

# COVID-19 RISK MANAGEMENT RESOURCE

## POSTPONING CARE OF THE NON-COVID-19 PATIENT DURING THE COVID-19 CRISIS



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During the crisis of COVID-19 and the surge of critical care patients, providers are also tasked with managing the care and maintenance of their non-COVID-19 population. Providers must still evaluate their current patients' medical conditions and new symptoms that could result in possible missed diagnosis or delay of treatment unrelated to COVID-19.

It only took a few weeks for the COVID-19 pandemic to transform healthcare delivery throughout the United States. Well-designed processes have been dismantled as providers are forced to make difficult triage decisions regarding the components of care with limited immediate value and ones essential to best possible outcomes. In-person visits between the provider and patient have been disrupted to help flatten the curve of COVID-19 spread. Providers have had to cancel or postpone wellness screenings and non-acute procedures as they transition visits to telehealth.

Telehealth visits have temporarily surmounted the barriers to remote care. However, providers must continuously evaluate when the benefits of an in-person visit outweigh the risks of an in-person visit for non-COVID-19 patients. Providers must also begin to make a plan for how appointments will be rescheduled once the stay-in-place precautions begin to lift. They will need to evaluate and prioritize patients whose wellness screenings and non-acute procedures have previously been canceled or postponed due to COVID-19.

Below are several resources that provide guidelines for providers to evaluate and manage their non-COVID-19 patient population:

### **Centers for Medicare and Medicaid Services (CMS)**

CMS has provided recommendations on non-emergent, elective medical services and treatment. These recommendations offer a three-tiered approach for low acuity care/treatment, intermediate acuity care/treatment, and high acuity care/treatment. Provided for each of these levels are the impacted care areas, types of care, and where care may best be administered. The CMS recommendations are at <https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf>.

### **The American College of Surgeons (ACS)**

Providers are now increasingly confronted with the common issue of identifying procedures that can safely be postponed. In response to this issue, the ACS has compiled comprehensive guidelines for providers in a reference called Elective Case Triage Guidelines for Surgical Care. It includes guidelines for various specialties, facilities, and thought leaders. Providers can use these guidelines to make informed decisions with regard to their patients' care. The ACS guidelines are at <https://www.facs.org/covid-19/clinical-guidance/elective-case>.

*This document should not be interpreted as medical or legal advice. Because the facts pertaining to your situation may fluctuate, or the laws in your jurisdiction might vary, please contact your attorney if you have questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.*

### **The American College of Radiology (ACR)**

The ACR supports compliance with the Centers for Disease Control (CDC) and offers guidance on rescheduling non-urgent care. These guidelines include non-urgent imaging and fluoroscopy procedures. These include, but are not limited to, screening mammography, lung cancer screening, non-urgent computed tomography (CT), ultrasound, plain film X-ray exams, magnetic resonance imaging (MRI), and other non-emergent or elective radiology and radiology guided exams and procedures. The ACR encourages radiologists to work with the referring physicians to review and reschedule these exams. The ACR guidelines are at <https://www.acr.org/Clinical-Resources/COVID-19-Radiology-Resources>.

### **KAMMCO Risk Management Provider Recommendations:**

- When canceling or postponing an appointment or procedure, discuss the signs and symptoms of the changing or declining condition. Provide instructions on who to contact should the patient's condition begin to change or decline.
- Track postponed or canceled appointments or procedures to ensure patients are rescheduled in a timely manner. Providers should contact the patient to reschedule, rather than waiting for the patient to contact them. Doing so will allow the provider/provider office or procedure scheduler to best identify how to prioritize patients and prevent being inundated with rescheduling requests.
- Prioritize those patients whose conditions start to decline or whose symptoms have escalated. Also prioritize those patients who have already waited the maximum amount of time to be seen and/or to have a procedure performed.
- Prioritize appointments or procedures that were the first to be postponed or canceled. This helps to ensure those patients do not wait an inappropriate amount of time before being seen.

For more information and resources on the COVID-19 crisis, please visit the [COVID-19 Resources](#) section of the KAMMCO Risk Management Tools and Resources page.