

# COVID-19 Vascular Stakeholder Forum #9

## MEETING SUMMARY NOTES

**DATE:** August 12, 2020, 8:00-9:00am

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

### System Updates

- CorHealth met with Dr. Chris Simpson in late July to discuss the new recommendations he and his team are working on. Recommendations will focus on maintaining care throughout the phases of COVID-19. Dr. Sudhir Nagpal participated in the meeting
- Subsequent meetings with Dr. Simpson will be scheduled later in August to stay informed and provide support where possible

### Meeting Objectives

1. To review recent trends in vascular activity
2. To provide an overview of CorHealth Ontario's virtual care initiative and describe key deliverables/products
3. To provide a summary of the needs, barriers, and opportunities related to the delivery of virtual vascular care from stakeholder interviews, validate key findings and identify areas of that require further guidance

### Vascular Activity Report

- Discussed highlights / trends from the current reporting period (*See slides 6-11*)
- It was noted that resumption of vascular surgery activity for the period of July 20 – August 2 was over 100% compared to 2019

- Modelling data has been adjusted to reflect the higher than anticipated vascular surgery activity through July
  - Comment (Ottawa): Interesting that this summer there is the capacity to operate over 100% of last year's activity. Think this might be hard to maintain moving into the fall from a human resource perspective
  - Comment (London): Do not believe we will keep this pace up in the fall as well, as things generally slow down in the summer and to continue operating at greater than 100% (over last year) going into the fall will likely require operating on evenings and weekends in the fall.
  - Comment (Trillium): Staff that were redeployed to support COVID (and worked long and stressful hours) are now back in the OR – there has been resistance when asking these staff to now work extended OR hours (evenings / weekends)
- Discussed modelling of “slow down by region”
  - Question: Does this modelling include a projected second wave of COVID-19?
    - Yes, that is factored into the modelling, along with other seasonal factors such as the flu. There are many other factors that may impact actual activity that are not included in the model. The model will continue to be updated over time to reflect the most current available information.
  - Comment (Ottawa): we have been experiencing issues with staff burnout that will likely also factor in here.
  - Comment: We have also seen that patients do not want to come to the hospital during COVID for their surgeries (delaying surgery). Feeling that some patients are growing comfortable with delaying surgery and are less anxious to have their procedure done in a timely fashion.

## Trillium Health Partners – Virtual Vascular Care Experiences

*Guest Speakers: Terri Irwin and dr. Christiane Werneck*

- Trillium presented on their experience transitioning to virtual care during COVID-19 and some of their successes, challenges and future opportunities (*Slides 12-18*):
  - Transition to virtual care
  - Consultation and Follow-up Clinics
  - Pre-Operative Assessment Clinics
  - Patient Experience
  - Future Vision

### Discussion

- Question to the group: *Do you feel comfortable doing a new consult over the phone, where the first time you meet a patient may be on the day of the scheduled surgery?*
  - London: *not for most of the procedures we do, perhaps if the consultations were done using video rather than over the phone.*
  - Thunder Bay: *agree that video is ideal for this type of assessment. Right now, the latest we are willing to see patients in the process is in pre-op. Feel that there*

*should be at least one in-person appointment with a patient who requires surgery but it is not necessary to be the first interaction.*

### Overview of CorHealth Ontario's Virtual Care Initiative

- CorHealth described some of the work it has undertaken in the Virtual Care space across its 3 clinical domains (*Slides 20-21*)
- Benefits / Outcome of this work include:
  - Standards and guidance on virtual care in cardiac, stroke and vascular will support equitable access to patients and providers across the province
  - Provincial summary of needs and priorities, as well as leading practices, strategies, resources and innovations associated with the use of virtual care in cardiac, stroke and vascular will help promote knowledge sharing, spread and uptake across clinical programs and providers (e.g., via CorHealth Provincial Forums)
  - Identified priorities can help inform targeted recommendations to support provincial partners address virtual care needs (e.g., Ontario Health, Ministry of Health, Heart and Stroke)
  - Measurement and reporting will enable assessment of the impacts of virtual care on quality and outcomes in cardiac, stroke and vascular care

### Virtual Care: Vascular Stakeholder Engagement Key Findings

- CorHealth presented a summary of vascular stakeholder engagement sessions that were conducted to explore virtual care experiences and opportunities (*slides 22-31*)
- In particular, these consultations were aimed at getting a better understanding of:
  - **how virtual care is currently being leveraged within** our clinical domains and across the continuum of care
  - the **unique barriers experienced by CorHealth stakeholders** related to the use of virtual care.
  - **key priorities and opportunities related to virtual care** within each clinical domain across the continuum
  - Stakeholder views on **CorHealth's role** in addressing opportunities identified

### Summary Table

- Below is a summary of virtual care barriers, opportunities and needs identified by a small group (n=12) of vascular stakeholders, including Vascular Interventional Radiologists, Vascular Program Administrators, Vascular Surgeons and Wound Care Nurse Specialists

### Discussion

- Question to the group: *Do the above statements resonate with your experience in the delivery of virtual care?*
  - All respondents agreed with the findings and felt that they were in-line with their own personal experiences delivering care through virtual modalities

BARRIERS	OPPORTUNITIES	NEEDS
<ul style="list-style-type: none"> <li>• <b>Complex platforms:</b> The simpler the better (i.e. telephone vs complicated platforms)</li> <li>• <b>Access to technology</b></li> <li>• Stability/reliability of platforms</li> <li>• Personal preference (provider and patient)</li> <li>• Lack of patient engagement/ lower adherence to appointments</li> <li>• <b>Privacy and consent regulations</b></li> <li>• Lack of clarity on regulations for sharing of PHI between providers</li> <li>• Lack of Data Collection Infrastructure</li> <li>• Additional clerical support needed to arrange some virtual care appointments (e.g. OTN)</li> <li>• Lack of education and training requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Potential to <b>reduce LOS</b> with increased utilization of virtual care follow-up 1-2 days post discharge.</li> <li>• Uptake of <b>remote monitoring</b> (e.g. wound care apps such as How2Trak)</li> <li>• <b>Access to rural and remote areas</b> of the province</li> <li>• Encouraging <b>hybrid models of care</b> (both in-person care and virtual care depending on patient needs)</li> <li>• Expansion of locations where patients can go to <b>access technology in private settings</b></li> <li>• Selection of a common integrated platform that all providers in the circle of care are using. Will help with consistent sharing of information and reduce duplication of information sharing</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies to support virtual care uptake and culture change (i.e. communities of practice)</li> <li>• Guidance/Standards (e.g. appropriateness, when/how virtual care should be offered)</li> <li>• Resources/Tools (e.g. education tools, work-flow, decision aids)</li> <li>• Considerations/Tips on what to look for when choosing a virtual care platform/ questions to ask platform vendors</li> <li>• Measurement and Evaluation (i.e. economic evaluation, clinical effectiveness evaluation)</li> </ul>

### NEXT STEPS

- Next meeting will be held **September 16, 2020 8:00-9:00am**

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