

SARS-CoV2 (COVID-19) Testing: Recommendations for Surgical and Procedural Workflow

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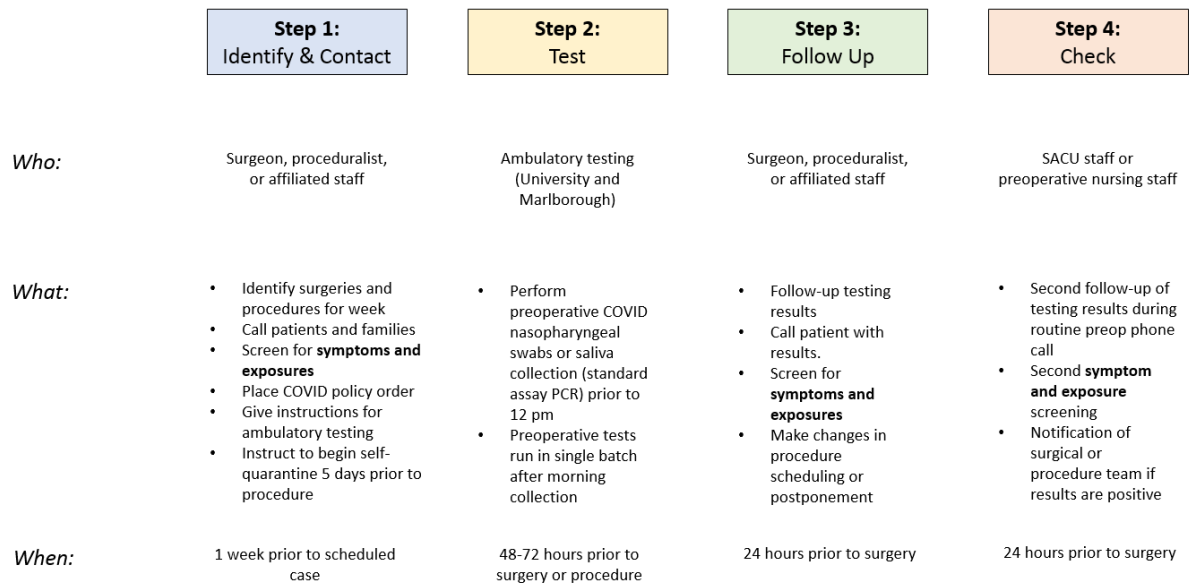
I. Preface

Preoperative COVID-19 testing for surgeries and procedures is essential to resumption of normal operations at UMass Memorial. It is the first step in minimizing staff exposure and preventing unnecessary admission of COVID-19 positive patients after elective cases. A separate protocol, *SARS-CoV2 (COVID-19) Testing: Recommendations for Surgeries and Procedures*, provides an overview of preoperative testing at the system level. It details decision making after test results have returned: selection of personal protective equipment (PPE) and identification of suitable units for postoperative admission. In contrast, the following protocol is intended for use at the level of departments and divisions. It is intended to aid in development of workflow for initiation and follow-up of preprocedural COVID-19 testing for *existing* and *newly scheduled* cases.

II. Proposed Workflow

Figure 1 broadly outlines a stepwise approach to testing patients and following up COVID-19 results. At the present time for existing and newly scheduled cases, primary responsibility for test ordering and resulting remains at the level of surgeons, proceduralists, and their staff. Preprocedural COVID-19 testing can be ordered by other members of the proceduralist’s team per the guidelines outlined in the “Computerized Provider Order Entry (CPOE) and Order Modes”.

Figure 1. Ambulatory Workflow Preprocedural COVID-19 Testing



Step 1: Identify and Contact

Beginning 1 week prior to surgery, several points of contact must be made with patients. Offices must communicate the need for a 5-day, preoperative self-quarantine. Patients must also be instructed to present for preoperative testing at their preferred ambulatory tent location (University, Memorial, or Marlborough) 2-3 days before their scheduled surgery or procedure. **Table 1** details number and timing of pretesting calls required as well as helpful guidance regarding the use of EPIC in this process.

Table 1. Recommended Pretesting Contact

	Timing	Discussion Points & Tasks	EPIC Notes
1st Call	1 Week Preop	<ol style="list-style-type: none">1. Provide overview of testing2. Instruct on need for 5-day preop quarantine3. Document telephone encounter in EPIC <p><i>Appendix provides additional resources for these tasks.</i></p>	
2nd Call	3-4 Days Preop	<ol style="list-style-type: none">1. Screen patient for symptoms (fever, cough, shortness of breath)2. Place order for symptomatic or asymptomatic COVID screening3. Instruct patient to present before 11:30 am, 2-3 days prior to surgery at selected ambulatory tent4. Document telephone encounter in EPIC <p><i>Appendix provides additional resources for these tasks.</i></p>	Appropriate Preoperative Orders in EPIC: <ul style="list-style-type: none">• LAB1822: Asymptomatic Pre-surge COVID19 Order• LAB31823: Symptomatic Pre-surge COVID19 Order

Step 2: Testing

Patients will proceed to their assigned tent for testing 48-72 hours prior to their case. If testing is performed outside the system, the results must be faxed to the surgeon’s or proceduralist’s office the day prior to the scheduled case. This outside test must still have been collected within 3 days of the scheduled procedure. At this time, the case will be unable to proceed forward without this laboratory data.

Step 3: Follow Up

Designated support staff will be responsible for following up COVID preop testing results in the 24 hours prior to surgery. After results return, patients must then be contacted, and a secondary symptom screen also will be completed. Knowledge of patient symptoms and preop testing results will help inform the decision to proceed ahead with the surgery or procedure (**Table 2**). We recommend surgeons and proceduralists review *SARS-CoV2 (COVID-19) Testing: Recommendations for Surgeries and Procedures* for detailed protocols and charts that will aid in decisions regarding postponement, PPE selection, and appropriate location for admission.

COVID positive patients require additional attention, and in the appendix to this document, we’ve included a recommended smart phrase to aid in their management. This outlines discussion of the results as well as several formal recommendations that should be made to the patient. For both COVID positive and negative patients, please leave an appropriate telephone encounter (see appendix)

For surgical cases, SACU staff will continue to call patients the afternoon or evening prior with routine surgical instructions for the next day. Additionally, they will complete their own symptom screen. The office of the surgeon or proceduralist will be contacted for any COVID positive patient who is yet unaware of their test results.

	COVID Positive	COVID Negative
Symptomatic	Speak with MD. Postpone unless emergent or urgent (see Procedural Guideline).	Speak with MD. Consider postponement and retesting (see Procedural Guideline).
Asymptomatic	Speak with MD. Postpone unless emergent or urgent (see Procedural Guideline).	Proceed with case.

III. Appendix

Useful EPIC Smartphrases

Screening Call (1 Week Prior): .COVIDPrePro1week

Screening Call (72-96 Hours): .COVIDPrePro72hrs

Results Call (Negative Result): .COVIDPrePro24hrsNEGRESULT

Results Call (Positive Result): .COVIDPreProPOSRESULT