



**OREGON AMBULATORY
SURGERY CENTER ASSOCIATION**

Our Patients Come First

Ambulatory Surgical Centers

***Navigating the COVID-19 Pandemic & the
Impact on Patients and the Workforce***

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Timeline of Crisis Response



- **March 19:** Gov. Brown EO froze all elective and non-urgent procedures to preserve PPE, medical supplies. (EO 20-10)
- **April 27:** Gov. Brown EO allowed measured resumption of non-urgent health care procedures starting May 1, "but only to the extent they comply with guidance or administrative rules issued by OHA." (EO 20-22)

ASC Response

- Encouraged ASCs to connect with hospital partners;
- Developed detailed transfer guidelines with OHA/OAHHS
- Donated PPE supplies, when possible;
- Paid staff when possible, furloughed when not possible.
- Continued to see urgent cases.



Slowly Re-Opening



- May 1st resumption requirements
 - 2-week PPE inventory / facility attestation to OHA;
 - 50% elective case volume limitation;
 - Local hospital must have 20% increase capacity as compared to date of EO 20-22 issuance;
 - Access to COVID-19 testing with four day turn around time, when available;
 - Strict Infection Prevention and Visitation Policies;
 - Ensure appropriate resources for peri-operative care;
 - Continue to prioritize urgent cases.

Re-opening is a process

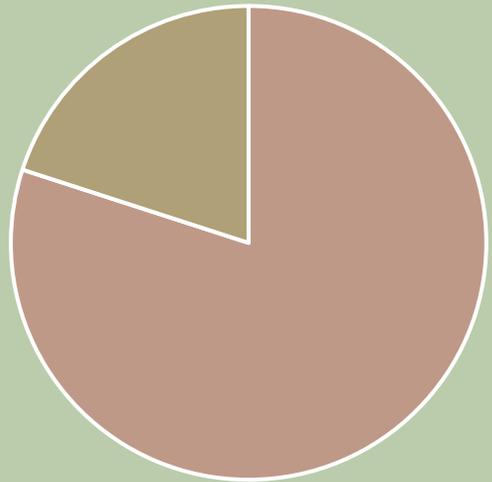
- June 1st resumption requirements released May 14
 - Beginning June 1st, an ASC may expand beyond this volume so long as it can continue to meet all the criteria set out in OHA guidance.
- Uncertainty going forward on what to expect
 - OHA & Governor Brown's office have been excellent in working with ASC industry stakeholders to determine regulatory steps.





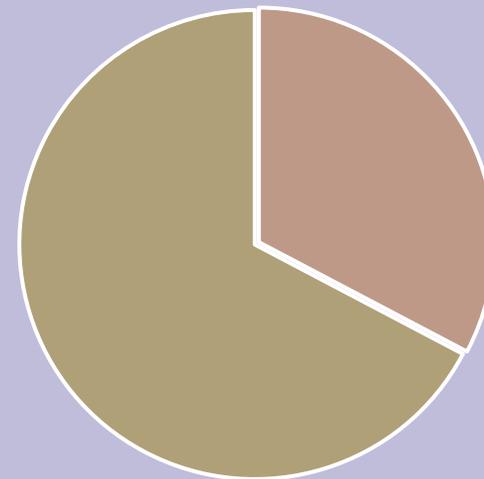
Workforce Impacts

Workforce Impact Portland Clinic



■ Worforce Furloughed ■ Retained ■

Workforce Impact Riverbend



■ Workforce Furloughed ■ Workforce Retained ■

National Statistics

Elective Procedures Delayed = 28 million

Months to Return to Normal = 2+

Economic Impact on ASC Industry



- Smaller facilities have been hit the hardest;
- Many ASCs closed for two months;
- Workforce was largely idle, but centers took advantage of PPP and reserves to keep paying staff.
- Phased in Re-Opening;
 - High administrative burden when scaling up operations;
- Costly PPE purchasing;
- ASCs will take time to fully recover from dramatic financial losses.