Healthcare facilities’ guide to resuming elective procedures

Since the COVID-19 pandemic postponed elective surgeries, healthcare facilities have reported a 60 percent decline in patient volume and a 55 percent decline in revenue.

Many facilities are taking steps to resume their postponed procedures, however, as cases decline in communities across the country and states open back up. No matter where you are on your road to recovery, these seven steps can guide you to increase your patient numbers and bottom line.

1. Create a governance committee

Don’t wait for your community’s curve to flatten to plan for what’s next. Invite members from across your organization – finance, IT, operations, medical staff, and administrative personnel – to determine what your post-COVID goals are.

What’s your timeframe for catching up on elective procedures? What cases will you tackle first? Are you fully staffed?

Stevan Whitt, CMO of MU Health Care, meets with his committee daily. “We meet with members from each of the functional areas necessary to get our tasks done: guest services, infection control, IT, operations, security, staff health, supply chain, and others,” he says. “Those people meet at 8 am and 4 pm every day, seven days a week, making sure we are covering all of our bases.”

2. Check state and federal guidelines

According to a joint statement from the American Hospital Association, American College of Surgeons, American Society of Anesthesiologists, and Association of periOperative Registered Nurses, “facilities should not resume elective procedures until there has been a sustained reduction in the rate of new COVID-19 cases in the area for at least 14 days.”

You should also ensure you have enough PPE, ICU beds, and staff for elective procedures and the possibility of increased COVID-19 cases.

3. Check supply and staff availability

Having the right amount of equipment ensures you won’t have to resort to crisis care to treat nonelective patients. If you’re running low on supplies, consider following UnityPoint Health’s lead by working with local manufacturers to produce extra face shields. Or take a look at what Atrium Health has done to reduce their PPE usage by 70 percent.

And what about your staff? According to Melinda Giese, VP of Enterprise Client Solutions at CHG Healthcare, “In this uncertain and rapidly changing environment, we’re working closely with health systems and their experts on the front lines. This, in addition to keeping up with state and industry trends, helps us to stay nimble, understand evolving conditions, and assist our clients to make educated decisions.”
Your processes may look a lot different in the weeks to come. Patients will need to be screened for COVID-19 before their surgeries and staff will need to be tested periodically. Waiting room policies will most likely change, too. Will you place chairs six feet apart? Will you ask accompanying family members to stay in the car?

Establish policies to ensure optimal care in all five phases of surgical care – for both elective and nonelective procedures. For example, you may use telemedicine to evaluate patients during the preoperative phase. Or create new guidelines for intubation during intraoperative phase.

Work with your surgeons, anesthesiologists, and nurses to prioritize your backlogged cases. This Medically Necessary Time-Sensitive (MeNTS) Prioritization scoring system and worksheet can help.

Consider patient health, staff availability, supplies, and time needed to incorporate new protocols. For example, new sterilization or intubation procedures may add time to each case. You may also decide to leave some patients in your queue or take a phased approach to opening your OR.

Keep in mind, your backlog may be smaller than it appears. With unemployment at record levels, many patients may no longer have health insurance or the funds to pay for surgeries – or they’re hesitant to take more time off of work. Plus, fear of infection may keep them home.

Your recovery efforts come down to caring for your patients, which involves clear communication. Post new policies on your website to set expectations with patients. And lean on your schedulers to listen to patient concerns, talk through payment options, and inform them of new testing requirements or waiting room policies. The more informed your patients are, the more smoothly their procedures will go and the sooner you can clear your backlog.

After surgery, keep open communication with your patients for 14 days in case COVID-19 symptoms show up.

Even with these tips, it can be hard to adequately plan for what’s next. But with COVID-19 projections, helpful forecasting models, and your own data, you can make informed decisions to get your facility back up to speed.

Dig into your EHRs to find important patient insights and trends. And as your elective procedures ramp back up, continue to pay close attention to your PPE usage, patient volume, staffing needs, and revenue so that in the event of a second surge, you can plan accordingly.

We can help you with your staffing needs during COVID-19 and the months ahead. Contact us by phone at 866.588.5996 or email covid19@chghealthcare.com.