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.