COVID-19: American College of Surgeons releases new guidance document to help health care facilities best prepare for resuming elective surgery

New patient registry is also now available to all hospitals willing to capture meaningful data about their COVID-19 patients


Health care facilities have been allocating their resources to care for critically ill COVID-19 patients since the Centers for Medicare & Medicaid Services, ACS, and other organizations issued a mid-March call to curtail elective procedures in the midst of the rising pandemic. Since then, elective operations have been postponed or canceled, and many facilities are now looking ahead to prepare to safely resume these procedures for patients whose medical conditions warrant surgical treatment.

ACS recognizes that the effect of the COVID-19 pandemic on local communities or facilities is a spectrum, and therefore suggests that facilities use the guidance document to ensure several pertinent issues have been considered before elective surgery begins. It’s important for facilities to first check compliance with their state's executive orders and regulations as well.

ACS offers a set of principles and issues to help local facilities plan for resumption of elective surgical care, and states in the document, “Understanding both the local facility capabilities (e.g. beds, testing, operating rooms) as well as potential constraints (e.g. workforce, supply chain), while keeping an eye on potential subsequent waves of COVID will continue to be important.”

Ten distinct issues—in four categories—are presented in the document that need to be addressed at the local level before elective surgery may be resumed safely:

1. **COVID Awareness** addresses knowing the community’s COVID numbers, including prevalence, incidence, and isolation mandates, and knowing COVID diagnostic testing availability and policies for patients and health care workers.
2. **Preparedness** addresses personal protective equipment policies, health care facility capacity (beds, ICUs, vents) including expansion plans, adequate operating room supply chain/support areas, workforce staffing issues, and the role of a governance committee.

3. **Patient Issues** addresses patient communication and prioritization of a protocol/plan.

4. **Delivery of Safe High-Quality Care** addresses ensuring safe, high quality, high value care of the surgical patient across a continuum of *Five Phases of Care*.

The guidance document is available for free download [here](#).

Although this document, “Local Resumption of Elective Surgery Guidance,” provides principles to help local facilities safely resume procedures after COVID-19 peaks locally, there is still much work to be done. While COVID-19 cases may have peaked in certain areas, the virus is still circulating and there is much we don’t know about the etiology and progression of the disease.

To address this problem, the ACS has developed the ACS COVID-19 Registry, which is now available to all hospitals willing to capture meaningful data about the COVID-19 patients they treat. The ACS has a long history of developing and maintaining clinical data registries, including decades of experience with data collection and improving patient care. The overarching priority of the ACS COVID-19 Registry is to collect meaningful patient data for a disease that is largely unknown. More information can be found [here](#).

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**About the American College of Surgeons**

The American College of Surgeons is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the quality of care for surgical patients. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. The College has more than 82,000 members and is the largest organization of surgeons in the world. For more information, visit [www.facs.org](http://www.facs.org).