

COVID-19 Vascular Stakeholder Forum #11

MEETING SUMMARY NOTES

DATE: September 23, 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.

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

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

Optimizing Care Through COVID-19 Pandemic Transmission Scenarios

- Presentation by Dr. Chris Simpson on lessons learned from wave 1 of the COVID-19 pandemic and recommendations for health care providers / organizations in the face of future COVID-19 waves
- Objectives of the Committee:
 - Provide health care providers and organizations with a principle-based set of recommendations that draw from lessons learned in wave 1 of the COVID-19 pandemic:
 1. Ensure continued care for all patients in future waves
 2. 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
- 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)

Discussion with Dr. Chris Simpson

- Question: How ready is Ontario in terms of PPE management for a second wave scenario?
 - Procurement in Ontario used to be based on a “just-in-time” methodology, where items like PPE were not stockpiled because there were secure supply chains that provided products when needed; however, COVID-19 has changed this scenario.
 - Over the last few months, the province has worked to create PPE stockpiles, further secure supply chains and develop considerations for how to reuse PPE if required
 - PPE is highly dependent on international markets (i.e. USA) and other countries decisions could impact our access to PPE
 - Prudent PPE stewardship remains a vital component of PPE management
- Question: It seems like the face of COVID has changed since the first wave and the patient profile and how to use PPE may be impacted by that change – are our PPE protocols outdated?
 - I think the overall recommendations still apply of when and how to use PPE even if the patient population has changed
 - *Please see original memo on PPE use for more information: [MOH - Minister's Order and Direction to Provide Information Respecting Critical Supplies and Equipment \(June 8, 2020\)](#)*
- Question: Is there a recommendation to test all elective patients prior to procedure?
 - This has been a very complex issue in terms of availability of testing and turn around time of results prior to procedure
 - There is likely regional variation in this practice especially depending on how prevalent COVID-19 cases are within a given region

- If pre-testing is not done that might mean adjustments to the types of PPE used
- Question: It seems that ease/access to COVID testing impacts care delivery, so what is being done provincially in terms of developing faster testing and results?
 - We will likely see a multipronged approach:
 - Increases in testing capacity
 - The notion of “appropriateness” will likely be introduced, meaning that asymptomatic patients should likely not be getting COVID tests (for example, British Columbia has removed certain symptoms from the testing criteria, such as children with a runny nose).
 - Comment: this has been an issue for our hospital in Ottawa, as parents are required to stay home from work if their child is being tested for COVID-19, which is leading to HR issues / shortages
 - British Columbia has also introduced a saliva test that can be done at home, which the New England Journal of Medicine has recently published on and noted that it might be more accurate than the nasopharyngeal swab
- Question: At what level (hospital, sub-region or region) are decisions expected to be made regarding the scenarios described on the placemat?
 - Decisions would likely be made at the regional or sub-regional level, but individual patient selection / prioritization would likely happen at the hospital level.
 - Follow-up: Would prioritization of specific patient groups be made at the hospital level (i.e. cancer vs. vascular patients) for dialing up or down services?
 - Ideally that wouldn't happen again (full stop of services for a particular patient population) and you would see services continuing to be offered based on individual patient need/urgency
- Question Posed to the Forum: Are programs having HR issues heading into what looks like the second COVID-19 wave?
 - *There are HR issues in Kingston, we had to close our acute stroke service for a few weeks because of staffing issues. We also work in very close proximity, so there are also concerns that infection could spread very quickly*
 - *In London, we still have lower COVID cases right now but we are ramping up the number of staff to be prepared, so have had several new hires.*
 - *At Sunnybrook, we are having trouble ramping up services because of limited nursing staff. Also think that the regional approach noted in this document is great and think it needs to get into the hands of sr. leadership at the hospital level to ensure all patients continue to get access to required care services*
 - *There is a huge concern in OH west (hospital and community setting) and are working with ethicist to create an ethics-based framework for HHR*

Vascular Activity Report

- Discussed highlights / trends from the current reporting period (*See report summary slides 18-21*). For further information refer to the Vascular Activity Report that was attached to the meeting invitation.

Impact of Wait Times on Vascular Patient Outcomes

- Purpose of this work is to examine consequences of longer wait times on the 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

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

Discussion

- Death on Waitlist (Slide 25):
 - It was noted that it might be worth looking at the mortality rate between 2019 and 2020 rather than absolute number of deaths because the total number of procedures may differ between the two time periods.
 - The analysis also might consider COVID related deaths

NEXT STEPS

- Next meeting will be held on **Wednesday October 21st 8-9am**

Following today's discussion, 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

In addition, please submit any other requests for discussion topics, questions and concerns for inclusion in the next forum to Mike Setterfield (mike.setterfield@corhealthontario.ca).