CorHealth COVID-19 Vascular Stakeholder Forum

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

Teleconference: (647) 951-8467 / Toll Free: 1 (844) 304-7743

Conference ID: 9295169#

Agenda

Description	Presenter	Time
1. Welcome • System Planning Updates • Meeting Objectives	Sheila Jarvis	09:00
2. MOH Memo, March 15, 2020 • Elective Surgeries and Other Non-Emergent Activities	Dr. Sudhir Nagpal	09:10
3. Prioritization of Vascular Procedures and Services	Dr. Sudhir Nagpal	09:15
4. Outpatient Clinics	Dr. Sudhir Nagpal	09:45
5. Next Steps	All	09:55

Welcome

SHEILA JARVIS

System Planning Updates: Important to Acknowledge

- COVID-19 landscape is rapidly evolving
- Keeping front line health care providers healthy is vital as we manage the COVID-19 pandemic.
- Minimizing the impact of COVID-19 on the mortality and morbidity of patients with vascular disease is a priority
- Province and hospital specific infection prevention and control policies and protocols exist
- Promoting clinical activities aimed a preserving hospital resources (i.e. health care human resources, PPE, ICU's, ER's) is also a priority.

Assumptions for Vascular Care

- Urgent and emergent vascular procedures are still being performed across vascular centres in Ontario
- Vascular programs will need to balance vascular procedures requiring ICU, prolonged intubation and admission with the availability of ventilators, as well as hospital bed resource allocation to maximal safety for patients and medical personal.
- EVAR and endovascular therapy may be a preferred option due to reduced post-operative resources required.
- Repatriation should be a significant priority away from tertiary care centers to allow the preservation of resources in receiving hospitals.

Meeting Objectives

1. To understand whether vascular programs have already begun to develop guidance documents for selection of vascular patients that must have surgery during the COVID-19 outbreak.
2. To identify the need for provincial guidance documents for selection of vascular patients that must have surgery during the COVID-19 outbreak.

MOH Memo March 15, 2020: Ramping Down Elective Surgeries and Other Non-Emergent Activities

DR SUDHIR NAGPAL

Consistent Patient Management

- “**Each hospital, health system, and physician should review all scheduled elective procedures with a plan to postpone or cancel electively scheduled operations, endoscopies, or other invasive procedures** until such time that hospitals are able to accommodate these additional procedures.”
- “**Non-emergent activity should be reduced in a step-wise manner in order to preserve, to the greatest degree possible, access for time-sensitive care.** This would include, but is not limited to:
    - Time-related disease like certain cancers, particularly if the outcome is treatment-related;
    - Cardiac procedures for which there is risk of significant morbidity or mortality if delayed; and,
    - Non-emergent activity that will or may convert to emergent.”
- **Immediately adopt a stewardship approach to minimize use of essential items needed to care for patients**, including but not limited to: ICU beds, PPE, cleaning supplies, and ventilators.

Prioritization of Vascular Procedures and Services

DR. SUDHIR NAGPAL

Vascular Service Prioritization – Key Questions

- What elective surgery procedures are vascular programs cancelling or deferring?
- Who and how is triaging/prioritization decision making occurring?
- What will remain scheduled?
- What clinical scenarios are being cancelled or deferred?
- Have any centres developed triaging/prioritization protocols or decision aids?
  - If yes, are you willing to share your programs decision aid(s) with CorHealth and other programs?
- Would it be helpful if a provincial triaging/prioritization decision aid was produced and circulated?
  - If yes, are you willing to have your program's decision aid integrated into a provincial summary document?

Sample Guide to Vascular Procedure Prioritization

PROCEDURE	Priority
AAA symptomatic	A
Fistula Declot	A
TBAD with malperfusion	A
Mesenteric angio/bypass	A/B
Amputations	B
Bypass/Angioplasty - Gangrene/Ulcer	B
Carotid symptomatic for (CEA/CAS)	B
Femoral or Popliteal aneurysm, Symptomatic	B
Fistula Revision for Malfunction	B
Fistula Revision for Ulceration	B
Thoracic Outlet Syndrome, Arterial with thrombosis	B
Wound Debridement	B
AAA Men >7cm	B/C
AAA Women >6.5cm	B/C
Bypass/Angioplasty - Rest Pain	B/C
Thoracic Outlet Syndrome, Venous with thrombosis	B/C
TAAA >7cm	C
AAA Men 6-7cm	D
AAA Women 5.5-6.5cm	D
Fistula Creation, on HD	D
TAAA 6-7cm	D
TBAD with high risk features	D
AAA Men 5.5-6.0cm	E
AAA Women 5.0-5.5cm	E
Bypass/Angioplasty - Claudication	E
Carotid asymptomatic >80 for CEA or CAS	E
Femoral or Popliteal aneurysm, Asymptomatic	E
Fistula Creation, not on HD	E
Thoracic Outlet Syndrome, Neurogenic	E
Thoracic Outlet Syndrome, Venous otherwise	E

Priority	Wait Time
A	Emergent/inpatient
B	< 2 weeks
C	2-4 weeks
D	4- 8 weeks
E	>8 weeks

Do the priority levels in this sample guide align with prioritization established by your hospital/ vascular program?

SOURCE: table is adapted from data/communications with Vascular Surgery at the Cleveland Clinic, provided through the Society of Vascular Surgery (SVS)

Health Human Resources

- In the event that your vascular program encounters physician staffing issues, should there be discussions about cross-credentialing vascular specialists at other vascular hospitals to increase the HHR support?

Outpatient Clinics

DR SUDHIR NAGPAL

Outpatient Clinics

- Are centres decreasing outpatient clinic volumes?
  - Which clinics?
- Are virtual/telemedicine care scenarios being used as a replacement to some or all of the clinic visits?
- Do you have concerns about access to vascular labs or non-invasive testing?

Next Steps

Wrap Up

- CorHealth activities
- Future meetings