MLMIC
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Preparing for Post-COVID-19 Operations: Ambulatory Surgery Centers

In response to the coronavirus disease 2019 (COVID-19) pandemic, many healthcare providers have temporarily closed their ambulatory surgery centers (ASCs) or significantly reduced services. In the weeks and months to come, as the pandemic begins to recede, providers will likely have questions about how best to reopen. The unprecedented nature of the COVID-19 outbreak might make navigating this process confusing and stressful.

MLMIC Insurance Company (MLMIC) and MedPro Group (MedPro) wish to offer guidance and important actions to consider as you develop your reopening strategy. Although this checklist is not all-inclusive, and ASCs vary, the information in this document provides a roadmap that you can use as you progress toward reopening and evaluating lessons learned as a result of the pandemic.

MLMIC and MedPro remain steadfast in our commitment to supporting insureds through this difficult time. Please contact us 1-800-275-6564 (MLMIC) with any questions or concerns.

Preparing to Reopen	
Confirm with local public health officials that permitting appointments beyond emergencies is advisable. • Frequently reevaluate and reassess policies and procedures based on COVID-19 numbers, resource availability, and care metrics.	❏
Assess local resources, such as hospital and health system readiness for support: • Confirm the availability of a tertiary care facility that has the capacity to accept patients if needed. If the facility does not have capacity, seek another facility or delay procedures. • Confirm your pathology lab has the capacity to process specimens. • Verify the availability and readiness of postprocedure care services, such as specialty care, primary care, home care, pharmacy, durable medical equipment supplies, and rehabilitation therapies (e.g.: physical therapy, occupational therapy, and cardiac rehabilitation). • Ensure urgent/emergent care (ambulance transport) is available in the event that a patient requires it.	❏
Check daily for updated information from the **Centers for Disease Control and Prevention (CDC), Occupational Health and Safety Administration (OSHA), Centers for Medicare & Medicaid Services (CMS), the New York State Department of Health (health.ny.gov),** and other authoritative and regulatory agencies.	❏

Confirm that position statements and recommendations from appropriate professional associations are consistent with reopening/resuming services.	❑
Notify your professional liability carrier about changes to practice/services (e.g., resuming normal scheduling, returning to original scope of practice, or permanently adding telehealth services).	❑
Contact OSHA authorities for mandatory reporting of employee exposure to COVID-19 that results in a positive test. See OSHA's **Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19).**	❑
Consult with accountants and financial advisors in regards to loans, advance payments, and other financial programs.	❑
Review changes to billing procedures and billing codes for health insurance plans.	❑
Confirm readiness of support service providers (e.g., regular cleaning crew, laundry service, specimen collection, waste management, lab analysis, etc.).	❑
Establish employee screening processes for COVID-19 (including guidance for self-monitoring for symptoms), and follow CDC guidelines regarding assessment of staff eligibility to return to work.	❑
Ensure the facility has sufficient personal protective equipment (PPE) to allow staff to perform their job functions in a safe manner.	❑
Establish one-way ingress/egress routes for the facility, if possible.	❑
Establish a prioritization committee consisting of surgery, anesthesia, and nursing leadership to develop a prioritization strategy that addresses immediate patient needs.	❑
Develop an objective priority scoring system to prioritize patients' procedures (e.g., the **Medically Necessary Time-Sensitive (MeNTS) Prioritization** instrument).	❑
Establish a screening process to identify and manage patients that have had COVID-19 symptoms within the past 2 weeks.	❑
Develop a policy to address patients that refuse testing for COVID-19.	❑
Tailor your telehealth practice to evolving guidelines from the Office of Inspector General, U.S. Department of Health and Human Services, and the New York State Department of Health.	❑
Develop resources and informed consent processes/forms to address increased risks associated with undergoing procedures during the COVID-19 pandemic.	❑
Ensure all surgical consent checklists have been reviewed and updated as needed.	❑

Preparing the Facility for Patients

Testing and Maintenance

Run tests on the fire and security alarm systems prior to opening the facility to ensure they are functioning normally. Notify your central station monitoring company prior to the tests.	❑
Ensure exit signs, smoke detectors, sprinklers, and fire extinguishers are in good working condition according to local fire codes.	❑
Ensure information technology (IT) systems are fully functional and that your electronic health record (EHR) system and office were secure during closure: • Be aware of increased cyberattacks as a result of hackers trying to take advantage of this crisis. • Run a scan on all electronic systems to ensure no breaches have taken place during this crisis.	❑
Consider upgrades or enhancements to your EHR system based on your experience during the closure.	❑

Disaster Management

Review the ASC's disaster/emergency plan in light of your pandemic response and revise as needed: • Perform a debrief/review of how the crisis was handled. • Document what went well and potential areas for improvement. • Consider adjustments to normal office processes based on lessons learned.	❑
Evaluate whether your ASC is prepared to handle a second wave of COVID-19 infections: • Determine whether the medications that the ASC uses are available. • Identify whether a patient prioritization and communication plan is in place. • Communicate pertinent plans with all staff members as soon as possible.	❑
Consider modifications to the facility's physical plant (e.g., adding a dirty utility room, second exit, or another restroom; evaluating sterilized vs. disposable tools/supplies, etc.) and develop a plan for updates.	❑

Infection Prevention

Review CDC's guidance for **cleaning and disinfecting your facility**, and properly sanitize the ASC before reopening: • Review the cleaning vendor contract for expectations. • Identify the cleaning schedule moving forward. • Secure confidential materials.	❑
Follow CDC's **return-to-work guidelines** for healthcare workers.	❑

Verify that returning employees are in good health, that they were not recently exposed to COVID-19, or that they have been appropriately quarantined before returning. For employees previously exposed to COVID-19: • Take their temperature upon entry to the office each day. No-touch thermometers are ideal. • Have the employees wear masks. • Maintain social distancing as necessary. Do not permit congregating in communal areas.	❑
If possible, install engineering controls (e.g., plexiglass barriers) to reduce or eliminate exposure to infected individuals. Consider: • Laminating paper signage or placing signage in plastic sleeves for routine cleaning. • Adding automatic door openers and air curtains. • Replacing electrical switches with motion sensors, where practical. • Adding touchless faucets, flushometers, soap dispensers, and paper towel dispensers.	❑
Re-educate staff on infection control protocols and any other essential practice policies/procedures, including: • The **use of PPE** (e.g., donning and doffing techniques). • **Hand hygiene** (e.g., washing and avoiding face touching) and **respiratory hygiene**. • CDC-approved protocols for **collecting, handling, and testing clinical specimens**.	❑
Prohibit visitors unless they are necessary for an aspect of patient care, such as the patient's transportation, healthcare proxy, or postprocedure caretaker. Any allowed visitors should be prescreened per CDC guidelines.	❑
Maintain social distancing through practices such as minimizing time in waiting areas, spacing chairs at least 6 feet apart, maintaining low patient volumes, and requiring patients/visitors to wear masks.	❑

Human Resources/Staffing

Address changes in provider staff due to retirement, death, disability, etc. This may result in modifying your procedures offered or reviewing which services you can provide.	❑
Identify whether any providers have decided to permanently limit their practice to part-time. Determine whether it is feasible to restart a full schedule.	❑
Keep in mind that otherwise healthy providers and staff members may not yet be available to return to work: • Consider the stress (personal and professional) they might be experiencing as a result of the pandemic and trying to return to their normal routines. • Consider their child care obligations, including the reopening of daycare centers and schools.	❑
Assess whether the ASC can afford to rehire all employees and review available assistance (e.g., Small Business Administration loans or state loans/grants).	❑
Ensure that you have sufficient clinical and nonclinical employees to properly staff the ASC.	❑

Verify that clinical employees still have active licenses, registrations, and/or certificates: • Maintain an up-to-date list of approved clinical privileges for the practitioners performing procedures at the ASC.	❑
Perform background and employment history checks for any new employees hired as a result of staff turnover associated with the closure.	❑
Communicate often, keep staff informed, and show appreciation.	❑

Biomedical and Supply Management

If the ASC utility management systems were shut off at the time of closure, give special attention to potential infection control concerns, such as mold and bacteria growth: • Before any work is performed inside the ASC, ensure that the facility engineer, maintenance manager, and infection prevention specialist have evaluated the facility for health and safety concerns.	❑
If sterilized surgical instruments were stored in packs at the time the ASC was closed, determine whether sterile storage area temperatures and humidity levels were properly maintained and logged each day. If not, these instrument packs may require an additional sterilization cycle.	❑
Conduct a function test on your sterilizers to determine whether they are processing loads properly.	❑
Inspect and restart all utility management equipment (e.g., medical air pumps, sewage pumps, air compressors, boilers, hot water heaters, and domestic water pumps) prior to reopening the ASC.	❑

Perform terminal cleaning of all operating suites:
 	
   • Clean and disinfect walls, floors, medical equipment cabinets, shelves, lights, switches, and computer workstations prior to reuse.
 	
   • Clean anesthesia carts, make sure they contain all necessary supplies, and check for expired items.
	❑

Thoroughly clean and disinfect all surfaces, such as handrails, doorknobs, keypads, light switches, chairs, and phones.	❑
Ensure your HVAC contractor cleans and disinfects ductwork, changes filters, and performs other maintenance as the contractor deems necessary.	❑
Clean all ASC portable and fixed medical equipment (e.g., anesthesia machines, defibrillators, electro-surgical units, intravenous pumps, suction units, etc.) prior to first use and per manufacturer guidelines.	❑
Check for outdated supplies and medications (including sample medications), and discard as necessary.	❑
Verify that you have sufficient supplies and medications, either onsite or readily available to care for your patients. Store enough supplies and medications in preparation for possible shortages or delays in delivery.	❑

Verify that all biomedical equipment inspections are up-to-date (e.g., automated external defibrillators, diagnostic equipment, radiological equipment, etc.).	❑
Reinstitute tracking sheets and log sheets (e.g., in relation to glucometers, crash carts, eye wash stations, and temperature control logs).	❑
Review settings on refrigerators used for storage of medications and testing supplies. Confirm the temperatures have not registered outside the normal recommended range for proper storage. Dispose of items as appropriate.	❑
Ensure sufficient supplies of soap, alcohol-based hand rub or hand sanitizer, and paper towels are available for reception, waiting areas, patient care areas, and restrooms.	❑
Be suspicious of any offers of PPE, testing, and medication discounts for bulk or group purchase due to fraudulent actors trying to take advantage of the crisis and its aftermath.	❑

Insurance and Business Continuity

Consult with legal counsel regarding the status of any waivers or executive orders enacted during the pandemic, including — but not limited to — HIPAA and the STARK law.	❑
Reinstate any medical malpractice, general liability, or other relevant business insurance policies and programs that were suspended or reduced during the closure/reduction of available services.	❑
Verify that clinical employees who have their own professional liability coverage have not let it lapse during the closure.	❑
With assistance of legal counsel, evaluate and update all contracts for appropriate changes based on lessons learned from pandemic-related issues.	❑
Evaluate the ASC's tax return preparation status.	❑
Determine whether billing procedures for health insurance plans you accept have changed during your closure. These may be routine changes or changes associated with government mandates during the pandemic. Educate staff as needed.	❑

Resuming Patient Care

Communication/Continuity of Care/Scheduling

Update your patient portal, website, email, and other communication modes to alert patients that the practice has reopened. Have patients call for appointments to inform initial staffing needs and hours. Depending on need, consider: • Shorter hours. • Weekend hours. • Evening hours.	❑

Post signage in appropriate languages at the entrance of the facility to instruct patients with respiratory symptoms and fever to notify staff immediately via telephone before entering the ASC.	❏
Review your list of previously cancelled and postponed cases, and follow up with patients. Advise them of potential medical consequences if the procedure is not performed.	❏
Identify the availability of essential medical device representatives.	❏
Implement a strategy for phased opening of operating rooms: • Identify capacity goals prior to resuming (e.g., 25 percent vs. 50 percent). • Consider phasing in multiple room utilization subject to resources.	❏
Determine how best to handle uninsured/previously insured patients. Create a plan to avoid abandonment: • If you plan to see them and bill them, consider at what rate. • If you do not plan to see them, ensure you are not violating any contractual or legal obligations by discharging patients. Consult legal counsel related to applicable federal and state laws. • Consider the patient's clinical status. Terminating a relationship at a critical junction in care is not advised. • Develop a process for providing written notification to patients regarding discharge from the practice.	❏
Documentation	
Thoroughly document your pandemic circumstances, decisions, and any actions taken to ensure patient care and patient/staff safety.	❏
Reorient staff to your practice's documentation policies and privacy/confidentiality protocols.	❏
Resume your normal documentation practices, as any immunity associated with the COVID-19 response is likely no longer in place.	❏

Resources

- Ambulatory Surgery Center Association: CMS Releases Recommendations for Reopening Healthcare Facilities

- American College of Surgeons: Local Resumption of Elective Surgery Guidance

- Centers for Medicare & Medicaid Services: Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I

- Joint Statement: Roadmap to Resuming Elective Surgery After COVID-19 Pandemic

For additional resources, please see **MLMIC's** COVID-19 Risk Resources Webpage

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