OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority
500 Summer St NE E20
Salem OR 97301
Voice: 503-947-2340
Fax: 503-947-2341

Framework for Restarting Non-Emergent and Elective Procedures in Hospitals and Ambulatory Surgical Centers

On April 14th Governor Brown announced a public health framework for restarting public life and business in Oregon. This plan outlines the necessary tasks, discrete steps and guidelines for step-by-step reopening. Among those important tasks is a look at how and when to resume non-emergent and elective procedures requiring personal protective equipment (PPE) that were cancelled as a result of Governor Brown's Executive Order No. 20-10[1].

The following is a framework for restarting non-emergent and elective procedures requiring PPE in hospital and ambulatory surgical center (ASC) settings, including priorities, required steps and specific criteria.

Priorities

The following priorities must inform all actions towards resuming non-emergent and elective procedures in Oregon:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others;
- Avoid further delays in healthcare for Oregonians;
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
- Minimize transfers to skilled nursing facilities and other long-term care facilities due to the vulnerability of these congregate care settings; and
- Reduce financial impacts to Oregon's health system.

Criteria

In order to address these priorities, the following steps and specific criteria must be met in order to resume and maintain non-emergent and elective procedures:

1. Prior to resuming non-emergent and elective procedures, the following criteria must be met:

[1]In order to preserve PPE and limit all non-essential visitation to hospitals and other health care facilities, Governor Brown issued Executive Order No. 20-10 on March 19, 2020 to cancel all elective and non-urgent health care procedures that require personal protective equipment (PPE) effective March 23, 2020.

a. Capacity at the hospital[2] (i.e., bed capacity and healthcare workforce) can accommodate an increase in both COVID-19 hospitalizations in addition to increased post-procedure hospitalizations and other ongoing needs for hospital level of care.
    i. Hospital bed availability[3] in the region must remain at or above 20% in order to accommodate the potential for increased COVID-19 hospitalizations.
    ii. Facilities must be able to treat all patients requiring hospitalization without resorting to crisis standards of care.[4]
b. Facility has adequate PPE supplies on hand.[5]
    i. Facility shall maintain a 30-day supply of PPE on-hand; for small facilities, a 2-week supply of PPE on-hand and an open supply chain is adequate[6].
    ii. Facility can sustain[7] recommended PPE use for its healthcare workforce without the need for emergency PPE-conserving measures.[8] If a facility proposes to extend the use of or reuse PPE, it must follow CDC guidance.
        1. Hospitals must continue to report all PPE supplies *daily* through the Oregon Health Authority's Hospital Capacity web system (HOSCAP).
c. Facility has access to adequate testing capacity.
    i. Facility has access to COVID-19 testing when needed that ensures results within 2 days. For small facilities, access to COVID-19 testing when needed, that ensures results within 4 days.
    ii. When adequate testing capability is established, consider screening patients by laboratory testing before proceeding with a non-emergent or elective procedure.
d. Facility is following strict infection control[9] and visitation[10] policies.
e. Necessary resources for peri-operative care are available.

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[2]For ambulatory surgical centers, this criterion must be met for the local admitting hospital with which there is an established relationship.

[3] For purposes of this criteria, hospital bed availability refers to ICU, step-down and medical/surgical beds.

[4]https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/PREPAREDNESSSURVEILLANCEEPIDEMIOLOGY/Pages/crisis-care.aspx

[5] The state will explore options for resupply of PPE to those facilities (i.e., ASCs) that were asked to give up their surplus when the Governor's Executive Order was established.

[6] Hospitals and ASCs will be required to attest to these PPE requirements.

[7] Facilities must have an operational supply chain that will allow for sustained PPE resupply.

[8] OHA guidance on recommended PPE use will be updated and posted to clarify these criteria.

[9] https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf

[10] https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2282.pdf

        i. This includes but is not limited to access to pre- and post-operative visits with necessary providers; laboratory, radiology and pathology services; and other necessary ancillary services.
2. Once non-emergent and elective procedures resume, they must start slowly, and criteria should be reassessed biweekly.
    a. To start, facilities must limit the volume of non-emergent and elective procedures to a maximum of 50% pre-COVID-19 procedure volume.
    b. In order to maintain or expand this volume, facilities must continue to meet all items in 1 (a-e).
    c. Facility must maintain a plan to reduce or stop non-emergent and elective procedures should a surge/resurgence of COVID-19 cases occur in their region or in the case that criteria 1 (a-e) cannot be met.
    d. Procedures must be prioritized based on whether their continued delay will have an adverse medical outcome.
        i. A medical committee, or the medical director, of a facility shall review and prioritize cases based upon indication and urgency.
        ii. Facilities must strongly consider the balance of risks vs. benefits for patients in higher-risk groups such as those over age 60 and those with compromised immune systems or lung and heart function
        iii. Facilities should consider ongoing postponement of non-emergency and elective procedures that are expected to require the following resources:
            1. Transfusion
            2. Pharmaceuticals in short supply
            3. ICU admission
            4. Transfer to skilled nursing facility or inpatient rehab

The Governor's Office in consultation with the Oregon Health Authority will determine the necessary tools to monitor that these criteria are being met and when different or additional criteria should be considered.