

To: Catholic Health Management Team and Providers

From: CHS Perioperative Response Team

Date: 5/18/2020

Re: Policy Updates

When the Department of Health (DOH) announced that Catholic Health System (CHS) would be able to restart elective surgeries, this necessitated a number of process changes to ensure the safety of associates, providers and patients. Through the efforts of a multi-functional team comprised of surgery leadership, quality and patient safety, risk management, infection control and physician leadership - these policies were developed to address the process changes in caring for patients during the COVID-19 pandemic.

All policies can be found on M-files and are effective as of today. Education to our perioperative teams at each site was completed this week. Below is a summary of the policies and process changes:

1. Guidelines for Pre-Surgical (Pre-Anesthesia) Testing (CSC0402)

Will serve as a tool for the RN's and advanced practice providers working in the pre-surgical testing areas as well as the procedural providers and providers completing pre-operative evaluations.

2. Guidelines for the Provision of Care COVID-19 Positive Patient Undergoing a Procedure (CSC0401)

Provides a standardized approach to providing care for COVID positive patients undergoing procedures. This includes defining which COVID patients can proceed with a procedure, having an identified COVID procedure room and having a process for cleaning the identified COVID room.

3. Guidelines for the Provision of Care to the Tier 1, Tier 2 and Tier 3 Procedure Patient During the COVID Pandemic (CSC0400)

The guidelines will serve as an approach to providing care to those patients determined to be COVID positive or COVID negative. This includes defining a process for pre-procedure COVID testing, defining when to proceed with a procedure based on testing results, the need for screening on the day of the procedure, PPE requirements and the need for a COVID-19 Informed Consent for Non-Emergent Treatment / Procedure/ Surgery.

4. Surgical Prioritization During the COVID-19 Pandemic (MS-021)

In order to make decisions on how to manage surgical case selection, a multidisciplinary perioperative team will provide oversight and guidance on prioritization. The methodology utilized by the committee will include, but is not limited to, case classification modeled after NYS Department of Health directives. This includes the use of Tier 1(elective), Tier 2 (urgent) and Tier 3 (emergent).

5. Vendor Access Policy (CHS-MM-013)

Update to include limitation to vendors in the Procedure areas to those only necessary for the completion of the procedure.

6. Reserved Procedural Time (Block Time) and Non-Reserved Procedural Time (Open Time) Policy (CSC0403)

Defines the process by which Catholic Health Acute care sites grant and manage reserved and non-reserved surgical time during COVID crisis.