



## System-wide Recovery Guidelines

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

### IV. Patient Pathway – Recommendations by Periprocedural Stage

#### A. Pre-procedural Preparation

- i. During the scheduling process, hospitals should assess patient readiness to come into the organization and address safety concerns.
  - a. Educate all members of the care team on BILH-wide talking points to ensure consistency of messaging to patients.
  - b. If patients decline to schedule procedure, record their reason for doing so.
- ii. As noted in Section II, hospitals should minimize the need for in-person visits prior to procedure by:
  - a. Consolidating testing requirements,
  - b. Identifying opportunities to use tele-health:
    - Pre-registration by phone, including any financial clearance conversations,
    - Symptom and exposure screening via telephone or text-based system 48-72 hours prior to procedure, and
    - Virtual patient education, including information regarding what to expect the day of the procedure and the need to arrive to the facility wearing a mask or cloth face covering. For patients who do not have a mask or face covering, one will be provided upon arrival.
- iii. Local procedural teams should work with their Facilities Department to identify pathways for patients to enter the facility and to follow throughout the procedural visit.
  - a. When appropriate, consider having patients wait in car (rather than the waiting room) and call or text when patient should enter the facility. (Hospitals will need to consider cellular reception in areas such as underground parking garages.)
  - b. For short procedures, consider having visitors wait in car rather than entering facility.

- iv. Periprocedural leaders should educate the team on physical distancing considerations (e.g., waiting areas) and determine how these guidelines will be enforced.
- v. To adhere to BILH visitor policies, periprocedural teams should:
  - a. Educate patients regarding the BILH visitor/escort policy in advance of the day of the procedure, including sharing expectations regarding symptom/exposure screening and mask use. Visitors and essential escorts should arrive at the facility wearing a mask or cloth face covering; a mask will be provided to those who arrive without one and should be worn at all times in the facility.
  - b. Inquire during pre-registration who will accompany patient
  - c. Determine where visitors/escorts will wait during the procedure.
- vi. Hospitals should assess post-discharge care needs as early in the process as possible to ensure patients' care needs across the continuum are met.
  - a. Proceduralist (or designated clinical provider) should complete a checklist to frontload coordination of post-procedure services needed.
  - b. Involve case management in conversation prior to procedure.
  - c. Prior to booking case, the care team should determine the likelihood that a patient will need to go to post-acute care facility and understand the patient's geographic preference.
    - Ensure case management understands facility testing requirements and capacity to accept patients.

#### B. Care on Day of Procedure

- i. Hospitals should have a plan for enforcing compliance with masking, screening, social distancing, visitor/escort protocols, and other Infection Control policies. Hospitals should explicitly identify staff responsible for enforcement.
- ii. Providers are encouraged to use regional anesthesia, when appropriate, to avoid intubation and expedite recovery.

#### C. Postprocedural Care



- i. Hospitals should identify opportunities to use tele-health for post-procedure care and teaching to minimize need for patients to return to the facility.
  - a. If a patient needs to return to the hospital for an imaging study, for example, the provider can conduct the post-procedure visit via tele-health, if clinically appropriate.
- ii. The care team should identify ways to enhance post-procedure teaching (e.g., reinforce during post-procedure phone call), especially as family members might not be with patients during in-person post-procedure instruction.
- iii. The care team should utilize home health services to eliminate visit(s) to hospital (e.g., VNA nurse to remove stitches/sutures), when clinically appropriate.