

April 10<sup>th</sup>, 2021

Dear GTA Vascular Surgery Community & Colleagues,

These are unprecedented times where we need to continue to work together to treat all Ontarians, both those infected with COVID19, and more specifically those who suffer from life and limb threatening vascular disease.

As Vascular Surgery Leaders at the 8 GTA Hospitals providing vascular surgery services, we've been in close contact throughout the pandemic and will continue to work towards coordinating vascular services during the present phase in conjunction with other priorities, restrictions and directives.

As we enter Phase 3 of the pandemic we think its important to remind us all of the Principles & Priorities that we decided on a year ago. They are still applicable today.

Thank you for continuing to work with us to limit all adverse outcomes for Ontarians during the pandemic, both COVID19 related and not.

Sincerely,

Mohammed Al-Omran, MD (UHT)  
Andrew Dueck, MD (SHSC)  
Thomas Forbes, MD (UHN)  
Kerry Graybiel, MD (HRH)

Varun Kapila, MD (WOHS)  
Al Lossing, MD (SLHC)  
Christiane Werneck, MD (THP)  
John You, MD (SHN)

Provision of Vascular Surgery Services in Greater Toronto Area During COVID19 Pandemic

Purpose: To define the principles of vascular surgery service provision at 8 GTA hospitals during the COVID19 pandemic

Participants: Vascular Surgery leadership from Humber River Hospital, St. Michael's Hospital, Scarborough Hospital, SouthLake, Sunnybrook Health Sciences Centre, William Osler Health System, Trillium Health Partners, University Health Network

- Principles:
- At any one hospital, vascular surgeons are a small group of individuals who provide essential and life saving and limb preserving care for patients suffering from acute and chronic vascular disease. They are also provide core supportive functions for intensive care units, cancer programs, trauma programs and other surgical divisions.
  - Many of the vascular surgery divisions at these 8 hospitals provide care for a network of hospitals beyond their primary site.
  - During the pandemic a reduction in vascular surgery index procedures is predicted as hospitals appropriately decrease scheduled surgical activity. However, vascular emergencies will continue to occur and as ICU capacity decreases we may see more need for support of critically ill patients by vascular surgeons for vascular conditions, iatrogenic and otherwise.
  - Hospitals are exploring alternative care options during the pandemic including the re-purposing of health care personnel, including surgeons, to support non-surgical activity.
  - Each hospital may be at different points in the pandemic curve and we understand that local conditions may fluctuate making communication between our hospitals and care providers even more important.

Priorities for Vascular Surgery Service Provision during Pandemic:

- Our first priority is to maintain vascular surgery provision and support at our primary site hospitals and their networks.
- If the first priority cannot be maintained because of reductions in our vascular surgery human resources secondary to illness or isolation, the second priority is to maintain vascular surgery provision and support by a cross covering and credentialing process to allow surgeons to travel and work at other hospitals. This is already in place at several of the downtown, academic hospitals.
- It is only after these two first priorities are maintained that any re-deployment of vascular surgeons should be considered.
- Re-deployment of vascular surgeons, and we would suggest all surgeons, should be aligned with the strengths of the surgical workforce, ie procedure based to support our ICU colleagues, not as a provider of non-surgical care generally.

Physician and Healthcare Provider Safety:

- The safety of our health care personnel is of paramount importance, especially for a small group of providers such as vascular surgeons. The availability of appropriate personal protection equipment (PPE) is mandatory when expecting our surgeons to work in a pandemic environment and treat urgent conditions. We are not able to provide urgent or emergent care without proper PPE.
- There are certain subgroups of individuals who are at higher risk of adverse outcomes when infected with this coronavirus. These include the elderly, those who are immunocompromised and/or have other medical conditions. There may be others. Health care providers with any of these conditions will not be expected to be involved in the care of suspected or confirmed COVID19 patients.

