



CorHealth COVID-19 Vascular Stakeholder Forum #7

June 10, 2020 9:00-10:00 am

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

Conference ID: 9295169#

Agenda

TIME	DISCUSSION	ACTION REQUIRED	LEAD
9:00	1. Welcome <ul style="list-style-type: none"> • System Planning Updates • Survey Results • Forum Objectives 	Information	Sheila Jarvis
9:10	2. Vascular Activity Report <ul style="list-style-type: none"> • Overview of a new bi-weekly Vascular Activity Report 	Information & Discussion	Mirna Rahal
9:20	3. eCTAS Vascular Data <ul style="list-style-type: none"> • eCTAS overview • Change in Vascular related ED presentation – Cool Pulseless Limb 	Information & Discussion	Tamer Ahmed Manager, eCTAS Ontario Health (Cancer Care Ontario) Joy McCarron Clinical Lead, eCTAS Ontario Health (Cancer Care Ontario)
9:30	5. Open Discussion	Information & Discussion	Dr. Sudhir Nagpal
9:55	6. Next Steps	Discussion	Mike Setterfield



Welcome

SHEILA JARVIS

COVID-19 System Planning Updates

- Ontario Health released ***Infection Prevention and Control (IPAC) for Scheduled Surgeries and Procedures During the COVID-19 Pandemic*** on June 8, 2020 that outlines recommendations for all hospital-based scheduled surgeries & procedures
 - All patients should be screened for COVID-19 before scheduled surgery and only those patients who pass screening/testing should proceed to the scheduled surgery; and, hospital PPE requirements continue to be in effect
- Also on June 8, 2020, Ontario Health released ***Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care***. Highlights include:
 - Maximizing virtual care services that appropriately reduce in-person visits
 - Taking a comprehensive approach to infection prevention and control where care is provided in-person, and ensuring appropriate PPE is available to all staff wherever there is risk of exposure to an infection
 - Assessing the health human resources required to increase care activity

COVID-19 System Planning Updates

- CorHealth has been informed that the Value-for-Money Audit on Cardiovascular and Stroke care in Ontario CorHealth had been participating in has been put on hold in light of COVID-19.
 - The Auditor General of Ontario (OAGO) is now focusing on auditing the long-term care situation in the province. There is no indication of when the Value-for-Money Audit on Cardiovascular and Stroke care in Ontario may be re-started.
- COVID-19 Stakeholder Forum Chairs attended the Board subcommittee meeting of Clinical Advisory Committee on June 5th to report on work underway at these Forums
- Thank you for participating in our COVID-19 Stakeholder Forum Survey.

Survey Themes – Vascular Respondents

TOTAL RESPONDENTS: 104 | **Q1: Forum Participation Breakdown: Cardiac - 45, Heart Failure - 27, Stroke - 30, Vascular - 19, Rehabilitation (C/S/V) - 30**

1. Resumption of services and mitigation strategies to address growing wait list
 - Virtual care ideas and support
 - Strategies to increase patient throughput, e.g. shift inpatient activity to outpatient activity
 - Standardize patient pathways for the 'new normal'
2. Continue to emphasize guidelines and guiding principles
3. Continue sharing timely data on volumes and modelling
4. Continue open discussions and opportunities to share information

Meeting Objectives

- CorHealth's COVID-19 Vascular Stakeholder Forums have been, and will continue to serve as a space for sharing local and regional vascular system responses to COVID-19
- With the release of the amendment to Directive #2, these Forums present an opportunity to plan and leverage insights on managing within the dynamic phases of COVID-19
- ***The objective of today's meeting is to provide the opportunity to discuss and obtain your insights regarding the key challenges, opportunities, and tangible next steps, associated with COVID-19.***



Vascular Activity Report

MIRNA RAHAL

Vascular Activity Report

- CorHealth has produced a Current Vascular Activity Report. The report will be updated biweekly and distributed as part of the Vascular Forum material.
- The objectives of this report are:
 1. To recognize and validate the response of hospital vascular services to Directive #2 for Health Care Providers, issued March 19th by the Ontario Chief Medical Officer of Health; and
 2. To monitor changes and trends in the volume of scheduled vascular cases during the period of reduced activity at a provincial, regional, and hospital level

Vascular Activity Report Contents

A. Objective

B. Data Notes

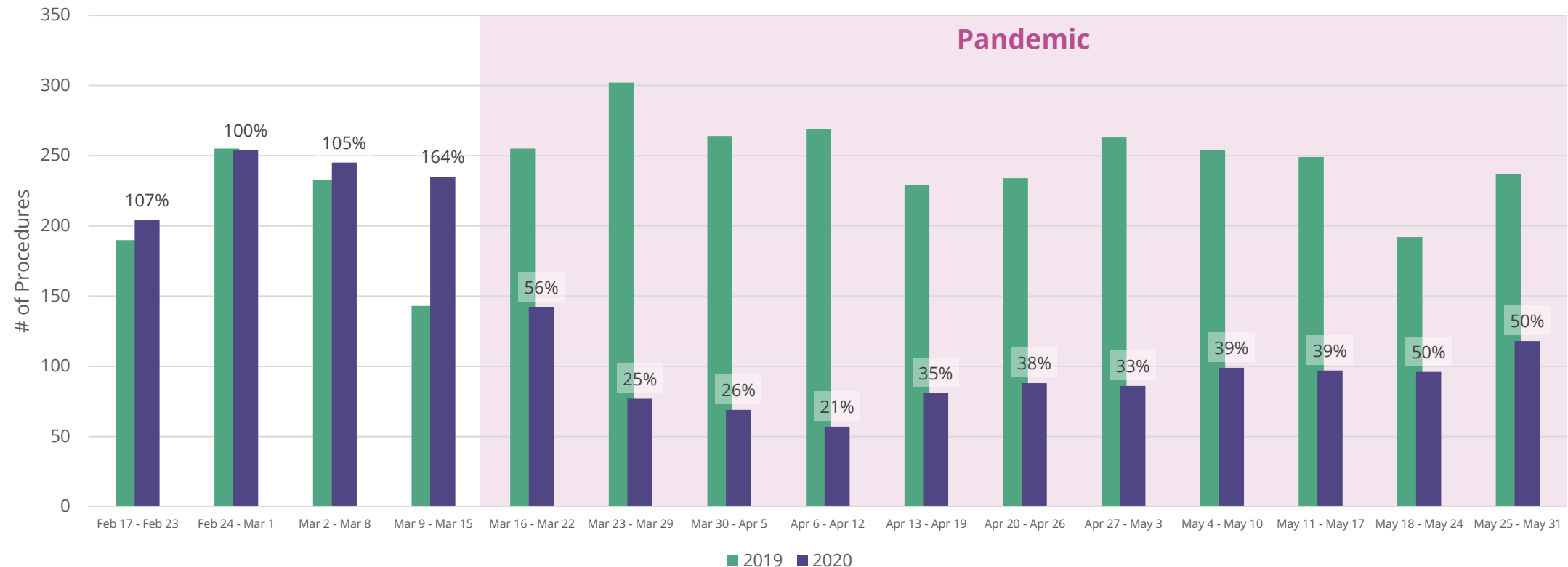
C. Provincial Activity

- 1) Overall Vascular Surgery Volumes, 2020 vs 2019, Ontario
- 2) Procedure-Specific Vascular Surgery Volumes, 2020 vs 2019, Ontario

D. **Regional Activity:** Overall Vascular Surgery Volumes, 2020 vs 2019, by Region

E. **Hospital-Specific Activity:** Overall Vascular Surgery Volumes, 2020 Post-Pandemic Biweekly Volumes by Region and Hospital

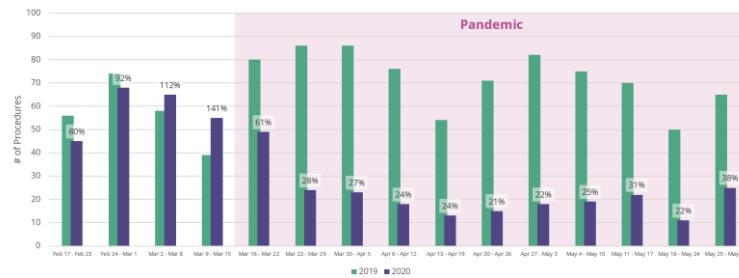
Overall Vascular Surgery Volumes, 2020 vs 2019 Ontario



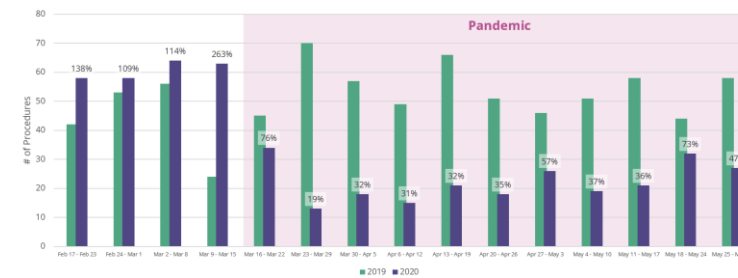
Notes: Data are from Access to Care WTIS, CY 2019 and 2020
 Each 2020 week is shown on the horizontal axis; 2019 volumes represent volumes from the equivalent Monday to Sunday week in 2019
 Percentage value above each bar is the 2020 volume as a percentage of the 2019 volume, or ≤5 for volumes ≤5.
 In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

Overall Vascular Surgery Volumes, 2020 vs 2019 By Ontario Health Region

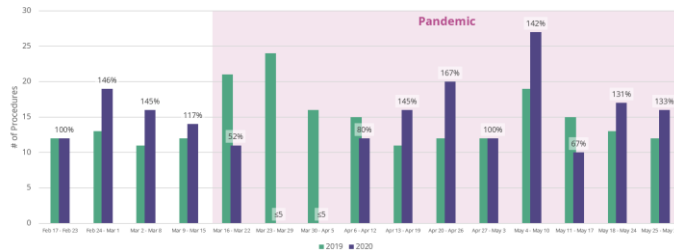
Central Region



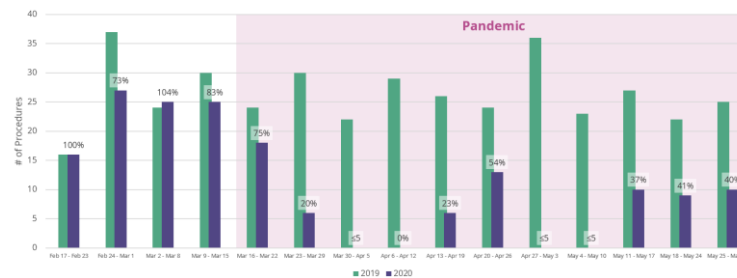
East Region



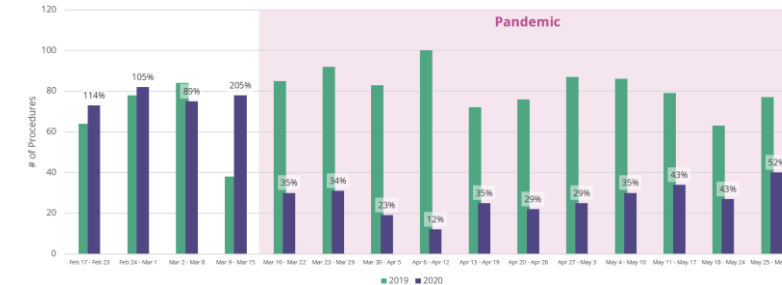
North Region



Toronto Region



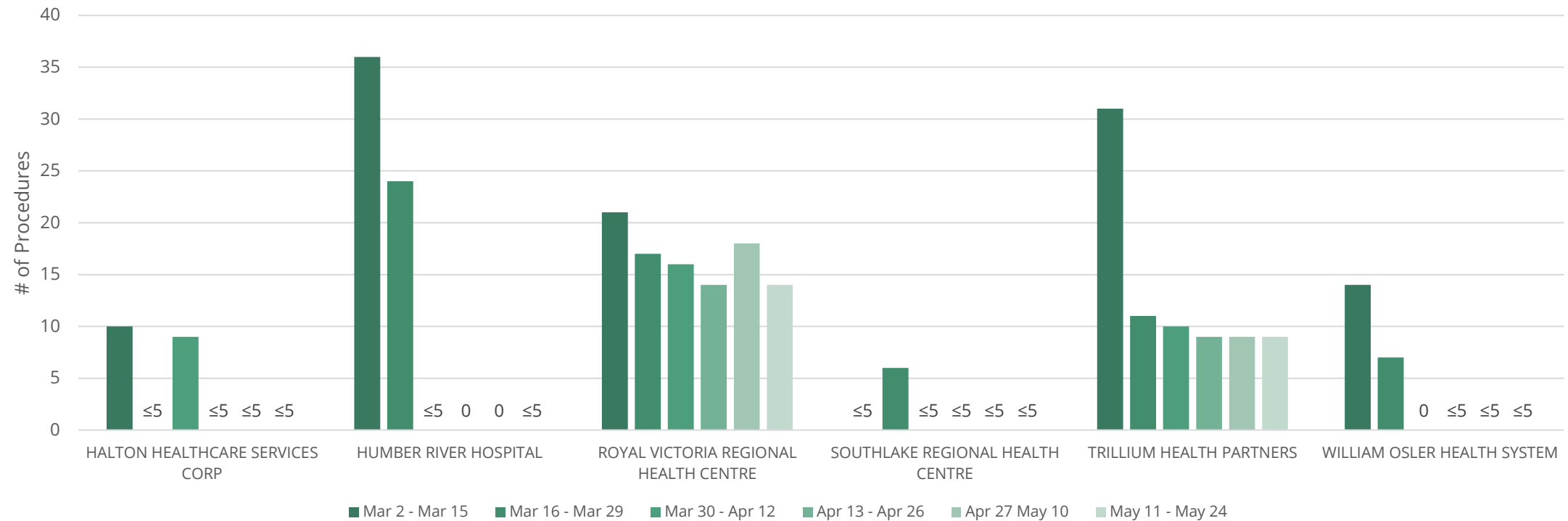
West Region



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.

Hospital-Specific Activity

2020 Biweekly Overall Vascular Surgery Volumes Central Region Hospitals



Notes: Data are from Access to Care WTIS, CY 2019 and 2020
 Volumes of 0 are labeled "0" to differentiate from volumes ≤5. Volumes ≤5 are shown as 0 on the graph, with a label of "≤5".



Change in Vascular-Related ED Presentations

TAMER AHMED

MANAGER, eCTAS, ONTARIO HEALTH (CANCER CARE ONTARIO)

JOY MCCARRON

CLINICAL LEAD, eCTAS, ONTARIO HEALTH (CANCER CARE ONTARIO)

eCTAS

A GLIMPSE INTO THE EMERGENCY DEPARTMENTS

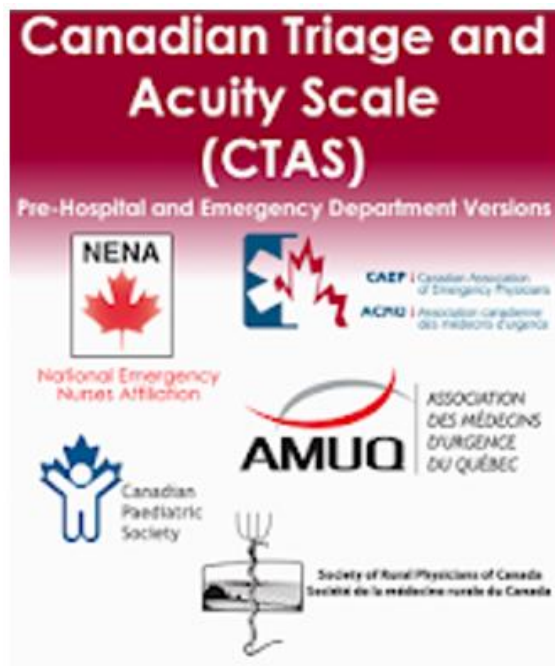
JOY MCCARRON, CLINICAL LEAD ECTAS

TAMER AHMED, MANAGER ECTAS



Ontario Health
Cancer Care Ontario

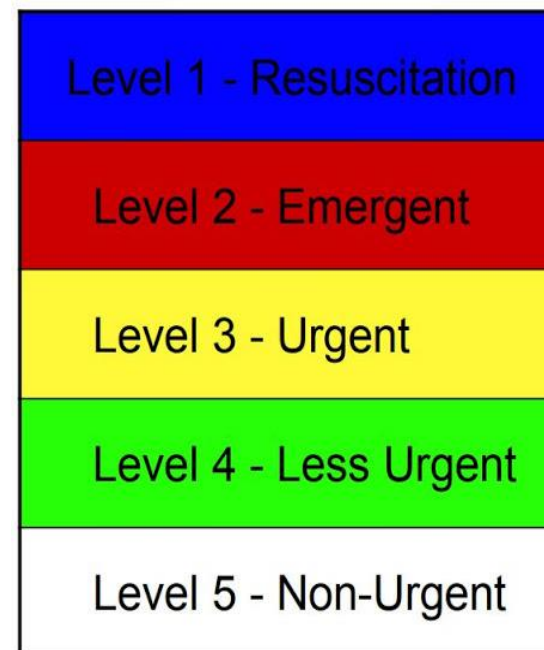
CTAS : Triage Standard in Canada



+

- Patient Stated Complaint
- CEDIS
- Vital Signs
- Subjective and Objective Assessments
- Medical History, Medication and Allergies
- Modifiers

=



eCTAS Application

Triage Assessment

Test, Test
Adult

2

Presenting complaint ■ i

Patient's Stated Complaint ■

Nurse Assessed Complaint ■

Chief CEDIS Complaint ■ i
 x v

Notes
Indicate 'Suspected COVID' in Subjective Notes as appropriate. i

EMS	Subj	Obj	Tmt/Int	Med Hist	Meds	Allergies
Subjective Assessment Notes						

Vital Signs

- Temperature
- Pulse Rate
- Respiratory Rate
- Blood Pressure
- SpO2
- Pain Scale
- GCS
- Capillary Refill
- Blood Glucose
- Weight
- High MOI
- Immunocompromised
- Blood Disorder

Modifiers

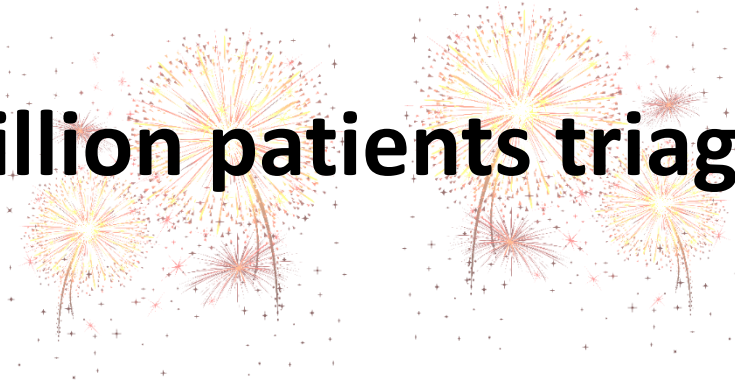
- Severe Respiratory Distress
- Shock
- Unconscious (GCS 3-9)
- Moderate Respiratory Distress
- Hemodynamic Compromise
- Altered Level of Consciousness (GCS 10-13)
- Fever, Immunocompromised
- Looks Septic (3 SIRS Criteria)
- Cool Pulseless Limb

i 📍 📄 [Discard Draft](#) [Update Pretriage](#) [I'm Done Triage](#)



eCTAS Highlights

8.9 Million patients triaged!



Infection control screening

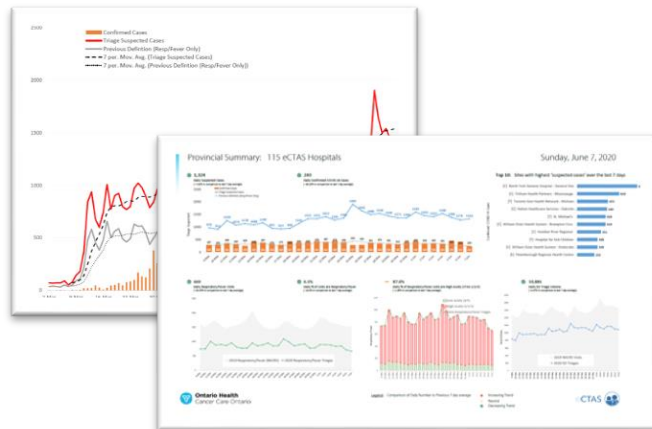
- 115 hospitals sites are live with eCTAS!
- 3 Integration Options in place
- 10 updates to Infection Control Alerts since Jan 1
- 1st Live Data Connection with KFL&A – Apr 20
- Updated COVID19 Screening questions – May 19



The Power of the DATA

Chief Medical Officer – eCTAS Implementation Directive

(March 19, 2020)

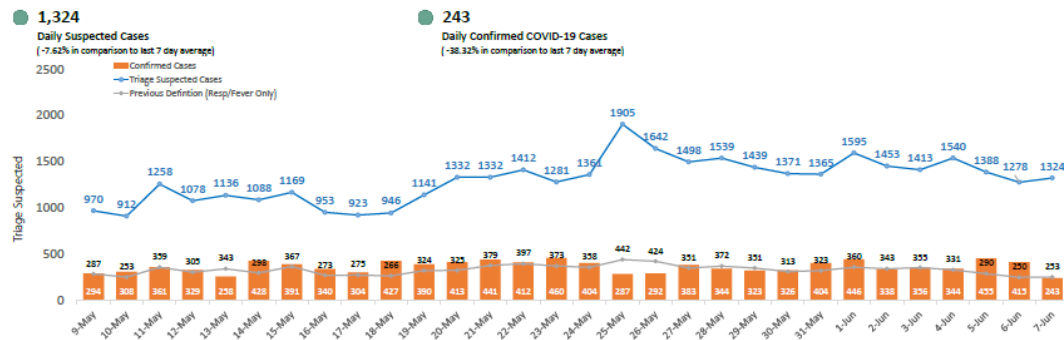


'Suspected COVID'

Ministry directive for hospitals to implement the Acute Care Enhanced Surveillance (ACES) & eCTAS systems for improved provincial surveillance.

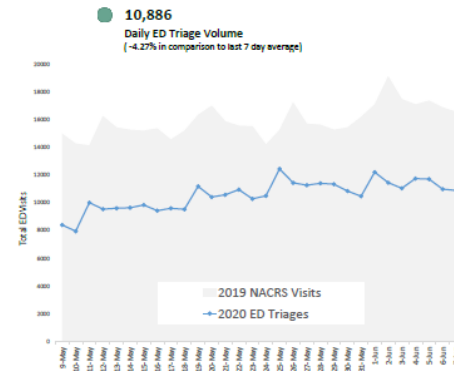
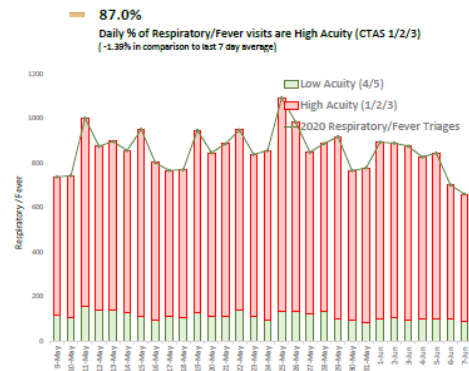
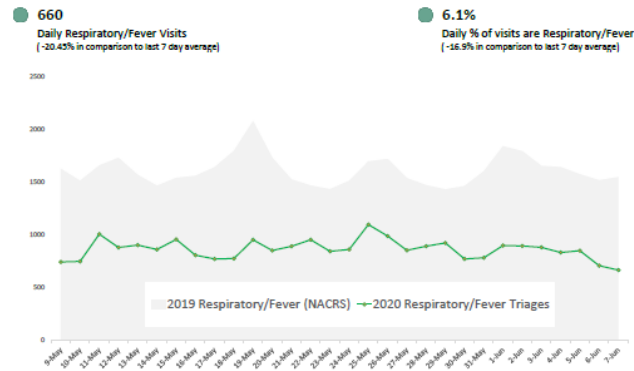
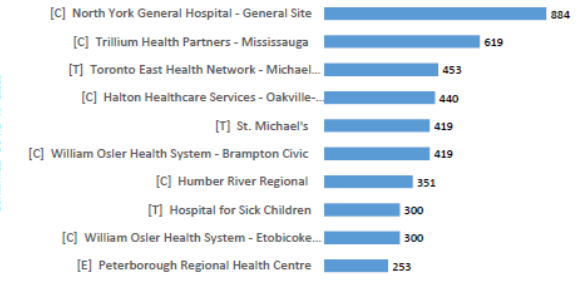
Suspected COVID Lead Indicator

Provincial Summary: 115 eCTAS Hospitals

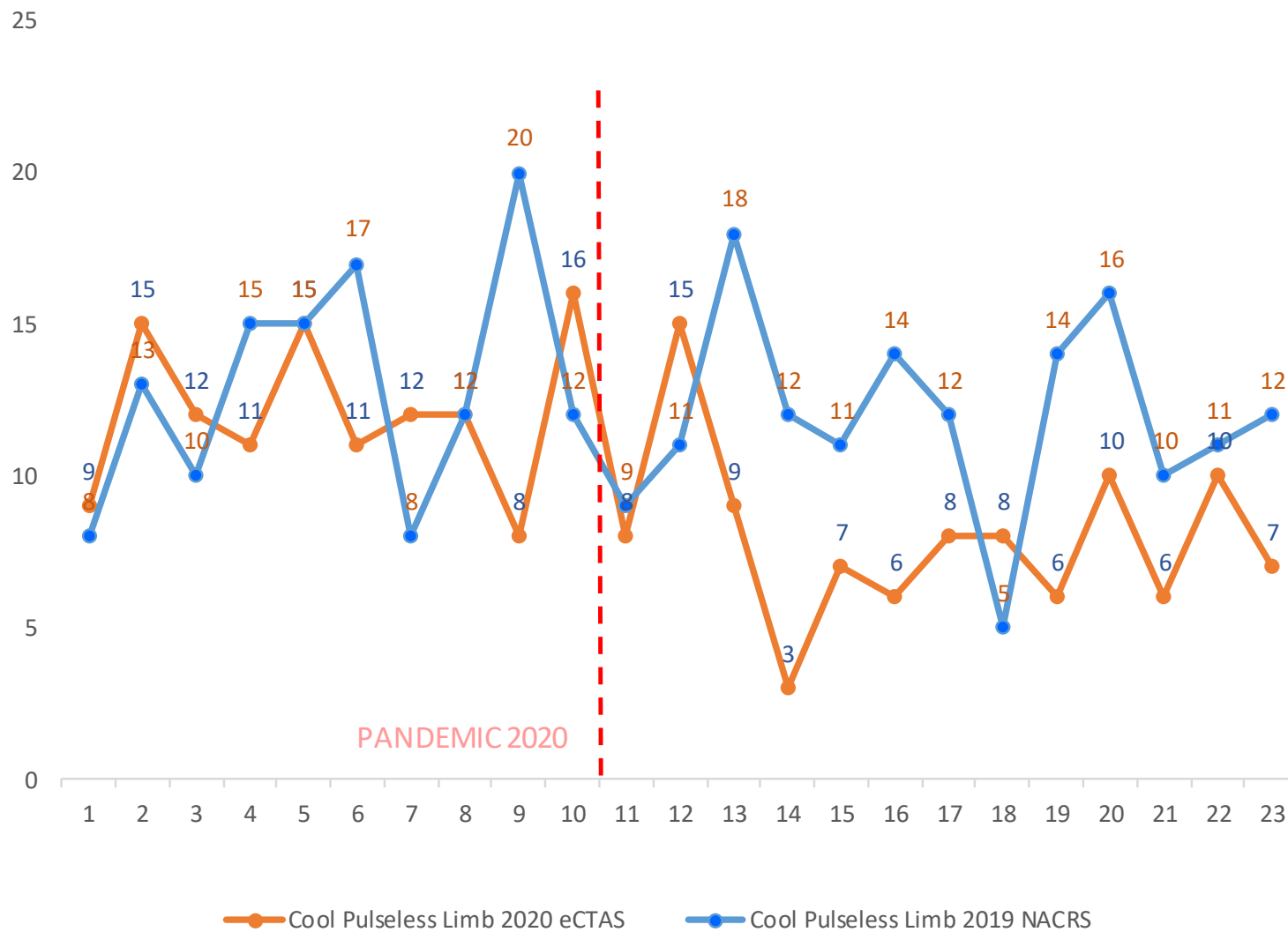


Sunday, June 7, 2020

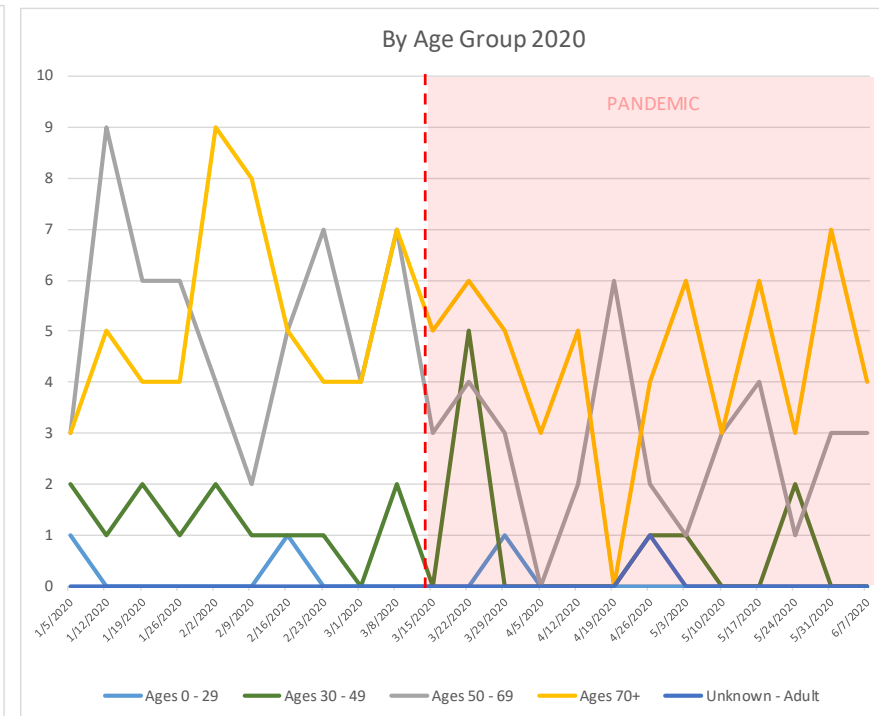
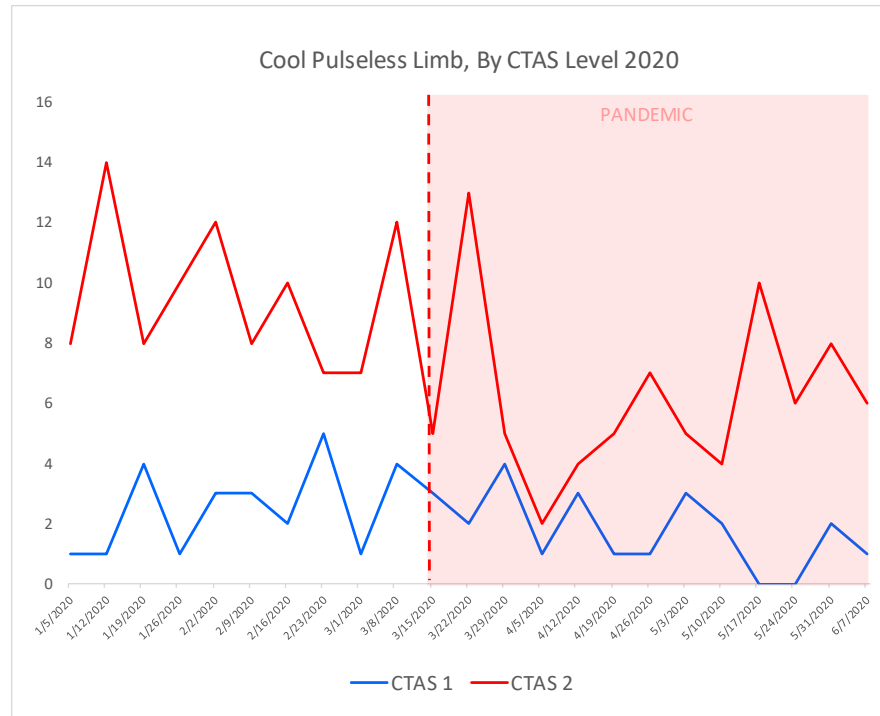
Top 10: Sites with highest 'suspected cases' over the last 7 days



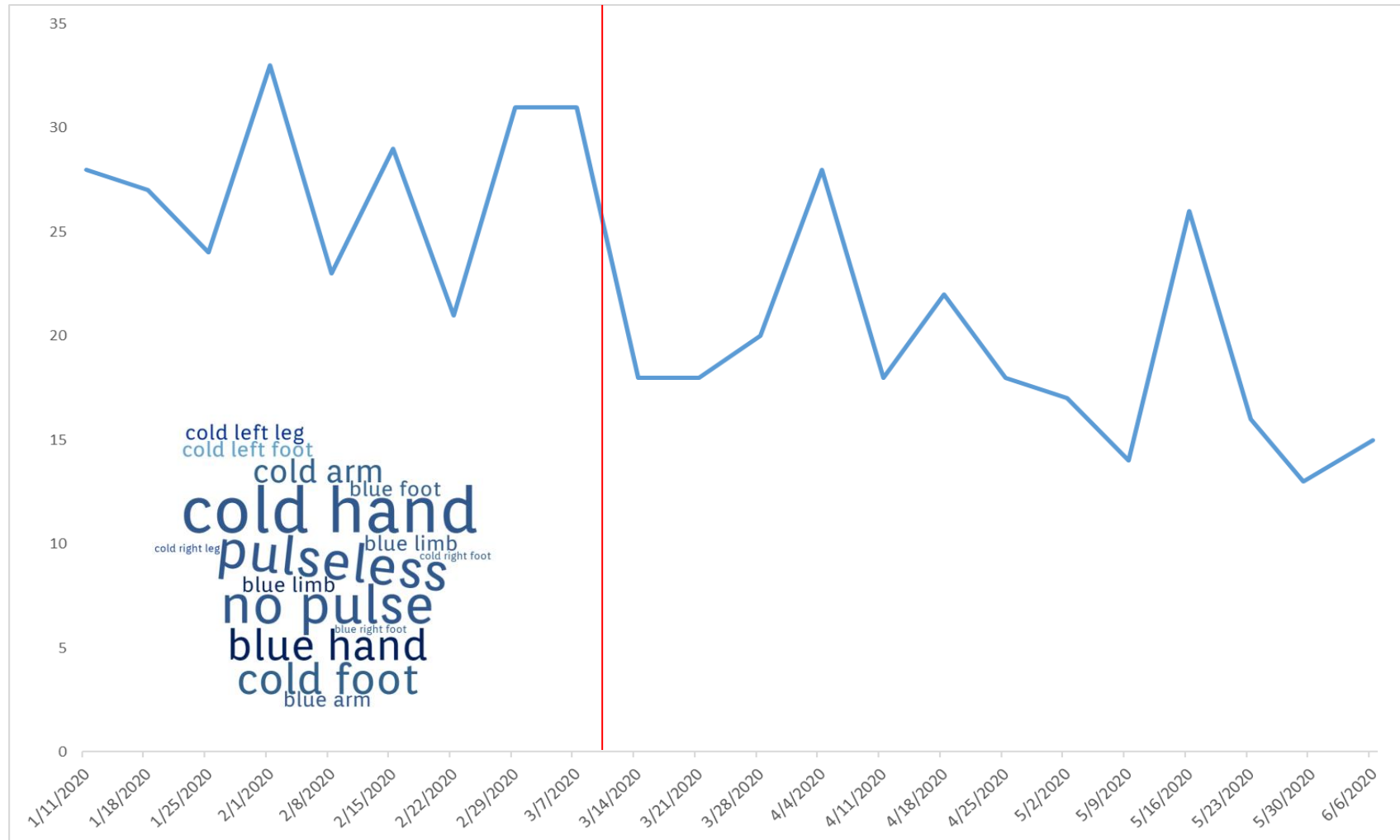
Cool Pulseless Limb 2019 vs 2020



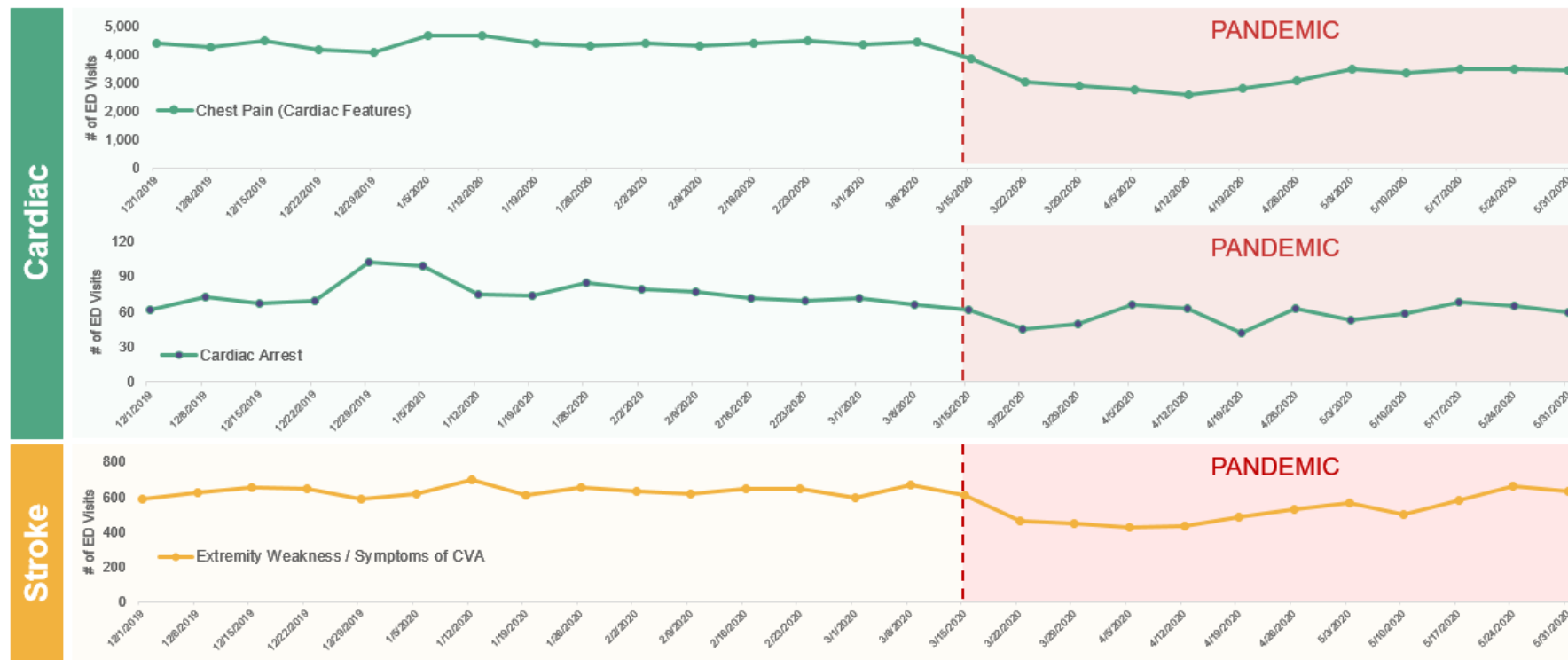
Cool Pulseless Limb by CTAS and Age Group



Text Mining Triage Notes



Change in Cardiac and Stroke-Related ED Presentations



eCTAS data show that presentations to the ED due to cardiac and stroke-related symptoms decreased immediately following the start of the pandemic, but have increased again over time.





Open Discussion

DR SUDHIR NAGPAL

Open Discussion

1. How is your hospital responding to the amended Directive #2 regarding increasing hospital-based activity, and what are some of the **key challenges** that you face, and/or will continue to face, associated with COVID-19?
2. Have you resumed in person ambulatory clinic activity? What are some of the **key challenges** that you face, and/or expect to face, associated with COVID-19?
3. What are some of the **key opportunities** to address hospital or ambulatory clinic related challenges? (e.g. virtual care)



Wrap Up & Next Steps

MIKE SETTERFIELD

Wrap Up & Next Steps

- Next COVID-19 Vascular Forum Meeting:
 - **Wednesday June 24, 2020 – 9:00 – 10:00am**

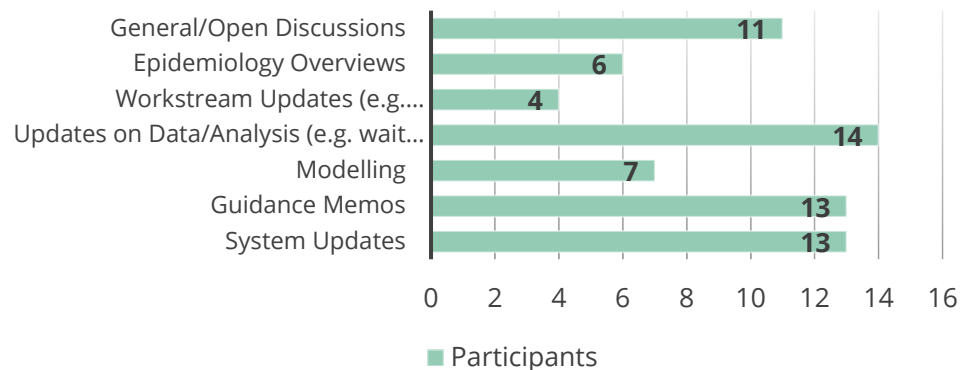


Appendix

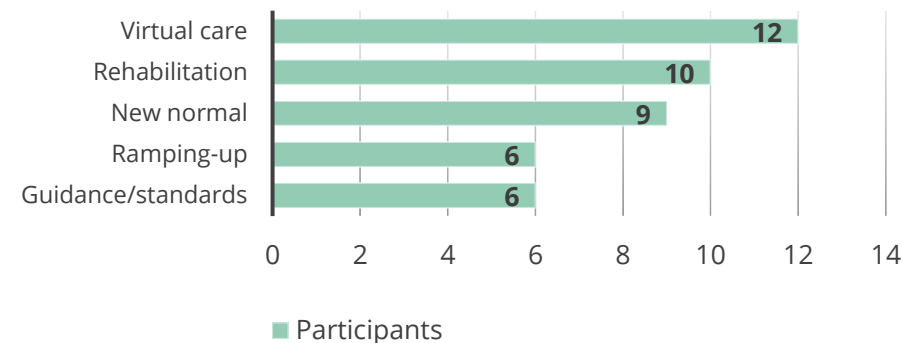
COVID-19 Vascular Stakeholder Forum Survey Results

TOTAL RESPONDENTS: 104 | **Q1: Forum Participation Breakdown: Cardiac - 45, Heart Failure - 27, Stroke - 30, Vascular - 19, Rehabilitation (C/S/V) - 30**

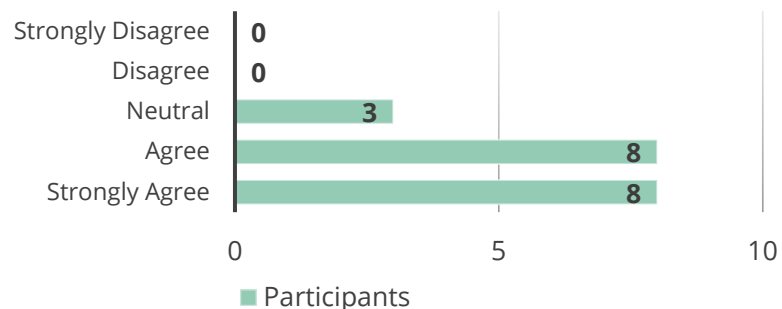
Q2: Beneficial Forum Components to Support Vascular Care in Ontario during COVID-19 – choose all that apply (vascular respondents)



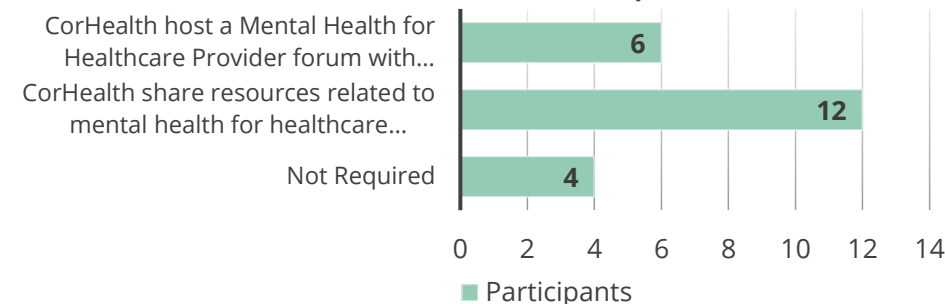
Q3: Top 5 Areas of Focus that Would Like to be Seen Included in Future Forums (responses from across all forum respondents)



Q4: The topics discussed at the Forums are timely (vascular respondents):



Q5: At Several CorHealth COVID-19 Stakeholder Forums, we have heard a number of providers raise concerns about mental health. Of the following options, please indicate what would be beneficial (vascular respondents):



Notes: Some participants have attended additional forums and therefore some answers are not Vascular Forum specific, unless specified. Survey was open from May 19 – 29, 2020

COVID-19 Vascular Stakeholder Forum Survey Results (Summary)

HIGH-LEVEL VASCULAR SUMMARY | 19 of THE 104 SURVEY RESPONDENTS PARTICIPATED IN THE VASCULAR FORUM

Vascular-specific responses to Q3: What areas of focus would you like to see included in future Forums?

1. Virtual care ideas and support
2. Look for opportunities to shift in-patient activity to out-patient activity
3. Vascular QBP
4. Planning for wait list mitigation strategies across the province
5. Standardization of care across the province for specific vascular pathology (e.g., vascular surgery pathology consists of 4 distinct categories of disease amenable to development of treatment pathways)
6. Provincial updates on volumes, back logs and what other centres are doing.
7. Help us advocate for the re-establishment of CV resources
8. Ramping up the work
9. Continue to emphasize guidelines and principles
10. Continue with the open discussions

Additional vascular-specific comment responses:

Q6 - We need a plan to provide CV services while being able to manage COVID-19 patients. We just can't provide services for COVID patients and ignore chronic illnesses such as seen in CV patients.

Q6 - Very timely info - have really appreciated the modelling assumptions, these have gone to senior leadership to help with supporting the OR ramp-up planning related to backlog