Resuming Elective Procedures: A Checklist of Considerations

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Executive summary

In an effort to preserve personal protective equipment (PPE), beds, and ventilators for the fight against Covid-19, health care providers across the country largely ceased performing elective procedures in March and April of 2020. Now, as governors ease restrictions on elective procedures, health system strategy leaders are preparing their plans to resume these procedures. The ability to do so safely will depend largely on facility and staff capacity and the availability of PPE and Covid-19 testing supplies—all of which are likely to vary by geography. However, all health system leaders—regardless of market or surge status—should consider specific variables when developing a ramp-up plan.

How to use this guide

This guide outlines five broad steps to follow when designing a plan for resuming elective procedures, along with more detailed factors to consider and target outputs for each step. This information should be used to engage planning leadership and identify potential gaps in strategy.

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Five steps for ramping up elective procedures

01

STEP 1

Confirm that you can safely manage elective procedures

02

STEP 2

Determine how to prioritize procedure volumes

03

STEP 3

Implement new policies and procedures

04

STEP 4

Re-engage staff and attend to their needs

05

STEP 5

Establish an external communication plan

01 Confirm that you can safely manage elective procedures

✓ **Recommended outputs:**
- System dashboard for tracking Covid-19 cases, death rates, doubling rates, facility utilization, and lab capacity
- Supply tracker that captures available volumes of Covid-19 testing supplies, PPE, and other critical supplies (e.g., essential medications, blood supplies)
- Staff capacity tracker that includes the full scope of clinical and non-clinical staff

Know where you are on the curve

- ☐ Position on disease curve (early stage, rising risk, peak, recovery)
- ☐ New Covid-19 cases as a rolling three-day average
- ☐ New confirmed deaths as a rolling three-day average
- ☐ Days for number of confirmed cases to double

- ☐ Hospital and critical care bed utilization rates
- ☐ Tools and resources available to detect signs of a new or first wave
- ☐ State and local guidelines regarding resumption of elective procedures
- ☐ Social distancing guidelines and stay-at-home orders in your state

Assess facility, testing, and supply capacity

- ☐ Covid-19 testing and lab processing capabilities (see step 3 guidance on implementing new testing policies)
- ☐ PPE needed for Covid-19-related volumes, new surgery volumes, and ambulatory volumes
- ☐ Total supply of hospital beds, critical care beds, operating rooms, PPE, and general equipment and supplies in market, in system
- ☐ Facility plan for managing overflows of inpatient procedure volumes, managing elective procedures, and managing Covid-19 and non-Covid-19 patients (i.e., designated facilities or designated zones within facilities)

- ☐ Hours of operation and options for extending
- ☐ Bed, ICU, and facility capacity reserved for Covid-19 cases
- ☐ Space reconfigurations during surge that impact elective procedure capacity
- ☐ Space reconfigurations and equipment investments required to perform new types of elective procedures (e.g., cath labs for PCI)
- ☐ Sophistication of processes to manage shortages of critical supplies (e.g., blood supplies, essential medications, PPE)
- ☐ Readiness to transition certain services to virtual platforms (e.g., pre- and post-operative services, non-urgent services)

Assess staff capacity

- ☐ Available staffing pool in terms of volume and staffing mix that accounts for burnout, infection rates, vacation, and changes in staff preferences and comfort
- ☐ Specialist coverage—especially for high-priority procedures
- ☐ Capacity of post-acute care sites to accept patients who cannot be discharged home and options for helping those sites boost capacity
- ☐ Capacity of non-clinical teams (e.g., scheduling, patient access, patient financial services, transport)

- ☐ Telehealth volume coverage
- ☐ Scope of practice and licensing regulations that may remain more permissive even after Covid-19 demand surges
- ☐ Flexible staffing arrangements that might enable flexing staff into surgical areas, or recalling surgical staff who were redeployed to other care sites during surges
- ☐ Flexible staffing arrangements that might require surgical staff to redeploy to inpatient settings during new Covid-19 surges
- ☐ Ability to onboard new graduates

02 Determine how to prioritize procedure volumes

Estimate projected demand

- ❑ Number and type of procedures that were cancelled or postponed
- ❑ Estimated percentage of backlog that is recoverable
- ❑ Number and type of procedures that proceeded normally during crisis
- ❑ Time required for PCP and specialist referrals to reach pre-crisis rates

- ❑ Estimated surge of complex patients who avoided or delayed care during crisis
- ❑ Whether procedures are moved off of the inpatient-only list—temporarily or permanently
- ❑ Macroeconomic factors that will influence future demand (e.g., unemployment, loss of insurance, consumer anxiety accessing care)

Assess competitive environment

- ❑ Supply of hospitals and alternative care sites in market to handle pent-up procedure volumes—in general and by specialty
- ❑ Likelihood that competitors will compete aggressively on maximizing capacity

- ❑ Strategic value of providing specific services, targeting certain specialties, and being a first-mover in certain areas

Determine how you will prioritize procedures

- ❑ Main categories of surgeries or procedures in the backlog
- ❑ Site(s) of care to be used (e.g., hospital, HOPD, ASC)
- ❑ Clinical urgency of procedures (e.g., schedule within 2-8 weeks, within 3-6 months, or wait 6+ months) and position in care pathway
- ❑ Strategic and competitive importance of procedures (e.g., average margin per case, strategic plan alignment, centrality to brand, reputation, or research priorities)

- ❑ Operational considerations (e.g., procedure time and complexity, need for ICU, ancillary support availability, length of stay, post-operative needs, complication rates, facility and staff readiness)
- ❑ Feasibility of managing procedures, given staff, testing, and facility constraints (see step 1)
- ❑ Phasing of procedures or service lines across time

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03 Implement new policies and procedures

- Written policy for managing Covid-19 testing of staff, patients, and visitors
- Revised policies for: appointment scheduling, pre- and post-procedure activities, visitation, patient registration, and patient financial experience
- Risk mitigation plan to account for potential safety issues

Roll out additional safety protocols

- ☐ Process for testing staff, patients, and visitors coming onsite, which should include pre-screening, onsite screening, ongoing monitoring, and rationing of limited testing resources
- ☐ Process for managing registration and pre-registration to limit patient and staff exposure
- ☐ Process for mitigating risk in the case of a false negative Covid-19 test
- ☐ Pre- and post-procedure guidelines
- ☐ Process for assessing and documenting Covid-19 history and risk levels

- ☐ Process for managing suspected Covid+ patients
- ☐ Process for managing elective procedures for patients who are recovering from Covid-19
- ☐ Visitor and vendor policies
- ☐ Support structures required to get staff up to speed on new policies and safety protocols—segmented as necessary by staff type (e.g., existing staff, staff being re-onboarded, staff being re-trained or cross-trained, clinical staff versus non-clinical staff)

Establish new patient scheduling process

- ☐ Availability of information about patients whose procedures were postponed or cancelled
- ☐ Ability and lead time required to proactively gather information from patients about their eagerness to reschedule a procedure
- ☐ Scheduling platform and options for simplifying scheduling or enabling patient self-scheduling
- ☐ Process for coordinating Covid-19 testing and procedure scheduling

- ☐ Potential need to revise scheduling templates and prior authorization processes
- ☐ Who will contact patients to reschedule and how far in advance
- ☐ Options for minimizing the impact of no-shows (e.g., double-booking slots where one patient is likely to no-show)
- ☐ Interactions that can remain virtual to preserve capacity
- ☐ Ability to use telehealth for pre-op appointments

Improve patient financial experience

- ☐ Ease of consumer access to price estimates
- ☐ Ability to frontload the financial counseling process
- ☐ Process for verifying insurance, securing prior authorizations, and confirming whether previously-completed prior authorizations remain applicable
- ☐ Inclusion of out-of-pocket cost estimates on pre-service bills

- ☐ Options for making point of service collections more consumer-friendly
- ☐ Availability of low- or zero-interest payment plans, extended loan terms, and options for deferment
- ☐ Whether to offer deeper discounting for self-pay patients

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04 Re-engage staff and attend to their needs

Recommended outputs:

- List of staff and partners who should receive important communications
- Staff announcement about where to seek up-to-date information, share concerns
- Master list of supplemental resources and partnerships available to staff
- Project plan with high-profile or essential work streams to be completed

Provide updates using designated communication channels

- ❑ Partners and staff to include in updates (e.g., clinicians, post-acute care partners, community organizations, non-clinical staff, volunteers)
- ❑ What and how to communicate to staff about how they will be organized, what procedures they should expect to perform and when, how to manage referrals, how to manage pre- and post-procedure processes, and what information is being shared with the community

- ❑ Designated source of truth for staff about the latest policies and procedures and updates
- ❑ Mechanism for staff to provide feedback, ask questions, and voice concerns, and for leadership to respond

Expand emotional support

- ❑ Availability of internal experts who can provide support (e.g., palliative care and hospice workers trained in psychological support, social work students)
- ❑ Mechanisms available for sharing free, on-demand resources such as meditation sessions or tools for coping with anxiety

- ❑ Availability of opt-in and opt-out emotional support services (e.g., confidential phone line for frontline providers, virtual one-on-one or group moral distress consults with a trained facilitator)

Take care of necessities for staff

- ❑ Knowledge of staff concerns and preferences regarding support services
- ❑ Availability of housing options for staff worried about exposing their family to Covid-19

- ❑ Options for partnering with other organizations to provide meals, childcare, and other services to staff

Quickly empower staff who have been furloughed or working reduced hours

- ❑ High-profile or essential work streams that will need to be completed in the short-, medium-, and long-term
- ❑ Options for engaging surgeons or other staff whose work may not be prioritized in the short-term (e.g., orthopedic surgeons)

- ❑ Options for cross-training staff or equipping them to perform new procedure types
- ❑ Re-engaging staff who have been furloughed
- ❑ Strategy for providing visibility and recognition to planning and leadership teams

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05 Establish an external communication plan

✓ **Recommended outputs:**	• Answers to questions you anticipate receiving from consumers
	• Additional education to provide proactively to the community
	• Public relations risks and associated mitigation plan
	• List of communication channels to update and associated project owners

Anticipate frequently asked questions and craft talking points

- ❑ Anticipated public relations risks
- ❑ How and when to notify the public that elective procedures have resumed and the steps taken to ensure the safety of patients
- ❑ Options for patients who feel uncomfortable proceeding with surgery

- ❑ How and where to provide answers to questions about safety protocols, scheduling processes and prioritization, pre- and post-procedure processes, where to seek care for specific services, how to obtain additional information, etc.
- ❑ Addressing potential concerns about wait times

Update websites and public-facing accounts

- ❑ Scope of communication channels to update (e.g., website, patient portal, social media channels, signs, print-outs in waiting areas)

- ❑ Customer segments and their specific needs (e.g., caregiver, patient with a cancelled or postponed procedure, patient with a new health need, employee)

Designate a communications spokesperson

- ❑ Roles and responsibilities for maintaining external-facing communication channels
- ❑ Channel that consumers should use to request additional information

- ❑ Expectations around response times
- ❑ Media outlets and local partners to coordinate with to disseminate messages more broadly

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Related resources

BLOG
When should you resume elective surgeries? Here's how to know
https://www.advisory.com/research/market-innovation-center/the-growth-channel/2020/04/when-to-resume-electives-post-covid

TOOL
Covid-19 Elective surgery cancelation impact estimator
https://www.advisory.com/research/service-line-strategy-advisor/tools/2020/elective-surgery-cancelation-impact

BLOG
How long is your organization's road to recovery?
https://www.advisory.com/research/health-care-advisory-board/blogs/at-the-helm/2020/04/three-factors-recovery-covid-organization

BLOG
Is it time to restart elective surgeries? Here's how these hospitals are making the call.
https://www.advisory.com/daily-briefing/2020/04/23/procedures

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