

March 16, 2020

Dear Surgical and Procedural Colleagues,

***Effective tomorrow, Tuesday, March 17 at all Renown locations, "elective-optional" surgical and procedural cases will be postponed in order to slow the spread of COVID-19 and to preserve critical resources.***

Challenging times are upon us and we are faced with a decision points we could not imagine a month ago. The American College of Surgeons has issued a statement with a strong recommendation for postponement of all elective surgeries.

**Today at 12:30pm a joint MEC decision was made telephonically to postpone all elective-optional surgeries and invasive procedures**

Your entire medical staff leadership along with administration has been extremely engaged in this work and we understand this decision, and decisions to come, will have a profound impact on our professional lives. We humbly ask for your patience and understanding as we move into the steep part of this curve. This is the first in what we plan on being a series of communications about this issue and, again, understand that this will change over time. We thank you all for your efforts as medical staff to preserve resources in order to stay operational and serve our community protect our medical staff.

The American College of Surgeons (ACS) recently [recommended](#) the following<sup>1</sup>, which was later [supported](#) by US Surgeon General Jerome Adams<sup>2</sup>:

- Each hospital, health system, and surgeon should thoughtfully review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until we have passed the predicted inflection point in the exposure graph and can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.
- Immediately minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators. There are many asymptomatic patients who are, nevertheless, shedding virus and are unwittingly exposing other inpatients, outpatients, and health care providers to the risk of contracting COVID-19.

Furthermore, the Centers for Disease Control (CDC) [advises](#) healthcare facilities with substantial community transmission or impact of COVID-19 to, "Cancel elective and non-urgent procedures."<sup>3</sup> Major health systems have already started implementing this recommendation.

We appreciate that these are impactful steps to contemplate, especially considering a limited number of confirmed COVID-19 cases in Washoe County. However, with at least one confirmed case of community transmission, coupled with very limited testing up to this point, it is reasonable to heed the lessons from Asia, Europe, and parts of the US: *mitigation strategies are most effective when applied early and decisively.*

To this end, **Renown Health Joint MEC decided that effective Tuesday, March 17 surgical cases considered to be elective-optional will be postponed to a later date.** The determination of the case category will be made by a committee composed of medical staff, surgical, procedural, and clinical leadership. This recommendation has been considered carefully as it will have a tremendous impact on our patients, physician partners, employees, health systems, and community. Physician leadership, through the Surgical Services Executive Committee (SSEC), advocated for and supports this action.

The table below contains a general framework of how cases may be stratified based on urgency, with an initial focus on **temporarily postponing all elective optional cases and appropriate elective non-optional cases.** This is unfamiliar territory for us all, and we all will certainly need to collaborate to make thoughtful clinical decisions with the patient, healthcare worker, and community in mind. This is especially important in some of the more nuanced scenarios. As of now, it is not possible to predict how long this may last or the exact date to begin rescheduling, but it is important to keep in mind that this is temporary and clearly in the best interest of all stakeholders and the community. We all need to work together, remain flexible, and adapt this process as necessary.

The SSEC recommends that surgeons planning to **proceed with** elective non-optional cases review these cases with their section chief. The above referenced committee will also review any elective cases that are not postponed.

<b>Type of Surgery</b>	<b>Action</b>
<b>Elective, Optional</b> <i>Postponement for 14-28 days confers <b>minimal</b> additional risk</i>	<b>POSTPONE</b> Surgery
<b>Elective, Non-Optional</b> <i>Postponement for 14-28 days confers <b>moderate</b> additional risk</i>	<b>ASSESS</b> Risks & Benefits
<b>Urgent or Emergent</b> <i>Postponement beyond a few hours confers <b>significant</b> additional risk</i>	<b>PROCEED</b> to Surgery

Sincerely,  
Physician Members of the Surgical Services Executive Committee

<sup>1</sup> “ACS COVID-19: Recommendations for Management of Elective Surgical Procedures,” letter dated 03/13/2020, <https://www.facs.org/about-acscovid-19/information-for-surgeons>

<sup>2</sup> @Surgeon\_General (Jerome Adams, US Surgeon General), Twitter, 03/14/2020,  
[https://twitter.com/Surgeon\\_General/status/1238798972501852160?s=20](https://twitter.com/Surgeon_General/status/1238798972501852160?s=20)

<sup>3</sup> "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission",  
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>