

Memorandum

SUBJECT: CorHealth COVID-19 Cardiac Memo #6 – **RECOMMENDATIONS FOR AN ONTARIO APPROACH TO MANAGING REFERRALS FOR CARDIAC SERVICES DURING COVID-19**

TO: Cardiac Stakeholders
FROM: Office of the CEO, CorHealth Ontario
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DISCLAIMER: The information in this document represents general guidance based on current practice and available evidence. The document was developed by provincial clinical experts, reflecting best knowledge at the time of writing, and is subject to revision based on changing as circumstances and conditions. This information is *intended to be* “guidance rather than directive,” and is *not meant to replace clinical* judgment. Reference to IPAC or Personal Protective Equipment (PPE) in this document should not replace or supersede the IPSC and PPE protocols or directives in place at your hospital.

RECOMMENDATIONS FOR AN ONTARIO APPROACH TO MANAGING REFERRALS FOR CARDIAC SERVICES DURING COVID-19

PREAMBLE

COVID-19 is an unprecedented crisis and poses a significant risk to the community as the landscape is rapidly evolving. The Ministry of Health has requested that all hospitals ramp down non-essential services, elective surgeries and other non-emergent clinical activity. CorHealth Ontario has been engaging with cardiac experts and stakeholders across the province to discuss how best to preserve health care capacity, in light of increasing COVID-19 cases requiring health care. The following guidance and recommendations reflect advice from this engagement.

GUIDING PRINCIPLES

1. Keeping front line health care providers healthy and patients protected is vital.
2. Minimizing the impact of COVID-19 on the mortality and morbidity of patients with cardiac disease is a priority.
3. Aligning with province- and hospital-specific infection prevention and control policies and protocols is important.
4. Promoting clinical activities aimed at preserving hospital resources (i.e. health care human resources, personal protective equipment, procedure rooms, Intensive Care Units, Emergency Departments) is a priority.

RECOMMENDATIONS

CorHealth Ontario, in consultation with key stakeholders, is making recommendations for the management of referrals for cardiac services during the COVID-19 pandemic. These recommendations were created to ensure an ongoing understanding of the volumes and clinical status of patients requiring cardiac services but are being delayed due to COVID-19. This information allows CorHealth Ontario to report back to stakeholders and inform system level decision making. In addition, maintaining accurate wait list allows for efficient patient care management post-COVID.

CorHealth COVID-19 Cardiac Memo #6 – Recommendations for an Ontario Approach to Managing Referrals for Cardiac Services During Covid-19

1. COMMUNICATION TO REFERRAL COMMUNITY

- 1.1 Assigned personnel at each cardiac centre (e.g. Regional Cardiac Coordinator, or others) should communicate to their referral communities the services that are continuing at their respective centres in response to the [Ministry of Health Directive #2](#).
- 1.2 Assigned personnel at each cardiac centre (e.g. Regional Cardiac Coordinator, or others) should reinforce with their referral communities the importance of continuing to send all referrals for cardiac investigations and/or interventions so they can be tracked in the CorHealth Ontario Wait-time Information System (WTIS). It is noted that during the COVID-19 pandemic, the referral community is using discretion around appropriate referrals at this time.

2. LINKING REFERRAL COMMUNITY TO RESOURCES

- 2.1 Cardiac centres will encourage their referral community to leverage provincial and national COVID-19 Resource Centres for COVID-19 practice related updates, including but not limited to:
 - Canadian Cardiovascular Society <https://www.ccs.ca/en/>
 - CorHealth Ontario <https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/covid19>

3. WAITLIST MANAGEMENT

- 3.1 Hospitals should ensure there is a process in place, which includes assigned accountability, for the active management of patients that are on the waitlist. Active management may include:
 - Continuing to prioritize non-emergent referrals appropriately
 - Establishing bi-directional communication with referring physicians to confirm receiving the referral, and communicating any relevant updates
 - Communicating with referred patients to inform them of delays due to COVID-19 or other reasons
 - Communicating with referred patients to assess their symptom status and instruct them on actions to take if symptoms change
 - Ensuring that referred patients receive relevant information/education about their pending procedures (e.g. mailing out procedure information packages)

4. ADVERSE EVENT SURVEILLANCE

- 4.1 During the COVID-19 pandemic, centres should continue to log patient deaths while on the waitlist, if and when they become aware. Data can then be reviewed by CorHealth Ontario to determine if events have increased in the context of COVID-19.