

COVID-19 Cardiac Stakeholder Forum #16

MEETING SUMMARY NOTES

DATE: July 23, 2020 | 8:00 – 9:00 AM

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

GROUPS REPRESENTED: Over 80 people joined the call with representation from CorHealth Cardiac Leadership Council, CorHealth Vascular and Stroke Leadership Chairs, Ministry of Health, Ontario Base Hospital-MAC, Ontario STEMI Network, Cardiac Medical Directors, Program Administrators, Cath Lab Medical Directors, EP Medical Directors, interventional cardiologists, and cardiac surgeons.

HIGHLIGHTS

Function of the Ontario Regions During COVID-19 (Mr. Renato Discenza)

- Mr. Renato Discenza (Transitional Regional Lead in Eastern Ontario, managing Central East, South East and Champlain & CEO of eastern Ontario LHINs) provided an overview of the function of the Ontario regions during COVID-19
- Prior to the COVID-19 pandemic, a significant amount of transformation was occurring at the regional level (e.g., the 14 LHINs coming together, development of OHTs, home care changes)
- In response to the COVID-19 pandemic, a regional table was established, including leaders from Public Health, Critical Care Physicians, Hospital CEOs, Laboratory Leads, Capacity Planners, Support, etc., with the following objectives
 - To establish assessment centers to test COVID-19 patients
 - Examine how to rapidly open acute and ICU capacity across the system
 - Work towards wave two COVID-19 planning (i.e. ramp up & capacity planning)
- Currently, the focus of the regions is on ramping up and maintaining surgical capacity, expanding and sustaining testing, creating capacity for the potential wave two of COVID-19, and creating a flu strategy
- Some of the Key Lessons learned from this process thus far, include:
 - There is a need to double or triple our efforts to treat patients according to *patient need*
 - We must not ignore the ‘plumbing’; population health, supply chain, integrated waitlist, capacity data all exists in silos, which makes it difficult to

- develop a regional picture
- Some level of scheduled care should be maintained, rather than completely shutting it down during COVID-19
- Sustainable governance structures are required (i.e., the creation of sustainable regional planning tables)
- Community care should be a primary focus in terms of capacity planning
- Mental health is extremely important – these services experienced a significant strain during COVID-19
- Public Health should be brought into the center of the health system going forward
- There is the need for a greater focus on Digital Health tools

Treatment of STEMI in Quebec During the COVID-19 Pandemic (Dr. Laurie Lambert)

- Dr. Laurie Lambert provided an overview of the Quebec experience during COVID-19, specifically, the treatment of STEMI in Quebec during the COVID-19 pandemic
- An overview of the decision algorithm used during the pandemic for self-presenters, as well as for ambulance transport, was provided
- The Montreal Heart Institute was highlighted as an example of a designated COVID-free hospital to maintain a cardiac surgery program
- The institute did not see a decrease in surgical volume during the pandemic, and no decrease in electrophysiology procedures
- A preliminary synthesis of recently published recommendations for STEMI care during the COVID-19 pandemic, was also summarized

OTHER UPDATES AND NEXT STEPS

- This week's cardiac report was circulated to Forum members; cardiac activity reports will continue on a bi-weekly basis over the summer months
- Next meeting of the group will be held Thursday, August 13th, 2020, from 8:00 – 9:00 am
- If group members have any questions or comments, please email to Jana.Jeffrey@corhealthontario.ca, and they will be included for discussion at future meeting