

## **PRINCIPLES FOR RESUMING HEALTH SERVICES DURING COVID-19 PANDEMIC** **April 2020**

In response to the COVID-19 pandemic, and the state of emergency declared by Governor Cooper on March 10, 2020, health services providers (i.e., physicians, health systems) made significant changes to support the State's response to the COVID-19 pandemic and to ensure its emergency management goals are achieved. In addition, on March 20, 2020, at the request of the North Carolina Department of Health and Human Services (NCDHHS), providers of surgical and other procedures significantly changed their operating model and voluntarily suspended such services. The changes were implemented with three important goals in mind as NC prepared for an anticipated significant surge in COVID-19 cases: (1) to preserve a limited supply of PPE; (2) to preserve access to hospital facilities, medical personnel, medical equipment and PPE to handle the expected surge in COVID-19 cases; and, (3) to reduce the spread of the COVID-19 virus.

Due to the significant steps that the state has taken to ensure social distancing and North Carolinians' compliance with the state's directives, NC has thus far avoided a large surge that would stress hospital capacity, medical personnel and the availability of medical equipment and PPE. NC appears to have been able to "flatten the curve" of COVID-19 cases. We now anticipate a more prolonged period of COVID-19 infection, but at levels that can be accommodated by the existing health care infrastructure with periodic and unpredictable "hot spots" occurring throughout the state for several months. Congregate living arrangements (nursing homes, prisons, and other group living environments) are particularly susceptible to outbreaks, which can occur in any North Carolina community. Accordingly, all North Carolinians must remain vigilant and adhere to guidance and orders to practice social distancing and good hygiene as we continue to combat the virus.

As North Carolina has a better understanding of the likely impact of COVID-19 and the demand on health care providers and resources, including inpatient capacity, personnel, and personal protective equipment (PPE), it is prudent for providers to consider resuming services previously suspended. The following represent principles that physicians, medical groups, hospitals and their affiliates should endorse as they consider resumption of surgical and procedural services.

### **Patients as Priority**

Of primary concern is the condition of the patient and the type of health service being provided. Patients should be triaged for priority and a standard of medical necessity must be applied before each service. Prior to restarting procedures that have become time-sensitive, providers must ensure they have:

1. adequate inventories of PPE, supplies, equipment, and medicine in their community to support necessary testing, primary care, and other necessary health care services;
2. a plan for conserving PPE; and

3. access to a reliable supply chain to support continued operations and respond to an unexpected surge in a timely manner.

Providers will refrain from resuming service for the sole purpose of capturing lost revenue. The interests and needs of the patient must come first.

#### **Local Decision:**

The COVID-19 pandemic does not recognize geographic boundaries and has affected regions and communities throughout NC in different degrees. The current level and trajectory of disease activity supports a statewide decision to move forward reintroducing necessary services, but the specific approach to restarting and continuing to perform such services is most appropriately developed and implemented at the health care community or region level, taking into account the extent of COVID-19 disease in the region and any resource constraints within facilities.

Each provider, using the expertise of its clinical and administrative leaders and available guidance<sup>1</sup>, should decide for itself the procedures/services being resumed and the pace of restarting such procedures. Providers resuming time-sensitive procedures must be able to quickly re-enter a pandemic preparedness state as required. In preparing to resume health services, each provider must employ regular re-evaluation of its ramp-up/ramp-down plans and give consideration and sensitivity to:

1. current burden of COVID-19 patients,
2. surveillance forecasts,
3. availability of testing, and
4. PPE resources.

Implementation of the above must be accomplished on terms that account for all health service providers in the community, enabling them to quickly re-enter a pandemic preparedness posture should it be required.

#### **Management of COVID-19 Patients (Hospitals and health systems)**

Each hospital/health system must have the competency and capacity to manage COVID-19 patients. This includes:

1. reserve capacity management plans should the incidence of patients requiring acute care services, ICU beds, and/or ventilators increase,
2. consideration of COVID-19 isolation wards with testing protocols for those entering non-COVID wards,
3. those hospitals without Intensive Care Units should continue transfer plans but may be able to resume time-sensitive procedures earlier than others.

Given the uncertainty of the pandemic time course and potential variations in disease burden, these principles should apply to any subsequent modifications to practice leading to reduced service.

#### **Governance:**

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<sup>1</sup> <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>  
[https://www.facs.org/-/media/files/covid19/local\\_resumption\\_of\\_elective\\_surgery\\_guidance.ashx](https://www.facs.org/-/media/files/covid19/local_resumption_of_elective_surgery_guidance.ashx)

Each hospital and outpatient surgery or procedure provider shall maintain an internal physician-led governance structure (surgical review committee or similar medical committee) to ensure the criteria and principles outlined above are followed. Providers must also consult with any guidance issued by relevant professional specialty societies regarding appropriate prioritization of procedures.