

SBAR: STANDARDIZED APPROACH TO EXERCISE STRESS TESTING DURING THE COVID RECOVERY ERA

Situation: HVC is preparing for the recovery phase for the resumption of operations across the health system. Exercise stress testing, both alone and in combination with imaging (nuclear or echo) has been limited during the acute COVID era. We require a standardized approach to exercise stress testing to facilitate appropriate utilization and patient/staff safety.

Background: HVC has postponed most exercise stress testing and/or converted to pharmacological stress testing due to the COVID-19 epidemic at the recommendation of cardiovascular imaging societies in order to minimize droplet exposure. However, criteria for resumption of exercise testing, priority levels, staff PPE, patient PPE and post-procedure room cleaning/decontamination require clarification to ensure uniformity of practice across HVC.

Assessment:

1. Standardized criteria for which patients should undergo exercise stress testing will enhance clarity for staff and patients. These criteria will be anticipated to change and expand as the COVID recovery progresses
2. Priority levels will be used to facilitate scheduling
3. Pre-procedure patient screening, COVID testing, patient PPE, staff PPE, and post-procedure cleaning should follow current System guidelines.

Recommendations:

1. Exercise testing should be utilized in patients where the exercise information will make an actionable change in patient management. Scenarios include, but are not limited to:
 - a. Evaluation of symptoms that occur specifically with exercise/exertion, including anginal or arrhythmic symptoms
 - b. Evaluation of hypertrophic cardiomyopathy
 - c. Cardiopulmonary exercise testing
 - d. Evaluation of efficacy/toxicity of anti-arrhythmic medications
 - e. Evaluation of chronotropic competence and/or functional capacity
 - f. Assess hemodynamic significance of valvular disease
 - g. Assistance with guiding exercise prescription, cardiac rehabilitation, or return to work evaluation
2. Resumption of exercise testing will be prioritized to L1 (Urgent) and L2 (Time Dependent) orders
 - a. We anticipate resumption of L3 (Standard/Routine) and L4 (Elective) testing in the next phase as the recovery allows
4. Pre-procedure patient screening will follow System COVID guidelines. All patients will be **screened** for COVID-19 symptoms, including fever checks, the day of admission/visit and no more than two calendar days prior to visit whenever possible

- a. Patients ordered for exercise testing should undergo pre-procedure COVID testing. A COVID test order should be placed by either the ordering provider at the time of stress test order placement or at the time of scheduling by the testing lab staff. Scheduling of patients should allow for pre-procedure COVID testing to occur (usually 4 days), and patients must have a negative COVID test within 48 hours of the exercise stress test.
 - b. Patients with symptomatic COVID illness should not undergo exercise testing
 - c. Patients with recovered COVID illness can be tested by following System guidance for care based on time and symptoms. At present, the patient should be symptom free for 72 hours in addition to 14 days from the onset of COVID symptoms, if they had a history of COVID + testing
3. Staff PPE will follow System COVID guidelines for Aerosol Generating Procedures specific to exercise stress testing, including N95 respirators for those in close and prolonged contact.
4. Staff should attempt to maintain social distancing during the exam, balancing the need to monitor the patient and ensure safety
 - a. Automated blood pressure cuffs can be used in order to facilitate minimum 1-meter distance between staff and patients during procedure.
5. Post-procedure room cleaning will follow System guidance for enhanced cleaning protocols