

Perioperative Services COVID-19 Response Plan



Perioperative Services Unit Leadership Structure

DUH Perioperative Services Unit (command center: DMP 3W02)

- Surgeon-in-Chief** — Allan D. Kirk, MD, PhD (919) 869-4129
- Associate VP** — Clif Flintom (919) 943-8625
- Assistant VP of Nursing** — Kate Ulrich (919) 724-3440
- Medical Director, Anesthesia** — Gavin Martin, MD (919) 970-7964
- Medical Director, Surgery** — Gregory Georgiade, MD (919) 970-5150
- ACNO** — Cindy Sell (919) 970-7565
- IP** — Sheila Vereen (919) 970-1855

Duke Regional Perioperative Services Unit (command center: TBD)

- Medical Director, Anesthesia** — Bill Norcross, MD (919) 357-6419
- Medical Director, Surgery** — Joe Minchew, MD (919) 616-1768
- ACNO** — Paula Cates (919) 886-2302
- IP** — (919) 470-4636 #7171

Duke Raleigh Perioperative Services Unit (command center: TBD)

- Medical Director, Anesthesia** — Scott McCulloch, MD (919) 824-9050
- Medical Director, Surgery** — Aaron Lentz, MD (919) 970-9550
- ACNO** — Tara Walczak-Daege (919) 812-1790
- IP** — (919) 206-3311

Perioperative Decreased Staffing Plan

This document broadly outlines the general processes to be implemented should it become necessary to limit surgical services in response to a significant decrease in capacity due to COVID-19.

In anticipation of an increasing risk of COVID-19 transmission, the following guidelines are effective immediately:

- The Surgeon-in-Chief is working with site-specific Periop Executive Committee Chairs, Department Chairs and Service Chiefs to determine an appropriate method for prioritizing urgent/emergent cases to be performed, if necessary.
- All perioperative team members and vendor representatives are required to follow any Duke Travel and Employee Health guidelines in effect.
- All perioperative team members, vendor representatives and patients who have traveled to any country with a [CDC Level 2 or higher travel warning](#) or newly designated areas for any reason in the last two weeks, must self-quarantine and monitor themselves for symptoms for 14-days and their surgical procedure(s) will be rescheduled.
- Patients will be specifically screened pre-operatively for symptoms of respiratory illness; those identified with febrile respiratory illness will have their cases postponed allowing for a 14-day self-quarantine.
- Visitor observers are no longer permitted in the perioperative environment, including visitation coordinated by perioperative vendor representatives for observation of OR equipment / procedures.

Surgical Operations Plan

In the event of a significant COVID-19 outbreak, as determined by the DUHS COVID-19 Leadership Task Force, the following policies and procedures will be implemented across the Duke Health System.

Plan Activation

- Plan activation will be based on a DUHS declaration.
- Each hospital's Perioperative Services Unit (PSU) will report to the PSU Leadership, which will report to the DUHS COVID-19 Leadership Task Force.
- WebEx information will be provided for continuous information between all sites and command centers.
- All elective cases at each location (DN/DMP, Eye Center, ASC, DRH, DASC, and DRAH) will be cancelled. Elective cases will proceed only if recommended by the site-specific PSU and explicitly authorized by the PSU Leadership. Surgeons wishing to proceed with a case must contact their site-specific PSU to initiate the process. Assessments will be made daily with all reasonable attempts to project cases a week in advance. However, all elective cases will remain contingent on approval in the 24 hours prior to their scheduled time.
- Only leveled surgical procedures will be evaluated for surgery with less than 24 hours' notice.
- The only operating rooms available for cases during the entire plan activation will be DN/DMP, DRH and DRAH.
- All Eye Center cases will be triaged for proper platform placement by the PSU Leadership and the surgeon performing the case.
- All procedures performed on patients who are in quarantine, suspected of having COVID-19 or being treated for COVID-19 will be performed with the entire team in designated PPE.
- In the event that a C-Section (or any other urgent OR case) needs to be performed on a patient who is in quarantine, suspected of having COVID-19 or being treated for COVID-19, those cases will be performed in Duke North OR1 or another designated negative-pressure OR. In this scenario, the entire team (MD, Anesthesia, RNs, Surg Techs and Nursery team) will assemble in Room 11.
- If a C-Section is posted on a patient who is in quarantine, suspected of having COVID-19 or being treated for COVID-19 at DRH, a HEPA filter will be placed in the L&D OR for the duration of the procedure. Defined appropriate PPE will be utilized. Should additional OR support be needed for non-symptomatic patients, the main OR on the 3rd floor will be utilized. Mother and infant will be isolated per Mother-Baby COVID-19 plan.
- The PSU Leadership will conduct daily evaluations of Pre-Op, Intra-Op, Post-Op and ICU/Unit Care for staffing availability and patient safety.
- The PSU Leadership will be responsible for giving a Go/No-Go decision for all cases in coordination with overall direction from the DUHS Incident Command Center. If there is a disagreement among leaders in the PSU Leadership, the Surgeon-in-Chief and members of the DUHS COVID-19 Leadership Task Force will adjudicate all cases.
- Surgical schedulers will keep an ongoing list of cancelled/rescheduled cases due to plan activation, and a process for rescheduling cases will be developed.

Ongoing Assessment

- Leveled surgical procedures will continue to be performed and an expansion to less urgent/emergent procedures may occur as staffing, resources and capacity permit. The PSU Leadership and Surgeon-in-Chief will communicate on a daily basis to assess the urgency of elective cases. An example of an urgent elective case is an oncology case with progressive disease. Again, cases for DUH will only be performed at DN and DMP during the ongoing assessment. DRAH and DRH will perform all cases on their main hospital platforms.
- All potential surgical cases will be called in by the surgeon to their site-specific PSU. The PSU will advance recommendations to the PSU Leadership for consideration.
- The PSU Leadership will provide recommendations to the DUHS Command Center regarding Pre-Op, Intra-Op, Post-Op and ICU/Unit Care for staffing availability and patient safety.

Post Incident Activation

- Information regarding the prioritization of those patients delayed or cancelled prior to or during the plan activation will be disseminated to the departments.
- Surgical schedulers will reschedule surgical cases due to plan activation.
- All perioperative leaders will perform a post incident debrief.

DUHS Leveling System

All add-on cases must be leveled using the following criteria:

- **Level 1** — Patient unstable, needs to be in OR within one hour of posting
 - Surgical/anesthesia consent and intra-operative time-out may be waived
 - Surgical site marking may be waived
 - H&P signature not needed prior to start of case, but must be completed before patient leaves the OR
 - Requires attending surgeon to attending anesthesiologist communication
 - Patient must be transported by a member of the surgical or anesthesia team directly to the OR
- **Level 2** — Patient unstable, needs to be in OR within two hours of posting
 - Surgical/anesthesia consent required before start of case
 - Surgical site marking must be done prior to start
 - H&P signature not needed prior to start of case, but must be completed before patient leaves the OR
 - Requires attending surgeon to attending anesthesiologist communication
- **Level 3** — Patient stable but requires semi-urgent attention to prevent deterioration, to be in the OR within six hours of posting
 - Surgical/anesthesia consent signed, H&P signed and must be present before moving patient to the OR
 - Surgical site marking must be done prior to start

- Considered urgent enough that the increased anesthesia risk of the non-fasted state is warranted
- Requires attending surgeon to attending anesthesiologist communication
- **Level 4** — Patient should be in the OR within 12 hours of posting to reduce potential morbidity
 - Surgical/anesthesia consent signed, H&P signed and must be present before moving patient to the OR
 - Surgical site marking must be done prior to start
- **Level 5** — Patient should be in the OR within 24 hours of posting (this includes inpatients, for length of stay management)
 - Surgical/anesthesia consent signed, H&P signed and must be present before moving patient to the OR
 - Surgical site marking must be done prior to start

Perianesthesia Planning

- In order to move to one entry point for our patients, we will consolidate all perianesthesia services to the Duke North third floor platform. Moving to one platform will give DUH the ability to utilize the DMP perianesthesia space for patient overflow.
- DRAH will remain in the current same day surgery and PACU area while capacity remains in the hospital.
- DRH perianesthesia staff will remain in the designated departments for patient care.
- DUHS perianesthesia and perioperative leadership will prepare a list of nurses with ICU and medical surgical experience to be floated to other units if perioperative staffing allows.

Perioperative Services COVID-19 Response Plan



Contact Information

DUH Leadership	Phone / Pager
Chair of Dept of Surgery: Dr. Allan Kirk	(919) 869-4129
DUHS Associate VP: Clif Flintom	(919) 943-8625 / (919) 970-9389
DUHS Assistant VP of Nursing: Kate Ulrich	(919) 724-3440 / (919) 970-5079
DUH MD Anesthesia: Dr. Gavin Martin	(919) 306-0340 / (919) 970-7964
DUH MD Surgery: Dr. Gregory Georgiade	(919) 880-0525 / (919) 970-5150
DUH ACNO: Cindy Sell	(919) 695-1085 / (919) 970-4224
DUH AVP: Becky McKenzie	(919) 724-6218 / (919) 970-4224
DUH Chief CRNA: Adam Flowe	(919) 970-9136
DUH EC & ASC COD: Tammy Spencer	(919) 407-1181
DRH MD Anesthesia: Dr. Bill Norcross	(919) 357-6419
DRH MD Surgery: Dr. Joe Minchew	(919) 616-1768
DRH ACNO: Paula Cates	(919) 886-2302 / (919) 470-4636 ext. 4730
DRAH MD Anesthesia: Dr. Scott McCulloch	(919) 824-9050
DRAH MD Surgery: Dr. Aaron Lentz	(919) 260-7816 / (919) 970-9550
DRAH ACNO: Tara Walczak-Daege	(919) 812-1790 / (317) 989-8878
DUKE UNIVERSITY HOSPITAL	
Physician	Phone / Pager
Attending Anesthesia MD On-Call	(919) 970-9111
Attending Trauma Surgeon On-Call	(919) 970-2636
Chief Trauma Resident On-Call	(919) 970-9995
Departmental Chair Anesthesiology	(919) 970-7964
Departmental Surgery Chair	(919) 970-2927
Charge CRNA	(919) 970-7853
OR Charge RN:	(919) 681-2255
OR Nurse Manager: GSU/PSU	(919) 970-3736 (pager)
OR Nurse Manager: ORT/NSU	(919) 970-5078
OR Nurse Manager: GU/GYN/OHN	(919) 970-9786
OR Nurse Manager: Cardiothoracic	(919) 970-8373
Clinical Leads: General	(919) 206-9840
Plastics	(919) 970-0213
Orthopedic	(919) 970-2809
Neurosurgery	(919) 970-1859
Urology	(919) 970-8926
Gynecology	(919) 970-8927
Otolaryngology	(919) 970-1844
Pediatrics	(919) 970-6354
Cardiothoracic	(919) 970-5144 (919) 970-4100
Weekend Days	(919) 970-0198
Night shift	(919) 970-3711
Duke Regional Hospital Contacts	
OR Charge Nurse	(919) 470-6179 / (919) 470-4636
OR Nurse Manager Lena Livingston-Flowers	(919) 470-6208 / (919) 470-4636
PACU Nurse Manager Linda Jerzak	(919) 470-7174 / (919) 470-4636
PeriAnesthesia Clinical Team Lead: Anne Browning	(919) 470-7165 / (919) 470-4636

Perioperative Services COVID-19 Response Plan



CSR Manager: Heather Turner	(919) 621-8862 / (919) 470-4636		
Chief CRNA: Darlene Williams	(919) 470-6178 / (919) 470-6178		
Anesthesiologist In-house: Rotating MD	(919) 470-4506		
Duke Raleigh Hospital Contacts			
Eye Center Nurse Manager: Sylvia McCauley	(919) 812-7537		
Eye Center Charge Nurse: Dawn Clasey	(919) 671-8764		
Endoscopy Team Lead: Marie Nagel	(919) 954-3189		
CSR Manager: Taneshia Walker	(984) 227-9002		
CSR Team Lead 2 nd shift: Lachandra Howell	(919) 954-3816		
CSR Team Lead: Casey Roten	(919) 862-5715		
CSR Team Lead: Orinthia Thompson	(919) 954-3186		
OR Director: Denise Lush	(919) 771-8787		
OR Nurse Manager: Tunisha Mosley	(919) 418-4059		
Charge CRNA:	(919) 954-3859		
OA	(919) 954-3292		
Other Areas			
DUH SPD Director: Jennifer Vieau	(919) 698-8043		
Emergency Preparedness On-Call (EPOC)	Primary Direct Direct Direct	EPOC Pager Jason Zivica Amy Puglia Ken Shaw	(919) 206-3987 (919) 398-0579 (919) 937-7837 (919) 323-5875
Operations Administrator (OA)	Primary = OA Pager Secondary = OA Cell		(919) 970-8001 (919) 971-5025
Duke University Police Department Dispatch	(919) 684-2444		
Engineering & Operations (to set up decon tent)	(919) 684-3232		
Hospital Safety Officer (for a HazMat incident)	Dial 115, ask for Hospital Safety Officer		
Transfusion Services	(919) 681-2644		
Clinical Laboratory Services	(919) 681-1398		
PRMO Supervisor	(919) 696-8373 (919) 970-6524 (pager)		
Bed Control	(919) 681-4300 (919) 681-4132		
Material Services Stat Room (to provide Supply Carts)	(919) 385-1600/681-0601 #4		
DUH Admin Assistants (to call EM MD Phone List)	(919) 681-4458 (919) 681-5537 (normal business hours)		
Hospital Command Center	(919) 681-2222		

Perioperative Services COVID-19 Response Plan



Vice President of Emergency Services	(919) 681-1219
Environmental Services	(919) 681-9700
HazMat/Decon Team	(919) 684-3232

Other Important Contact Information – External

Surrounding Hospitals	City	Phone Number- ED Charge Nurse	
Duke Regional Hospital	Durham	(919) 470-4000 (919) 470-5145 (919) 470-4262	Main Line OA Direct Security
UNC Hospital	Chapel Hill	(984) 974-4721	
WakeMed Hospital	Raleigh	(919) 841-3746	
Duke Raleigh Hospital	Raleigh	(919) 954-3000 (919) 954-3911	Main Line Security
VA Medical Center	Durham	(919) 286-0411	x6304 or x7955
Maria Parham Hospital	Henderson	(252) 436-1164	
Person Memorial Hospital	Roxboro	(336) 599-2121	x338
Granville Regional Medical Center	Oxford	(919) 690-3416	
Durham County Resources		Phone Number	
Durham County EMS Supervisor		(919) 475-4701	
Durham County EMS Dispatch		(919) 560-4602	
Duke Life Flight Dispatch		(919) 681-5433	
Durham County Public Health Department		(919) 794-1535 (919) 560-7600	24 / 7 / 365 Mon-Fri, 8:30a-5p
Durham City / County Emergency Management Department		(919) 560-7580	24 / 7 / 365
Duke Healthcare Preparedness Coalition		(919) 970-1428	
Surrounding County EMS Systems		Phone Number	Time to DUH
Orange County EMS Dispatch		(919) 732-5063	18 minutes
Wake County EMS Dispatch (includes Apex)		(919) 831-6331 (919) 829-1926	25 minutes
Cary EMS Office (Wake County)		(919) 380-6909	24 minutes
Chatham County EMS Dispatch		(919) 542-2911	41 minutes
Franklin County EMS Dispatch		(919) 496-2511	1 hour
Granville County EMS Dispatch		(919) 690-0444	31 minutes
Vance County EMS Dispatch		(252) 738-9010	44 minutes
Person County EMS Dispatch Person County EMS Supervisor		(336) 597-0545 (336) 459-8013	45 minutes
Caswell County EMS Dispatch		(336) 694-2555	48 minutes
Robeson County EMS Dispatch		(910) 671-3170	2 hours
Law Enforcement Resources		Phone Number	
Duke University Police Department Dispatch		(919) 684-2444	
Durham Police Department Dispatch		(919) 560-4600 or x4601	
Durham County Sheriff's Office Dispatch		(919) 560-0900	
Raleigh Police Department Dispatch		(919) 829-1911	
North Carolina State Highway Patrol		(919) 733-3861	

North Carolina State Communications	(919) 733-3300	
Foreign Embassies (if foreign citizens involved)	Phone Number	Location
Great Britain	(202) 588- 6500	Washington, D.C.
Canada	(202) 682-1740	Washington, D.C.
China	(202) 495-2266	Washington, D.C.
Japan	(202) 238-6700	Washington, D.C.
India	(202) 939-7000	Washington, D.C.
Mexico	(919) 615-3653	Raleigh

Additional Resources

- DUHS COVID-19 Intranet Page**
<https://intranet.dh.duke.edu/SitePages/Coronavirus%20Communications.aspx>
- DUHS COVID-19 Resources**
<https://intranet.dh.duke.edu/SitePages/Coronavirus%20Document%20Library.aspx>
- CDC**
<https://www.cdc.gov/coronavirus/2019-nCoV/>
- DUHS Clinical Guidance - When to Test**
https://intranet.dh.duke.edu/_layouts/15/WopiFrame.aspx?sourcedoc=/Coronavirus%20Document%20Library/Testing%20Guidance/When%20To%20Test%20Guidance%20DUHS-COVID19_Clinical%20Education.docx&action=default