The Road to Recovery- How do we safely restart our elective procedures?

Moderator:
Eugene Yang, MD, MS, FACC
Professor of Medicine
Carl and Renée Behnke Endowed Professorship for Asian Health
University of Washington School of Medicine
June 11, 2020
Overview

• Getting the cath lab up and running
  • James McCabe, MD, FACC (University of Washington)

• How to restart the EP lab
  • Byron Lee, MD, FACC (University of California, San Francisco)

• CV Team role in procedural planning
  • Kim Guibone, ACNP-BC, AACC (Beth Israel Deaconess Medical Center)

• Resuming procedures safely- a private practice perspective
  • Toniya Singh, MD, FACC (St. Louis Heart and Vascular)

• Panel Discussion
Getting the Cath Lab Up and Running Again

Jamie McCabe, MD FACC
Cath Lab Director
University of Washington, Seattle, WA
Caveats:

1. All Politics are local

2. What / how one opens is dependent what / how you’ve closed

3. Regional prevalence affects decision-making
Create your game plan:

1. Current staffing model, bed & PPE availability dictate extent of planned ‘opening’

2. Can strategize opening of elective cases by:
   - Case type
   - “Elective-ness”
   - Resource utilization (e.g. same day d/c vs ICU monitoring)
Testing for all patients coming to the lab has been fundamental

- Building processes to streamline
- Creating / communicating exclusions & ‘rules of the road’ for staff
- What to do for non-elective scenarios
- Knowing local test characteristics
Engaging patients

- Many remain frightened and often have specific concerns

- Clarifying institutional policies:
  - Safety & testing rules
  - Are family allowed?
  - Will they need to stay overnight
  - Could they be exposed to COVID+ patients
Engaging referrers

- Are they seeing patients again?
- If just by video, are patients coming in for stress tests, echos, etc?
- Communicating policies & safety precautions for their patients
- Does your community know what procedures are up & running and what is still on hold?
Conclusions

- The modern interventional cardiologist does not work in isolation
- Express leadership through building agreed upon policies that value the health and safety of all constituents and communicate those policies explicitly to help everyone make informed choices
How to Restart the EP Lab

Byron K. Lee MD MAS FACC
Professor of Medicine
Samuel T. and Elizabeth Webb Reeves Endowed Chair in Arrhythmia Research
Director of the Electrophysiology Laboratories and Clinics
UCSF, Division of Cardiology
COVID-19 Hub

COVID in San Francisco
COVID Shutdown

- March: Only emergent / urgent cases
## N95 necessary for High Risk and Maybe High Risk

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mask</th>
<th>Eye protection</th>
<th>Contact Precautions</th>
<th>Room type</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-risk criteria met (Novel Respiratory Isolation)</td>
<td>N95/PAP R</td>
<td>Yes</td>
<td>Yes</td>
<td>Negative-pressure</td>
</tr>
<tr>
<td>No high-risk criteria (Droplet and Contact Isolation)</td>
<td>Surgical</td>
<td>Yes</td>
<td>Yes</td>
<td>Private, standard-pressure, door closed</td>
</tr>
<tr>
<td>No high-risk criteria but COVID-19 testing sent (Novel Respiratory Isolation, standard room)</td>
<td>N95/PAP R</td>
<td>Yes</td>
<td>Yes</td>
<td>Private, standard-pressure, door closed</td>
</tr>
</tbody>
</table>

*Move to high-risk criteria if:
- aerosolizing procedures
- high-flow O2 (adults)*
Intubation, Extubation and TEE Requirements

• All unnecessary personnel outside of the room
• 30 minutes waiting period after intubation, extubation, or TEE
• Led to delays in start-time and lab turnover
Pre-procedure COVID Testing Was Transformative

- No N95, PAPRs
- Less face shields
- Usual PPE
- No waiting for intubation, extubation, and TEEs
- Team works more freely and with less stress
COVID-19 rates vary widely among large U.S. cities

These charts compare weekly coronavirus case rates (the number of cases per 100,000 residents) since March 1 in 10 major metropolitan areas around the nation.

**Hardest-hit areas**

- Orange Parish, Louisiana (New Orleans)
- New York City
- Wayne County, Mich. (Detroit)

![Graph showing COVID-19 rates in different cities](image-url)
Stanford hospital system to cut pay 20%, furlough workers during coronavirus pandemic

Rusty Simmons  |  April 26, 2020  |  Updated: April 27, 2020 6:54 a.m.
Phased Reopening

- March: Only emergent / urgent cases
- April: 1 EP lab open / 1 EP case per day
- May: 2 EP labs open
Fear of Covid-19 Leads Other Patients to Decline Critical Treatment

Psychologists say anxiety and uncertainty prompt irrational decisions — like turning down a transplant when an organ becomes available.
I have communicated with Dr. XX and he/she believes it’s safe for you to undergo your procedure at this time.

The hospital has generally always had fewer than XX (25 right now) inpatient cases of Covid-19 during this outbreak.

Patients coming for elective procedures are all being tested for Covid-19 beforehand.

We will take precautions to lower the risk of Covid-19 transmission while you are here.

Dr. XX can talk to you about the risk of Covid-19, if you have additional questions.
Screening of Staff at the Door

• Symptoms
• Contacts
• Travel
• Testing

• Prepared to isolate any staff who tests positive and their contacts
Phased Reopening

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• May: 2 EP labs open
• June: 3 EP labs open
Kim Guibone  ACNP-BC, AACC  
Beth Israel Deaconess Medical Center  
Boston, MA  

June 11, 2020
70% Cathlab Staff Redeployed
   Nursing – COVID ICU/Floors
   Techs – COVID Floors “runners/helpers”

Remaining Staff
   Served in multiple roles
   Split all of the Call Schedule

Cardiology Clinic NPs/Structural NPs/ HF NPs
   redeployed to cover all cardiology inpatients

Residents/Interns redeployed to Medicine floors

Daily leadership meeting/ institutional updates
Structural Heart:

- Patient triage
- Activate remote work protocol
- Weekly triage/New patient triage
- Onboarding of telemedicine

Cathlab Scheduling:

- Cath urgency triage
- Patient transfer triage
- Remote work
Structural Heart:

- COVID testing
- Full PPE in Hybrid
- Hybrid designated clean room
- Clean pathway
- Minimal staff

Cathlab:

- STEMI treated as PUI
- Designated COVID lab
- Delineation of “clean” vs. “dirty” roles
- Clean room set up – closed drawers
- Minimal staff
CURRENT STATUS - PHASE 2: CAUTIOUS

“Consider deferring non-essential elective procedures and services that would have a high likelihood of requiring subsequent hospitalization or post-acute rehabilitation”

Continue remote work

Cathlab/EP Staffing Model for Re – Entry

Itemized FTE’s required to recall staff:
- 25% capacity
- 50% capacity
- 75% capacity

June 8 – First week return of staff

Dashboard of Public Health Indicators

- Newly Reported Cases Today: 304
- Total Cases: 103,436
- Newly Reported Deaths Today: 27
- Total Deaths: 7,316
Time off prior to full return

Debriefing sessions

Mental health support services

EAP
COVID-19 Hub

SUCCESSES CARRYING FORWARD:

Team awareness – anticipating needs, improved efficiencies

Staff cross training

Designated COVID pre/post procedural care areas

Pre-procedure COVID testing

Maintain triage and case urgency tracking tools

Optimize telehealth

Formalize protocols for re-surge
The Road To Recovery

Toniya Singh MBBS FACC
Managing Partner, St Louis Heart and Vascular
Chair, Women in Cardiology Council of the American College of Cardiology
ABOUT SLHV

We are an independent 14 physician practice - 2 EPs, 8 interventionalists and 4 invasive physicians

We have a freestanding lab that functions as a Surgery Center on Monday and Saturday, and as a Cath Lab on Tuesday-Friday
AT THE BEGINNING

-The Lab remained open

-Elective cases were delayed until we had further guidance

-We did urgent cases based on discussion with the physician and patient
MARCH/APRIL 2020

- All cases reviewed
- Proceeded with urgent cases
- Full PPE
- Universal precautions including temp checks
- Testing not easily available
WAYS WE ADJUSTED

- Patients felt more comfortable coming to a free-standing facility.
- The facility has 8 closed bays that allowed for social distancing.
- We had access to adequate PPE.
CHALLENGES

- Last minute cancellations
- Some patients were very fearful
- Some patients and family members did not want to wear masks
- Controlling the number of family members who wanted to come in with the patient was challenging despite clear instructions
- Open for normal business

- All TEEs pre-tested for Covid-19 3 days in advance of procedure and asked to self Quarantine

- Physician choice on whether they want patients for other procedures pretested (only 1 physician elected to have all patients pre-tested)
- All patients, staff and family members have their temperatures checked and respond to a questionnaire regarding contacts and exposure and wear masks.

- Patients can have one family member accompany them.

- Universal precautions are followed.
We have had no patients, physicians or staff members test positive before the procedure or since the procedures at our outpatient lab.
COVID-19