

Vascular Care Delivery in COVID-19 Pandemic: Impact Use of an Office-Based Laboratory and an Ambulatory Surgery Center for Vascular Care Delivery Reduced the Risk of COVID-19 Transmission and Resource Utilization During the COVID-19 Pandemic

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Abstract

Introduction:

Methods: The records of patients who underwent ~~Vascular~~ vascular procedures performed by our group during the 6-week period before COVID-19 ~~restrictions~~ were introduced (Group-Period 1) and ~~in~~ the first 6-week period during the COVID-19 restrictions (Group-Period 2) were reviewed. The ~~number of procedures performed were~~ facility type was categorized-classified as hospital inpatient (~~HIP~~), hospital outpatient (HOP), office-based laboratory (OBL), ambulatory surgical center (ASC) and vein center (~~VC~~). The procedures ~~type were also grouped was~~ classified as: aneurysm (~~AAA~~), carotid (~~CAR~~), peripheral arterial disease (~~PAD~~), amputation/wound care (~~AMP~~), vascular access (~~VA~~), deep vein thrombosis (~~DVT~~), or chronic

venous ~~insufficiency~~reflux (CVI)  the number of healthcare provider contacts ~~points for each per~~ patient undergoing ~~care procedures at in~~ the HOP, OBL, and ASC ~~was were also collected and~~ compared between ~~groups the periods~~ 1 and 2. ~~The significance of Differences differences~~ between ~~groups the periods were was~~ determined using ~~the two-way analysis of~~ ~~variance~~ANOVA.-

Results: ~~There were no statistically significant differences between groups 1 and 2 for The~~ ~~procedure location or facility and procedure types did not differ significantly by period of~~ procedure ($p > 0.05$)  patients who received ambulatory care, ~~Patient the number of~~ contacts with healthcare providers ~~was significantly lower during Period 2 than during Period 1 decreased~~ between groups 1 and 2 for ambulatory care  however, projecting ~~During Period 2, the number~~ of contacts ~~with healthcare providers was significantly higher among those who received for~~ patients in group 2 if they had to have ambulatory care in the HOP setting (913) compared to ~~contacts than in those who received care in~~ the OBL and ASC setting (588)  statistically significant ($p < 0.05$). No ~~healthcare-associated cases of COVID-19 were reported among~~ patients ~~or staff member at in~~ the OBL or ASC ~~during Period 2 developed COVID-19 infection~~  cause of the care received at these venues.-

Conclusion: ~~During the height of the COVID-19 pandemic, The ability to provide the provision~~ of essential ~~vascular~~ care ~~for to ambulatory patients in an ambulatory environment~~ was enhanced by using ~~our the~~ OBL and ASC ~~to limit their contact with healthcare workers,~~ without compromising safety ~~or adversely affecting the outcomes, efficacy,~~  transmission of the virus ~~to patients or staff during the height of the COVID-19 pandemic and limited their contact with~~ healthcare workers and therefore reduced the consumption of personal protective equipment by ~~healthcare personnel.~~