



March 16, 2020

Re: COVID–19 Response Using Stanford Guidelines

To ensure readily available resources for patients requiring testing and treatment of COVID-19, the Kentucky Hospital Association with its member Chief Medical Officers support the use of Stanford’s guidelines outlined below for reviewing all scheduled surgeries to determine the necessity of each case.

Tier 1 Emergent: Immediate threat of Loss of life, limb, organ or permanent disability.

Tier 2 Urgent: Threat to loss of life, limb, organ or permanent disability and/or necessary for progression of treatment for life limb, organ, disability within 30 days.

Necessary for progression of care for hospital discharge or prevention of a hospital admission. Includes management of cancer and others solid and liquid malignancies.

Tier 3 Elective: Treatment necessary, but able to be delayed at least 30 days. Delay of surgery may be remediated by medical management. Cosmetic procedures. Patient chooses to reschedule/cancel.

For patients with the following underlining conditions, physicians should consider the risks and benefits for proceeding with surgery:

- Blood disorders (e.g., sickle cell disease or on blood thinners)
- Chronic kidney disease
- Chronic liver disease
- Compromised immune system
- Current or recent pregnancy in the last two weeks
- Endocrine disorders (e.g., diabetes mellitus)
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease),
- Lung disease including asthma or chronic obstructive pulmonary disease or other chronic conditions associated with impaired lung function or that require home oxygen
- Neurological and neurologic and neurodevelopment conditions

In addition to the above guidelines, it is recommended hospitals create a team or identify a leader responsible for reviewing all scheduled surgeries, using the tiered approach described above and considering the triggers below.

The committee or leader will also review all post-surgical cases to assess their necessity and make a recommendation for similar cases going forward.

Hospitals are encouraged to use the following triggers to adjust tiers:



- Number of active COVID-19 patients on site
- Days of PPE on hand
- National and local COVID-19 forecast
- ICU capacity
- Ventilator capacity
- Available staffing

Hospitals should also:

- Transfer patients to surgery centers where available to make available additional acute care beds.
- Consider closing surgery centers to conserve PPE, staff and to contain the virus.
- Prioritize increased testing with improved availability of test processing and consideration of PPE and staffing resources available.