

Premier Health Re-Entry Q&A

May 1, 2020

As part of efforts to restart Ohio's economy, Gov. Mike DeWine recently indicated that Ohio's hospitals in coming weeks will begin to expand certain health care services. These are services that had been scaled back to ensure an adequate supply of inpatient beds during the COVID-19 pandemic, and to promote social distancing.

As of Monday, May 4, Premier Health will resume health care services at certain sites of care. The initial focus will be on **medical imaging, physical therapy and rehabilitation, and certain elective surgeries that do not require an overnight stay.**

Here are questions that you might have about the ramp-up in services:

- 1) **How will medical imaging services be ramped back up?** Beginning the week of May 4, hospital departments will begin to schedule non-urgent imaging studies and IR procedures. Select offsites will reopen (see schedule below). Additional off-site locations will begin to open and start performing screening exams later in May, and hours will expand as volume ramps up.
 - Atrium Medical Center: Grand Avenue (May 4); Women's Center/Mobile Mammography (May 11); Trenton (May 18)
 - Miami Valley Hospital: Beavercreek, Jamestown (nuclear cardiology), Breast Center, Springboro (May 11); SureCare (May 15)
 - Miami Valley Hospital North: Huber Heights, Huber Cardiology, Greenville, Needmore, Breast Center (May 11)
 - Miami Valley Hospital South: Breast Center (May 11)
 - Upper Valley Medical Center: Hyatt Center, Outpatient North (May 4); Outpatient South, Stanfield (May 11)

- 2) **How will physical therapy and rehabilitation services be ramped back up?** Sites that were not already open on a limited basis will reopen the week of May 4, with the exception of sites in Jamestown (May 11) and the Coffman YMCA (opening date to be determined). Hours will expand consistent with increases in patient volumes.

- 3) **How will outpatient surgeries be ramped back up?** Beginning May 1, surgeries can be performed if the answer is "yes" to any of the following questions:
 - a. Is there a threat to the patient's life if the surgery or procedure is delayed?
 - b. Is there a threat of permanent dysfunction of an extremity or organ system if the surgery or procedure is delayed?
 - c. Is there a risk of metastasis or progression of staging if delayed?
 - d. Are severe symptoms present that cause an inability to perform activities of daily living?
 - e. Is there a risk of rapidly worsening to severe symptoms?
 - f. Is the surgery a same day procedure without overnight hospital stay required?

- 4) **How will employee, patient, and visitor screening work at these sites of care?** Screening will occur at all locations. Employees, patients, and any visitors will have their temperatures taken if they have not self-screened. Employees, patients, and visitors also will be required to don a mask. Please note that masks and other face coverings should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Patients may remove their cloth face covering when in their rooms, but should put them back on when leaving their room or when others who are not wearing a mask enter the room.
- 5) **How will screening for surgery patients be handled?** Patients will be screened during the pre-admission testing (PAT) call, the day before the procedure, and when the patient arrives the day of the procedure. Testing will be incorporated into the screening process when it becomes available. Patients will also be screened the day after surgery and will be provided discharge instructions to follow up with their physicians if they begin to have symptoms.
- 6) **What restrictions are in place for visitors?** Patients may bring one visitor or support person with them if assistance is needed with mobility issues or with receiving medical information. Patients younger than 18 years of age may only bring a parent or guardian. Visitors must sign in, be older than 18, and must not have flu or COVID-19 symptoms. To maintain proper social distancing in our waiting rooms, visitors will be asked to remain primarily in the room with the patient they are visiting. As an added safety measure, visitors accompanying an ED/trauma, surgical or procedural patient may be asked to wait outside in their cars until their loved one is ready to leave. In such cases, we will request a contact name and phone number to provide patient updates and notification when the patient is ready to leave the facility.
- 7) **What disinfection plans will be in place?** To ensure the safety of staff, patients, and visitors, common areas will be cleaned hourly and daily, and registration areas will be cleaned between patients.
- 8) **Will cash be accepted in outpatient settings?** Premier Physician Network practices are not accepting cash. However, other sites of care within the Premier Health system continue to do so.

PPE-related questions

- 9) **Will patients and staff be required to wear masks, including at outpatient locations?**
Yes. Effective Friday, May 1, to minimize the spread of COVID-19, all Premier Health employees, contractors, visitors, and medical staff must wear masks or face coverings at Premier Health facilities and subsidiary locations. This applies to those working at the Premier Health Center at 110 N. Main St., Premier Physician Network offices, Fidelity Health Care, Samaritan Behavioral Health Inc., CompuNet Clinical Laboratories, and all other Premier Health sites of care.

- 10) **What types of PPE will physical therapists be provided with and expected to use?** Premier Health will supply physical therapists with isolation masks, as well as gloves for use when “dry needling.”
- 11) **What precautions will be taken to protect staff during surgeries?** The following steps are being taken to protect staff who are participating in surgeries:
- Elective surgical procedures with suspected or confirmed COVID-19 will be postponed for at least 14 days, when possible.
 - All surgical procedures should include eye protection as part of standard surgical protection unless it would prevent safe completion of the case (i.e. surgical loop use).
 - We will minimize the number of personnel in the operating room at all times.
 - Unless COVID-19 has been ruled out, the anesthesia team (including assistants) will wear fitted N95 masks with eye protection for all intubations.
 - During intubation, all other operating room personnel should leave the room.
- 12) **What PPE will be required during these procedures?** All surgical procedures should include eye protection as part of standard surgical protection unless it would prevent safe completion of the case (i.e. surgical loop use). Unless COVID-19 has been ruled out, fitted N95 with eye protection should be used for anesthesia team (including assistants) for all intubations.
- 13) **What will be considered high-risk surgical cases?** Surgical cases that will be considered “high-risk” include:
- a. ENT
 - b. Nasopharyngeal or tracheal procedures
 - c. Open chest procedures
 - d. CT surgery
 - e. Bronchoscopy/GI Endoscopy
 - f. Surgery of bowel with gross contamination
- 14) **When should enhanced PPE be used?** Enhanced PPE when any of the following conditions are present:
- a. Any surgical procedure involving a patient with suspected or confirmed COVID-19
 - b. Emergent surgical procedures when COVID-19 cannot be excluded by testing or history
 - c. High-risk surgical procedure where COVID-19 cannot be excluded by testing
 - d. Any elective case with a positive questionnaire where testing not available (consider postponement)
 - e. Any high-risk case with negative questionnaire where testing not available.
- 15) **What are the components of enhanced PPE?** Enhanced PPE includes surgical attire, eye protection, and use of a fitted N95 respirator.
- 16) **What if a fitted N95 is not available?** Every effort should be made to have team members use fitted N95 when required. When a fitted N95 respirator is not possible, a PAPR may be used. For any OR team who MAY be over the surgical field, use of a long Ebola Hood with PAPR

will be required. For other OR members who will not be near the surgical field, a standard hood may be used.

17) **When is it appropriate to wear standard surgical attire?** Standard surgical attire can be worn in the following cases:

- a. Any elective surgical case with negative symptom screen and negative testing within 48 hours
- b. Any elective surgical case with positive screen and negative testing within 48 hours (consider postponement)
- c. Any NON high-risk case with negative screen where testing not available