



Recommendations for and by Patients, Families, and Caregivers for Elective Surgeries and Invasive Procedures During COVID-19 Pandemic

April 30, 2020

As hospitals and surgical centers begin to offer elective surgeries and other invasive procedures during this COVID-19 pandemic, the following information will help you to prepare to be a patient or caregiver.

While there are still shortages of medical supplies and staffing, the patient should expect to receive high quality care in a safe environment. To help you have a successful outcome during this COVID-19 pandemic, it requires greater coordination, communication, and support among the hospital or surgical facility; the healthcare provider at the facility; patients, families, caregivers*; as well as post-acute care and rehab providers.

Some New Concepts for Patients

Post-acute-care services are most often provided in skilled nursing homes or rehabilitation facilities. If a patient requires post-acute services following surgery or an inpatient stay in the hospital, it is important to understand the process and expectations of the patient transferring to a skilled nursing facility or rehabilitation facility. Generally these include goals of improving a patient's mobility and daily living activities, such as self-hygiene, eating, walking, and other daily functions.

Telehealth is a new approach for many patients, caregivers, and healthcare providers. Under the COVID-19 Emergency Orders Telehealth is the use of electronic tools for information communication among health care providers. Telehealth services may be provided through mobile phone or computer devices and can include text messaging or video communication technology; such as, skype, zoom, facetime, or other teleconference services. A healthcare provider can use telehealth to replace an office visit; responding to questions of a patient; providing guidance for an unexpected health care issue; checking in with a patient following surgery, diagnostic tests, or instructions on going home from a hospital; and providing education on a condition, medication, or therapy. Healthcare providers will seek payment from health plans and patients for Telehealth services with the same charges for co-pay, co-insurance, and deductibles as if the patient had been seen in the healthcare provider's office.. Patients and healthcare providers should check with the patient's health plan as some health plans require the patient and physician use the health plan's Telehealth services.

Advance Directives are a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor. A copy of the Advanced Directive should be furnished to the health care provider. Advance Directives include Living Will, Power of Attorney for Health Care, Practitioner Orders for Life-Sustaining Treatment (POLST), and Declaration for Mental Health Treatment. Each adult 18 years and older should at least complete a Power of Attorney for Health Care that will communicate a patient's wishes if the patient can no longer communicate for themselves. The forms are available in Illinois at

<https://www.dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

The recommendations that follow have been provided by patients, families, and caregivers to ensure that they have accurate and actionable information prior to and following surgery or procedures. While they know that no one can assure them 100% that everything will go smoothly, they do believe these recommendations will contribute to successful outcomes.

*Please note that the word Caregiver includes family, guardian, and non-family caregivers.

This document is based upon the assumption patient and healthcare provider are in agreement that elective surgery at this time is the best option for the patient.

Patient Expectation: Information Needed Before Arrival at Hospital or Surgical Center	
<input type="checkbox"/>	1. I need exact location to enter the facility including street and door.
<input type="checkbox"/>	2. Requirements for arrival. Do I need to arrive wearing a mask and gloves? Will I be screened for COVID-19 upon arrival? If I develop COVID-19 or flu symptoms before my scheduled appointment, who do I notify?
<input type="checkbox"/>	3. Are there any restrictions or requirements for bringing a change of clothing or bringing personal articles (books, knitting, laptop, etc.) into the facility?
<input type="checkbox"/>	4. Is the area that I will be in prior to, during, and following the surgery clean and disinfected? Will I be separated from patients with COVID-19?
<input type="checkbox"/>	5. Will I have staff and clinicians that do not also work with COVID-19 patients?
<input type="checkbox"/>	6. What are my plans upon discharge from the hospital or surgical center? I want to have written instructions ahead of time so I can plan on any supplies or equipment I will need. I need at least a week to make plans if I am not expected to go directly home without home services.
<input type="checkbox"/>	7. I am concerned about COVID-19 after I have my procedure. Should I have a thermometer and portable pulse oximetry at home? If yes, where can I get them, and can you provide instructions on how to use and read the pulse oximetry?
<input type="checkbox"/>	8. Should I have a serious complication, do you have my Advance Directives? If not, can I hand them to you upon my arrival? <i>If a patient does not yet have any Advance Directives, they can be found on the Illinois Department of Public Health website at https://www.dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives</i> I currently do not have Advance Directives; can I complete them in advance and bring them with me?
Caregiver Expectation: Information Needed Before Arrival at Hospital or Surgical Center	
<input type="checkbox"/>	1. I need exact location to enter the facility including street and door.
<input type="checkbox"/>	2. As most patients are accompanied by caregivers like me, will I be allowed in the facility? If yes, will there be accommodations for social distancing? Will I be allowed in other parts of the facility?

<input type="checkbox"/>	<p>3. Requirements for arrival. Do I need to wear a mask and gloves if I am allowed in the healthcare facility? If I am allowed in as a caregiver, will I be screened for COVID-19 upon arrival?</p>
<input type="checkbox"/>	<p>4. If I am not allowed into the facility, I need to be notified of anticipated time for procedures; expectations for in-facility recovery; notification immediately of any complications incurred or unexpected outcomes. Phone and e-mail of the healthcare provider and facility contact must be provided to me as the caregiver. I need to give my phone number and e-mail to the healthcare provider and the facility contact – when should this be done?</p>
<input type="checkbox"/>	<p>5. I want to discuss expected discharge plans at least a week in advance of the patient’s surgery with the healthcare provider. I would like the expected discharge instructions and links to any YouTube videos including wound care and COVID-19 protection - including monitoring temperature and if available, pulse oximetry. I want to be ready to care for the patient.</p>
<input type="checkbox"/>	<p>6. Let me know if the patient has in the past or recently completed any Advance Directive forms. I want to make sure the healthcare providers have a copy in their records and at the facility. If not in the facility or healthcare provider records, how should I get these to you in advance of the day of the surgery? I will also make sure I have copies with me.</p>

Communication and Coordination for Transition from Urgent or Elective Surgery to Home with Caregiver, Home with Home Healthcare Provider, or Post-Acute or Rehab Facility

At least a week in advance of the surgery or procedure, the healthcare provider should discuss the expected plan for discharge knowing the surgery or procedure and the patient’s health status. Pending the expected discharge status to one of the following settings, the patient and caregiver have additional information and planning expectations.

**Caregiver Expectation:
Patient Discharged from Hospital or Surgical Facility to Caregiver’s Care**

<input type="checkbox"/>	<p>1. As the caregiver, I need detailed instructions in writing and verbally as to expectation of care at home – medications, wound management, indicators for unexpected events, decline in health. If I am not allowed in the facility while the patient is receiving these instructions, I want to be conferenced into the discussion on discharge instructions with the patient. Please make sure you use Teach Back with me so I can repeat back to the healthcare provider what I think I heard regarding the discharge instructions.</p>
<input type="checkbox"/>	<p>2. If medications or supplies are needed, I want to arrange to have the prescriptions sent electronically to the patient’s preferred pharmacy so I can be pick them up in advance or following the surgery or procedure.</p>
<input type="checkbox"/>	<p>3. I need to have 24/7 contact information with the healthcare provider for any follow-up or urgent issues.</p>
<input type="checkbox"/>	<p>4. If PPE is not available to me as the caregiver and the patient due to shortages, can you provide masks and gloves to be used at home with the patient and me?</p>

☐	5. As a caregiver for a patient, I am concerned about COVID-19 following surgery or other procedure. Do we need to have a thermometer and possibly portable pulse oximetry at the patient's home?
☐	6. I would like to make arrangements to follow up with the healthcare provider with the patient present on the day following return from the facility and also a few days later to ensure the patient is recovering as expected. I do hope you will respond promptly to questions I or the patient have regarding recovery and health.
☐	7. If we are to communicate using Telehealth, I need information and would like to test the Telehealth to see that it works prior to the surgery or procedure. The questions I have are: - What type of telehealth do you use? Phone, skype, or other connections? - Does this telehealth require I use a phone, laptop or other mobile unit? - When can I test to make sure this will work? - How much will it cost the patient for the Telehealth visit? - Is the patient information protected when we use the Telehealth?
Home Healthcare and Healthcare Provider Expectations: Patient Discharged From Hospital or Surgical Facility to Home with Home Healthcare	
☐	1. As a home health service Provider, the Patient, Caregiver, Healthcare Provider, Health Plan must coordinate Home Health Services in advance and ensure that the Home Healthcare Provider has the capabilities and skills sets to support the patient at home. As the home health service provider, they need to have the list of expected capabilities, skill sets, and expected services they will be providing.
☐	2. As the home health service provider they need to review the detailed instructions as to expectations of care at home with the patient, caregiver, and Home Healthcare provider. This review should include medications, wound management, indicators for expected and unexpected events, and decline in health.
☐	3. The healthcare provider will assess the individual home healthcare provider's understanding of COVID-19 symptoms and if they have had home healthcare staff with any symptoms; previously had COVID-19; or had recently been tested for COVID-19.
☐	4. If medications or supplies are needed, the healthcare provider should discuss with the patient, caregiver, and home healthcare provider, any prescriptions and ensure that the home health provider has the necessary supplies prior to the arrival of the patient at home.
☐	5. The healthcare provider should provide 24 hours a day/7 days a week the home healthcare provider with contact information and explain the importance of assessing the patient's condition for not only follow up procedure issues but also COVID-19.
☐	6. If PPE is not available to the home healthcare provider due to shortages (which is more common with home health providers), the healthcare provider should offer masks and gloves to be used with the patient at home by the home healthcare provider. Ask the home healthcare provider to contact their local public health department and secure PPE immediately to cover the duration of the expected services for the patient.
☐	7. As patients and caregivers are concerned about acquiring COVID-19 following surgery or other procedures, the healthcare provider should check

	to see that the home healthcare provider has a thermometer and possibly portable pulse oximetry. If the patient does not have a pulse oximetry, urge the home healthcare provider to bring one on visits.
<input type="checkbox"/>	8. The healthcare provider should follow up with patient and home healthcare provider the following day and also a few days later to ensure the patient is recovering as expected. The healthcare provider should answer any questions or concerns from the patient or home healthcare provider
<input type="checkbox"/>	9. The healthcare provider and patient should be able to communicate via Telehealth with each other with the caregiver assisting in the communication linkage. The questions the patient and home healthcare provider have are: - What type of telehealth do you use? Phone, skype, or other connections? - Does this telehealth require I use a phone, laptop or other mobile unit? - When can I test to make sure this will work? - How much will it cost the patient for the Telehealth visit? - Is the patient information protected when we use the Telehealth?
Post-Acute Care Provider, Healthcare Provider and Facility, Patient and Caregiver Expectations:	
Patient Discharged from Hospital or Surgical Facility to Post Acute Care	
<input type="checkbox"/>	1. The hospital or surgical facility where the surgery or procedure is being performed has the best chance of knowing what type of facility the patient should plan on being transferred to following the patient’s elective or urgent surgery. During the COVID-19 Emergency, Medicare has waived the responsibility of providing all-encompassing lists to patients or caregivers, and can narrow their referrals to facilities that can best meet the needs of a non-COVID-19 patient. Upon identifying possible sub-acute or rehab facilities to the patient and caregiver, the healthcare or hospital provider should contact the sub-acute or rehab facilities to assess their current status with respect to COVID-19 patients and relay that information to the patient and caregiver for joint decision-making among healthcare provider, patient, caregiver, post-acute or rehab facility, and health plan.
<input type="checkbox"/>	2. Once a post-acute or rehab facility is selected, accommodations and arrangements should be coordinated, including transportation to the sub-acute or rehab facility from the hospital or surgery center. Remind the patient and caregiver that no visitors are allowed in the sub-acute or rehab care facility, including family.
<input type="checkbox"/>	3. Once the patient or caregiver have made arrangements for post-acute care or rehab, the healthcare provider should review detailed instructions with post-acute care facility, patient and caregiver as to expectations of care at the facility – medications, wound management, indicators for unexpected events, decline in health, transport needs going from surgical or procedure facility to post-acute care setting.
<input type="checkbox"/>	4. If medications or supplies are needed, the healthcare provider should discuss the prescriptions and ensure that the post-acute care or rehab facility has the necessary supplies and the patient medications needed will be available when the patient arrives.
<input type="checkbox"/>	5. The healthcare provider should provide 24 hours a day/7 days a week the post-acute care provider with contact information and explain the importance

	of assessing the patient's condition for not only follow up procedure issues but also COVID-19.
<input type="checkbox"/>	6. If PPE is not available or in short supply at the sub-acute or rehab facility location due to shortages, encourage them to quickly contact their local public health agency immediately and secure the necessary PPE. The local public health departments are to provide the necessary PPE to healthcare providers.
<input type="checkbox"/>	7. As patients and caregivers are concerned about acquiring COVID-19 following surgery or other procedure, the healthcare provider should ensure the post-acute care or rehab facility has thermometers and pulse oximetry monitoring capabilities. The patient should be monitored every 4 to 8 hours.
<input type="checkbox"/>	8. The healthcare provider should follow up with patient and post-acute or rehab provider the day after the patient's arrival and also a few days later to ensure the patient is recovering as expected. The healthcare provider should and post-acute or rehab provider should answer any questions each other have regarding the patient's care.
<input type="checkbox"/>	9. The healthcare provider should be able to communicate via Telehealth with the patient. The post-acute care or rehab provider facility should be able to have a TeleHealth session between the patient and the healthcare provider at any time during the patient's stay. The questions the patient and post-acute care provider have for the healthcare provider are: - What type of telehealth do you use? Phone, skype, or other connections? - Does this telehealth require I use a phone, laptop or other mobile unit? - When can I test to make sure this will work? - How much will it cost the patient for the Telehealth visit? - Is the patient information protected when we use the Telehealth?
<input type="checkbox"/>	10. While the patient does not expect to die or have a serious complication, but if they do, the patient wants their Advance Directives to be at the post-acute care or rehab facility before they arrive there. How can these be sent in advance of the surgery and planned stay?

Elective Surgery or Procedure During COVID-19- Version 5

Contact Pat Merryweather-Arges at pmerryweather@projectpatientcare.org for suggested changes.

Project Patient Care and Rotary International

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