



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Protocol for care pathways support for the resumption of scheduled hospital care in the context of COVID-19

12 June 2020

Version	1.0
----------------	-----

Revision Record	
Revision Date	Description of change
7 May 2020	New website added for New Zealand Guidelines Group on page 8. Changes to search string in Table App1.3
8 May 2020	Section 2.1: Edited bibliographic database list description, replacing "Central" with "the Cochrane Library". Section 2.1: Included reference to searches for preprint documents for RQ1. Section 2.3: Described derivation of themes within tabulation of guidance. Included reference to the use of the Joanna Briggs Critical Appraisal Checklist for Text and Opinion Appendix 1: Explicitly included Ministries of Health to be searched even if they do not meet search criteria under bullet point 2 (Australia, Canada, New Zealand, Singapore). Appendix 4: RQ1 data extraction table: "Website" included in table
10 May 2020	Section 2.1: Wording updated regarding searches for preprint documents. Added wording to refer to Google and Google Scholar searches. Table App1.3: Updated to include search term synonyms of "post pandemic"
11 May 2020	Appendix 2: Updated to include example search terms for RQ2 scoping search
12 May 2020	Section 2.3: Included guideline definition, as per AGREE-II. Included further detail on use of Joanna Briggs Critical Appraisal Checklist for Text and Opinion
20 May 2020	Added information on methodology for RQ3 throughout document
26 May 2020	Updated hyperlinks in Appendix 1, Table App 1.1 (previous links expired)

Purpose and Aim

The purpose of this protocol is to outline the process by which Health Information and Quality Authority (HIQA) will identify and review relevant evidence to support the National Public Health Emergency Team (NPHET) Acute Operations Sub-group of the EAG in their response to COVID-19. HIQA will develop scoping reviews and evidence summaries based on specific research questions (RQs).

1. Process outline

It is important that a standardised approach to the process is developed and documented, to allow for transparency and to mitigate risks which may arise due to changes in staff delivering and or receiving the information.

Four distinct steps in the process have been identified that will be completed. These are listed below and described in more detail in sections 2.1-2.4.

1. Search relevant sources.
2. Screening of identified documents.
3. Data extraction and appraisal of included material
4. Summarising of findings and delivery to relevant contacts.

2. Process steps

2.1 Search of relevant sources

The search process for this review will be individually tailored to three separate but inter-related review questions:

RQ1: What are examples of pathways (processes or principles) for the resumption of scheduled hospital-based care postponed or cancelled due to mitigation measures implemented in response to COVID-19?

RQ2 What is the effectiveness of pathways (processes or principles) put in place to enable the resumption of scheduled hospital-based care postponed or cancelled due to mitigation measures implemented in the context of a pandemic respiratory virus (COVID-19, SARS, MERS, or H1N1 influenza)?

RQ3. Is there evidence of increased risk of adverse outcomes of surgical procedures in patients with COVID-19 (confirmed either pre or post-surgery)?

For RQ1, a grey literature search will be used to retrieve relevant documents that represent national-level, or where appropriate, regional-level guidance, policy documents, care pathways, 'roadmaps' or position statements, on the principles and

processes required to be put in place to support the restarting of hospital-based care in the context of COVID-19.

This will be supplemented by a search in bibliographic databases: Embase, Pubmed and the Cochrane Library. Preprint servers will also be specifically searched: MedRxiv, and EuropePMC. The detailed search strategy for RQ1 is presented in Appendix 1. Additionally, the first five pages of returned results on Google and Google Scholar will be screened for relevance.

For RQ2, a database search will be performed to identify evidence relating to the effectiveness of pathways (principles and processes) in the context of resuming hospital care in the midst of a respiratory virus pandemic. An example of a draft scoping search strategy for RQ2 is presented in Appendix 2.

For RQ3, a scoping review will be performed. A database search will be performed to identify evidence relating to adverse outcomes associated with surgical procedures in patients with COVID-19. An example of the draft scoping search strategies for RQ3 is presented in Appendix 3.

2.2 Screening of identified documents

Each research question was formulated in line with the most appropriate research question framework to address that question. For example, PIC (population, interest, context) or PIOS (population, intervention, outcome, study design) framework detailed in Appendix 4.

All potentially eligible documents identified in the search strategy will be screened against the PIC or PIOS. Documents will be checked to ensure that:

- the document includes information on approaches for patients in general, as opposed to patients suspected of being potentially infected with COVID-19
- the documents refer specifically to resumption of hospital care.

Documents identified through searching of databases will be exported to Endnote. No language or date restrictions will be applied, non-English documents will be translated via google translate, and this will be noted as a potential caveat.

2.3 Data extraction and appraisal of included studies

Data extraction templates are detailed in Appendix 5. For RQ1, within each category of document type identified (for example, national level guidance, documents from professional bodies or associations), data will be extracted with respect to the type of guidance being issued, the hospital care setting to which the guidance relates, and the overarching measure type covered by the guidance. Overarching measures will be categorised as:

Health Information and Quality Authority

- organisational management measures such as policies, capacity, prioritisation of care)
- physical space measures such as social distancing/segregation approaches, cleaning/disinfection
- patient flow measures such as remote care alternatives, patient management at each phase from pre-admission through to discharge.

For each of the three overarching measure types, broad principles and or processes will be identified from each document and summarised in tabular form. Principles and or processes will be grouped under themes emerging from review of the guidance described within the document. The selection of themes identified from the guidance will be reviewed by co-reviewers for accuracy and appropriateness.

For RQ2, data will be extracted with respect to the study design, pandemic and hospital care setting to which the manuscript relates, the type of pathway or overarching measure studied and the associated effectiveness evidence.

For RQ3, data will be extracted with respect to the study design, population setting, study sample, procedure and study outcomes.

Quality Assessment

The documents to be searched for in RQ1 comprise expert opinion evidence. Expert opinion evidence is found in documents representing standards for clinical care, consensus guidelines, expert consensus, narrative case reports, published discussion papers, conference proceedings, government policy reports or reports accessed from web pages of professional organisations.⁽¹⁾ Within expert opinion, clinical guidelines are a specially defined case.

Guideline documents are defined as 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances'.⁽²⁾ For the purposes of critical appraisal, where guideline documents are identified, they will be quality assessed using the AGREE II tool.⁽²⁾ Where documents present pathways or guidance derived from opinion, but do not represent an explicit clinical guideline, the [Joanna Briggs Institute Critical Appraisal Checklist for Text and Opinion Papers](#) will be used.⁽³⁾ This instrument comprises a checklist of six questions, which address the authenticity and credibility of the opinion and its source, the possible motivating factors for the opinion, the presentation of an alternative opinion, and whether the arguments presented are logical.⁽¹⁾

For RQ2, where randomised controlled trials (RCTs) are identified, the Cochrane risk of bias tool (version 1) will be used as this can be completed more rapidly than the more in depth version 2. For observational studies, risk of bias in case control or cohort studies will be assessed using the Newcastle-Ottawa Quality Scale. Risk of bias in systematic reviews will be assessed using AMSTAR-2.

For RQ3, the National Heart, Lung and Blood Institute (NIH) quality assessment tools will be used for appraisal of observational cohort studies and for pre-post studies with no control group for example in analytical studies. Case series will be assessed using criteria outlined in Appendix 3 of HIQA's [*Protocol for evidence synthesis support - COVID-19*](#).

For documents within the academic literature, where the paper has not been peer reviewed, this will be noted.

2.4 Summarise findings and send to relevant contact

A descriptive overview of the identified evidence to date for each research question will be compiled and sent to the relevant parties in pdf format. A PRISMA flow chart will not be presented, but any updates, new studies will be clearly highlighted.

3. Quality assurance process

Each review question will be led by an experienced member of the Health Technology Assessment (HTA) team. A second reviewer will be assigned to assist and to provide cover in the event of illness. The second reviewer will be required to read all the key documents and check that the summary accurately reflects the body of literature. All summaries and reviews will be reviewed by a senior member of the team, to ensure processes are followed and quality maintained, this will also enable cover to be maintained.

4. Review and Update

Given the rapidly changing environment this protocol will be regarded as a live document and amended when required to ensure it reflects any additional research question added, and any changes made to the outlined processes.

References

1. McArthur A, Klugárová J, Yan H, Florescu S. Innovations in the systematic review of text and opinion. *International Journal of Evidence-Based Healthcare*. 2015;13(3):188-95.
2. The AGREE Research Trust. Appraisal of Guidelines for Research and Evaluation II Instrument: The AGREE Next Steps Consortium May 2009. Update: September 2013. Available from: https://www.agreetrust.org/wp-content/uploads/2013/10/AGREE-II-Users-Manual-and-23-item-Instrument_2009_UPDATE_2013.pdf
3. Joanna Briggs Institute. The Joanna Briggs Institute Critical Appraisal tools for use in JBI Systematic Reviews: Checklist for Text and Opinion 2017. Available from: https://joannabriggs.org/sites/default/files/2019-05/JBI_Critical_Appraisal-Checklist_for_Text_and_Opinion2017_0.pdf

Appendix 1- Search Strategies for RQ1

Grey literature search approach for identifying examples of guidance:

1. National Ministries of Health:
 - a. Search the 50 countries with the highest COVID-19 case numbers and all other European countries with at least 1,000 cases of COVID-19, as per the WHO Situation Report dated 23 April 2020.
 - b. Search state/regional-level ministries where appropriate within limits of practicality for the timelines of this review.
2. Public health agencies specified in HIQA's [*Protocol for the identification and review of new and updated public health guidance – Covid-19*](#) (version 2.0) excluding Ministries of Health included in '1':
 - a. World Health Organization (WHO)
 - b. European Centre for Disease Prevention and Control (ECDC)
 - c. Centers for Disease Control and Prevention (CDC)
 - d. Public Health England
 - e. Health Protection Scotland
 - f. Health and Social Care Northern Ireland
 - g. Australian Government Department of Health
 - h. Government of Canada
 - i. Ministry of Health New Zealand
 - j. Switzerland Federal Office of Public Health
 - k. Norwegian Institute of Public Health
 - l. Ministry of Public Health Singapore
3. List of guideline repositories, guideline developer websites and specific clinical specialty websites previously identified internally as appropriate for the identification of clinical guidelines, see Table App1.1.
4. Specific professional surgical and endoscopy bodies initially identified, see Table App1.2.
5. [EPPICentre Covid-19 "Living Systematic Map of the Evidence"](#). Search "Organisation – case study" field within evidence map for documents relating to pathways.
6. [WHO daily updated database of global scientific findings and knowledge on COVID-19](#). Search titles for "pathway" "guidance" and for each of the following strings: "recommenc", "restart", "resum", "initiat", "reintroduce", "revert", "reopen", "restor", "return".
7. First five pages of Google and Google Scholar searches using the following search phrases: "Resumption care COVID19", "Recommence care COVID19"- hits from the first five pages will be reviewed.

Table App 1.1: List of guideline repositories and guideline developer websites

National Institute for Health and Care Excellence (NICE)	https://www.nice.org.uk/guidance
NHS Evidence (incorporating Scottish Intercollegiate Guidelines Network (SIGN) & Guidelines International Network (GIN))	www.evidence.nhs.uk
Institute for Clinical Systems Improvement (ICSI)	https://www.icsi.org/
Food and Drug Administration	https://www.fda.gov/
Emergency Care Research Institute (ECRI) Guidelines Trust	https://guidelines.ecri.org/
New Zealand Guidelines Group	https://www.health.govt.nz/about-ministry/ministry-health-websites/new-zealand-guidelines-group
National Health and Medical Research Council (NHMRC) Australian Clinical Guidelines	www.clinicalguidelines.gov.au
Canadian Agency for Drugs and Technology in Health (CADTH)	http://www.cadth.ca
Canadian Medical Association Infobase	https://www.cma.ca/En/Pages/clinical-practice-guidelines.aspx
Haute Autorité de santé (HAS)	https://www.has-sante.fr/jcms/p_3135026/en/search-for-a-guideline-an-assesment
Finnish Medical Society Duodecim	http://www.kaypahoito.fi
World Health Organization	www.who.int/en
Australian National Health and Medical Research Council Clinical Practice	https://nhmrc.gov.au/about-us/publications
Institute for Healthcare Improvement (IHI)	http://www.ihl.org/
Japan Council for Quality Health Care	https://jqchc.or.jp/en/
Danish Health Authority – National Clinical Guidelines	https://www.sst.dk/en/national-clinical-guidelines/publications
Singapore Ministry of Health	https://www.moh.gov.sg/
Socialstyrelsen (Health and Medical Care and Social Services, Sweden)	https://www.socialstyrelsen.se/english
The Finnish Medical Society Duodecim	https://www.duodecim.fi/english/
Geneva Foundation for Medical Education and Research	https://www.gfmer.ch/000_Homepage_En.htm
Belgian Health Care Knowledge Centre	https://kce.fgov.be/
AETSA (Andalusian Agency for Health Technology Assessment)	http://www.aetsa.org/
German Institute of Medical Documentation and Information	https://www.dimdi.de/dynamic/en/dimdi/
HTAi vortal	https://www.htai.org/index.php?id=579
Health Research Board (HRB) Ireland	http://www.hrb.ie/home/
National Coordinating Centre for Health Technology Assessment (NCCHTA)	https://www.nihr.ac.uk/funding-and-support/funding-for-research-studies/funding-programmes/health-technology-assessment/

Health Information and Quality Authority

Open Grey	http://www.opengrey.eu/
Canadian Ontario HTA	https://www.hqontario.ca/Evidence-to-Improve-Care/Health-Technology-Assessment

Table App 1.2: List of surgical and endoscopy professional associations considered

Association of Surgeons of Great Britain and Ireland	https://www.asgbi.org.uk/about-us
Royal College of Surgeons England	https://www.rcseng.ac.uk/
Royal College of Surgeons Edinburgh	https://www.rcsed.ac.uk/
Royal College of Physicians and Surgeons of Glasgow	https://rcpsg.ac.uk/covid-19
Royal College of Surgeons in Ireland	https://www.rcsi.com/dublin/coronavirus
Welsh Surgical Research Initiative "Operation Covid"	https://opcovid.weeblysite.com/page-1
Pansurg: Department of Surgery and Cancer and the Institute of Global Health Innovation, Imperial College London.	https://www.pansurg.org/
Royal College of Anaesthetists	https://www.rcoa.ac.uk/
American College of Surgeons	https://www.facs.org/
Society of American Gastrointestinal and Endoscopic Surgeons	https://www.sages.org/
British Society of Gastroenterology	https://www.bsg.org.uk/

Table App 1.3: Bibliographic database search strategy for identifying examples of guidance:

Criteria	Free-text terms*	Thesauri terms
1. Covid-19 or Proxy Diseases	<p>[All fields]</p> <p>"coronavirus" OR "COVID-19" OR "2019 novel coronavirus infection" OR "2019-nCoV" OR "COVID19" OR "nCoV" OR "2019nCoV" OR "SARSCoV19" OR "SARS-CoV19" OR "SARS-CoV-19"</p> <p>OR</p> <p>"Post pandemic" OR "Post-pandemic" OR "After pandemic" OR "After a pandemic" OR "Following a pandemic"</p> <p>OR</p> <p>"SARS" OR "Severe acute respiratory syndrome" OR "SARS-CoV-1" OR "SARS-CoV1"</p> <p>OR</p> <p>"MERS" OR "Middle East Respiratory Syndrome"</p> <p>OR</p> <p>"H1N1 Pandemic" or "A(H1N1) Pandemic" OR "Influenza A pandemic"</p>	<p><i>MeSH</i>: "coronavirus" OR "SARS Virus" OR "Middle East Respiratory Syndrome Coronavirus"</p> <p><i>Emtree</i>: 'coronavirinae'/exp OR 'coronavirinae' OR 'coronaviridae infection'/exp OR 'coronaviridae infection' OR 'coronavirus disease 2019'/exp OR 'coronavirus'/exp OR coronavirus OR 'coronavirus infection'/de OR 'SARS coronavirus'/exp OR 'Middle East Respiratory Syndrome Coronavirus'/exp</p>
2. Resumption of care	<p>[All fields]</p> <p>Recommenc* OR Restart* OR Resum* OR Initiat* OR Reintroduc* OR Revert* OR Reopen* OR Restor* OR Return*</p>	
3. Document type	<p>[Title/abstract]</p> <p>Guideline* OR recommendation* OR consensus OR guidance OR Position OR policy OR Pathway* OR Roadmap OR Advice OR Statement OR Consideration*</p>	<p><i>MeSH</i>: guideline [publication type] OR practice guideline [publication type] OR Government publication [publication type]</p> <p><i>Emtree</i>: practice guideline/mj</p>

Appendix 2 - Search Strategy for RQ2

Database search strategy for identifying evidence for the effectiveness of pathways:

Due to the broad nature of the question, scoping searches will be undertaken for the preliminary review. Table App 2.1 lists an example scoping search for PubMed.

Studies obtained from this preliminary review, in conjunction with results from RQ1, specifically regarding the types of pathways identified and the elements therein, will be used to guide formal search strategies for the final review.

Scoping searches will aim to identify evidence for effectiveness under the following overarching pathway types:

- organisational management measures
- physical measures
- patient flow measures.

Table App 2.1: Example of scoping PubMed search strategy for identifying evidence of effectiveness:

Criteria	Free-text terms*	Thesauri terms
1. Covid-19 or Proxy Diseases	<p>[All fields] "coronavirus" OR "COVID-19" OR "2019 novel coronavirus infection" OR "2019-nCoV" OR "COVID19" OR "nCoV" OR "2019nCoV" OR "SARSCoV19" OR "SARS-CoV19" OR "SARS-CoV-19"</p> <p>OR</p> <p>"SARS" OR "Severe acute respiratory syndrome" OR "SARS-CoV-1" OR "SARS-CoV1"</p> <p>OR</p> <p>"MERS" OR "Middle East Respiratory Syndrome"</p> <p>OR</p> <p>"H1N1 Pandemic" or "A(H1N1) Pandemic" OR "Influenza A pandemic"</p>	<p>MeSH: "coronavirus" OR "SARS Virus" OR "Middle East Respiratory Syndrome Coronavirus"</p>
2. Resumption of care	<p>[All fields] Recommenc* OR Restart* OR Resum* OR Initiat* OR Reintroduc* OR Revert* OR Reopen* OR Restor* OR Return* OR Reinstat* OR "post pandemic" OR "post-pandemic"</p>	

Health Information and Quality Authority

3. Scheduled hospital-based care	[All fields] "scheduled" OR "routine" OR "non-urgent" OR "non-emergency" OR "non-emergent" OR "outpatients" OR "out patients" OR "day case" OR "day procedure" OR "elective" OR "surgery"	MeSH: (elective surgical procedures[MeSH Terms]) OR (care, outpatient[MeSH Terms]) OR (clinic, hospital outpatient[MeSH Terms]) OR (clinics, outpatient[MeSH Terms])
4. Effectiveness	[All fields] effectiveness OR mortality OR transmission OR infection OR "provision of care" OR "service provision"	

Appendix 3 - Search Strategy for RQ3

Table App 3.1: Example of scoping PubMed search strategy for identifying studies on surgical outcomes in patients with COVID-19

Criteria	Free-text terms*	Thesauri terms
1. Covid-19	[All fields] "coronavirus" OR "COVID-19" OR "2019 novel coronavirus infection" OR "2019-nCoV" OR "COVID19" OR "nCoV" OR "2019nCoV" OR "SARSCoV19" OR "SARS-CoV19" OR "SARS-CoV-19"	MeSH: "coronavirus"
2. Surgical procedures	[All fields] "surgery" OR "surgeries"	
3. Outcomes	[All fields] "outcome" OR "outcomes" OR "mortality" OR "ICU admissions" OR "length of stay" OR "thrombosis"	MeSH: "Postoperative complications"

Table App 3.2: Example of scoping PubMed search strategy for identifying studies on outcomes of scoping procedures in patients with COVID-19

Criteria	Free-text terms*	Thesauri terms
1. Covid-19	[All fields] "coronavirus" OR "COVID-19" OR "2019 novel coronavirus infection" OR "2019-nCoV" OR "COVID19" OR "nCoV" OR "2019nCoV" OR "SARSCoV19" OR "SARS-CoV19" OR "SARS-CoV-19"	MeSH: "coronavirus"
2. Scoping procedures	[All fields] "endoscopy" OR "bronchoscopy" OR "colonoscopy" OR "colonoscop*" OR "bronchoscop*" OR "endoscop*"	MeSH: "endoscopy" OR "bronchoscopy" OR "colonoscopy"

Appendix 4 PIC or PIOS for each RQ

RQ1: What are examples of pathways (processes or principles) for the resumption of scheduled hospital-based care postponed or cancelled due to mitigation measures implemented in response to COVID-19?

Table App 4.1: Population, Interest and Context for review question 1 – Description of pathways (processes and principles) for the resumption of scheduled hospital-based care in COVID-19

Population	General population (adult and children) undergoing scheduled hospital-based care and who are not known to be infected with the prevalent pandemic infection.
Interest	<p>National-level or where appropriate regional-level guidance, policy documents, care pathways, “roadmaps” and position statements on principles and processes to put in place to support the resumption of hospital-based care in the context of COVID-19.</p> <p>Care subcategories to consider:</p> <ul style="list-style-type: none"> ▪ elective surgery ▪ OPD for chronic ambulatory conditions ▪ day case procedures (endoscopy, chemotherapy...). <p>Include:</p> <ul style="list-style-type: none"> ▪ Guidance, policy documents, care pathways, ‘roadmaps’, position statements, recommendations. ▪ Documents from developed countries with healthcare systems likely to generalisable to Ireland. <p>Exclude:</p> <ul style="list-style-type: none"> ▪ Local/institutional-level documents.
Context	<p>Principles and processes will be described under the heading of:</p> <ul style="list-style-type: none"> ▪ organisational management, such as: <ul style="list-style-type: none"> – prioritisation of care – ensuring appropriate capacity in place – ensuring appropriate policies in place. ▪ physical measures, such as: <ul style="list-style-type: none"> – segregation and social distancing approaches – cleaning and disinfection approaches ▪ patient flow, such as: <ul style="list-style-type: none"> – remote care alternatives – patient management prior to hospital entry – patient management during hospital attendance – patient management post discharge.

RQ2: What is the effectiveness of pathways (processes or principles) put in place to enable the resumption of scheduled hospital-based care postponed or cancelled due to mitigation measures implemented in the context of a pandemic respiratory virus (COVID-19, SARS, MERS, or H1N1 influenza)?

Table App 4.2: Population, Intervention, Outcomes and Studies Designs for review question 2 – Evidence for the effectiveness of pathways (principles and processes) for the resumption of scheduled hospital-based care.

Population	General population (adults and children) undergoing scheduled hospital-based care and who are not known to be infected with the prevalent pandemic infection in the context of a respiratory virus pandemic: SARS-CoV-2, SARS-CoV-1, MERS or H1N1 influenza.
Intervention	<p>Care pathways or recommendations with the aim of supporting the resumption of scheduled hospital-based care in the context of a pandemic respiratory virus.</p> <p>Care subcategories to include:</p> <ul style="list-style-type: none"> ▪ elective surgery ▪ OPD for chronic ambulatory conditions ▪ day case procedures (endoscopy, chemotherapy...). <p>Exclude:</p> <ul style="list-style-type: none"> ▪ Local/institutional-level documents.
Outcomes	<ul style="list-style-type: none"> ▪ infection/transmission rates ▪ mortality ▪ measures of efficiency <ul style="list-style-type: none"> – changes in number of patients seen/treated – changes in staff time requirements.
Studies for inclusion	Systematic review, RCT, observational studies.

RQ3: Is there evidence of increased risk of adverse outcomes of surgical procedures in patients with COVID-19 (confirmed either pre or post-surgery)?

Table App 4.3: Population, Intervention, Outcomes and Studies Designs for review question3 – Outcomes of surgical procedures in patients with COVID-19.

Population	Adults and children undergoing scheduled or emergency surgical procedures, who are laboratory confirmed to be SARS-CoV-2 positive either pre or post-surgery.
Intervention	Scheduled or emergency surgical procedures, such as: <ul style="list-style-type: none"> ▪ hip/knee replacements ▪ cancer resections (such as colon, breast...) ▪ routine surgeries such as cholecystectomies ▪ endoscopies/colonoscopies/bronchoscopies.
Outcomes	Adverse outcomes (or absence of) , including: <ul style="list-style-type: none"> ▪ mortality ▪ thrombosis ▪ exacerbation of COVID-19 disease progression ▪ longer term disability ▪ ICU admissions ▪ LOS. <p>Excluding: nosocomial transmission</p>
Studies for inclusion	Cohort studies, case control studies, case series.

Appendix 5 Data extraction templates

Data extraction for RQ1:

(Included if: Describes approaches for patients not suspected of having Covid-19
Refers specifically to resumption of care)

Ministry guidelines					
<i>Population and source of guidance</i>	<i>Guidance details</i>	<i>Care Type/Setting</i> <i>(Elective surgery/OPD/Day case)</i>	<i>Organisational Management Measures</i>	<i>Physical Space Measures</i>	<i>Patient Flow Measures</i>
Template row Country/region: Body: Website:	Publication date: Guidance title: Comment on guidance: <i>(level of detail)</i> Evidence basis:				
Professional bodies/associations					
<i>Population and source of guidance</i>	<i>Guidance details</i>	<i>Care Type/Setting</i> <i>(Elective surgery/OPD/Day case)</i>	<i>Organisational Management Measures</i>	<i>Physical Space Measures</i>	<i>Patient Flow Measures</i>
Template row Country/region: Body:	Publication date: Guidance title: Comment on guidance: <i>(level of detail)</i> Evidence basis:				

Data extraction for RQ2:

Author	Care setting / type	Description of measures	Results	Comments/conclusions
Country	Pandemic setting	Organisational Management/Physical Space/Patient Flow	Evidence of effectiveness	
Study design				
DOI				

Data extraction for RQ3:

Author Country Study design DOI	Population setting Sample description Procedure type	Outcomes	Comments/ conclusions
	Setting Sample description COVID-19 diagnosis Procedure type	Primary Outcome Other outcomes	Authors' comments

Published by the Health Information and Quality Authority (HIQA).

For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie

© Health Information and Quality Authority 2020