Oregon Reopening Elective Procedures FAQ

Frequently Asked Questions and Answers regarding the Oregon Governor’s “Framework for Restarting Non-Emergent and Elective Procedures in Hospitals and Ambulatory Surgical Centers”

What sort of bed capacity must a facility have available before resuming elective procedures?

- Bed availability must be at least 20% open in order to accommodate any potential surge of Covid-19 patients. There are 7 regions in Oregon and are defined by the Oregon Health Preparedness Program and align with the Oregon Area Trauma Advisory Board regions.

Can a facility resume elective procedures while still operating under a facility disaster plan?

- This answer isn’t quite as clear cut, however there are criteria related to this. No facility can resume elective procedures if they are still having to utilize "crisis standards of care" for any patients requiring hospitalization. The 2018 Oregon Crisis Care Guidance standards include interventions such as utilizing triage principals to determine who should get care, closing non-essential nursing units and moving staff from their home unit on a planned basis to back-fill high acuity areas, changes in documentation requirements, and changes in nurse-patient ratios from pre-crisis standards. Please contact your Nurse Practice Consultant or Labor Representative if you are concerned about practices in your facility that may be out of alignment with these criteria.

How much PPE does my facility need to have in order to resume elective surgeries?

- The first two criteria are that medium and large facilities (50 or more beds) must maintain a 30-day supply of PPE on-hand, and small facilities (less than 50 beds and not associated with a large health system) must maintain a 2-week supply of PPE on-hand. All facilities must also have an open and adequate supply chain.
The other criteria are related to PPE conservation measures. Firstly, the facility must be able to maintain recommended PPE use for staff without the need for emergency PPE-conserving measures. Although ONA is in opposition to extended use and reuse when not in an emergency setting of extremely limited PPE, the guidance states that a facility may utilize extended or reuse of PPE, but it must follow CDC guidance.

All hospitals must report all PPE supplies daily through the Oregon Health Authority’s Hospital Capacity web system.

What testing capacity does my facility need to have in place to resume elective procedures?

- Large facilities (50 or more beds) must have COVID-19 testing capacity to ensure results within 2 days and small facilities (less than 50 beds and not associated with a large health system) must ensure results within 4 days.

What policies does my facility need to have in place regarding infection control measures and visitation policies?

- Facilities must comply with current OHA standards for infection control and visitation.
  
  i. The March 27, 2020 OHA guidelines updated guidelines related to: extended use of masks and face shields only with cohorted care of patients with COVID-19; implementation of rigorous testing for patients; strict monitoring of asymptomatic healthcare workers that have been exposed to COVID-19 patients; 72 hours of no symptoms before healthcare workers return to work.
  
  ii. The April 23, 2020 OHA guidance updated: essential workers who should be allowed entry to acute care facilities; screening criteria for essential workers and the limited class of visitors allowed; documentation requirements for screening.

Will the surgical patients need to be able to receive all of the care that these patients received prior to the pandemic?

- Yes, facilities must have all necessary peri-operative resources in place including: pre- and post-operative visits; laboratory, radiology, and pathological services; all other necessary ancillary services. If you are concerned that these resources are not in place and your facility is planning to or already resuming
Can my facility return to levels of elective procedures similar to pre-pandemic levels?

- No. Facilities must limit the volume of elective and non-emergent procedures to a maximum of 50% of pre-COVID-19 procedure levels. Facilities must also reassess capacity on a biweekly basis and maintain a plan to reduce or stop these procedures should a surge of COVID-19 cases occur in their region or if any of the other criteria can no longer be met.

Is there any guidance regarding which types of procedures and populations can resume?

- Yes. A medical committee or the medical director must review and prioritize cases based on urgency, with consideration of balancing risk vs. benefit for higher risk groups, and should consider ongoing postponement of non-emergent and elective procedures that are expected to require blood transfusion, pharmaceuticals in short supply, ICU admission, or transfer to a skilled nursing facility or inpatient rehab.

Definitions

Definitions from the Governor’s Office and OHA regarding the “Framework for Restarting Non-Emergent and Elective Procedures in Hospitals and Ambulatory Surgical Centers”:

Definitions: For purposes of this guidance, the following definitions apply:

- “Crisis standards of care” means standards of care for non-conventional conditions (i.e., contingent or crisis conditions) as established in Oregon’s Crisis Care Guidance.

- “Elective and non-urgent procedures” means procedures that require PPE and that will not result in irreversible harm to the patient if delayed for up to 90 days.

- “Emergency PPE-conserving measures” means a set of strategies used by facilities in face of PPE shortages, also referred to as “crisis capacity strategies” by the Centers for Disease Control.

- “Hospital bed availability” means the availability of intensive care unit (ICU), step-down, and medical/surge beds.
• “Large hospital” means a hospital, licensed under ORS 441.025 with 50 or more licensed beds.

• “Open supply chain” means having a contract in place with a vendor that allows for sustained PPE supply with no reliance on local or state government to fulfill PPE requests.

• “Personal protective equipment (PPE)” means gloves, gowns, face shields, surgical masks, and N-95 respirators or other reusable respirators (e.g., powered air purifying respirators) that is intended for use as a medical device.

• “Region” means Oregon’s existing Health Preparedness Program (HPP) regions which align with the Oregon Area Trauma Advisory Board (ATAB) regions as defined in OAR 333-200-0040.

• “Regional resource hospital (RRH)” means a hospital that has entered into agreement with the Oregon Health Authority to serve as the regional hospital bed management and transfer center for one or more regions during the COVID-19 emergency.

• “Small hospital” means a hospital licensed under ORS 441.025 with fewer than 50 beds that is not part of a larger health system.

• “Threat of irreversible harm” includes:
  
  o Threat to the patient’s life;

  o Threat of irreversible harm to the patient’s physical or mental health;

  o Threat of permanent dysfunction of an extremity or organ;

  o Risk of cancer metastasis or progression of staging; and

  o Risk of rapidly worsening condition (i.e., need for the procedure is time-sensitive).