



Pandemic Planning Grid for Inpatient and Outpatient Procedures

Definitions

Level	Surgical/Procedural (including Outpatient Procedures)	Outpatient Clinic Office Practice
Elective	Scheduled in advance because it does not involve a medical emergency. Procedure can be delayed for 8 weeks without significant disease progression or morbidity.	An appointment/care that can be delayed 8 weeks without doing harm.
Semi-Urgent	Must be done to preserve patient's life or prevent expected progression of disease/morbidity. Designation will be determined by the Surgical/Procedural Specialty.	Patient is medically stable; appointment could be delayed but not greater than 8 weeks
Urgent	Can wait until the patient is medically stable but acutely time-sensitive.	Patient needs to be seen for medically-necessary care.
Emergent	Must be performed without delay to preserve life or limb.	



Pandemic Level	Community Transmission		Hospital is in the following operational status
A	No community cases <u>and</u> No cases in employees involved in patient care	And	Conventional Care
B	Some travel related cases but no community acquired cases <u>and</u> No more than one case in employees involved in patient care	And	Conventional Care
C	Community transmission is occurring at the state level <u>or</u> More than 1 case in employees involved in direct patient care	And	Conventional Care
D	Community transmission is occurring at the state level <u>or</u> More than 2 staff positive cases involved in direct patient care	And	Contingency Care
E	Wide spread Community transmission is occurring at the state level <u>or</u> Multiple positive cases of staff involved in direct patient care	And	Crisis Care



Pandemic Level	Surgical/Procedural (including Outpatient Procedures)	Outpatient Clinic Office Practice
Stage A	No change from standard practice.	
Stage B	1) Elective patients requiring inpatient stay will be triaged according to resource capacity <ul style="list-style-type: none"> • ALOS longer than 5 days • Predicted ICU admission • Likelihood of skilled nursing disposition • Preoperative anemia with likelihood of blood transfusion • Presence of comorbidity associated with pandemic morbidity and mortality 2) All outpatient procedures scheduled as usual.	<ul style="list-style-type: none"> • Maintain all appointments • Highly suggest patients cancel routine/elective visits • Advise patients to cancel for specific populations (co- morbidities)
Stage C	1) All elective procedures are deferred. Rescheduling of procedures will be assessed when pandemic staging is downgraded. 2) For semi-urgent procedures during Pandemic Stage C, a secondary review is required by the Department Chair or Practice Chair to confirm semi-urgent status. <ol style="list-style-type: none"> a. If agreement, schedule b. If disagreement, delay procedure for 8 weeks. 3) Urgent and emergent procedures scheduled as usual.	All appointments whether existing or newly-requested require categorization as: <ol style="list-style-type: none"> 1) Urgent: Maintain appointment and related critical itinerary elements 2) Semi-Urgent: Delay – reschedule at a time to not exceed 8 weeks; or use virtual Care Options 3) Elective: Cancel/delay; move to list for future rescheduling
Stage D	1) All elective procedures are deferred. 2) Semi-urgent patients will be triaged according to resource capacity: <ol style="list-style-type: none"> a. ALOS longer than 5 days b. Predicted ICU admission c. Likelihood of SNF disposition d. Preoperative anemia with likelihood of blood transfusion e. Presence of comorbidity associated with pandemic morbidity and mortality 	All appointments whether existing or newly-requested require categorization as: <ol style="list-style-type: none"> 1) Urgent: Maintain appt. and related critical itinerary elements 2) Semi-Urgent: Cancel; move to list for rescheduling.
Stage E	Only urgent and emergent procedures will be performed.	1) Only established patients with urgent needs are seen in the outpatient setting. 2) No New patients are seen in outpatient setting unless approved