



**Montana Hospital Association Consensus Statement
Regarding Recommendation on Cancellation of Elective Procedures**

March 26, 2020

The Montana Hospital Association (MHA) is committed to ensuring the protection of our patients and caregivers as we strengthen our resolve to respond and defeat COVID-19 in our state. As an association, we have collaborated in the development of our policy statement regarding the cancellation of elective procedures.

Keeping patients safe and the public focused on measures to stop the spread of COVID-19 is of utmost importance to the hospitals of Montana. It is important to note that “elective procedures” is not defined and the need to ensure the availability of medically necessary surgeries and care must be part of any collaborative policy that shapes care delivery. Our larger communities are served by hospitals with a broad array of services and the need to ensure the availability of these services to the public is a significant consideration when determining the need to cease elective procedures.

Modeling predicts a surge of the number of serious COVID-19 cases who potentially need hospital care. However, the hospital system must continue to balance the needs of caring for patients with COVID while also continuing to provide vital services to others in the community who need care. Hospitals must continue to treat many patients with emergent needs: pregnant women, people with heart attacks, strokes, mental health crises or who have been in vehicle accidents.

“Elective” simply means a procedure is scheduled rather than a response to an emergency. For example, “elective” surgeries could include replacement of a faulty heart valve, removal of a serious cancerous tumor, or a pediatric hernia repair. Often, if these types of procedures are delayed or canceled, the person’s condition gets rapidly worse. The resulting decline in their health could make them more vulnerable to COVID-19.

The dedication of Montana’s hospitals, ambulatory surgical centers and our physician partners, to ensuring the availability of personal protective equipment (PPE) for caregivers and to protect our patients, coupled with the need to ensure adequate blood supplies is why the association’s members are endorsing the model guidelines outlined by the [American College of Surgeons’ COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures](#) to appropriately triage clinical decision making for elective surgeries and procedures.

Consensus statement:

All Montana hospitals and ambulatory surgical centers are implementing cancellation of procedures based on the hospital’s and surgery centers’ clinical leaderships’ judgment, consistent with the American College of Surgeon/Centers for Disease Control guidelines, and that can be cancelled without causing harm to the patient, delay diagnosis, or negatively impact the patient’s life expectancy.

Hospitals and ambulatory surgery centers will continue to provide needed procedures as it is safe to do so, prioritizing care that if delayed could negatively affect the patient’s health outcome, harm the patient, or lead to disability or death. The model guidelines outlined by the [American College of Surgeons’ COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures](#) to appropriately triage clinical decision making for elective surgeries and procedures, will serve as the model for surgical appropriateness.

Additionally, this strategy will strengthen hospitals’ response to COVID-19 by conserving PPE, ensuring blood inventories remain at acceptable levels to serve the public, and creating capacity to safely meet staffing needs in anticipation of a surge of virus victims in our communities. In adopting these guidelines, our driving force is to keep safe our patients and caregivers.

Below is a simple tiering grid outlining the surgical decision making based on the American College of Surgeon guidelines.

Elective Surgery Acuity Scale (ESAS)

Tiers	Definition	Locations	Examples	Action
Tier 1a	Low acuity surgery/healthy patient Outpatient surgery Not life-threatening illness	HOPD ASC Hospital with low/no COVID- 9 census	Carpal tunnel release Penile prosthesis EGD Colonoscopy	Postpone surgery
Tier 1b	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery
Tier 2a	Intermediate acuity surgery/healthy patient Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD ASC Hospital with low/no COVID-19 census	Low risk cancer Non-urgent spine Ureteral colic	Postpone surgery if possible
Tier 2b	Intermediate acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery if possible
Tier 3a	High acuity surgery/healthy patient	Hospital	Most cancers Highly symptomatic patients	Do not postpone
Tier 3b	High acuity surgery/unhealthy patient	Hospital		Do not postpone

HOPD – Hospital Outpatient Department

ASC – Ambulatory Surgery Center