

Memorandum

SUBJECT: CorHealth COVID-19 Cardiac Memo #7 – **IMMEDIATE REDUCTION IN CARDIAC PROCEDURES AND SURGERIES**

TO: CEOs Cardiac Programs and Members of the CorHealth COVID_-19 Cardiac Forum

CC: Dr. Kevin Smith and Dr. Jennifer Gibson, Co-Chairs, COVID-19 Critical Care Table, COVID-19 Command Table

FROM: **Dr. Madhu Natarajan**, Structural and Interventional Cardiology Director, Hamilton-Niagara Integrated Heart Investigation Unit; Site Lead Cardiology, Hamilton General Hospital; Professor of Medicine, McMaster University

Dr. Harindra Wijeyesundera, Director of Research, Division of Cardiology, Schulich Heart Centre; Sunnybrook Health Sciences Centre & Senior Scientist, Sunnybrook Research Institute (SRI); Associate Professor, Dept. of Medicine & Institute of Health Policy, Management and Evaluation, University of Toronto; Adjunct Senior Scientist, Institute for Clinical Evaluative Sciences (ICES)

Ms. Sheila Jarvis, CEO, CorHealth Ontario

DATE: April 4, 2020

TIME: 5:00 PM

VERSION: #1

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 conditions and new evidence. This information is *intended to be "guidance rather than directive,"* and is *not meant to replace clinical judgment or hospital policies.*

Immediate Reduction in Cardiac Procedures & Surgeries

Analysis of cardiac program activity undertaken on March 31, 2020, (Figures below) indicates that cardiac programs have begun to reduce their activity, but there continues to be a large number of non urgent cases being performed. Furthermore, this reduction has not been consistent across all cardiac centres in Ontario. As a result, far too many procedures and surgeries continue to be performed on patients who are not in immediate need of care.

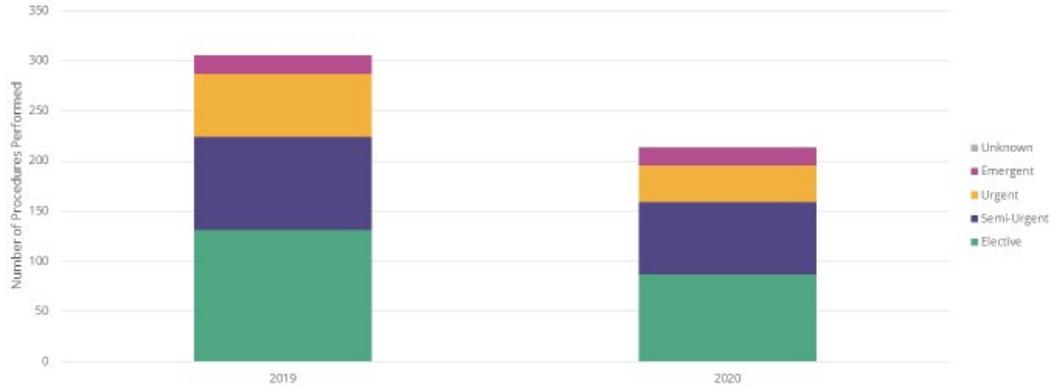
Modeling, using a methodology consistent with the methodology used by the COVID-19 Command Centre, was undertaken this week by Dr. Harindra Wijeyesundera, on a cardiac population most at risk for death, those awaiting TAVI. The results reveal that limiting activity to only hospitalized and emergent cases will result in a modest number of TAVI wait-times deaths (<20) over the next 60 days. In contrast, there may potentially be an order of magnitude more COVID-19 patient deaths over this same time period as a result of resources (e.g. critical care beds, ventilators, staff) being unavailable to care for these patients. Continuing to perform cardiac procedures may result in even greater mortality for those suffering from COVID-19 in the immediate days ahead.

This information further reinforces the need to limit cardiac services requiring inpatient resources. Effective today, for the following week, cardiac programs should cease all invasive procedural and surgical activity, except for in-hospital cases assessed as emergent by the heart team. This action is critical to make ICU capacity and resources available for anticipated COVID-19 cases.

CorHealth Ontario will continue to assess this situation, and will provide weekly updates, or more often as required.

If you have any questions, please contact Dr. Madhu Natarajan (nataraja@mcmaster.ca), Dr. Harindra Wijeyesundera (Harindra.Wijeyesundera@sunnybrook.ca), or Sheila Jarvis (ceo@corhealthontario.ca).

Comparison of Current CABG Surgery Activity From This Year to Last Year



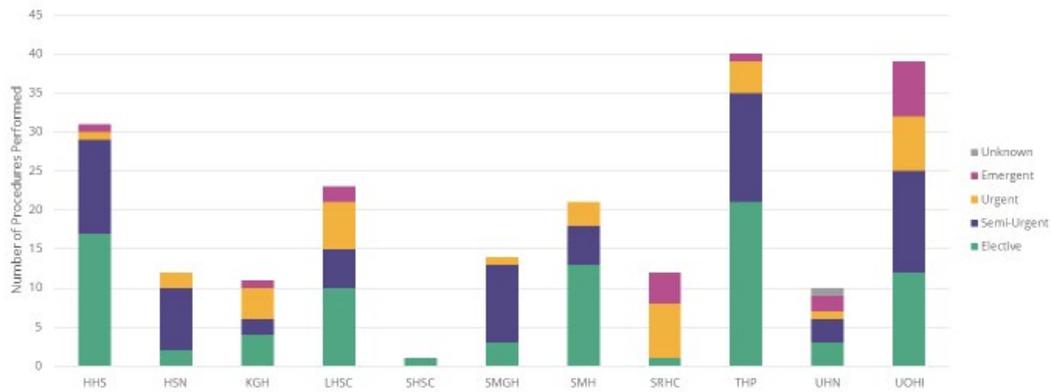
Data are from the CorHealth Cardiac Registry; The time period of this analysis covers March 16 to March 31 of 2019 for the 2019 bar and March 16 to March 31 of 2020 for the 2020 bar.



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Volume of CABG Surgeries Performed by Hospital Since Government Directive Was Released



Data are from the CorHealth Cardiac Registry; Data cover the period of March 16, 2020 to March 31, 2020.



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