Memorandum

SUBJECT: CorHealth COVID-19 Cardiac Memo #13 - **RECOMMENDATIONS FOR AN ONTARIO APPROACH TO RESUMING ECHOCARDIOGRAPHIC SERVICES DURING COVID-19**

TO: Echocardiography Laboratory Medical and Technical Directors (Hospital and Non-Hospital), Members of the EQI Advisory Panel, COVID-10 Cardiac Stakeholer Forum, Cardiac Leadership Council, Members of the Clinical Advisory Committee

FROM: Office of the CEO, CorHealth Ontario

DATE: June 15, 2020

TIME: 10:00AM

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 Resuming Echocardiographic Services during COVID-19

PREAMBLE

On March 19, 2020, the Chief Medical Officer of Health released Directive #2 for health care providers in response to the novel coronavirus (COVID-19) pandemic. The Directive required that all non-essential and elective services be ceased or reduced to minimal levels until further notice.

In response, CorHealth Ontario, engaging with echocardiography experts and stakeholders across the province, provided guidance and recommendations to guide the reduction of services:

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

More recently, recommendations have been provided to aid in the assessment and triaging of deferred examinations:

- CorHealth COVID-19 Cardiac Memo #11 – Recommendations for an Ontario Approach to Triaging Echocardiographic Services During COVID-19 (April 29, 2020).

On May 26, 2020, Directive #2 was amended to "support the gradual restart of all non-essential and elective services provided by Health Care Providers," thus giving clearance to resume full services within current public safety requirements, given the ongoing pandemic and continuing risk to patients and health care providers.

Providers of echocardiographic services are now faced with the dual challenges of modifying service provision in a manner that ensures compliance with public health requirements, while engaging the accumulated backlog of deferred examinations. These deferred examinations themselves, pose a patient safety risk, in that the identification of significant pathology may be delayed and must be engaged as new referrals are received. This necessitates an expansion of activity relative to previous levels.

4100 Yonge St., Suite 502, Toronto, ON, M2P 2B5 | T (416) 512-7472 F (416) 512-6425 | CorHealthOntario.ca | @CorHealthON

This document has been developed with the intention of providing recommendations to guide the resumption of activity within this environment and rational engagement of deferred examinations.

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.

GUIDING PRINCIPLES

The recommendations of this, and previous documents, have been guided by the following principles:

1. Ensuring the health and protection of front-line health care providers.
2. Minimizing the impact of COVID-19 on the mortality and morbidity of patients with cardiac disease.
3. Aligning with province-specific infection prevention and control policies and protocols.
4. Promoting clinical activities aimed at preserving facility resources (i.e. health care human resources, personal protective equipment, procedure rooms).
5. The Standards for Provision of Echocardiography in Ontario as set out by CorHealth should be maintained.

RECOMMENDATIONS GUIDING RESUMPTION OF ACTIVITY

1. **Hospital-based facilities**, in interpreting their response to the amendment of Directive #2, should be guided by their organizational governance. It will, in turn, be following recommendations of the Ontario Health task force for resumption of procedures, which includes a requirement for hospitals to ensure approximately 15% "surge capacity" in order to address potential future increases in COVID-19 activity. The operational detail of how this is provided is institutionally specific, and the operation of echocardiographic facilities and deployment of staff will be directed within that context. Their compliance with infection control standards will be determined and directed by their internal Infection Prevention and Control (IPAC) processes.

2. **Community-based facilities** are unconstrained by requirements to ensure surge capacity, but must develop individual IPAC processes to ensure compliance with directives from the Medical Officer of Health.

3. **All echocardiographic service providers**, in ensuring compliance with best practices, should be guided by the requirements laid out by the directions in the **COVID-19 Operational Requirement: Health Sector Restart. Version 1 (May 26, 2020)** document provided by the Ministry of Health. For more specific direction, providers are also referred to the comprehensive document recently released by the American Society of Echocardiography and endorsed by the Canadian Society of Echocardiography (**ASE Statement on Protection of Patients and Echocardiography Service Providers During the 2019 Novel Coronavirus Outbreak**).

RECOMMENDATIONS GUIDING EXPANSION OF ACTIVITY TO COMPLETE DEFERRED EXAMINATIONS

As noted previously, the large volume of deferred examinations represent a challenge and threat, which echocardiographic service providers are now facing. Most will need to engage strategies to expand their usual scope of operations and engage innovative practices in order to engage this challenge, while maintaining current infection control standards. Such changes must be carried out thoughtfully and must

4100 Yonge St., Suite 502, Toronto, ON, M2P 2B5 | T (416) 512-7472 F (416) 512-6425 | CorHealthOntario.ca | @CorHealthON

not, in themselves, pose additional patient safety concerns. The following recommendations are provided to help guide these efforts, recognizing that all strategies must be individualized to the circumstances and needs of individual service providers.

1. Triaging of deferred examinations is essential. In doing so, providers are directed to the principles outlined in Memo #11 cited above.

2. It is recommended that facilities designate an appropriately qualified member of medical staff to oversee triaging and scheduling of deferred examinations.

3. It is recommended that, wherever possible, referring physicians be consulted with respect to the current status of patients for whom examinations have been deferred to, and determine if clinical circumstances have changed in a manner that would alter their triaging categorization.

4. It is recommended that facilities schedule examinations with the goal of providing examinations within the following time frames:
    a. For Category 1 patients (*Critical indication with short term impact on patient prognosis*) – within 2 weeks
    b. For Category 2 patients (*Urgent indication essential to establishing a management decision in a symptomatic patient which, if deferred, could affect patient prognosis, and no alternative imaging methodology is available)* - within 1 month
    c. For Category 3 patients *(as per Category 2 but in asymptomatic patients, or alternative imaging modality readily available, or uncertain impact on patient prognosis)* – within 4 months

5. For Category 4 patients *(surveillance of known structural abnormality in asymptomatic patients)* it is recommended that specific advice be sought from referring physicians as to whether the examination can be further delayed or deferred until next usual scheduling interval.

6. Facilities will need to develop methods to simultaneously process deferred examinations while they resume the processing of new referrals. This will require all facilities to consider methods to expand activity beyond pre-shut down levels, including expanded hours of operation.

7. Where equipment availability is a limiting factor, facilities are encouraged to work with their sonographers and facility staff to develop more efficient means to process and prepare patients for examinations, minimizing machine “down time”.

8. Community-based and hospital-based facilities are strongly encouraged to collaborate in order to manage their deferred examinations efficiently, which includes:
    a. Sharing and comparing of deferral lists to minimize duplication and need for repeat examinations, including transfer of examination sites in order to maximize efficiency.
    b. Developing technical interfaces to share examinations and reports
    c. Providing opportunities for sonographers to work at multiple sites and, where appropriate, during expanded hours of operation
    d. Expanding capacity of medical staff to support interpretations at multiple sites.

9. Reduction of service delivery through mechanisms such as shortened scanning times, truncated examinations or use of equipment incapable of providing complete examinations are not acceptable options as they are likely to miss key findings or lead to further need for repeat examinations to follow up on missing information.

4100 Yonge St., Suite 502, Toronto, ON, M2P 2B5 | T (416) 512-7472 F (416) 512-6425 | CorHealthOntario.ca | @CorHealthON