

**Huntsman Cancer Institute Patient Scheduling Recommendations During COVID-19 Crisis
Developed on Monday, March 17; Recommendations May Change if COVID-19 Crisis Worsens**

General Principle: Aim to decrease the number of humans in the building.

- For all clinics: The recommendation is to go through your entire schedule and decrease the actual number of individuals entering into the building by categorizing your patients into 1 of 3 categories:
 - Absolutely must see in person (keep appointment as is)
 - Keep or move appointment, and also transition to Telehealth or phone call option
 - Reschedule for future appointment (able to move the appointment by at least 3 weeks)
- For all surgeries and interventional procedures, categorize into 1 of 3 categories:
 - Cancellation of all elective procedures (those procedures where a delay of 6–8 weeks will not lead to a detrimental effect on the health of the patient)
 - Elective procedures will need to be postponed by at least 2 months
 - Rescheduling of all “time-sensitive” procedures by a few weeks (those patients who are not urgent/emergent, but can’t wait beyond 6 weeks for intervention)
 - Continuation of work as usual for urgent/emergent procedures (those that absolutely need to be performed in 24–48 hours)
- For chemotherapy infusions and radiation therapies
 - At the present time, there are no specific recommendations on delay in therapy or choosing an alternate therapy in the context of COVID-19 infection
 - Thoughts on chemotherapy and radiation therapy must be considered on an individual needs basis and per goals of therapy
 - Resource from ASCO on Frequently Asked Questions (FAQs) for COVID-19: <https://www.asco.org/sites/new-www.asco.org/files/content-files/blog-release/pdf/COVID-19-Clinical%20Oncology-FAQs-3-12-2020.pdf?cid=DM4727&bid=39526283>

The goal for all of the above efforts is to open up beds and to decrease the number of actual individuals entering into the facility.