

COVID-19 Vascular Stakeholder Forum #5

MEETING SUMMARY NOTES

DATE: May13, 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, Ministry of Health, CorHealth Ontario

GUEST SPEAKER: Dr. Chris Simpson

HIGHLIGHTS

Ontario Health Memo: *A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic*

- Guest Speaker Dr. Chris Simpson provided highlights from the Ontario Health Memo: “A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic”
 - A copy of the memo can be found here: [https://www.corhealthontario.ca/OH-Framework-A-Measured-Approach-to-Planning-for-Surgeries-and-Procedures-During-the-COVID-19-Pandemic-\(May-7-2020\).pdf](https://www.corhealthontario.ca/OH-Framework-A-Measured-Approach-to-Planning-for-Surgeries-and-Procedures-During-the-COVID-19-Pandemic-(May-7-2020).pdf)
- Question: *Does the 85% capacity recommendation apply to regions, sub-regions or hospitals?*
 - The recommendation is geared towards ensuring 15% capacity regionally in case of a COVID surge but does not necessarily mean every hospital in a region would operate at 85% capacity. For example, hospitals within a local region may decide to operate above 85% capacity as long as there is a local plan in place to create a 15% capacity buffer immediately if required. The Ontario Health memo also recommends that plans to resume activity are jointly signed by the hospital and regional or sub-regional committee.
- Question: *Urgent cases tend to take more hospital resources. It may make sense to prioritize (and do) elective procedures that are most likely to become urgent or emergent in an effort to reduce*

cases from becoming urgent. Do you have any thoughts around starting to take on less urgent cases?

- Until the MOH lifts/amends its Directive #2, urgent and emergent cases will still be the only cases recommended to be performed at this time
- We know that many cases during this time will shift from scheduled into urgent / emergent (e.g. a change in aortic aneurysm size)
- The spirit of MOH directive #2 was to delay procedures that can safely wait. The recommendations in the Ontario Health memo provide guidance to help hospitals take a measured approach to resume non-urgent/emergent activity.
- Question: *Since the Ontario State of Emergency has been extended to June 3, 2020 – does this mean only urgent/emergent cases will be performed until June 3, 2020?*
 - The MOH Directive #2 is not directly connected to the State of Emergency timelines, so the Directive #2 may be lifted sooner than June 3, 2020
- Question: *Currently there seems to be variation across hospitals with the approach to PPE utilization. Will there be any provincial or regional recommendations about PPE use forthcoming?*
 - Considerations for a provincial PPE strategy is inherently complex and must include sectors outside of healthcare (e.g. police, fire and others). Generation of regional or sub-regional strategies for the management of PPE is an appropriate strategy.

Update on Vascular Activity Level & Planning for Vascular Surgery Backlog Mitigation Post-COVID

- Question: *Since we are running at 65-70% capacity due to COVID and with the potential of further bed restrictions – isn't the backlog of cases going to grow in the near future, rather than being able to ramp up to address the backlog?*
 - The purpose of the analysis is more hypothetical in nature and is meant to answer or demonstrate what it would take to clear the current backlog as of May 3, 2020
- It was mentioned by several participants that the modelling is particularly helpful when advocating within individual hospitals to try and maintain or at least secure the 65-70% capacity for vascular care. Cardiac and Cancer are also doing this type of modelling and it is useful to have for vascular services
- Question: *Are there any recommendations or guidance documents for pre-testing of surgical patients and the use of PPE?*
 - Initial recommendations from Ontario Health was that strategies for COVID-19 testing and PPE use remain at a local/ hospital level. As the COVID-19 environment continues to evolve it is anticipated that provincial guidance on COVID-19 testing and PPE use is forthcoming.

Open Discussion

- Question: *Has capacity changed within your programs over the last two weeks?*

- Several programs noted that they are still predominantly doing urgent cases but are seeing more emergent cases, which are being performed after hours/on weekends
- Most programs noted running at about 65-70% capacity to address urgent/emergent cases.
- Question: *How are ORs Ramping up capacity – is approval required?*
 - Approval is required within the hospital and region (for example, there is a checklist required), yet this all hinges on the lifting/ rescinding or amending the MOH directive #2
- Question: *Has anyone discussed implications for outpatient centres in ramping up capacity? Workups for vascular surgeries tend to be done in outpatient settings and there may be implications within these settings to ramping up procedures in hospital (e.g. PPE use, patient prioritization etc.)*
 - The Ontario Health Memo is geared towards hospitals, so this is an important consideration
- Request: *Would it be possible to see modelling of the backlog if we continue to run at 65 to 70% capacity over time (so variation at 1,2 or 3 months for example).*
 - CorHealth will take this back to the team. If these changes can be added to the modelling an update of the models will be shared at a future forum.

NEXT STEPS

- Next meeting will be held on May 27, 2020.

Please submit your requests for discussion topics, questions and concerns for inclusion in the next forum to Mike Setterfield at mike.setterfield@corhealthontario.ca.