



In mid-March, most Missouri hospitals voluntarily cancelled elective procedures with patients that could safely suspend procedures for 30 days without significant risk of adverse health outcomes. As we approach the 30-day suspension of many elective procedures and surgeries, it is important to understand the balance of risks between community exposure to COVID-19 and suspended health care for existing conditions. Some procedures no longer may be safe to postpone. While this ultimately is a decision between the patient and physician, general guidance is warranted.

MHA suggests the outlined approach to resuming elective procedures following guidance from the White House’s “Guidelines: Opening Up America Again,” Governor Parson’s Show Me Strong Recovery Plan, the Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, American Hospital Association and other national organizations and experts. Specifically, the CMS [guidance](#) to begin nonemergent, non-COVID-19 health care is to be reviewed and considered.



**Critical Caveat: A documented plan is needed to immediately scale back or eliminate elective procedures if any of the three criteria no longer are met.** As social distancing policies are relaxed, it is presumed there will be geographic and periodic increases in positive tests and cases requiring constant monitoring of current infection. It also is presumed there will be subsequent waves of widespread infection, thus requiring health care service adaptation.

### Criteria One: Suppression of SARS-CoV-2

Prior to resuming elective procedures, a 14-day downward trajectory within a hospital’s immediate service area of the following:

- influenza-like symptoms, and
- COVID-like syndromic cases, and
- documented cases, or
- the percent of positive tests with continued or increased testing

### CRITERIA ONE:

Suppression of SARS-CoV-2

### CRITERIA TWO:

Protect Patients and the Health Care Workforce

### CRITERIA THREE:

Deliver Care Safely

### Criteria Two: Protect Patients and the Health Care Workforce

Two general types of testing are necessary as a long-term strategy to understand the spread of COVID-19 and must be in place to understand community spread and shift from broad population-based policies to case-and-cohort-based management. Hospitals will be one key component of the broader Missouri testing strategy developed by Governor Parson’s leadership team. The following must be in place prior to resuming elective procedures.

- Hospitals must continue to implement health care worker policies of screening, strict monitoring for symptoms and exposure with return-to-work policies that comply with current CDC [guidance](#).
- Diagnostic testing to identify positive cases.
  - Capacity and supplies must be adequately available for rapid diagnostic testing of all patients and health care workers that have COVID-19 symptoms or possible exposure.
  - Hospitals and clinics conducting COVID-19 diagnostic testing on patients and health care workforce must be able to support continued COVID-19 diagnostic testing concurrent with routine laboratory testing for other conditions.
  - Rapid diagnostic testing and supplies must be readily available for health care and congregate facilities.
  - Rapid diagnostic testing should be readily available in primary care settings.

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- Diagnostic testing should be available in community- and employer-based testing sites, especially for essential workers and employers with congregate facilities.
- There must be adequate personal protective equipment to safely collect specimens to follow CDC recommended methods for specimen collection.
- Serological testing is needed to determine prior exposure and antibody protection to estimate individual and community exposure and immunity. Serological tests will need to be accurate, affordable and easily accessible.
- A component of the testing strategy includes broader surveillance, tracking and contact tracing led by public health agencies and coordinated with health care providers and systems.
- Adequate medication, including those for sedation, must be available for both COVID-19 and non-COVID care.
- Quickly and independently supply sufficient personal protective equipment needed for all testing and procedures in varied settings in the hospital and health care system. To strengthen supply, hospitals may access the federal Battelle CCDS™ PPE disinfecting system to reuse PPE.
- Adequately staff all provided services while adhering to CDC [guidance](#) for health care personnel returning to work with confirmed or suspected COVID-19.
- The ability to maintain adequate medical surgical, intensive care and ventilator surge capacity across Missouri recognizing variation between urban and rural communities. Hospitals have expanded bed capacity to care for critically ill COVID-19 patients. This additional surge capacity should be maintained until increased treatment efficacy or population immunity are established.
- Consideration of the need for post-acute care services and potential for limited placement due to COVID-19 risk.

### Criteria Three: Deliver Care Safely

Prior to resuming elective procedures, hospitals must have capacity and capability to manage COVID-19 patients, routine care and services. Specifically:

- Treat all patients without need to implement any crisis standards of care.
- Visitor policies should continue to restrict and screen visitors limiting access to visitors necessary to support patient care.
- In regions with current low incidence rate of COVID-19, consideration should be given to establishing separated areas of care and staff for potential COVID-19 and non-COVID care to reduce risk of COVID-19 exposure and transmission.

### Resuming Elective Procedures and Surgery

When these three criteria are met and maintained, hospitals may incrementally re-establish elective services based on CMS [tiered recommendations](#) for elective procedures. The American College of Surgeons provides further [guidance](#) for elective case triage during the COVID-19 pandemic. The timing, case prioritization and scheduling of elective surgeries, as well as considerations for post-COVID-19 surgical care should follow national guidance including the [joint statement and roadmap](#) issued by national health and provider associations.



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