of COVID-19 infection with periodic and unpredictable "hot spots" occurring for several months. These hot spots will occur regardless of whether non-urgent care resumes. Congregate living arrangements (nursing homes, prisons, and other group living environments) are particularly susceptible to outbreaks. Accordingly, all communities in Vermont must remain vigilant as we continue to combat the virus.

The availability of PPE and real-time testing (both PCR and reliable antibody testing) will affect the speed with which we can expand health care services (especially surgical and other procedures). If real-time testing and PPE were universally available, it would allow providers to return to normal practices more quickly. However, because there continue to be concerns about the availability of testing and PPE and other supplies, we recognize the need for a phased-in approach as further detailed below.

Treatment Principles During COVID-19

Patients and caregivers understood the need to delay certain procedures, as well as imaging and routine preventive/chronic care visits, due to surge estimates. The above provider associations propose the following criteria for responsibly conducting medical procedures:

Testing: Providers must have a defined process, whether in-house or through 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. Resources should be available to retest

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patients who initially test negative because there is a significant false negative rate with a single PCR test. Providers must comply with any relevant guidance related to testing requirements for patients and staff, including asymptomatic staff, issued by the CDC, VDH, or a provider's professional specialty society.

Access to PPE, Supplies, Equipment and Medicine: Providers must ensure they have (1) adequate inventories of PPE, supplies, equipment, and medicine in their facility, (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.

Environmental Mitigation: Providers must demonstrate that they are adhering to social distancing and relevant CDC guidelines regarding infection control and prevention to maintain a safe environment for patients and staff. Patients must be confident that the environment where they will receive care is safe. Examples of the precautions that should be taken when providing care in both the hospital/facility and clinic settings include, but are not limited to, the following:

- A process to screen patients for COVID-19-related symptoms prior to scheduled procedures.
- A process to screen all staff and visitors for COVID-related symptoms prior to entering facility, including following any relevant guidance related to testing asymptomatic staff issued by the CDC, VDH, or a provider's professional specialty society.
- Protective equipment and supplies should be worn and utilized as necessary to ensure staff and patient safety. This may require surgical, N95, KN95, or other equivalent masks and eye-protection goggles.
- All patients and companions must wear mouth and nose coverings (provided by the patient or by the site) when in public areas.
- Patient companions are permitted if required for direct patient assistance.
- Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
- Waiting room chairs must be spaced to require a minimum of six-foot social distancing.
- Providers must have written procedures for disinfection of all common areas.
- Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and liberal access to hand sanitizer.
- Continuing to consider alternative care delivery models, including telemedicine, when appropriate.
- Cafeterias and break rooms shall remain open with social distancing practices.

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Contact Tracing Program: The Vermont Department of Health should develop a robust contact tracing program to identify and contain hot spots as they occur. Ideally contact tracing would be conducted on all patients who have a positive PCR test and patients who have symptoms that are highly suspicious for COVID-19 infection, even if the PCR test is negative due to the significant false negative rates of PCR tests. The lack of contact tracing should not stop a staged resumption of non-urgent outpatient care.

Process of Resuming Non-Urgent Care: Focus on Patient and Provider Safety

Governance: Each hospital, facility and outpatient practice/clinic shall maintain an internal governance structure to ensure the criteria and principles outlined above are followed. Providers should also consult with one another (e.g., primary care, home health, designated agencies) and comply with guidance issued by relevant professional specialty societies regarding appropriate prioritization of procedures.¹

Phased Approach: The phases outlined here enable a safety-focused, collaboration-based process.

PHASE 1: CURRENT STATE

Providers have delayed procedures consistent with Governor Scott's March 20 order. 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.

PHASE 2: RESUMING OUTPATIENT SERVICES

Outpatient clinic visits and diagnostic imaging can resume immediately if the above principles, with the exception of contract tracing, are met.

Providers may also begin to perform outpatient surgeries and procedures that have a minimal impact on inpatient hospital bed capacity and PPE levels, including those performed in the office or ASC setting.

- **Screening:** A process must be in place to screen patients for COVID-19-related symptoms prior to all scheduled visits or procedures (by phone, online, or in-person).

¹ For example, Medically-Necessary, Time-Sensitive Procedures: Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic. Journal of the American College of Surgeons. DOI: <https://doi.org/10.1016/j.jamcollsurg.2020.04.011>

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- **Testing:** COVID-19 testing should be conducted prior to the procedure for any procedure requiring airway management. The patient should socially isolate following the test, and results should be communicated to the patient prior to arrival at the facility for the procedure.

Facilities and providers should continue to collaborate regionally to determine testing locations and follow Department of Health advisories regarding location of testing sites and collection of specimens.

PHASE 3: RESUMING INPATIENT AND OTHER NON-URGENT PROCEDURES

Providers may perform all other surgeries and procedures, including inpatient, upon making a case-by-case clinical determination that such surgeries and procedures can be performed safely. Restarting such surgeries and procedures should be predicated on minimizing adverse patient outcomes associated with delayed care, minimizing community transmission, and preserving PPE.

- **Screening:** A process must be in place to screen patients for COVID-19-related symptoms prior to all scheduled visits or procedures (see paragraph above).
- **Testing:** COVID-19 testing should be conducted prior to the procedure in the following cases:
 - Procedures requiring airway management
 - Procedures requiring an inpatient stay
 - Patients with an ASA of 3 or 4

The patient should socially isolate following the test, and results should be communicated to the patient prior to arrival at the facility for the procedure.

- **Surge Capacity:** Before resuming elective procedures, hospitals must have a plan to promptly expand their critical care/inpatient capacity to handle a local surge of COVID-19 patients in their community.

Providers should continue to consider alternative care delivery models, including telemedicine, when clinically appropriate.

Standard for Progressing to Phases 2 and 3: The Agency for Human Services will work with community hospitals and providers to make regional recommendations on moving to Phases 2 and 3. The assessment will be based on statewide and local factors including access to testing and inventories of PPE, supplies and medicines, which must be sufficient to support safe and effective health care delivery. Providers must also simultaneously be prepared to address unexpected outbreaks of COVID-19.

Of particular consideration in such an assessment is the availability of sufficient testing and PPE to protect all individuals living and working in congregate environments (e.g., nursing homes and prisons), and to ensure that post-acute providers are properly equipped for the safe discharge of patients.

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Care provided under phases 2 and 3 shall be considered emergency management service or response activity consistent with Addendum 9 to Executive Order 01-20 issued on March 13, 2020.

COVID-19 Outbreak

Health care providers anticipate that resuming care will not be a linear process, but a movement back and forth between phases as further breakouts occur. If the Vermont Department of Health has determined that a COVID-19 outbreak has occurred and providers cannot safely care for Vermonters in a way that (1) limits the exposure of patients and staff to COVID-19; (2) preserves PPE and ventilators; and (3) preserves inpatient hospital capacity, it will notify and require all providers in the region to return to the standards set out in the executive order issued on March 20, 2020. Depending on the severity of the outbreak, the Vermont Department of Health may require all Vermont providers to return to those standards.

Next Steps

Hospitals and medical practices will continue to coordinate with the Vermont Department of Health, as well as one another and the broader provider community, to effectuate this guidance and adapt it as necessary based on emerging conditions and community-specific factors.

Resources

American College of Surgeons, American Society of Anesthesiologists, Association of perioperative Registered Nurses, American Hospital Association, Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic, <https://www.aha.org/system/files/media/file/2020/04/roadmap-from-aha-others-for-safely-resuming-elective-surgery-as-covid-19-curve-flattens.pdf>

Centers for Medicare and Medicaid Services (CMS), OPENING UP AMERICA AGAIN Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I, <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

Centers for Disease Control and Prevention [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#)

Medically-Necessary, Time-Sensitive Procedures: Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic. *Journal of the American College of Surgeons*. DOI: <https://doi.org/10.1016/j.jamcollsurg.2020.04.011>