



System-wide Recovery Guidelines

Team: Operating Room (OR)
Date: 5.14.2020

I. Prioritization of Clinical Services

- A.** Each facility should adopt a cogent patient prioritization system for the purpose of OR 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 local OR leadership. The adopted model should be described in writing and transparent to all providers within the perioperative area. Scoring systems should consider and provide ranges across the principles listed below.

Prioritization Principles

- i. Risk to patient condition if surgery is further deferred
 - ii. Post-surgical risk of physiological complications secondary to COVID-19 infection
 - iii. Use of limited hospital resources
 - a. PPE in OR suite
 - b. PACU stay
 - c. ICU bed/stay
 - d. Med/Surg bed/stay
- b. Each elective surgical 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 surgical division.
- c. It is recommended that service line blocks are adopted in place of individual surgeon blocks and distributed to specific services by hospital OR leadership. This will maximize resource utilization.
- d. The utilization of each service line block will become the responsibility of the surgical division chief using the agreed-upon prioritization model.



- e. Hospitals should focus on achieving a very high percent utilization of the service blocks with a clear surgical division-specific plan to allow backfilling of cases if cancellations occur. This will be the responsibility of each surgical division chief.
- f. Each hospital should engage in simultaneous and parallel models for outpatient ambulatory and inpatient surgical cases.
- g. Utilization of all BILH ambulatory resources within the system will be considered to allow cross-pollination of available ambulatory centers to be matched to patient demand and needs.
- h. There is an expectation that surgeons will have constant communication with their patient list to understand patients' desire and readiness to proceed with surgery.