# Memorandum

**SUBJECT:** CorHealth COVID-19 Cardiac Memo #11 - **RECOMMENDATIONS FOR AN ONTARIO APPROACH TO TRIAGING ECHOCARDIOGRAPHIC SERVICES DURING COVID-19**

**TO:** Echocardiography Laboratory Medical and Technical Directors (Hospital and Non-Hospital), Members of the EQI Advisory Panel, Cardiac Leadership Council, Members of the Clinical Advisory Committee

**FROM:** Office of the CEO, CorHealth Ontario

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**TIME:** 10:00 AM

**VERSION:** #1

DISCLAIMER: The information in this document represents general guidance based on current practice and available evidence. The document was developed by provincial clinical experts, reflecting best knowledge at the time of writing, and is subject to revision based on changing conditions and new evidence. This information is *intended to* be "guidance rather than directive," and is *not meant to replace clinical judgment, regulatory body requirements, organizational, or hospital policies*. Reference to Infection Prevention and Control (IPAC) or Personal Protective Equipment (PPE) in this document should not replace or supersede the IPAC and PPE protocols or directives in place at your hospital.

# Recommendations for an Ontario Approach to Triaging Echocardiographic Services During COVID-19

## PREAMBLE

COVID-19 is an unprecedented crisis and poses a significant risk to the community as the landscape is rapidly evolving. The Ministry of Health requested on March 15, 2020, the ramp down of all nonessential services, elective surgeries, and other non-emergent clinical activity. In response to the anticipated demand on hospital/clinic resources, hospitals/clinics reduced outpatient surgeries and other non-emergent clinical activity. CorHealth Ontario has worked with cardiac experts and stakeholders across the province to discuss how best to preserve care capacity for those cardiac patients in greatest need, while we gradually restore health care capacity in the context of COVID-19. The following guidance and recommendations reflect advice from this engagement.

## GUIDING PRINCIPLES

1. Keeping front line health care providers healthy and patients protected is vital.
2. Minimizing the impact of COVID-19 on the mortality and morbidity of patients with cardiac disease is a priority.
3. Aligning with province- and hospital-specific infection prevention and control policies and protocols exist is important.
4. Promoting clinical activities aimed at preserving hospital resources (i.e. health care human resources, personal protective equipment, procedure rooms) is a priority.

## PURPOSE

As the pandemic evolves and capacity for non-urgent care expands, there will be a need to engage large volumes of deferred examinations. This document is intended to provide guidance as to how hospital and non-hospital echocardiography examinations could be engaged in a manner that will allow for rational prioritization of those patients. Importantly, the guidance provided in this document should be engaged in collaboration with regional and local hospital/clinic leadership and must be tailored to fit local resource circumstances.



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This document follows on the recommendations of two earlier releases:

- CorHealth COVID-19 Cardiac Memo #2 – Recommendations for an Ontario Approach to Provision of Hospital Echocardiography Services During COVID-19 (released March 25, 2020), and
- CorHealth COVID-19 Cardiac Memo #5 – Recommendations for an Ontario Approach to Provision of Non-Hospital Echocardiography Services During COVID-19 (released April 2, 2020).

To access these documents, as well as resources related to COVID-19 from the Canadian Cardiovascular Society (CCS) and the American Society of Echocardiography (ASE), please visit the CorHealth COVID-19 Resource Centre.

The two preceding documents were intended to immediately and urgently address the need to comply with MOH and Public Health directives to restrict any avoidable travel and assembly (including hospital or clinic visits), ensure safety of all health care workers and preserve PPE. Key prior recommendations included the following:

1. That laboratories triage scheduled examinations and new referrals to only absolutely necessary examinations, functionally defined as those expected to prevent adverse outcomes or hospital admission within two weeks.
2. That all other scheduled examinations be deferred but tracked and rescheduled when operations can be safely expanded.
3. That all echocardiography facilities, whether in the hospital or in the community, must fully comply with required COVID-19 screening measures as well as infection prevention and control procedures, including use of PPE and Infection Prevention and Control (IPAC) protocols and policies, to ensure staff, patient and public protection.

Anticipating that the number of deferred examinations will mount very quickly, and that those examinations will include patients with a wide range of indications and relative urgency, this document is provided to guide and assist with further triaging.

## RECOMMENDATIONS

Acknowledging that all patients present unique situations that must be individually assessed and evaluated by a qualified physician, the following categorization scheme is recommended to assist in establishing consistent triaging decisions.

**CATEGORY 1 – CRITICAL INDICATIONS**

The examination is expected to prevent an adverse outcome (death or major morbidity) or hospital admission within two weeks.

**CATEGORY 2 – URGENT INDICATIONS**

The examination is essential to establishing a management decision in a symptomatic patient which, if deferred, could affect patient prognosis, and no alternative imaging methodology is available.

**CATEGORY 3 – ESTABLISHED BUT NON-URGENT INDICATION**

As per Category 2 but in asymptomatic patients, or alternative imaging modality readily available, or uncertain impact on patient prognosis. Intended primarily to optimize/guide management in a stable/treated patient.



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**CATEGORY 4 – SURVEILLANCE AND PREVENTION**

The examination is scheduled to monitor disease progression or to screen for high risk conditions in an otherwise asymptomatic patient. Intended primarily for risk stratification in an at-risk but asymptomatic patient.

It is important to recognize that these categorical descriptors are provided to allow for application to the multiple and diverse clinical indications in which echocardiography has a potential role. For example: A *"new heart murmur"* may be a Category 1 indication in an unstable patient post myocardial infarction, or Category 3 in a stable outpatient undergoing a screening examination.

It also allows application to emerging indications. For example, there is a growing recognition of the role of echocardiography in COVID-19 patients to assess for myocardial injury or effects of pulmonary toxicity.

CorHealth is in the process of engaging a modified Delphi process to assess prioritization of currently accepted indications for echocardiography based on these criteria. Once completed, the results of that process will be made available.



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