

COVID-19 Cardiac Stakeholder Forum

MEETING SUMMARY NOTES

DATE: MARCH 26, 2020, 8:00 – 9:30 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: More than 110 people joined the call with representation from CorHealth Cardiac Leadership Council, CorHealth Vascular and Stoke 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

- Progress has been made since last week's meeting. There is immense appreciation for the leadership and involvement given by all stakeholders in moving forward on providing Ontario level guidance for the cardiac community.
- The CorHealth COVID-19 Resource Centre is now available on CorHealth's website at <https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/covid19>
- There is recognition that this is a dynamic situation, and documents posted may be reviewed and revised on an ongoing basis, as needed.
- These meetings are felt to be helpful, and should continue on a weekly basis, until further notice
- The group felt that the work streams/topics being addressed thus far are sufficient; there were no additional work streams suggested

Progress Updates:

- Echocardiography
 - Two guidance documents have been created and are now available on the CorHealth COVID-19 Resource Centre:
 - *Recommendations for an Ontario Approach to Provision of Hospital Echocardiography Services During COVID 19*
 - *Recommendations for an Ontario Approach to Provision of Non Hospital Echocardiography Services During COVID 19*

- These documents were created with the intent of complying with current public health requirements, reduce unnecessary patient presence in hospitals, and developed as a short-term measure. It was reviewed by a broad advisory panel.
- Cardiac Electrophysiology
 - A guidance document was created to support EP and is now available on the CorHealth COVID-19 Resource Centre:
 - *Recommendations for an Ontario Approach to Managing Cardiac Electrophysiology During COVID 19*
 - Guidelines were developed in response to a need that was expressed to CorHealth, to collate various daily updates and sources of information, and provide guidance with an Ontario lens. The guidance provided can be tailored to meet regional needs, as there is variation around the issues and concerns across the province,
- STEMI
 - A guidance document was created to support EP and is now available on the CorHealth COVID-19 Resource Centre:
 - *Recommendations for an Ontario Approach to Managing STEMI during COVID 19*
 - There was discussion around the use of verbal consent (vs. written consent) given the risk of spreading infections like COVID-19 through the traditional use of pen and paper consent. The decision to switch to verbal consent should occur at a hospital level
 - There may be some limitations around the extent to which a hospital IPAC can provide guidance around PPE use, depending on their knowledge of STEMI related care. The current version of the COVID-19 STEMI recommendations document does not provide explicit guidance on the use of PPE/N95. Some group members felt that having some guidance from CorHealth would be helpful, specifically around highlighting the risks that may arise from STEMI related care, such as aerosol generating procedures.
- Structural Heart (TAVI, Mitral Clip)
 - A guidance document is in progress; and should be available this week.
- CAD/CABG
 - An initial discussion took place this week that touched on the variation of approaches across hospitals. Hospitals are continuing to treat the urgent/emergent cases.
 - Suggestion made to continue tracking referrals, procedural rates, and any off listing issues, so that we have an idea of what is happening.
- Heart Failure
 - First meeting was held on March 25th, focused on the management of urgency levels, and solutions for virtual care to keep patients out of the hospital
 - 3 main categories of work to be done, focused on:

- Management of fluid overloaded patients and requirements for IV Lasix - how can we avoid ED?
- Virtual care options, such as Medly
- Supporting primary care; many providers/teams are not part of HF clinics
- Key message to providers was that deferring patients during COVID-19 may only lead to backlogs later on. Providers should leverage telemedicine (whatever is available in a region) to continue seeing patients.
- Geriatrics community working on an outpatient assessment tool – should be available by Friday.
- Next steps will be to produce a COVID-19 Recommendations document for heart failure.
- Rehab
 - The cardiac rehab community has expressed interest in meeting to discuss COVID-19. A call is scheduled today for this group.

Delays/Cancellations and Current Cardiac Activity:

- Sample data tables were shared focusing on CABG and Cath procedure rates since the MOH directive came out last week, compared to the same time frame last year
- The group commented that this is helpful data and seeing it moving forward would be helpful. Suggestion made to have this type of data shared once a week
- High level opportunities presented around monitoring capacities and patient outcomes during this time. Acknowledge that numerous points are collected in the registry and at this time we are collecting minimally what is needed to report back meaningfully to the centres

NEXT STEPS

- Guidance documents under way for Structural Heart, CAD/CABG, and Heart Failure groups
- Next meeting of the group will be held next Thursday, April 2, 2020, from 8:00 – 9:00 am
- If group members have any questions, please email to Jana.Jeffrey@corhealthontario.ca, and they will be included for discussion at future meetings