

## Restart of Non-Urgent Cardiac Services

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### Key Principles

The following principles will guide the resumption and ramp up of cardiac services across Northern Health to ensure that staff and patient safety is maintained:

1. Adherence to all Provincial guidelines and directives
2. Maintenance of restrictive access to outpatient collection facilities and physical distancing in waiting areas
3. Maintain strict adherence to physical distancing or PPE usage in analytical areas through modified scheduling and workflows
4. Phased in implementation with flexibility to reduce services should key triggers be met (critical shortage of PPE, resurgence in COVID-19 hospitalization, etc.)
5. Align cardiac services wherever possible to meet the ramp up plans of other programs; however, TAT and wait times may be affected by staffing levels and equipment capacity.

	Normal State <i>Pre-Outbreak</i>	Current State <i>Outbreak Response</i>	Restart Plan		
			Stage 1	Stage 2	Stage 3
Target Timeframes <sup>1</sup>	January – March 15, 2020	March 23, 2020 to TBD	Q1 <i>depending on NH/PHO directive</i>	Q2 to Q3 <i>depending on NH/PHO directive</i>	Q4-onward <i>depending on NH/PHO directive</i>
Cardiac Diagnostic Services: ECG, Holter Monitor, Exercise Treadmill, Exercise and Persantine MIBI, Echocardiography (TTE)		<ul style="list-style-type: none"> <li>• Prioritize urgent/emergent Cardiac procedures</li> <li>• Only Urgent and Emergent Cardiac Procedures</li> <li>• Transition to virtual health/telehealth if possible and/or cancellation/rescheduling of routine follow-up visits</li> </ul>	<ol style="list-style-type: none"> <li>1. Reschedule postponed elective appointments according to priority and the date when the requisitions were received.</li> <li>2. Designated staff to contact ordering physicians to review on hold ECG/HOLTER monitor requisitions for a change in the clinical status necessitating change in</li> </ol>	<ol style="list-style-type: none"> <li>7. Resume volume throughput comparable to baseline. This may require additional clerical and technical FTE through workload or OT.</li> </ol>	<ul style="list-style-type: none"> <li>• “New Normal”</li> <li>• Backlog reduction; operating at 100% capacity</li> <li>• Overall capacity may remain reduced due to PPE, cleaning, and physical distancing if these measures</li> </ul>

<sup>1</sup> Timeframes subject to change based on epidemiological situation

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		<ul style="list-style-type: none"> <li>• Implement triaging method and limit to high risk patients only</li> <li>• Cancel Cardiac diagnostic tests for patients with suspected COVID-19 symptoms</li> <li>• Postpone booked elective (P4, P5) Cardiac Echocardiography/TTE</li> <li>• Postpone all Electives (P3,P4,P5) Cardiac Echocardiography/TTE</li> <li>• ECG/Holter monitoring               <ul style="list-style-type: none"> <li>○ Postpone all non urgent</li> <li>○ Limit capacity to high risk urgent/emergent patient</li> </ul> </li> <li>• Exercise treadmill, Exercise and Persantine MIBI               <ul style="list-style-type: none"> <li>○ Limit capacity to high risk urgent/emergent patients only</li> </ul> </li> </ul>	<p>urgency of the cardiac test and to book patients accordingly.</p> <ol style="list-style-type: none"> <li>3. Inpatients with suspected or proven COVID-19 requiring TTE must be approved by the Medical Lead to determine appropriateness and urgency.</li> <li>4. Waiting room – implement separation barriers and surgical masks for patients waiting</li> <li>5. MiBI testing- Clients will be given a pager and called prior to their test so they are not waiting in the hospital</li> <li>6. Exercise Stress testing- unable to do staggered booking as Internal Medicine oversees two patients at the same time. Will change gloves between patients and will have surgical mask and eye protection on. (Infection</li> </ol>		<p>continue as the “new normal”</p> <ul style="list-style-type: none"> <li>• Resume normal operating hours at facilities where hours were reduced</li> <li>• Ongoing PPE, cleaning, and physical distancing as per provincial recommendations</li> </ul>

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			control has reviewed and approved.) 7. ECG will be appointment only. 8. Add rooms to Cerner scheduler for ECG booking. 9. Outpatient Requisition to enable appointments (rather than drop in) for ECG		
Heart Rhythm Device Clinic		<ul style="list-style-type: none"> <li>• Prioritize urgent/emergent Cardiac procedures</li> <li>• Only Urgent and Emergent Cardiac Procedures</li> <li>• Transition to virtual health/telehealth if possible and/or cancellation/rescheduling of routine follow-up visits</li> <li>• Implement triaging method and limit to high risk patients only</li> <li>• Remote monitoring for pacemaker patients if possible</li> <li>• All outreach clinics are cancelled and</li> </ul>	1. Rebook cancelled routine appointments that cannot wait for the next routine appointment or able to be evaluated via remote monitoring. 2. Reschedule cancelled outreach clinics and limit to high risk patients only. 3. Any request to evaluate the device of any patient with suspected or proven COVID-19 (inpatients and outpatients) must be approved by the medical lead first to determine the appropriateness and the urgency.		

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		scheduled at a later date, with priority to see higher risk patients first.	4. Stagger patient appointments and see only one at a time.		
NORTH Clinic		<ul style="list-style-type: none"> <li>• Prioritize urgent/emergent Cardiac procedures</li> <li>• Only Urgent and Emergent Cardiac Procedures</li> <li>• Transition to virtual health/telehealth if possible and/or cancellation/rescheduling of routine follow-up visits</li> <li>• Implement triaging method and limit to high risk patients only</li> <li>• Cancel all group education</li> <li>• Deliver rehab education virtually only.</li> </ul>	<ol style="list-style-type: none"> <li>1. Start in-person heart function visits in the clinic based on triaging and clinical judgement.</li> <li>2. Continue to deliver cardiac rehabilitation education virtually and suspend in-person group visits.</li> <li>3. Appointments for urgent clients will be booked as a staggered appointments to allow for social distancing in the waiting area.</li> <li>4. Plexi-glass at reception area.</li> </ol>		
Cardiac Patient Transfers		<ul style="list-style-type: none"> <li>• Limited Cardiac transfers outside Northern Health to SOME tertiary cardiac centres based on triage criteria and capacity</li> </ul>	<ol style="list-style-type: none"> <li>1. Vancouver General Hospital (VGH) and St. Paul Hospital (SPH) have expanded the transfer criteria for accepting Northern Health</li> </ol>		

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			<p>cardiac patients to include the following:</p> <ol style="list-style-type: none"> <li>a. All STEMI patients including reperfused post-lytic patients regardless of symptoms</li> <li>b. High risk NSTEMI patients</li> <li>c. Low/intermediate risk NSTEMI patients should be at the discretion of referring and accepting physician</li> <li>d. Other cardiac conditions deemed emergent/urgent, e.g., CHF/shock/unstable arrhythmia, etc.</li> </ol> <p>2. Referring physician needs to contact the SPH/VGH CICU Attending On-Call through Patient Transfer Network (PTN) for all emergent/urgent transfers.</p>		