

# COVID-19 Vascular Stakeholder Forum #7

## MEETING SUMMARY NOTES

**DATE:** June 10, 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.

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**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

### HIGHLIGHTS

#### Health System Updates

- On June 8, 2020 Ontario Health released:
  - [Infection Prevention and Control \(IPAC\) for Scheduled Surgeries and Procedures During the COVID-19 Pandemic](#) that outlines recommendations for all hospital-based scheduled surgeries & procedures:
    - All patients should be screened for COVID-19 before scheduled surgery
    - Only those patients who pass screening/testing should proceed to the scheduled surgery
    - Hospital PPE requirements continue to be in effect
  - [Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care](#). Highlights include:
    - Maximizing virtual care services that appropriately reduce in-person visits
    - Taking a comprehensive approach to infection prevention and control where care is provided in-person, and ensuring appropriate PPE is available to all staff wherever there is risk of exposure to an infection
    - Assessing the health human resources required to increase care activity
- The Value-for-Money Audit on Cardiovascular and Stroke Care in Ontario has been put on hold in light of COVID-19 and will be shifting to focus on the long-term care situation
- CorHealth conducted a COVID-19 Stakeholder Forum Survey and key themes were reviewed

- *COMMENT: some programs are not screening all patients prior to scheduled surgery, while others are, as there is uncertainty over the effectiveness / false positives. Other programs noted:*
  - *using nasal swabs the day prior to surgery (receiving results in 24 hours), as this drives PPE use*
  - *testing all surgical patients and upper GI patients*
  - *testing 7 days prior to surgery and conduct a screening day of surgery*

### Vascular Activity Report

- CorHealth has produced a *Current Vascular Activity Report* to monitor changes in the volume of scheduled vascular cases during the period of reduced activity (as compared to volumes completed for the same period in 2019)
- The report shows provincial activity, regional activity and hospital specific activity
- The report will be updated biweekly and distributed as part of the Vascular Forum material
- It was noted that this data is based on Access to Care data so the cases represented reflects only scheduled cases (not urgent/emergent cases) and only procedures done in an operating room

### Change in Vascular-Related ED Presentations

#### *Guest Speakers*

- Tamer Ahmed Manager, *eCTAS, Ontario Health (Cancer Care Ontario)*
- Joy McCarron, *Clinical Lead, eCTAS, Ontario Health (Cancer Care Ontario)*
- Joy McCarron and Tamer Ahmed shared details on the Canadian Triage Acuity Scale (CTAS) and the eCTAS application which provided a glimpse into the impact of COVID-19 on the number of emergency department visits by patients with specific cardiac, stroke and vascular concerns including 'cool pulseless limb' as a peripheral vascular concern.

### Open Discussion

- Question #1: How is your hospital responding to the amended Directive #2 regarding increasing hospital-based activity, and what are some of the **key challenges** that you face, and/or will continue to face, associated with COVID-19?

#### Discussion:

- *Have increased available OR time to ramp-up our ability to address the backlog of cases, yet this does impact our human resources and have plans to gradually open up more ORs in alignment with our bed capacity (LTC / COVID patients)*
- *The main limitation to resumption of care in our OR is personnel – we have had to redeploy staff to long-term care and we still have COVID patients in our ICU beds. Not all programs have been given the green light to ramp-up procedures because of redeployment of staff*
- *We have aligned our services with the MOH Directive #2 and are operating at 85% capacity*

- It was also noted that some patients are electing to delay their procedures
- Question #2: Have you resumed in-person ambulatory clinic activity? What are some of the **key challenges** that you face, and/or expect to face, associated with COVID-19?

Discussion:

- *In the North, we have not been as impacted by COVID and our IR suites have been operating at typical capacity*
- Question #3: What are some of the **key opportunities** to address hospital or ambulatory clinic related challenges? (e.g., virtual care)

Discussion:

- *We have started to see patients in the clinic on a substantially limited basis and are otherwise continuing with virtual care, mostly by telephone. Examples of in-person ambulatory clinic capacity were: Eight in-person visits per day, four in morning, four in afternoon (UHN); another example was eight in-person clinic visits in ½ day time block (TOH).*
- *I think there will be a push to continue this type of care moving forward*

## NEXT STEPS

- Next meeting will be held on **Tuesday June 30, 2020 from 8:00 – 9:00am**. Please note the change from the usual time.

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