

Doctors, student help establish way to prioritize surgeries during COVID-19

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During two months at the height of the first wave of COVID-19, Hackensack Meridian Health experts helped find the best way to triage and prioritize necessary surgeries across the health network. Their work

allowed the system to keep up with crucial care—and it may help point the way forward in case of future emergencies.

The health network experts implemented the medically necessary time sensitive (MeNTS) surgical scoring system developed by the University of Chicago to triage the case load across the health system, the largest in New Jersey. The results are published now in *The American Journal of Surgery*, and the lead author is a [medical student](#) at the Hackensack Meridian School of Medicine.

"This is critical work and it shows how important teamwork is in pulling together at the time of greatest need," said Ihor Sawczuk, M.D., FACS, the network's chief research officer and president of its northern region. "We are proud to do our part in showing how we can best save lives, even during a historic pandemic."

"Our team kept our priorities straight, and our mission clear," said Michael Stifelman, M.D., professor and chair of Urology, at the Hackensack Meridian School of Medicine, as well as the department chair of Urology at Hackensack University Medical Center. "It was a great job by all—and we leveraged the skills of our SOM students to work with us in designing and evaluating our 'best practices.'"

All elective surgeries for adults were canceled by an executive order from the New Jersey governor in March 2020, at the height of the COVID-19 pandemic. It was lifted in May 2020.

Over the course of those two months, the health network the department chairs and a peri-operative committee reviewed which cases needed immediate attention, at first relying on a system called the Elective Surgery Acuity Scale (ESAS). But the drawbacks of ESAS—including what the definition of "non-elective" was, and the management of what fast became an overwhelming number of requests—pushed them to find

another way. Instead they implemented MeNTS.

Over the two-month time frame, there were 1,316 requests for [surgical intervention](#). The MeNTS system classified 645 as requiring procedures within two weeks: 50 percent were same-day surgeries, 43 percent inpatient procedures, and the remainder outpatient visits.

They compared the results from the same [time period](#) in 2019, based on key metrics like mortality, 30-day readmissions, and length of stay.

The determination was that the MeNTS system kept the surgical procedures outcomes and management virtually the same as the non-pandemic times, with just slightly longer length of stay in outpatient cases, and more blood transfusions in inpatient cases.

Some 216 of the 645 prioritized cases were ultimately not performed in the two-month window. Follow-up determined the leading reason was patients' fear of the spread of COVID-19.

"The real game changer with implementing our system is that it also evaluated resource utilization and time sensitivity in making decisions. This is not possible with ESAS," added Stifelman. "Also it leveraged our research team and RedCap database software allowing us to process and manage large amounts of info and requests quickly."

The lead author of the paper is Jay Zaifman, a student of the 2019 cohort. Other authors include: Gregory S. Sugalski, M.D.; Lisa K. Tank, M.D.; Massimo M. Napolitano, M.D., FACS; Donald A. McCain, M.D., FACS, Ph.D.; Mark D. Schlesinger, M.D.; Joseph P. Underwood, M.D.; Terri D. Freguletti, MAS; Lucy Pereira-Argenziano; Robyn J. Kretschmar, MAS; and Stifelman.

"This is incredible work, and we are glad our students can get such a

great head start on their careers even as they work toward their degree," said Bonita Stanton, M.D., founding dean of the Hackensack Meridian School of Medicine.

More information: Jay M. Zaifman et al, Implementing the medically necessary, time-sensitive surgical scoring system during the COVID-19 pandemic, *The American Journal of Surgery* (2021). [DOI: 10.1016/j.amjsurg.2021.04.029](https://doi.org/10.1016/j.amjsurg.2021.04.029)

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