

# FAQ: Executive Order Delaying Elective Medical Procedures

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## What is this Executive Order?

In an effort to reduce the impacts and slow the spread of the COVID-19 pandemic, Governor Tim Walz has issued an Executive Order to delay all non-essential or elective surgeries and procedures, including non-emergent or elective dental care. While this is an inconvenience, deferring elective procedures creates more access for patients who need to be seen for acute care at a time when health care resources are spread thin.

## Why are you doing this?

It is important to establish consistency throughout our healthcare system and ensure our resources are focused on responding to this pandemic. The Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health (MDH) recommend delaying elective inpatient and outpatient surgeries and procedures as a strategy to:

- Preserve personal protective equipment such as masks, gowns and gloves needed to help the fight against COVID-19;
- Preserve ventilators needed to help the fight against COVID-19;
- Improve access to health care facilities;
- Preserve limited blood supply;
- Protect healthcare workers by limiting exposure; and
- Prevent the spread of COVID-19.

## Who does this impact?

All patients who have scheduled a non-essential surgery or procedure that can be delayed without undue risk to their current or future health. The order includes dental and veterinary procedures. The order does not apply to the full suite of family planning services.

## Can you define “elective surgery”

An elective surgery is typically one that is scheduled in advance because it does not involve a medical emergency. The decision to delay a non-essential or elective surgery or procedure, including non-emergent or elective dental and veterinary procedures, must be made in the context of numerous considerations, both medical and logistical. Surgical procedures should be considered not based solely on COVID-associated risks, but rather on an assimilation of all available medical and logistical information. The American College of Surgeons (2020) recommends the following:

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- Hospitals and surgery centers should consider both their patients’ medical needs, and their logistical capability to meet those needs, in real time.
- The medical need for a given procedure should be established by a surgeon with direct expertise in the relevant surgical specialty to determine what medical risks will be incurred by case delay.
- Logistical feasibility for a given procedure should be determined by administrative personnel with an understanding of hospital and community limitations, taking into consideration facility resources (beds, staff, equipment, supplies, etc.) and provider and community safety and well-being.
- Case conduct should be determined based on a merger of these assessments using contemporary knowledge of the evolving national, local and regional conditions, recognizing that marked regional variation may lead to significant differences in regional decision-making.
- The risk to the patient should include an aggregate assessment of the real risk of proceeding and the real risk of delay, including the expectation that a delay of 6-8 weeks or more may be required to emerge from an environment in which COVID-19 is less prevalent.

The Elective Surgery Acuity Scale (ESAS) from St. Louis University (below) can assist in the surgical decision-making process to triage non-emergent operations.

### Elective Surgery Acuity Scale

Tiers/Description	Definition	Locations	Examples	Action
Tier 1a	<b>Low acuity surgery/healthy patient</b> Outpatient surgery Not life threatening illness	HOPD ASC Hospital with low/no COVID- 9 census	Carpal tunnel release Penile prosthesis EGD Colonoscopy	Postpone surgery or perform at ASC
Tier 1b	<b>Low acuity surgery/unhealthy patient</b>	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery or perform at ASC
Tier 2a	<b>Intermediate acuity surgery/healthy patient</b> Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD ASC Hospital with low/no COVID-19 census	Low risk cancer Non urgent spine Ureteral colic	Postpone surgery if possible or consider ASC
Tier 2b	<b>Intermediate acuity surgery/unhealthy patient</b>	HOPD ASC Hospital with low/no COVID-19 census		Postpone surgery if possible or consider ASC
Tier 3a	<b>High acuity surgery/healthy patient</b>	Hospital	Most cancers Highly symptomatic patients	Do not postpone
Tier 3b	<b>High acuity surgery/unhealthy patient</b>	Hospital		Do not postpone

**HOPD** – Hospital Outpatient Department

**ASC** – Ambulatory Surgery Center

## How long is this going to last?

The goal is for it to remain in place no longer than necessary. As with other community mitigation measures implemented to slow the spread of COVID-19, it will be lifted as soon as the circumstances of the outbreak in Minnesota allow.

## What if my doctor says I need the procedure?

Minnesota healthcare providers are being asked to use the [MDH Crisis Standards of Care](#) to determine which surgery cases can proceed and which cases will be rescheduled for a later time.

Please speak directly with your physician for additional information.

## Are other states doing this?

Yes. The U.S. Surgeon General, American College of Surgeons, Centers for Medicare and Medicaid Services, and numerous other public health experts have recommended the suspension of all elective surgeries. We anticipate other states will follow.

## What are my alternatives?

If you have questions about your condition, medication or other healthcare needs, contact your primary care provider or referring physician.

## Additional Resources

- [Guidance for Triage of Non-Emergent Surgical Procedures \(https://www.facs.org/about-acs/covid-19/information-for-surgeons/triage\)](https://www.facs.org/about-acs/covid-19/information-for-surgeons/triage)
- [Recommendations for Management of Elective Surgical Procedures \(https://www.facs.org/about-acs/covid-19/information-for-surgeons/elective-surgery\)](https://www.facs.org/about-acs/covid-19/information-for-surgeons/elective-surgery)
- [Centers for Medicare and Medicaid Services \(CMS\) Adult Elective Surgery and Procedures Recommendations \(https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf\)](https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf)

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