

Roadmap to resume surgeries after COVID-19

As hospitals and outpatient facilities resume surgeries according to federal and state guidelines, it's important to consider how you will prepare for a potential increase in caseloads. Here's a high-level roadmap to navigating this shift.



1. Gather decision makers:

Health systems and facilities must be prepared to quickly shift plans as local and national data become available.¹ Establish a multidisciplinary committee of key stakeholders to monitor developments and make executive decisions around matters like resuming surgeries and prioritizing procedures.



2. Prioritize cases according to need:

As you evaluate which cases to prioritize, account for factors like the amount of time certain surgeries require, the healthcare professionals who will need to be present and ways to mitigate issues associated with increased OR volume.²



3. Use your resources:

Key industry players like medical product distributors are actively tracking new developments, so connect with your sales representative for updates and insights. Share surgery plans with your distributor to collaborate on a supply chain strategy and address inventory constraints.



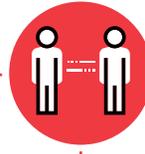
4. Implement COVID-19 testing:

Multiple associations have jointly recommended implementing COVID-19 testing in your facility for both patients and staff, but limited availability and testing kit turnaround time may force a gradual approach to resuming surgeries.² Ensure that you have a plan in place if a patient or staff member tests positive.



5. Manage resources and inventory:

Before you resume surgeries, sufficient resources should be available across your continuum of care without jeopardizing surge capacity.³ This includes staff, PPE, testing supplies and the capacity of departments like sterile processing. Consider utilizing tools like the CDC's [PPE Burn Rate Calculator](#) to estimate usage levels once surgeries are resumed.



6. Practice social distancing:

Limit the capacity of public areas like waiting rooms and ensure that chairs are spaced appropriately.⁴ When possible, limit visitors and utilize telehealth services for preoperative and postoperative care. If a patient must visit the facility before or after a surgery, encourage them to wear a mask or face covering brought from home.³



7. Sanitize thoroughly and frequently:

Disinfect public spaces and equipment as frequently as possible. Communicate the preventative measures that your facility is taking to prevent the spread of COVID-19 to patients, as they may be concerned about contamination upon entering a medical facility.



8. Reevaluate your standards of practice for the three phases of care:

Consider the effects that COVID-19 has on your standards of practice for each phase of care (preoperative phase, intraoperative phase, postoperative phase) and how to best minimize contact. For example, only vital staff should be present for intubation in the intraoperative phase. Post-operation, determine where post-acute care is available and if this is a contamination risk.⁵

For more information on how Cardinal Health is addressing COVID-19, and additional resources and tools, visit cardinalhealth.com/covid19.

Sources:

- ¹ <https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/>
- ² <https://www.asahq.org/about-asa/newsroom/news-releases/2020/04/joint-statement-on-elective-surgery-after-covid-19-pandemic>
- ³ <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
- ⁴ <https://www.medpagetoday.com/infectiousdisease/covid19/86034>
- ⁵ <https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery>