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Advancing cardiac, stroke and vascular care

CorHealth COVID-19 Vascular Stakeholder Forum #11

September 23, 2020 8:00-9:00 am

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

Conference ID: 9295169#

Agenda

TIME	DISCUSSION	ACTION REQUIRED	LEAD
8:00	**1. Welcome** • Forum Objectives	Information	Sheila Jarvis
8:05	**2. Optimizing Care Through COVID-19 Pandemic Transmission Scenarios** • Presentation & Open Forum Discussion	Information & Discussion	Dr. Chris Simpson
8:40	**3. Vascular Activity Report** • Highlights / trends from current reporting period	Information & Discussion	Mirna Rahal
8:45	**4. Impact of Wait Times on Vascular Patient Outcomes** • To investigate the consequences of longer wait time on the AAA population in the context of COVID-19	Information	Mirna Rahal
8:55	**5. Next Steps**	Discussion	Mike Setterfield

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Welcome

SHEILA JARVIS

Meeting Objectives

1. To review and discuss the new report from Dr. Chris Simpson's team regarding maintaining care throughout the phases of COVID-19
2. To review recent trends in vascular activity
3. To discuss modelling work around the potential impact of wait times on vascular patient outcomes

Housekeeping Reminders:

- *Please ensure that you are on mute, not on hold, when you are not speaking on the call*
- *Please be aware that when the call is put on hold, we often hear hold music or persistent beeping*

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Optimizing Care Through COVID-19 Pandemic Transmission Scenarios

DR. CHRIS SIMPSON

Today’ Objectives

- Provide a brief overview of the draft document ‘Optimizing Care Through COVID-19 Pandemic Transmission Scenarios’
- Answer questions and gather feedback

Committee Objectives

- Provide health care providers and organizations with a principle-based set of recommendations that draw from lessons learned in wave 1 of the pandemic:
  - Ensure continued care for all patients in future waves
  - Ensure care partner participation in future waves
- Provide one document in order to advance the goal of an integrated health system across acute care, outpatient care, primary care, and home and community care
- Adapt the WHO's COVID-19 transmission scenarios to frame key recommendations for each transmission scenario

Ontario Health

Note: See appendix for committee membership and definition of care partner

Planning Assumptions

- In any future pandemic wave, care will continue to be provided to all types of patients/clients, including those who have COVID-19 and those who do not
- Across all sectors: emergency, urgent, and time-sensitive care should not be deferred
- Equitable and patient-centred approach, ensuring patients/clients are supported and care partners/caregivers remain an integral part of the care team
- Protecting the health and safety of patients/clients, health care workers, and the community remains paramount
- A heightened level of regional/sub-regional oversight, coordination, and flexibility for the foreseeable future
- Changes to care activities (including increasing and decreasing activity) will be asymmetrical between organizations and regions based on their local context
- The different sectors of the health care system are interdependent, and a change in one part of the care continuum may affect the delivery of care in others. Increased collaboration across health care, social services, municipal and provincial services is needed to address social determinants of health
- Health care organizations and providers will act as good stewards of available resources, including PPE
- Testing, contact tracing, and isolation (when indicated) continue appropriately
- Health equity considerations and the need to protect vulnerable populations will be addressed

Document Outline

- Regional/sub-regional approach with recommendations to COVID-19 regional/sub-regional steering committees
- High-level recommendations to all sectors and sector-specific strategies relevant to five COVID-19 transmission scenarios (adapted from WHO):
    1. No cases
    2. Sporadic cases
    3. Cluster of cases
    4. Community transmission
        A. Moderate community transmission
        B. Widespread community transmission
- In support of learning/sharing, includes examples from organizations across Ontario (e.g., regional collaboration, partnerships, virtual care, and innovations to optimize capacity)

Ontario Health

DRAFT Optimizing Care Through COVID-19 Transmission Scenarios

Ontario Health

	Plan	Ready	Implement	Scale Up	Intensify
	Scenario 1: No Cases	**Scenario 2:** Sporadic Cases	**Scenario 3:** Clusters of Cases	**Scenario 4A:** Moderate Community Transmission	**Scenario 4B:** Widespread Community Transmission
Optimizing Care Goals	• Resume/accelerate health care services	• Resume/accelerate health care services	• Maintain health care services • Resume/accelerate if there is adequate system capacity and resources	• Reduce scheduled acute inpatient services in proportion to COVID-19 cases • Maintain/resume/accelerate other care to ensure adequate capacity for COVID-19 patients	• Defer scheduled acute inpatient services in proportion to COVID-19 cases • Maintain/resume/accelerate other care to create capacity for COVID-19 patients
Regional or Sub-Regional Steering Committees	• Determine COVID-19 transmission scenario • Monitor health system metrics • Coordinate with health care organizations, providers, and sectors outside of health care to: • Optimize capacity and maintain care services; Optimize health workforce across the region; Protect vulnerable populations; Reinforce immunization programs; Support consistent communication				
All Sectors	• Resume/accelerate scheduled care • Strengthen partnerships • Prepare surge plans (to optimize capacity and health workforce, protect vulnerable populations and refresh visitor presence guidelines) for all transmission scenarios • Reinforce immunization programs	• Resume/accelerate scheduled care • Ready surge plans • Manage COVID-19 • Reinforce immunization programs	• Maintain/accelerate scheduled care • Implement and enhance surge plans • Manage COVID-19 • Reinforce immunization programs	• Prioritize time sensitive scheduled care • Scale up surge plans	• Consider deferring scheduled care • Intensify surge plans
	• Use virtual care	• Monitor health system metrics	• Support care partner participation	• Communicate consistently	• Train on IPAC
Hospital-Based Care	• Review and reprioritize wait lists • Address time-urgent care backlog • Review surge plans • Plan for COVID-protected wards, where feasible • Refresh visitor policy • Review evidence-based practices to reduce unnecessary tests and treatments		• Create capacity • Collaborate with home and community care, and primary care	• Prioritize time sensitive surgeries and procedures • Consider deferring non-time sensitive scheduled surgeries and procedures • Implement COVID-protected wards, where feasible	
Primary Care & Out of Hospital Ambulatory Care	• Determine services to prioritize for in-person care • Review evidence-based practices to reduce unnecessary tests and treatments		• Assess capacity and set appropriate priorities of care • Collaborate with hospitals and home and community care	• Assess capacity and set appropriate priorities of care • Collaborate with hospitals and home and community care	
Home and Community Care	• Identify required resources to support services in each scenario		• Ensure services continue • Cohort care teams	• Ensure services continue	

(Draft Sep. 4, 2020)

Discussion

- Do these recommendations for each transmission scenario resonate?
- We welcome questions or feedback on the draft recommendations

Next Steps

- Finalize the document with additional input from regional leadership and other system leaders
- Release date: Mid to late September

Thank You

Committee Membership List (1/2)

MEMBER	ROLE/ORGANIZATION
Chris Simpson (Chair)	Vice-Dean (Clinical), School of Medicine, Queen's University
Jason Bartell	Clinical Lead/Nurse Practitioner, Chatham-Kent Family Health Team
Subi Bhandari	Patient and Public Representative, Ontario Quality Standards Committee
Mary Burnett	CEO, Alzheimer Society Brant, Haldimand Norfolk, Hamilton Halton
Connie Clerici	Executive Chair, Closing the Gap Health Care
Julian Dobranowski	Chief, Diagnostic Imaging, Provincial Lead, Niagara Health, OH (Cancer Care Ontario)
Paula Doering	Senior Vice-President Clinical Programs, Chief Nursing Executive and Allied Health, Bruyère Continuing Care
Jennifer Everson	Vice-President, Clinical, Ontario Health (West)
Lee Fairclough	President, St. Mary's Hospital
Neva Fantham-Tremblay	Medical Director of Surgery, Obstetrician Gynecologist, North Bay Regional Health Centre
Karli Farrow	Executive Vice-President, Patient Care Services & Chief Operating Officer, Trillium Health Partners
Gary Garber	Medical Director, Infection Prevention and Control, Public Health Ontario
Michael Gardam	Infectious Diseases Consultant; Medical Director, Infection Prevention and Control, Women's College Hospital; Medical Director, Tuberculosis Clinic, Toronto Western Hospital; Associate Professor of Medicine, University of Toronto; Program Director, Schulich Executive Education Centre, York University
Dianne Godkin	Senior Ethicist, Trillium Health Partners
Wendy Hansson	President & CEO, Sault Area Hospital
Mike Heenan	Assistant Deputy Minister (Hospitals and Capital), Ministry of Health
Jonathan Irish	Provincial Head, Surgical Oncology & Provincial Clinical Lead, Access to Care-Surgery, OH (Cancer Care Ontario)

Committee Membership List (2/2)

MEMBER	ROLE/ORGANIZATION
Steven Jackson	VP Medical Planning and Chief of Staff, General Surgeon, Mackenzie Health
Joan Ludwig	VP Clinical Services and CNE, Timmins and District Hospital
Danielle Martin	Executive VP & Chief Medical Executive, Women's College Hospital
Derek McNally	Executive VP, Clinical Services & Chief Nursing Executive, Niagara Health
Sarah Newbery	Family Physician, Chief of Staff, Wilson Memorial General Hospital; Associate Professor, Northern Ontario School of Medicine
Howard Ovens	Chief Medical Strategy Officer, Sinai Health System; Ontario Provincial Lead for Emergency Medicine
David Pichora	President & CEO, Kingston Health Sciences Centre
Paul Preston	Vice President, Clinical, Ontario Health (North)
Dhenuka Radhakrishnan	Pediatric Respirologist, Children's Hospital of Eastern Ontario (CHEO)
Shirlee Sharkey	President and CEO, SE Health
Kristin Taylor	Director, Ministry of Health
Hsiu-Li Wang	Commissioner and Acting CMOH, Region of Waterloo Public Health and Emergency Services
Harindra Wijeysundera	Vice-President, Medical Devices and Clinical Interventions, Canadian Agency for Drugs and Technologies in Health; Interventional Cardiologist, Sunnybrook Health Sciences Center, Senior Scientist, Sunnybrook Research Institute
Kimberly Wintemute	Primary Care Lead, Choosing Wisely Canada, Assistant Professor, University of Toronto

Ontario Heath Secretariat: Sudha Kutty, Tricia Beath, Jonathan Lam, Jacqueline Ezezika, Juliana Yi

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Care Partner

- In this document, care partners or family caregivers, are family, friends, neighbours, colleagues, or community members who provide critical and often ongoing personal, social, psychological and physical support, assistance and care, for people in need of support due to frailty, illness, degenerative disease, physical/cognitive/mental disability, or end of life circumstances. Care partners are distinct from casual visitors

Ontario Hospital Association. Care partner presence policies during COVID-19 [Internet]: The Association; 2020 Jun [cited 2020 Aug 18]. Available from: https://www.oha.com/Documents/Care%20Partner%20Presence%20Policies%20During%20COVID-19.pdf

Canadian Foundation for Healthcare Improvement. Re-integration of family caregivers as essential partners in care in a time of COVID-19 [Internet]. Ottawa (ON): The Foundation; 2020 Jul 8 [cited 2020 Aug 24]. Available from: https://www.cfhi-fcass.ca/about/news-and-stories/news-detail/2020/07/08/re-integration-of-family-caregivers-as-essential-partners-in-care-in-a-time-of-covid-19

The Change Foundation. Caregiver ID: A program to help re-integrate caregivers during COVID-19 [Internet]. Toronto (ON): The Foundation; 2020 [cited 2020 Aug 24]. Available from: https://changefoundation.ca/caregiver-id-a-program-to-help-re-integrate-caregivers-during-covid-19/

DRAFT Optimizing Care Through COVID-19 Transmission Scenarios

Ontario Health

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(Draft Sep. 4, 2020)

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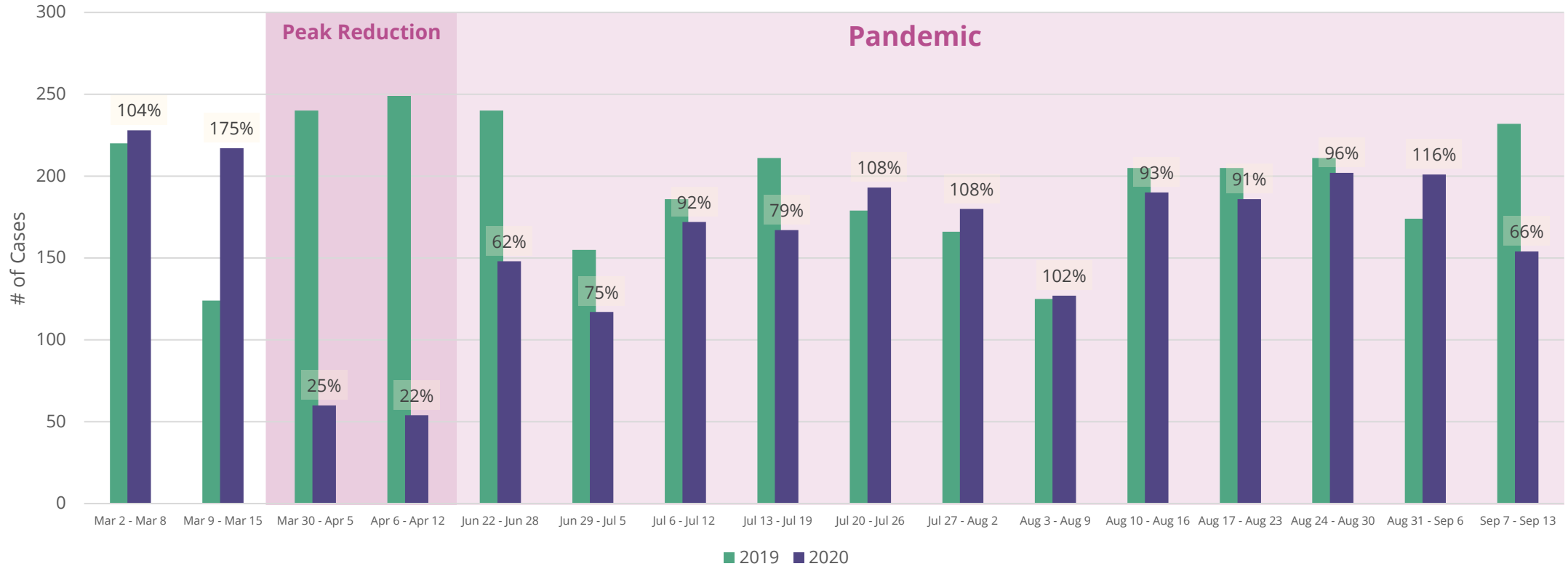
Vascular Activity Report Highlights

MIRNA RAHAL

Overall Scheduled Vascular Surgery Volumes
2020 vs 2019 – Ontario



Notes: *Data are from Access to Care WTIS, CY 2019 and 2020*
Each 2020 week is shown on the horizontal axis; 2019 volumes represent volumes from the equivalent Monday to Sunday week in 2019
Percentage value above each bar is the 2020 volume as a percentage of the 2019 volume, or ≤5 for volumes ≤5.
In 2020, March Break occurred from March 16-22, 2020. It was a week earlier in 2019, from March 11-17, 2019. In 2020, Labour Day was on Sept 7; in 2019, it was a week earlier, on Sept 2.

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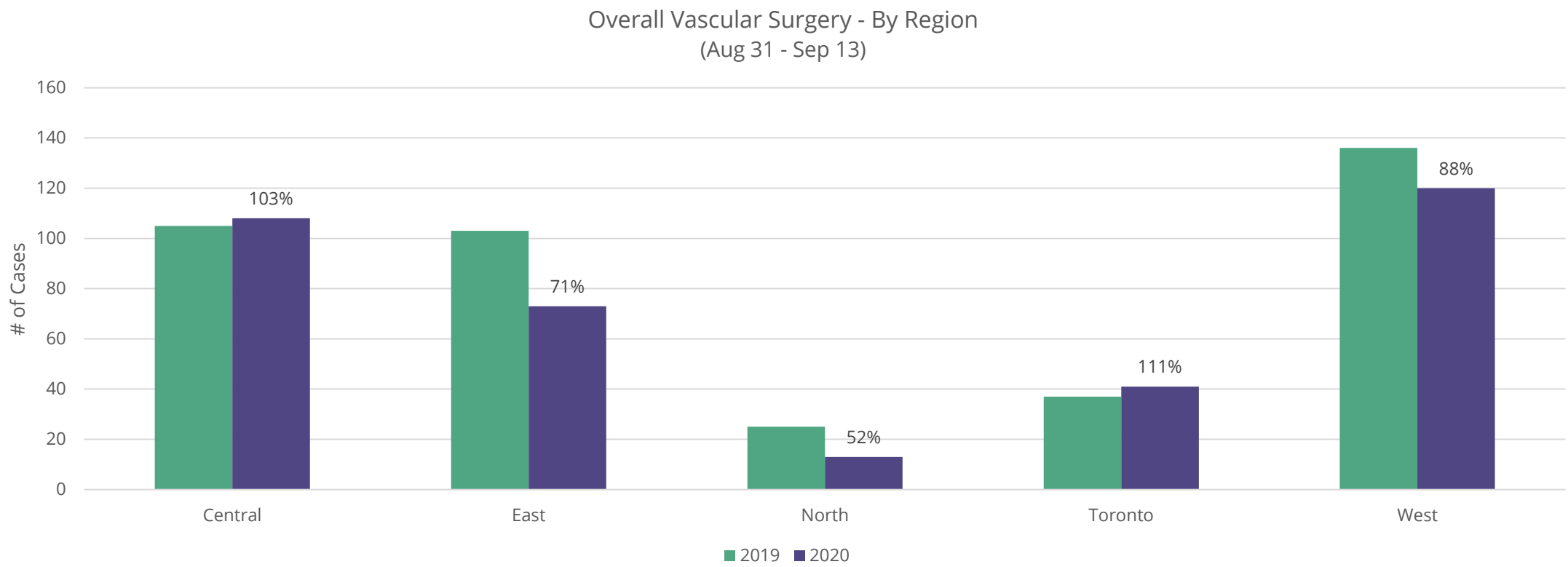
Overall Scheduled Vascular Surgery Volumes
2020 vs 2019 – By Region



Notes: *Data are from Access to Care WTIS, CY 2019 and 2020*
2019 volumes represent volumes from the equivalent Monday to Sunday week in 2019
Percentage value above each bar is the 2020 volume as a percentage of the 2019 volume, or ≤5 for volumes ≤5.

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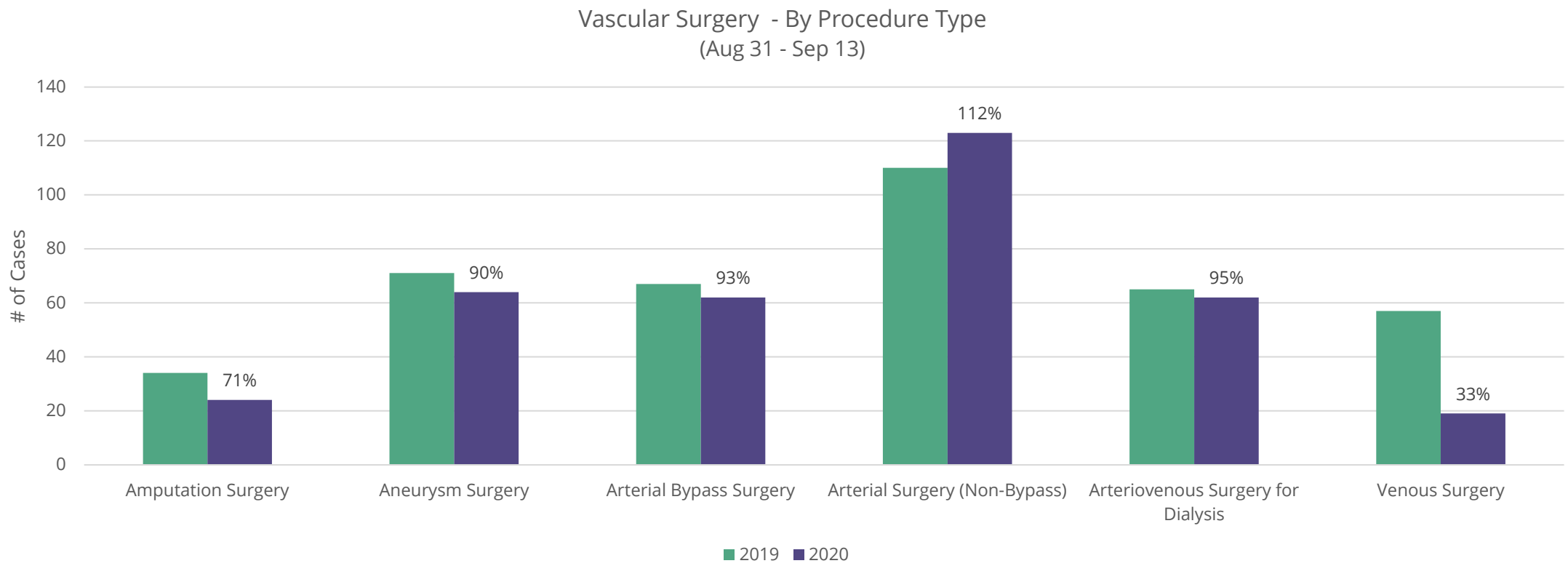
Scheduled Vascular Surgery Volumes
2020 vs 2019 – By Procedure Type



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Impact of Wait Times on Vascular Patient Outcomes

MIRNA RAHAL

Purpose

Examine consequences of longer wait time on Abdominal Aortic Aneurysm (AAA) population in the context of COVID-19, using the measures below*

- Death on waitlist
- Urgent admissions
- Ruptures
- Hospital inpatient deaths
- Hospital length of stay

*Wait time data is not yet available, and will be included future versions of this analysis

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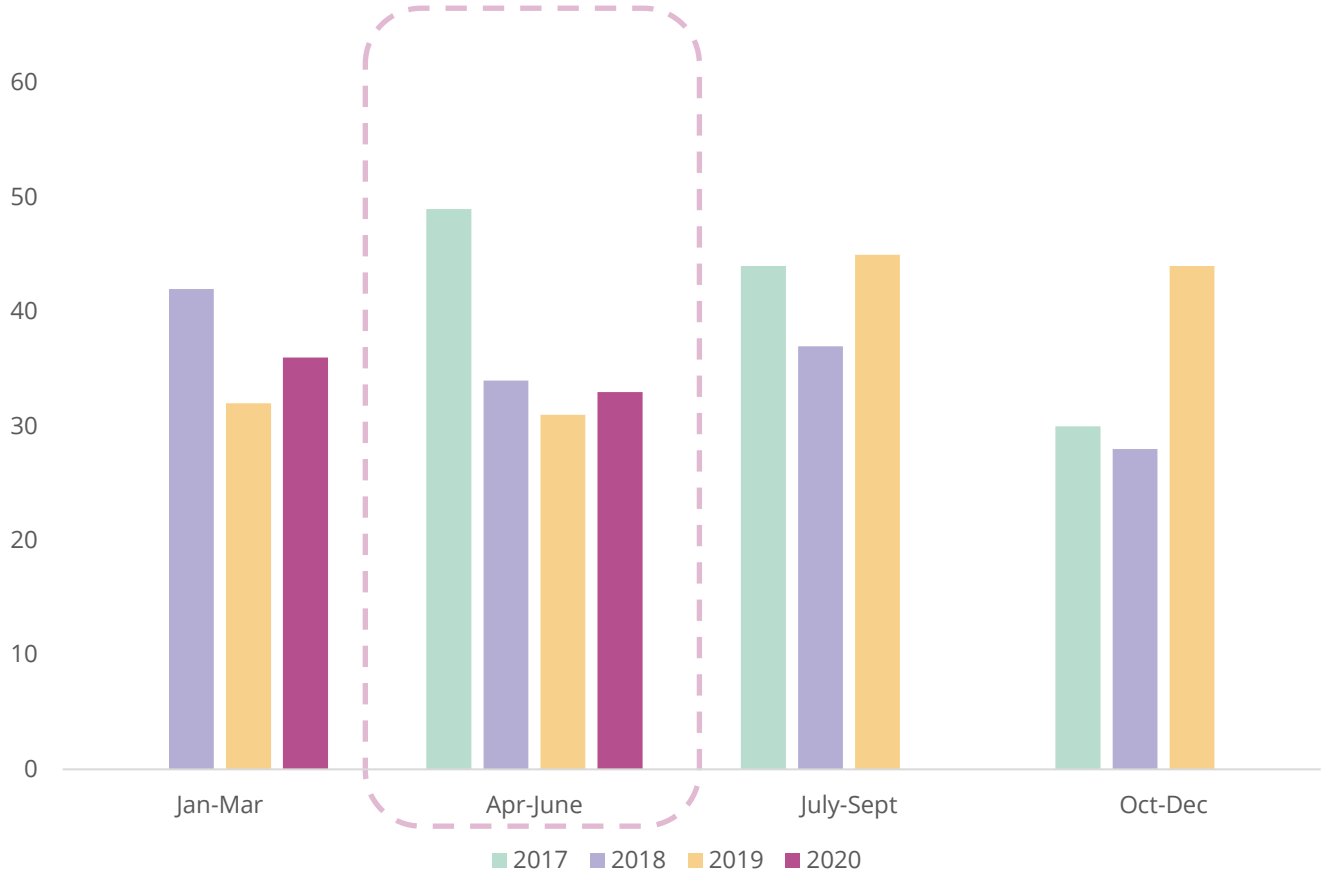
Discussion Questions for Consideration

- Do the presented findings resonate with your local experiences?
- Do you have insights regarding factors that might help explain these findings?
- Are the selected measures the appropriate ones to monitor?
- Do you have any suggestions for additional/modified analysis?

Death on waitlist

- ≤5 patients in 2019 (occurred between March and September)
- 6 patients in 2020 (data up to September 6th)

Number of urgent AAA Admissions



Source: IDS Hamilton

- Based on the presented graph we do not see an effect of the pandemic on urgent AAA cases

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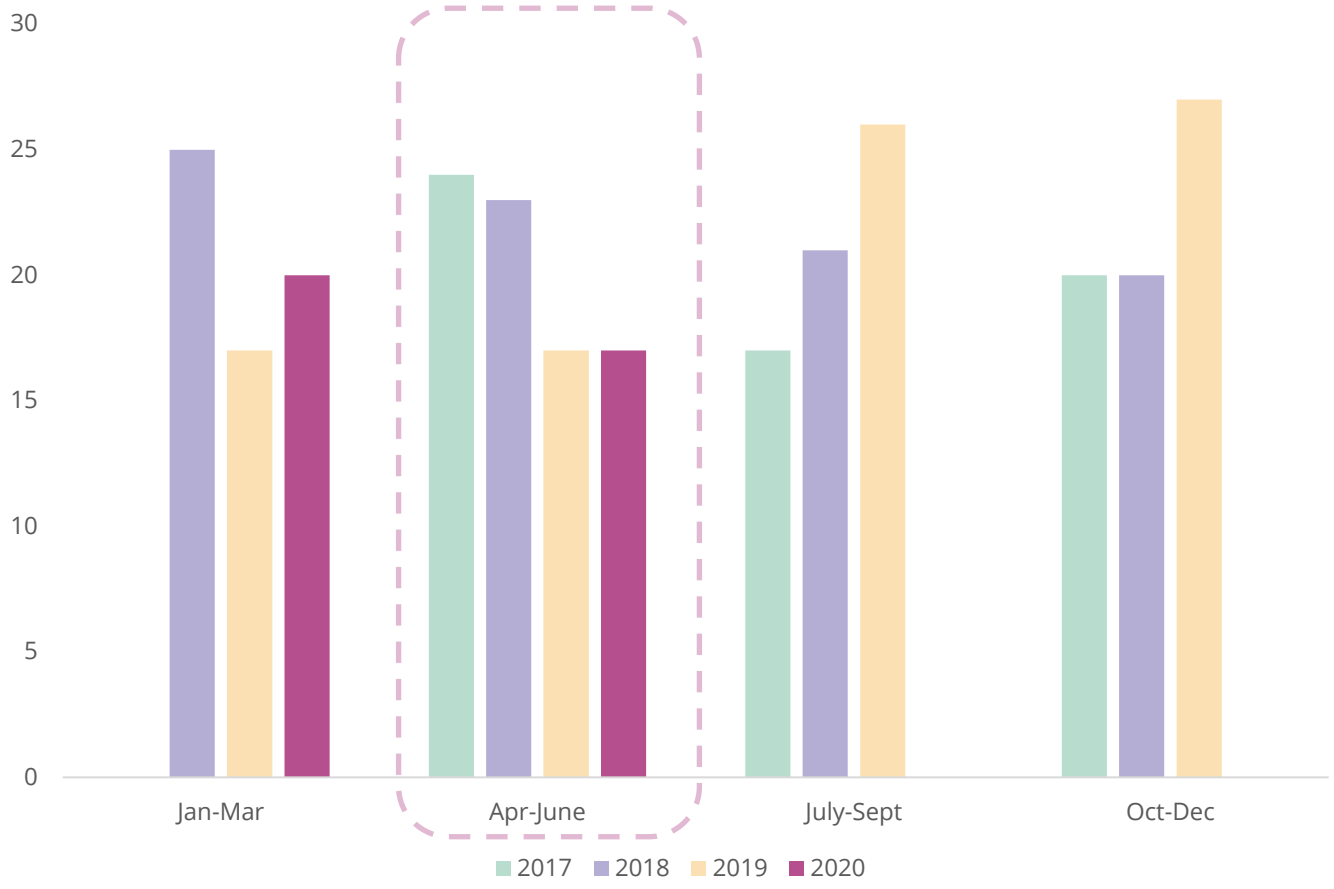
Inpatient Cases with Rupture



Source: IDS Hamilton

- Based on the presented graph we do not see an effect of the pandemic on inpatient cases with rupture

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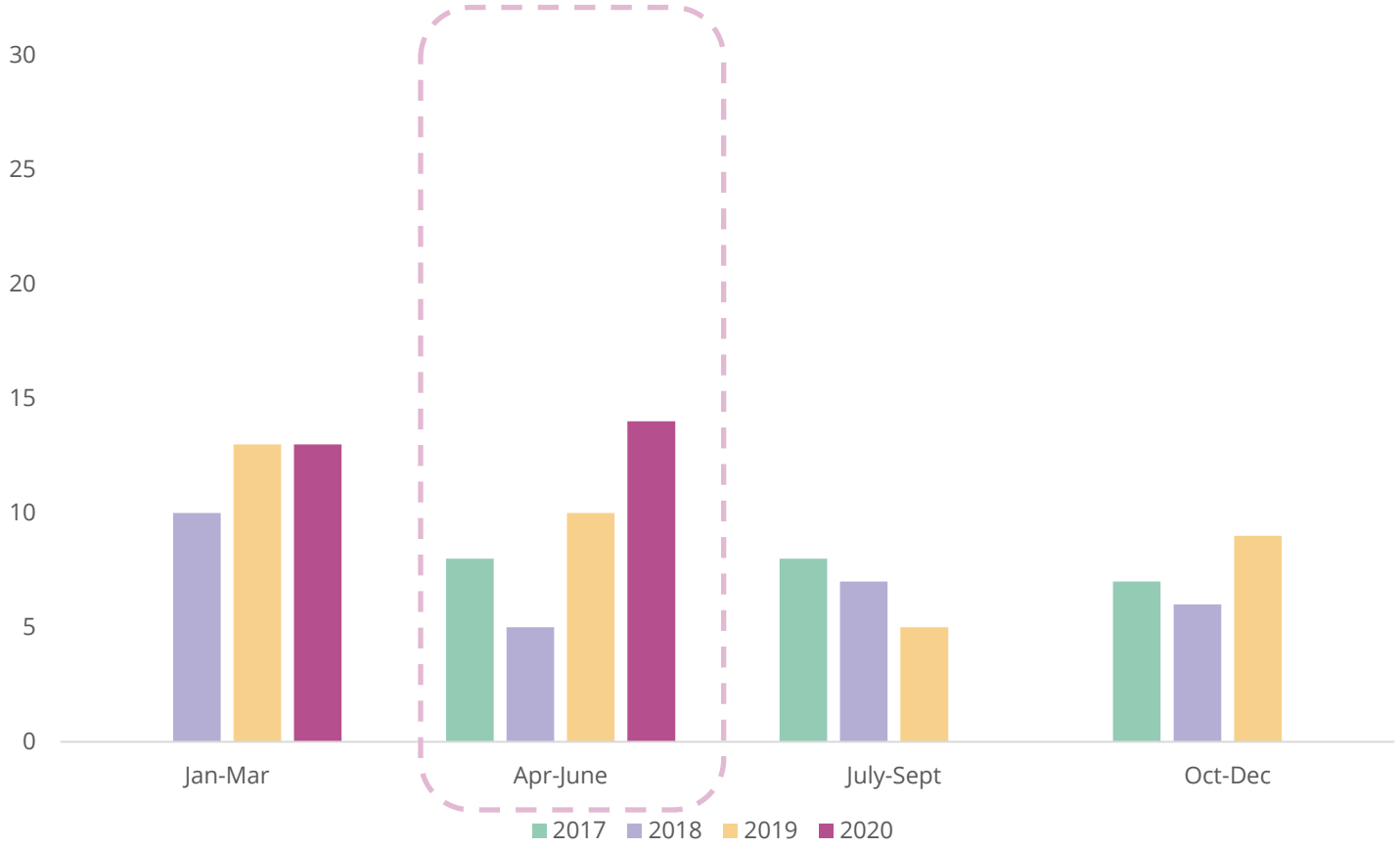
Deaths in Hospital (Inpatient)



Source: Ontario Health—Access To Care

- Based on the presented graph we see a slight increase in in-hospital deaths in 2020

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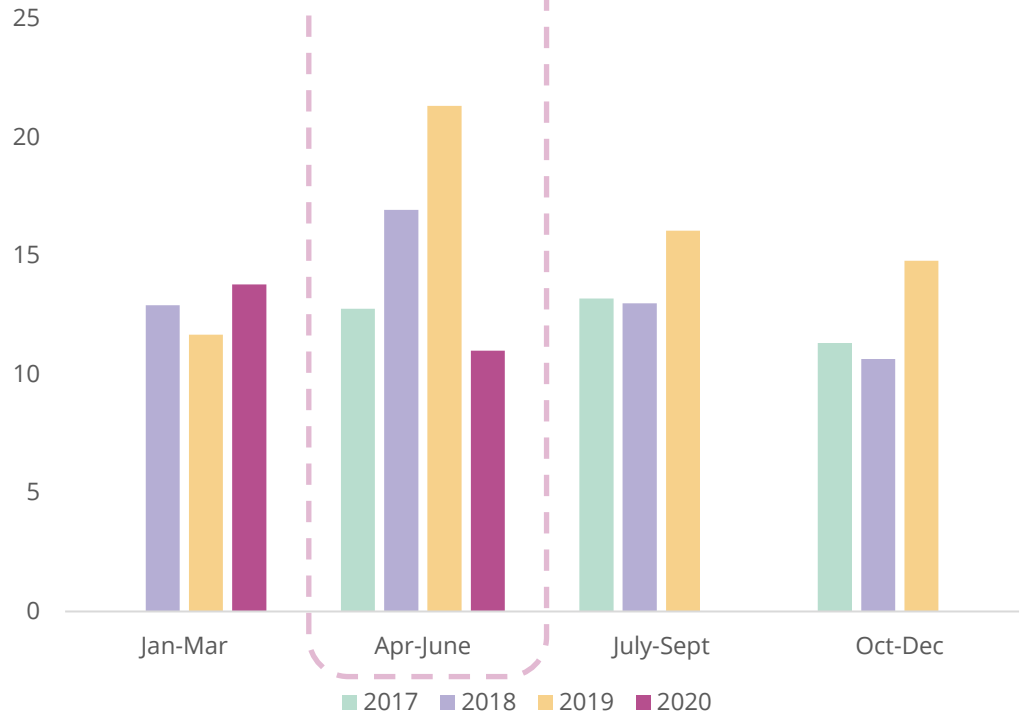
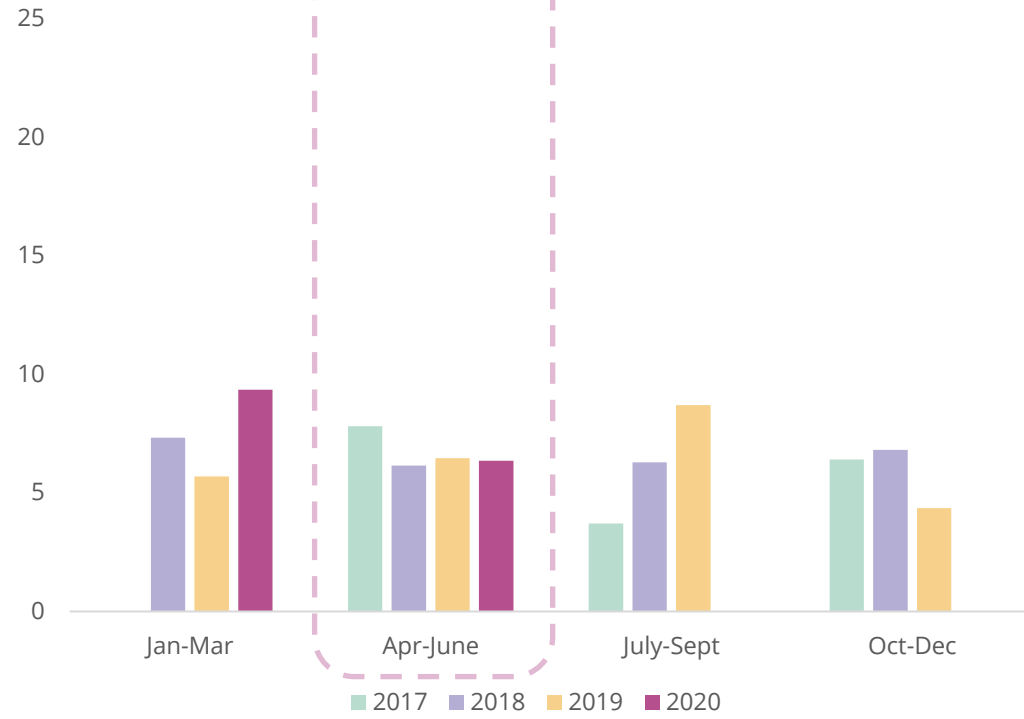
Length of Stay – Urgent Admissions

LOS - OPEN



LOS - ENDO



Source: IDS Hamilton

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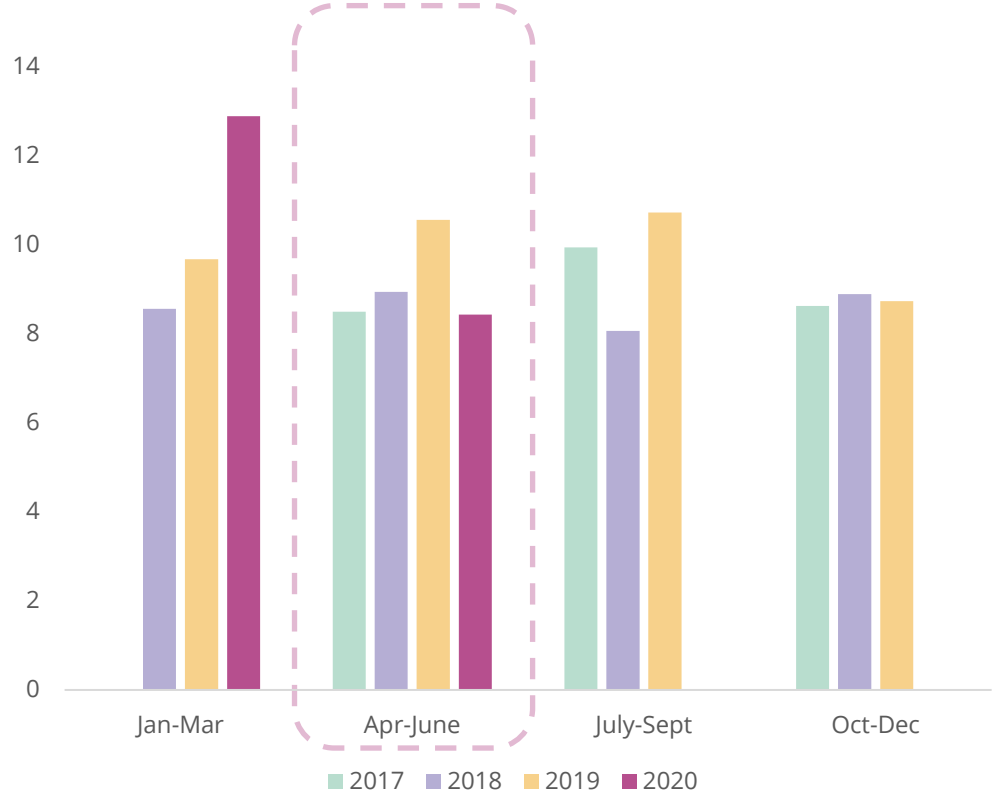
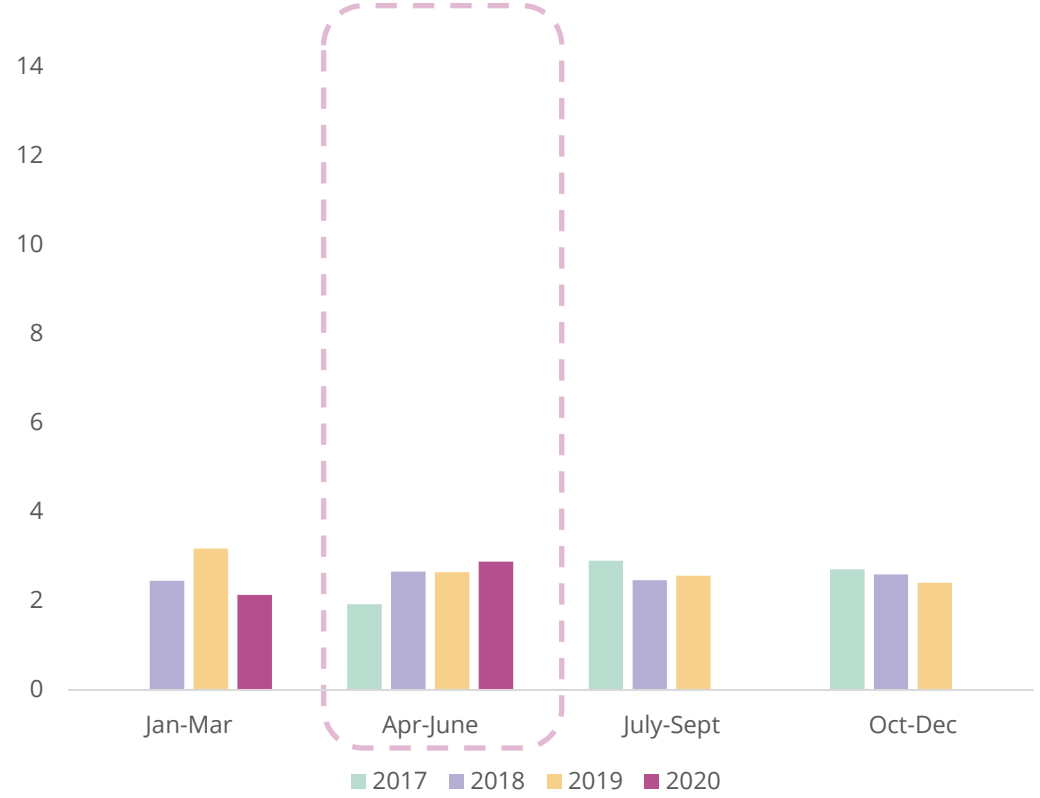
Length of Stay – Elective Admissions

LOS - OPEN



LOS - ENDO



Source: IDS Hamilton

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Wrap Up & Next Steps

MIKE SETTERFIELD

Wrap Up & Next Steps

- Next COVID-19 Vascular Forum Meeting: Wednesday October 21st 8-9am

- Please send your requests for agenda topics to mike.setterfield@corhealthontario.ca

If forum members would like to share any innovative resumption planning models implemented at their sites, please email mike.setterfield@corhealthontario.ca to share this information at a future forum

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Appendix

Technical Notes

Data Source: IDS, Discharge Abstract Database (DAD)

Report generation date: September 14, 2020

Methodology Notes:

- Abdominal Aortic aneurysm admissions are defined as those with a DAD Main Diagnosis (MRDx) with ICD-10 CA Codes and Principal Intervention (CCI Codes) as listed in the Appendix.
- Discharge Disposition Type : Deaths (07 –Died, 72-Died in Facility)

Exclusion Criteria:

- Invalid health card number
- Non-Ontario resident
- Age at admission less than 18 years
- Procedures that are performed outside of admitting hospital

Wait Time Data Definitions

- **Wait time 1:** the time that the patent waits for a first consultation with a clinician. It is measured from the time the referral is received to the date the first consultation with a clinician occurs.
- **Wait time 1 (Days):** the total number of days the patient waited for the first consultation with a clinician. It is measured from the date the referral is received to the date of the first consultation with the clinician.
- **Wait time 2:** the time the patient waits for the surgical diagnostic imaging procedures. For surgical procedures, wait 2 is measured from the Decision To Treat (DTT) date to the date the procedure is performed. For diagnostic imaging tests, wait 2 is measured form the order received date to the date the procedure is performed.
- **Wait time 2 (Days):** Total number of days the patient has been waiting for the procedure (if the patient has not yet received the procedure), or the total number of days the patient waited for the procedure.

Vascular Data in IDS Hamilton

- Integrated Decision Support Business Intelligence Solution, Hamilton Health Sciences supports planning, system improvement & performance monitoring, outcome measurement, and population health equity across the continuum of care
- Hospital Admissions from 7 LHINs (~50% of provincial volumes)
  - West Region: Erie St Clair, HNHB, South West and Waterloo Wellington LHINs (~31% of provincial vascular volumes)
  - Toronto Region: TC LHIN (~9.4% of provincial vascular volumes)
  - Central Region: William Osler (CW) & MH LHIN (~9% of provincial vascular volumes)
  - North East LHIN: Health Sciences North (Beta)
- Data is completed within 60 days of month end
  - June data is completed by end of August

Full List of ICD and CCI Codes Used

ICD 10 CA Code	ICD 10 CA Description
I71.3	Abdominal aortic aneurysm, ruptured, includes juxtarenal aorta,
I71.4	Abdominal aortic aneurysm w/o mention of rupture, includes juxtarenal aorta

CCI Code	CCI Description	Surgical Approach
1ID50	Dilation, aorta NEC	Endovascular
1ID76	Bypass, aorta NEC	Open
1ID80GQ	Repair, aorta NEC using percutaneous transluminal (arterial) approach and (endovascular) stent graft	Endovascular
1ID80LA	Repair, aorta NEC using open approach	Open
1ID80QF	Repair, aorta NEC open thoracoabdominal approach	Open
1ID87	Excision partial, aorta NEC	Open
1KA50GQOA	Dilation, abdominal aorta, using percutaneous transluminal approach and balloon dilator with (endovascular) stent (insertion)	Endovascular
1KA55GQNR	Removal of device, abdominal aorta, of endovascular stent using percutaneous transluminal (arterial) approach	Endovascular
1KA55LANR	Removal of device, abdominal aorta of endovascular stent using open approach	Open
1KA76MZ	Bypass, abdominal aorta bypass terminating at lower limb vessels [e.g. iliac, femoral, popliteal, tibial]	Open
1KA76NB	Bypass, abdominal aorta bypass originating and terminating at abdominal aorta	Open
1KA80GQ	Repair, abdominal aorta using percutaneous transluminal (arterial) approach and (endovascular) stent graft	Endovascular
1KA80LA	Repair, abdominal aorta using open approach	Open
1KA87	Excision partial, abdominal aorta	Open
1KE50GQOA	Dilation, abdominal arteries NEC using percutaneous transluminal approach balloon dilator with (endovascular) stent	Endovascular