

CONSIDERATIONS FOR CANCELLATION OF ELECTIVE AND NON-URGENT PROCEDURES FOR NEW HAMPSHIRE HOSPITALS

3/16/20

Given the U.S. is beginning to experience pockets of community transmission of COVID-19, it is prudent for New Hampshire hospitals to review and consider their hospitals' experience and impact of mitigation strategies. In light of announcements by the U.S. Surgeon General and that the CDC made a recommendation to "cancel elective and non-urgent procedures" specifically written for the Puget Sound area (https://www.cdc.gov/coronavirus/2019-ncov/downloads/Seattle_Community_Mitigation.pdf), it's prudent for New Hampshire hospitals to consider cancellation of elective and non-urgent procedures.

Due to the broad nature of what is meant by "elective" and "non-urgent" procedures, highlighted by the AHA et al letter dated 3/15/20 sent to the U.S. Surgeon General, the following **draft** statements could help define and direct consistent implementation. New Hampshire hospitals should engage in a discussion about elective and non-urgent procedures in the event that COVID-19 becomes a widespread community event.

The rationale for considering cancellation of elective and non-urgent procedures is multi-faceted: preservation of scarce resources such as PPE, re-deployment of staff to support surge in hospitals, use of limited equipment such as ventilators in other patient care areas and reduction of exposure to staff and patients. This is a fluid and changing situation and these standards may change to meet community care needs.

Considerations for Cancellation of Elective and Non-Urgent Procedures:

- Hospitals should consider cancellation of procedures that, if delayed, will not cause harm to the patient. Examples include: some joint replacements, some cataract surgeries, some cardiac procedures, and some interventional radiology services.
- Hospitals should consider providing needed procedures as it is safe to do so, prioritizing care that if delayed could negatively affect the patient's health outcome, harm the patient, or lead to disability or death.

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, staffing availability and bed availability.
- Urgency of the procedure, with maintenance of procedures most urgent. The least urgent procedures or those with the least long-term impact will be cancelled first.
- Effectiveness of steps to reduce inpatient hospital load such as:
 - moving pediatric patients in general hospitals to pediatric hospitals to vacate beds for critically ill adult patients; and

- moving hospitalized patients not in need of acute care to a lesser level of care.
- Likely length of stay of the patient post-procedure and the ability to discharge the patient efficiently, with the goal of not tying up hospital beds for lengthy stays. In particular, consider delaying procedures for patients who need to be discharged to post-acute care given the current inability to discharge patients.
- Whether the patient is well enough for a procedure, including age and underlying health factors, particularly given the risks of COVID.
- Clinical judgement of patient needs and the situation at hand.