

Order of the Secretary of the Pennsylvania Department of Health Requiring Reduction of Elective Procedures in Regions with Low Acute Care Treatment Capacity

Frequently Asked Questions

Q: Why did the Secretary issue this Order?

A: The Secretary issued this Order due to the rapidly increasing number of COVID-19 cases and hospitalizations. Hospitals across the Commonwealth have already reported voluntarily ceasing elective procedures due to a lack of hospital beds and staffing shortages. This Order aims to proactively decrease elective procedures temporarily in order to prevent hospitals in a Region from becoming overwhelmed. While many hospitals are already voluntarily reducing or canceling their elective procedures, this Order creates a level playing field across all hospitals in a region.

Q: How were the three metrics identified, what do they mean, and how are they calculated?

A: These metrics are key indicators of significant challenges for hospitals in a region hospitals. The metrics assess future staffing shortages, increased COVID-19 admissions, and bed availability. All data comes from the hospital reporting system CORVENA and is self-reported by hospitals daily. The formulas are:

- **Staffing Shortage** = (Hospitals reporting anticipated staffing shortages in the next week) / (Total hospitals)
- **COVID-19 Surge** = (Sum of Yesterday's Adult and Pediatric Confirmed and Suspected COVID admits + Sum of two days ago Adult and Pediatric Confirmed and Suspected COVID admits) / (Sum of two days ago Adult and Pediatric Confirmed and Suspected COVID admits + Sum of three days ago Adult and Pediatric Confirmed and Suspected COVID admits)
- **Inadequate Bed Availability** = (total number of medical/surgical beds anticipated to be available in the next 72 hours) / (total number of medical/surgical beds)

If more than 33% of hospitals in a Region report staffing shortages, the Staffing Shortage metric would be "triggered." If there has been more than a 50% increase in COVID admissions in the last 48 hours in a Region, the COVID-19 Surge metric would be "triggered." And, if there are less than 10% of medical/surgical beds available in a Region, the Inadequate Bed Availability metric would be "triggered."

Q: How many metrics have to be triggered for the Department to issue a Reduction Notice to an Acute Care Hospital to temporarily reduce electives?

A: Two of 3 metrics have to be triggered for the Department to issue a Reduction Notice, which will require 50% of elective procedures to be reduced for 7 days. If 3 metrics are triggered, the reduction requirement and timeline is the same as for 2 metrics being met.

Q: How will hospitals track these metrics?

A: The Department has created a public facing [dashboard](#) that went live on November 30, 2020. The Dashboard will show each Region and which metrics have been triggered in the Region.

Q: How are elective procedures defined?

A: Elective procedures are surgical services and procedures that are not emergent or urgent or otherwise necessary to save a life, preserve organ or other bodily function, or avoid further imminent harm from an underlying condition or disease.

Q: Does the Order apply to surgical hospitals or other specialty hospital types?

A: No. The Order issued thereunder only applies to Acute Care Hospitals as defined in the Order.

Q: How long will a Reduction Notice be in place?

A: A Reduction Notice issued under the Order will be in place for 7 days, unless extended by an Extension Notice.

Q: How long will an Extension Notice be in place?

A: An Extension Notice will be in place until a Region no longer meets 2 or more metrics identified in Section 2 (B) of the Order and the Department has issued a Resumption Notice for that Region. Acute Care Hospitals in a Region subject to an Extension Notice must continue to reduce elective procedures, as defined by the Order, by 50% until a Resumption Notice is issued by the Department

Q: Are Acute Care Hospitals required to reduce elective procedures by 50% each day during the period a Reduction Notice is in effect?

A: No. Elective procedures must be reduced by at least 50% for the seven 7-day period, but the hospital will retain discretion on how that reduction is achieved across those 7 days. For example, if an Acute Care Hospital had 10 elective procedures previously scheduled within the 7 days following the effective date of a Reduction Notice, the hospital would need to reduce to 5 elective procedures during that 7-day period. The hospital could perform 3 elective procedures on Day 1, 2 on Day 2, and non on Days 3-7. Alternatively, the hospital could perform 1 elective procedure per day on Days 1-5 and no procedures on Days 6 and 7.

Q: Once a Resumption Notice is issued, can hospitals in the Region begin to perform elective procedures at 100% capacity again?

A: Yes, a Resumption Notice will be effective immediately and restrictions on the performance of elective procedures at hospitals in the Region will be lifted.

Q: If a Reduction Notice is issued to a Region because the Region triggers 2 of 3 metrics and the Region subsequently triggers a third metric, will another Reduction Notice be issued?

A: No, if the Region is in the initial 7-day period under a Reduction Notice, an additional Reduction Notice will not be issued. However, if on the last day the Reduction Notice is in effect, the Department determines that the Region continues to have triggered 2 or more metrics under the Order, regardless of whether they are the same 2 metrics that resulted in the Reduction Notice being issued, the Department will issue an Extension Notice. An Extension Notice will remain in effect until the Region triggers no more than 1 metric.

Q: Will a Resumption Notice be issued on the last day of the Reduction Notice’s effective dates? Or will the Resumption Notice arrive before the 7-day window, allowing time to prepare to resume full electives?

A: The Resumption Notice, if warranted, will be issued on the last day the Reduction Notice is in effect. However, hospitals may review the Dashboard throughout the week to inform planning decisions for the resumption of all elective procedures.

Q: Is there a baseline against which the 50% reduction will be measured or is that entirely up to the hospital to decide?

A: For purposes of the Reduction Notice, the baseline is the total number of elective procedures previously scheduled to be performed at the Acute Care Hospital in the 7 days following the effective date of the notice.

Q: Does the Order apply to outpatient elective procedures performed at locations under an Acute Care Hospital’s license?

A: Yes, outpatient elective procedures scheduled to be performed at locations under an Acute Care Hospital’s license must be included when determining the number of procedures that need to be postponed or cancelled to reduce elective procedures by 50%. An Acute Care Hospital is not specifically required to reduce the number of procedures performed at those locations, but may need to in order to comply with the 50% reduction mandate.

Q: Are ambulatory surgical centers located in a Region subject to a Reduction Notice required to reduce elective procedures by 50%?

A: No. The Order and Notices issued thereunder do not apply to ambulatory surgical centers.

Q: If a Region triggers two or more metrics and a Reduction Notice is issued, are Acute Care Hospitals in the Region required to enter those resulting cancellations into Pennsylvania Patient Safety Reporting System (PSRS) as an infrastructure failure?

A: No, Acute Care Hospitals in a Region subject to a Reduction Notice or Extension Notice do not have to report through PSRS cancellations or postponements that result from compliance with the Order and Notices. Please refer to the Department’s [Guidance on Hospitals’ Responses to COVID-19](#) for additional information on reporting requirements.