



COVID-19: The Impact in the Operating Room

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Clinical Issue

New York City (NYC) was the epicenter of the COVID-19 pandemic. All hospitals in NYC including Memorial Sloan Kettering Cancer Center, were mobilized to prepare for this public health emergency. Volume of surgical cases at the Main Campus dramatically decreased by 70-80% during the height of the pandemic.

- ❖ Of the 28 ORs at the Main Campus:
 - 7 ORs were reserved for urgent & emergent surgical oncologic cases
 - 6 ORs were converted to double occupancy ICU rooms
 - 2 negative pressure rooms were designated as COVID-19 ORs
 - 12 ORs remained closed
 - Most of the OR nursing staff were redeployed to inpatient units
- ❖ 1st COVID-19 patient requiring surgery was on March 31, 2020
- ❖ The current practice needed to be assessed, prompting the staff to create a COVID-19 workflow

Description of the Team

Team membership included representatives from:

- ❖ Nursing
 - Staff Nurses
 - Nurse Leaders
 - Nursing Professional Development Specialist
 - Clinical Nurse Specialists
 - Nursing Support Staff
- ❖ Surgery
- ❖ Anesthesia
- ❖ Infection Control



Preparation & Planning

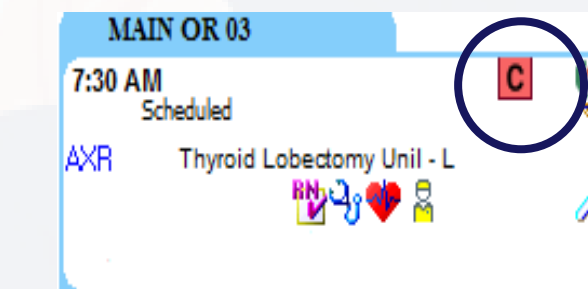
- ❖ Reducing the risk of exposure to the virus was the top priority to ensure the safety of both patients & staff
- ❖ Assessed (PPE) availability, staffing, surgical case classification (whether urgent or emergent), precautions to be followed & patient logistics

Implementation

- ❖ Created an intraoperative procedure COVID-19 workflow
- ❖ Procured 2 HEPA filter units to be used in any OR
- ❖ Designated carts with room signage, hand sanitizers, PPE, PAPRs & CAPRs
- ❖ Created an icon to easily identify patient's COVID-19 status to EMR
- ❖ Provided education through virtual in-service & e-learning modules to all OR nursing staff

INTRAOPERATIVE PROCEDURE COVID-19 WORKFLOW

- ❖ 2 RNs & 1 ST assigned to COVID+ cases
- ❖ Surgical team, attending & fellow, present in the OR upon patient arrival
 - Remain in the OR until the patient is recovered and transported to postop location
 - Beeper coverage established outside of the OR
- ❖ A HEPA filtration system used during the case
- ❖ MSK PAPER/CAPR guidelines adhered to for high-risk aerosol generating procedures
- ❖ Only clinically essential procedures to be performed
- ❖ Ancillary staff to support the case from clean core
- ❖ Nursing team will not leave the room during the case & other staff will not be permitted into the room unless a code is called or upon terminal relief
- ❖ No breaks will be given to staff in the OR, unless it's an extensive case



EMR ICON



CIRCULATING RN
PAPER



SCRUB RN
PAPER



HEPA FILTER

Outcome

Staff provided with a structured workflow

Communication & coordination of care improved

Patient & staff safety ensured

Implication for Perioperative Nursing

- ❖ Defined COVID-19 workflow ensured a streamlined-process through guidance resulting in less apprehension & more understanding of OR staff
- ❖ Nursing care restored to patient focus by reduced chaos & delays

