

# The Impact of COVID-19 on the Use of Oesophago-Gastro-Duodenoscopy in Eastern Health

## Objective

To determine the change in referrals for oesophago-gastro-duodenoscopy (OGD) and the efficiency with which they were performed during COVID-19 at Eastern Health (EH).

## Practice Points

1. COVID-19 induced a reduction in hospital services starting 16 Mar 2020.

2. Wait time benchmarks for OGD are:

Priority 1 (Urgent): 0–14 days

- ◇ High likelihood of cancer, progressive/rapid dysphagia, odynophagia

Priority 2 (Non-Urgent): 0–60 days

- ◇ Iron deficiency, confirmation of celiac disease, reflux, dyspepsia, stable dysphagia

Priority 3 (Screening): 0–182 days

## Methods

1. Data were obtained from Community Wide Scheduler for five hospitals in Eastern Health (EH): Burin, Carbonear, GB Cross, Health Sciences Centre (HSC) and St. Clare's Mercy (SCM).
2. Referral rates and wait time evaluation for Q1, Q2 and Q3 of 2020–21 (during COVID-19) was compared to Q4 of 2019–2020 (pre-COVID-19).

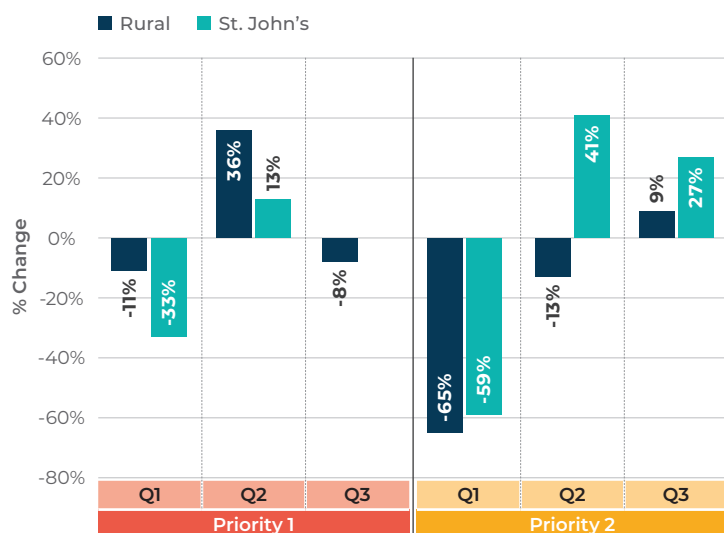
## Results

**Table 1. Summary of OGD referrals in 2020 by Priority, Quarter and Region**

		Region		
		Rural <sup>1</sup>	St. John's <sup>2</sup>	Eastern
Priority 1	Q4 <sup>3</sup>	200	160	360
	Q1 <sup>4</sup>	179	107	286
	Q2 <sup>5</sup>	271	180	451
	Q3 <sup>6</sup>	184	160	344
Priority 2	Q4 <sup>3</sup>	371	449	820
	Q1 <sup>4</sup>	129	186	315
	Q2 <sup>5</sup>	324	633	957
	Q3 <sup>6</sup>	403	572	975
Priority 3	Q4 <sup>3</sup>	7	21	28
	Q1 <sup>4</sup>	0	5	5
	Q2 <sup>5</sup>	4	22	26
	Q3 <sup>6</sup>	5	20	25

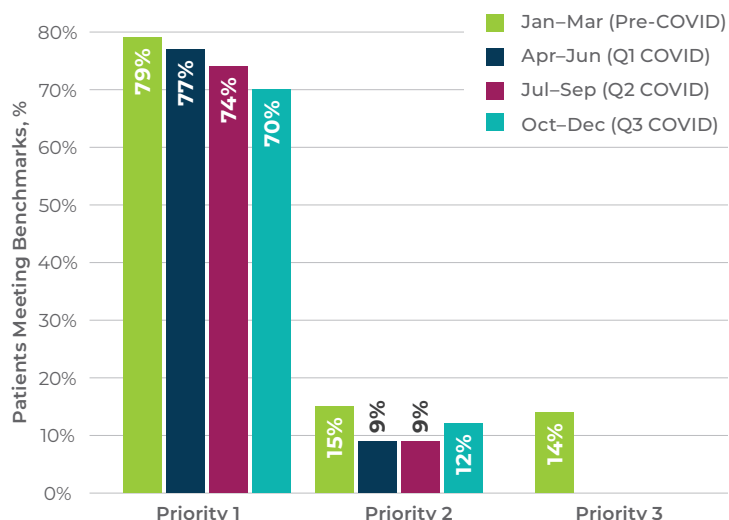
<sup>1</sup>Burin, Carbonear & GB Cross; <sup>2</sup>HSC & SCM; <sup>3</sup>January–March; <sup>4</sup>April–June; <sup>5</sup>July–September; <sup>6</sup>October–December

- During the first three months of COVID-19 in EH, there was a 21% reduction in urgent referrals but over the next four months referrals increased.
- For non-urgent referrals in EH, the average number/quarter for the three quarters during COVID-19 was 9% lower than in the quarter pre-COVID-19.
- The number of patients referred for screening was low pre-COVID-19, and during COVID-19 the average number/quarter fell by 33%.



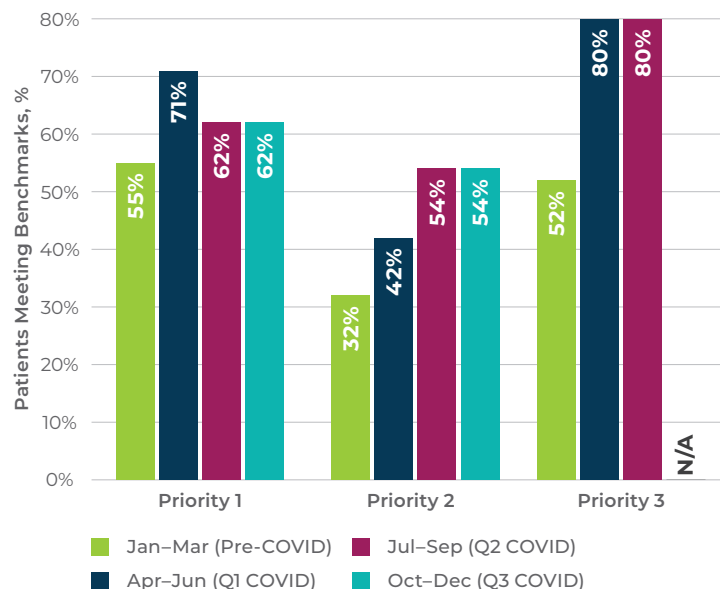
**Figure 1. Change in Urgent and Non-Urgent OGDs Referred in Each Quarter During COVID-19 Compared to the Quarter Before COVID-19 in EH, Analyzed for Hospitals in and Outside St. John's**

- During COVID-19, the pattern of change in referring for OGD differed in St. John's compared to the three rural hospitals.



**Figure 2. Percentage of Patients Meeting Benchmarks in Rural Hospitals by Priority and Quarter**

- During COVID-19, achievement of benchmark time to OGD in urgent patients in the three rural hospitals was over 70% but in non-urgent patients the rate was 10%.



**Figure 3. Percentage of Patients Meeting Benchmarks in St. John's by Priority and Quarter**

- In St. John's, achievement of benchmark times to OGD in urgent patients improved but was less than 70%. For non-urgent patients, achievement of benchmark times also improved but was still only around 50%.

## Conclusions

1. During the first three months of COVID-19, urgent referrals for OGD decreased by 21% but increased subsequently. Time to OGD did not deteriorate. These data are consistent with the reduction in referrals for other urgent procedures like colonoscopy and cardiac catheterization.
2. For non-urgent and screening referrals, there was an overall reduction of 10% during COVID-19.