April 17, 2020

The Honorable Kevin Stitt, Governor, State of Oklahoma
Oklahoma State Capitol
2300 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Governor Stitt:

On behalf of the Oklahoma Chapter of the American College of Surgeons (ACS) representing all surgeons and surgical subspecialists across the State of Oklahoma, we emergently urge you to reconsider the Executive Memorandum 2020-02 that states "all elective surgeries are able resume starting April 24, 2020." In the same announcement you stated that the "Safer at Home order has been extended through May 6 for adults over the age of 65 and vulnerable individuals with serious underlying medical conditions." These are many of the same patients that are awaiting delayed elective surgery. Furthermore, your announcement recognizes that, according to the latest IHME projection model for Oklahoma (included below), the anticipated peak in new cases and associated deaths from COVID-19 is not until April 30 – May 1, 2020. We feel these conflicting dates cause, at best, confusion for the citizens of Oklahoma and, at worst, movement toward a premature resumption of elective surgical cases with a significant likelihood of worsening the COVID-19 surge and placing additional Oklahomans at unnecessary risk. Our parent organization, The American College of Surgeons has issued a formal statement in conjunction with the American Society of Anesthesiologists (ASA), Association of periOperative Registered Nurses (AORN) and American Hospital Association (AHA) the entirety of which is attached. We support the following the key items raised in that statement:

- *Facilities should not resume elective procedures until there has been a sustained reduction in the rate of new COVID-19 cases in the area for* ***at least 14 days****.*
- *A decision to resume elective procedures must be comprehensive and take into account timing, testing, adequate equipment, prioritization and scheduling, data collection and management, COVID-related safety and risk mitigation*

surrounding a second wave and other issues including the mental health of health care workers, patient communications, environmental cleaning and regulatory issues.

- *Prior to resumption, each facility needs to adhere to the following:*
    - *Implement a policy for testing staff and patients for COVID-19, accounting for accuracy and availability of testing and a response when a staff member or patient tests positive.*
    - *Form a committee – including surgery, anesthesiology and nursing leadership – to develop a surgery prioritization policy, which factors in previously canceled and postponed cases, and allot block time for priority cases, such as cancer and living donor organ transplants.*
    - *Adopt COVID-19-informed policies for the five phases of surgical care, from preoperative to post-discharge care planning.*
    - *Collect and assess COVID-19 related data that will be used to frequently re-evaluate and reassess policies and procedures.*
    - *Create and implement a social distancing policy for staff, patients and visitors in non-restricted areas in anticipation of a second wave of COVID-19 activity.*

Based on the referenced prediction models suggesting a peak surge at or around April 30 – May 1, 2020, and assuming we realize "a sustained reduction in the rate of new COVID-19 cases" in Oklahoma in the 14 days that follow, resumption of elective surgical procedures should be further delayed until May 15, 2020 and no sooner.

We urgently request that you issue an addendum to Executive Memorandum 2020-02 revising the timeline to reflect the May 15,2020 date and provision to further extend this date pending careful monitoring of actual COVID-19 new case surge data.

The Oklahoma Chapter of the ACS agrees with the following CMS considerations outlined in the original Memorandum:

- Prioritized resumption of cases starting with Tier 2A/2B cases (intermediate acuity with potential for future morbidity and mortality) followed by a planned staged reintroduction of Tier 1 cases (low acuity) following the initial experience of the Tier 2 roll-out.
- Careful monitoring of current and projected COVID-19 case across Oklahoma.

- Consideration for each patient's age, comorbidities, and overall risk for severe COVID-19 disease if exposed.
- Implementation of telehealth, virtual check-ins, and/or remote monitoring.
- Confirming adequate testing capability with optimal availability, application, and resulting.
- Ensuring adequate supplies of personal protective equipment (PPE) locally with adequate statewide reserves.
- Ensuring adequate staffing resources to account for attrition if staff are stricken ill with COVID-19.

As Oklahoma's leading voice for surgeons and surgical subspecialists, and strongest advocate for patients in need of surgical intervention, the Oklahoma Chapter of the ACS remains ready to assist your administration. We look forward to helping implement a clear and thoughtful plan for the reinstatement of elective surgical procedures along a timeline that takes into consideration the need to provide surgical services to those in need but prioritizes doing it in such a way to maintain absolute safety with regard to COVID-19 for the both the patients and the healthcare workers affected by this decision.

Respectfully,

Peter R. Nelson, MD, MS, FACS, DFSVS
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Professor of Surgery
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FOR IMMEDIATE RELEASE
April 17, 2020

Safely resuming elective surgery as COVID-19 curve flattens: ACS, ASA, AORN and AHA develop roadmap for readiness

CHICAGO – As the COVID-19 surge wanes in different parts of the country, patients' pent up demand to resume their elective surgeries will be immense. To ensure patients can have elective surgeries as soon as safely possible, a roadmap to guide readiness, prioritization and scheduling has been developed by the American College of Surgeons (ACS), American Society of Anesthesiologists (ASA), Association of periOperative Registered Nurses (AORN) and American Hospital Association (AHA).

In response to the COVID-19 pandemic, the groups joined the Centers for Medicare and Medicaid Services (CMS) and praised their thoughtful tiered approach to postponing elective procedures, ranging from cancer biopsies to joint replacement, that could wait without putting patients at risk.
Readiness for resuming these procedures will vary by geographic location depending on local COVID-19 activity and response resources. A joint statement, developed by ACS, ASA, AORN and AHA, provides key principles and considerations to guide health care professionals and organizations regarding when and how to do so safely.

The statement notes facilities should not resume elective procedures until there has been a sustained reduction in the rate of new COVID-19 cases in the area for at least 14 days. The facility also should have adequate numbers of trained staff and supplies, including personal protective equipment (PPE), beds, ICU and ventilators to treat non-elective patients without resorting to a crisis-level standard of care.

The timing for resuming elective surgery is one of the eight principles and considerations to guide physicians, nurses and facilities in their resumption of elective surgery care, for operating rooms and all procedural areas, factoring in: timing, testing, adequate equipment, prioritization and scheduling, data collection and management, COVID-related safety and risk mitigation surrounding a second wave and other issues including the mental health of health care workers, patient communications, environmental cleaning and regulatory issues.

Highlights include:

- Implement a policy for testing staff and patients for COVID-19, accounting for accuracy and availability of testing and a response when a staff member or patient tests positive.

- Form a committee – including surgery, anesthesiology and nursing leadership – to develop a surgery prioritization policy, which factors in previously canceled and postponed cases, and allot block time for priority cases, such as cancer and living donor organ transplants.

- Adopt COVID-19-informed policies for the five phases of surgical care, from preoperative to post-discharge care planning.

- Collect and assess COVID-19 related data that will be used to frequently re-evaluate and reassess policies and procedures.

- Create and implement a social distancing policy for staff, patients and visitors in non-restricted areas in anticipation of a second wave of COVID-19 activity.

ACS, ASA, AORN and AHA continue to monitor COVID-19 to evaluate and manage its impact on members, the health care community, patients and staff. Additional important information on patient care in the COVID-19 pandemic will be regularly updated on ACS, ASA, AORN and AHA websites.

ABOUT THE AMERICAN COLLEGE OF SURGEONS
The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the quality of care for all surgical patients. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. The College has more than 82,000 members and is the largest organization of surgeons in the world. For more information, visit www.facs.org.

ABOUT AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves. For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. For updated information, resources and education related to COVID-19, please visit www.asahq.org/covid19info. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Like ASA on Facebook, follow ASALifeline on Twitter.

ABOUT THE ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES
The Association of periOperative Registered Nurses (AORN) supports the professional practice of more than 200,000 perioperative nurses by providing evidence-based research, education, standards, and practice resources—including *Guidelines for Perioperative Practice* -- to keep health care workers safe and enable optimal outcomes for patients undergoing operative and other invasive procedures. For more information, visit http://www.aorn.org.

ABOUT THE AMERICAN HOSPITAL ASSOCIATION
The American Hospital Association (AHA) is a not-for-profit association of health care provider organizations and individuals that are committed to the health improvement of their communities. The AHA advocates on behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups. Founded in 1898, the AHA provides insight and education for health care leaders and is a source of information on health care issues and trends. For more information, visit the AHA website at www.aha.org.

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