

COVID-19 Vascular Forum Meeting #1

MEETING SUMMARY NOTES

DATE: March, 25, 2020, 9:00-10:00am

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

GROUPS REPRESENTED: Vascular Leadership Council, Clinical Advisory Committee (vascular members), Vascular Surgery Program & Medical Leadership from 20 hospitals with vascular programs, Vascular Interventional Radiology Program & Medical Leadership from 20 hospitals with vascular programs, CritiCall Ontario, Heart & Stroke Foundation, CorHealth Ontario

HIGHLIGHTS

Would development of a decision aid be useful?

- The goal of producing a provincial guidance document would be to aid in decision making process for patient care across the province during COVID19
- Information and local circumstances are changing so rapidly that a static decision aid will likely become outdated very quickly
- The group thought it would be helpful to have one forum to share information and resources
- Might consider including best practices for the creation of “isolated teams” – minimal exposure / not having all staff or vascular surgeons exposed at the same time (Kingston was an example)
- Could the CorHealth COVID-19 Resource Centre (<https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/covid19>) be used as a way to communicate resource concerns / status updates on vascular surgeon availability and/or hospital capacity?

Health Human Resources

- Key concern is staying on top of health human resources & planning for back-up, should these resources not be available in certain centres across the province

- Looking to CorHealth / MOH for how we might plan / prepare for moving health human resources across the province (in particular the availability of vascular surgeons)
- Is there a way to track / keep in contact with all vascular surgeons in ON – suggested that CorHealth keep a record of those that felt they were nearing capacity
- Dr. Heather Cox, through OMA, has access to vascular surgeon contact list. OMA also has a vascular section members portal that is not currently in use. Heather offered to investigate the ability to open the portal
- Looking to CorHealth / MOH / OH / OMA to help understand the process for cross credentialing:
 - Hospital privileges
 - Travel expenses
- **Follow-up item:** *does the OHA have recommendations / processes in place for cross credentialing*
 - Several programs noted that their vascular resources are being requested to support other areas of the hospital (ER, ICU, etc.)
 - It was also noted that several other health care professionals are required to keep vascular procedures running, which also may be in demand / face shortages (i.e. anesthesia, allied health etc.)
 - CorHealth is starting to track hospital bed capacity but would need hospitals input to be able to track additional health human resources. Ontario Health is tracking capacity centrally for the province
 - May also see an increased demand on Critical services, as patients may need to be transferred to centres that can handle the capacity.
 - **Question:** *will staff in isolation be called into practice if required?*
- Protocol has been rapidly changing and would recommend that programs follow the latest instructions coming out of Ontario Health.

Prioritization of Vascular Services & Useful Resources

- ACS guidelines have been released and posted to CorHealth's COVID-19 Resource Centre
- SVS has compiled an inventory of how programs are prioritizing vascular patients within their programs to aid in local planning / considerations.
- Many programs are creating ranked patient lists for urgent vascular cases & are doing these cases as OR space becomes available for vascular surgery and within the constantly changing circumstances at their hospital
 - Balancing patient wait time and level of urgency to prioritize patient wait lists

- There is concern for the impact of long waits for “urgent” cases that then become emergent cases
- Is there a legal liability here (advice from CMPA at future meetings)?
- Some programs have moved to prioritizing 3 categories of urgent vascular patients:
 - Large Aneurysm (AAA Repair)
 - Symptomatic Carotids
 - Critical Limb Ischemia
- Primary amputation should NOT be interchangeable with bypass surgery
- PPE supplies are of concerns for some programs (i.e. 1-week supply remaining)
- Blood availability was also noted as a potential concern

Outpatient Clinics

- Trying to avoid physically seeing patients & telemedicine seems to be working
- OMA has screening guidelines that vascular clinics are using before seeing patients is required
- Telemedicine billing codes are now available and can be used by vascular surgeons. Be sure to include time spent in each consultation.

NEXT STEPS

CorHealth to:

- Send summary of Key Discussion Points
- Produce a Provincial Guidance Memo for prioritization of vascular patients
- Will set up additional Vascular Forum meetings on a weekly basis
 - Consider including a representative from Ontario Health