

# COVID-19 executive memo

From Dr Richard Friedland - CEO



## Netcare's recommended policy on the continuation of medical and surgical aspects of care post stage 5 lockdown

Dear Colleagues

We continue to face a global pandemic that is forcing us all to constantly review and evaluate the tactics employed to combat the spread of COVID-19 and ensure that our frontline staff, our doctors, nurses and healthcare workers are kept safe. As we approach the end of the 5 week period of lockdown, aimed at flattening the COVID-19 curve as the situation unfolds in South Africa, we acknowledge that a gradual easing and/or tightening of the restrictions is likely to continue for several months. As we learn from our colleagues globally and our own experiences, we will continue to introduce new measures and modify others on a regular basis.

### Continuation of consultations and surgery

On 30 March 2020, Netcare issued guidelines on the cessation of elective surgery. You may be aware that several professional associations, academic sources and global and clinical institutions have, over the last week, issued guidelines on the reintroduction of medical and surgical aspects of care post stage 5 COVID-19 lockdown. These publications have all been reviewed in evaluating Netcare's position on the continuation of care and to this end, we have prepared the following guidelines which will be effective from Monday 4 May 2020.

Acknowledging that there is always a clinical rationale for the decision made between clinician and patient to continue with 'elective' surgery, it is important to recall that 'elective' refers to the fact that the acuity of the condition being treated surgically allows for the surgeon and the patient to elect the timing and scheduling of the surgery without negatively impacting the treatment outcome or disease process. In accordance with the American College of Surgeons, we therefore recommend the use of the term 'medically necessary, time saving procedures' (**MeNTS**) to offer a better understanding and provide a more informed decision-making framework.

The decision to proceed with consultations and surgeries in the context of the COVID-19 pandemic requires the incorporation of factors such as resource limitations (capacity constraints), the medical risk of postponing the consultation or surgery and the COVID-19 transmission risk to patients and healthcare workers involved in the care event.



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The decision therefore requires the collaborative participation of certain stakeholders, consisting of hospital management teams and treating clinicians, specifically taking into account the patient's medical needs and the capacity of the facility to meet those needs in an appropriate time frame, whereby:

- 1. Clinical considerations:** The medical need for a given procedure should be established by the treating surgeon in consultation with members of the COVID-19 clinical committee with expertise in the relevant surgical specialty to determine which medical risks will/may be incurred by a delay in the surgery. As described in the FOSAS memorandum, the risk to the patient should include an aggregate assessment of the real risk of proceeding and the real risk of delay, including the possibility that this delay may be significant to ensure an environment where COVID-19 is less prevalent than is currently the case. Patient, procedure and disease factors must be considered.
- 2. Capacity consideration:** Logistical feasibility requires an assessment of capacity and should be determined by hospital management teams, with their unique understanding of the specific hospital's capacity and limitations, considering local and regional variations that may lead to differences in decision making. Resource assessment should occur at least daily and should include assessment of critical care and ward beds, equipment, human resources (nursing staff, ancillary staff and doctors' teams inclusive of surgical, anesthesia and critical care), medicines and surgical consumables.
- 3. Informed consent:** Confirmed COVID-19 disease may significantly impact the morbidity and mortality of a patient and therefore enhanced informed consent, where these risks are explained in detail by the treating clinician, is required. It is imperative to alert the patient that he or she may inadvertently be admitted to a facility where COVID-19 patients may be treated.

Consultations and surgical procedures should be considered based on all competing risks, not solely on COVID-19 associated risks. Informed decision making in this regard requires the careful integration of all available medical and logistical information.

**Annexure A** provides the **MeNTS** scoring method in a blank form. This form must be completed by the surgeon and submitted to the Hospital General Manager (HGM) at least 5 days before the planned surgery. The HGM will, in liaison with the COVID-19 Clinical Committee, review the submission and determine the scheduling of the surgery based on the outcome of the scoring and the capability of the respective facility. The surgeon will be informed within 48 hours after the submission as to the scheduled timing of the surgery. Should the condition of the patient change after the submission of the **MeNTS** scoring form the surgeon must immediately amend the form and inform the HGM in writing and telephonically as to the urgency of the surgery.

### **Infection Prevention and Control**

Apart from the unknown prevalence of asymptomatic carriers and the high rate of false negative tests, there is also the particular challenge to healthcare worker safety in the current lack of understanding of the duration of the transmissibility of the virus in either asymptomatic COVID-19 positive patients or individuals who have recovered from COVID-19 illness.



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In addition to the guideline outlined above it is therefore imperative to ensure adherence to policies and procedures related to infection prevention and control as these measures continue to form the mainstay of our defence against COVID-19, this includes wearing the appropriate PPE and practicing meticulous hand hygiene and social distancing. Netcare will continue to ensure the environmental cleaning of our facilities through the use of hypochlorite solution, fogging and UV robots.

For every Netcare hospital, the above considerations will be locally informed by the treating team of clinicians and hospital management. In addition to the above framework, all considerations as outlined in the Netcare memo 'Doctors rooms re-opening guidelines' should be strictly adhered to, including:

## 1. Risk assessment and screening prior to arrival for appointments and admissions

### Screening and testing for COVID-19

To inform decision-making around the pre-admission, pre-consultation and pre-operative testing for COVID-19, a multifactorial decision-making process is required. Hereby, it is important to understand your COVID-19 diagnostic testing availability, the sensitivity of the tests available and the cost thereof as well as the impact that the testing may have on logistical capacity.

**Screening:** All persons entering the healthcare facility will be screened at least daily. This policy is applicable to all healthcare workers, staff and visitors as well as other categories of workers and contractors. Repeat screening will take place with patient movement in facilities (i.e. moved from pre-operative ward to theatre or ICU) and will assess exposure and symptomatology as risk factors for COVID-19. Your patients will be required to complete the Netcare risk assessment screening process prior to gaining access into the facility for a pre- or post-operative consultation as well as before admission.

**Testing:** Rapid testing for COVID-19 infection through real-time reverse transcription polymerase chain reaction (RT-PCR) testing may be considered for all patients undergoing planned surgery with mandatory preoperative quarantine. Such testing, as per the discretion of the admitting doctors, must be conducted at least 48 hours before the planned admission with mandatory quarantine from the time of testing until actual admission.

The risk to the patient and the staff varies with the type of procedure, the patient's condition, local circumstances, and over time. Surgeon discretion is necessary and should be permitted. The need for testing will be determined at the sole discretion of the treating/admitting clinician, taking into account the following considerations:

- Local COVID-19 diagnostic testing capabilities and turnaround times;
- The risk of false negative test outcomes and need for retesting as false negatives have been reported as high as 30 percent;
- Where the test is conducted too early in the virus' lifecycle (less than 48 hours post exposure/contracting of virus), a falsely reassuring negative result can be presented.



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## 2. Meticulous adherence to social distancing

Capacity for admission of surgical patients will be determined by available beds at a pre-determined level of care in accordance with the principles of social distancing which requires the admission of fewer patients than normal into a specific room.

This 'new' capacity will be determined at each individual hospital and by the local management teams in consultation with the COVID-19 committees and practicing doctors.

Our policy on limited visitation will continue to be in effect as previously communicated.

## 3. The appropriate use of Personal Protective Equipment (PPE) and hand hygiene practice

Our policy on PPE as per specific pre-determined risk remains in place and the strict adherence to hand hygiene principles constitute critical controls in the avoidance of spread of COVID-19 in our facilities and amongst staff, doctors and patients.

### References

1. SASA Position Statement – A pragmatic approach to surgery after the “lockdown” period in South Africa. April 2020.
2. FOSAS Consensus document on the resumption of surgery after the COVID-19 “lockdown” period in South Africa.
3. Prachand VN, Milner R, Angelos P, Posner MC, Fung JJ, Agrawal N, Jeevanandam V, Matthews JB, Medically-Necessary, Time-Sensitive Procedures: A Scoring System to Ethically and Efficiently Manage Resource Scarcity and Provider Risk During the COVID-19 Pandemic, Journal of the American College of Surgeons (2020), doi: <https://doi.org/10.1016/j.jamcollsurg.2020.04.011>.

Warm regards



01.05.2020



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