

March 18, 2020

Elective Procedures during COVID-19 Outbreak

Over the past several days, the American College of Surgeons, the U.S. Surgeon General, and some political leaders have called on hospitals and health systems to cancel or postpone elective procedures in light of the COVID-19 outbreak. While it is likely that there will be a surge of patients with COVID-19 who need hospital care, hospitals and health systems must continue to balance the needs of caring for those patients and treating patients with emergent and non-emergent medical conditions.

At this time, neither the Centers for Disease Control and Prevention (CDC) or the Centers for Medicare & Medicaid Services (CMS) have issued broadly applicable guidance to hospitals and health systems regarding the cancellation or postponement of elective procedures. Absent a clear definition from the regulatory authorities, “elective” simply means a procedure that is scheduled as opposed to one resulting from an emergency. By this open-ended definition, an “elective procedure” could include heart valve replacement surgery, cancerous tumor removal, or pediatric hernia repair. While these surgeries may not represent an immediate medical emergency, delaying them can have negative health consequences for patients and impact long-term care outcomes.

Establishing a far-reaching policy on cancellation and postponement of elective surgeries does not reflect the varied capacity of Virginia hospitals and the health care system to provide care in this moment, nor the extent to which COVID-19 uniquely impacts distinctive communities. Such a sweeping policy could also fail to account for the health impact of widespread surgical cancellations or postponements on patients currently scheduled for elective procedures.

Considering that, it is recommended that each hospital and health system evaluate its ability to continue providing elective procedures, prioritizing those with the greatest importance for patients’ long-term health outcomes. In conducting an evaluation, hospitals and health systems should consider these factors:

- Current and projected COVID-19 cases in the facility and the surrounding community.
- Supply of personal protective equipment, staffing availability, and bed availability.
- Urgency of the procedure, with a focus on performing the most urgent procedures and limiting those whose delay would not be expected have long-term health impact for patients.
- Effectiveness of other actions taken to reduce inpatient hospital load such as:
 - Moving pediatric patients in general hospitals to pediatric hospitals to vacate beds for critically ill adult patients; and
 - Moving hospitalized patients who don’t need acute care to a lesser level of care.
- Likely length of stay of the patient post-procedure and the ability to discharge the patient efficiently, with the goal of limiting lengthy hospital bed stays. In particular, hospitals may consider delaying procedures for patients who need to be discharged to post-acute care.
- Patient health status, including age and underlying health factors that may increase their risk factors for COVID-19, to determine if they are well enough to undergo a procedure at this time.
- Clinical judgement of patient needs and the hospital’s current situation.



Virginia Healthcare Emergency Management Program

COVID-19 remains a rapidly evolving, fluid situation across the Commonwealth. Each hospital should evaluate and make determinations regarding cancellation or postponement of elective procedures based on these considerations to arrive at decision it deems best for patients, facilities capacity, and communities.