Beth Israel Lahey Health

System-wide Recovery Guidelines

Team: **Non-Operative Procedures**
Date: **05.14.2020**

I. Prioritization of Clinical Services

A. Each hospital should adopt a cogent patient prioritization system for the purpose of procedural scheduling to maximize efficient use of limited resources while preserving patient equity. This prioritization system may be an existing external algorithm adopted by the institution or internally created and agreed upon by procedural area or service line leadership. The adopted model should be described in writing, representative of all procedural area stakeholders, and transparent to all providers within the procedural area. Scoring systems should consider and provide ranges across the principles listed below.

Prioritization Principles

i. Urgency of procedure based on risk of clinical deterioration if delayed. Cases should be categorized as elective (minimal risk of deterioration), semi-elective (low to moderate risk), and urgent (moderate to high risk). Note that emergency procedures should proceed as per current operational guidelines

ii. Postprocedural risk of physiological complications secondary to COVID-19 infection

iii. Sedation decisions, appropriate to the procedure and patient needs, that can expedite recovery

iv. Use of limited hospital resources
   a. Anesthesia staffing
   b. PPE in procedure room
   c. Recovery stay
   d. ICU bed/stay
   e. Med/Surg bed/stay

B. Each procedural case should be scored according to the prioritization system in place. These scores should be maintained in a tracking database. Each hospital should measure and monitor the percent

utilization of the prioritization scoring system within each procedural area.

C. It is recommended that procedure area service line chiefs or medical directors determine the amount of baseline capacity that will be opened (e.g., 25%, 50%, etc.). Service line chiefs or medical directors are responsible for using the agreed-upon prioritization methodology to assign cases to maximize use of opened procedural room capacity.

D. There is an expectation that physicians will have constant communication with their patient list to understand patients' desire and readiness to proceed with the procedure.

E. Utilization of all BILH procedural resources within the system will be considered to allow cross-pollination of available capacity to be matched to patient demand and needs.