

# Memorandum

**SUBJECT:** CorHealth COVID-19 Cardiac Memo #9 – **RECOMMENDATIONS FOR AN ONTARIO APPROACH TO PRIORITIZATION OF CARDIAC SURGICAL PROCEDURES FOR TREATMENT OF CORONARY ARTERY DISEASE, VALVULAR DISEASE AND SURGICAL TREATMENT FOR OTHER CARDIAC DISEASE IN RESPONSE TO PHASES OF COVID-19**

**TO:** Cardiac Stakeholders  
**FROM:** Office of the CEO, CorHealth Ontario  
**DATE:** April 24, 2020  
**TIME:** 11:00 AM  
**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, regulatory body requirements, organizational, or hospital policies. Reference to Infection Prevention and Control (IPAC) or Personal Protective Equipment (PPE) in this document should not replace or supersede the IPAC and PPE protocols or directives in place at your hospital.

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## Recommendations for an Ontario Approach to Prioritization of Cardiac Surgical Procedures for Treatment of Coronary Artery, Valvular and Other Cardiac Disease in Response to Phases of 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 requested on March 15, 2020 that all hospitals ramp down all non-essential services, elective surgeries, and other non-emergent clinical activity. In response to the anticipated demand on hospital resources, hospitals reduced outpatient surgeries and other non-emergent clinical activity. CorHealth Ontario has worked with cardiac experts and stakeholders across the province to discuss how best to preserve care capacity for those cardiac patients in greatest need, while we gradually restore health care capacity in the context of COVID-19. 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.

CorHealth Ontario, in consultation with key stakeholders, is making recommendations for the management of patients eligible for cardiac surgical procedures for treatment of coronary artery, valvular, and other cardiac disease in response to phases of COVID-19. These recommendations were created with the intention to limit as much as possible unintended harm to patients who are at high risk of mortality and

morbidity if their conditions are left untreated. Patients requiring surgical treatment for their conditions are at risk of mortality, morbidity and/or hospitalization if they contract COVID-19; as such, determination to treat these patients requires careful consideration of the risk of delayed treatment against the potential risk of exposure to COVID-19 in the hospital.

These recommendations were informed by the following:

- *Cardiac surgery in Canada during the COVID-19 Pandemic: A Guidance Statement from the Canadian Society of Cardiac Surgeons* (April 1, 2020).  
Available here: <https://www.onlinecjc.ca/action/showPdf?pii=S0828-282X%2820%2930323-8>
- The Society of Thoracic Surgery *STS Resource Utilization Tool for Cardiac Surgery* (2020).  
Available here: <https://www.sts.org/sts-resource-utilization-tool-cardiac-surgery-terms-and-conditions>

## PART 1: DECISION-MAKING TO SUPPORT CARDIAC SURGERY ESSENTIAL SERVICES

- 1.1 In the context of the COVID-19 pandemic, medically necessary, time-sensitive cardiac surgery should be considered based on the patient's clinical status and risk factor profile, and on the available resources and capacity at the surgical facility, given that capacity during COVID-19 is dynamic and multi-factorial (e.g. human resources, PPE, medications, bed availability). These decisions can be guided by Figure 2 (p.14-16) in *Cardiac surgery in Canada during the COVID-19 Pandemic: A Guidance Statement from the Canadian Society of Cardiac Surgeons*, with consideration of hospital- and region-specific context.  
Available here: <https://www.onlinecjc.ca/action/showPdf?pii=S0828-282X%2820%2930323-8>
- 1.2 Hospital capacity, in the context of COVID-19 will vary over time and across regions. Acknowledging this variation, hospitals should consider strategies to preserve resources (e.g. OR, CVICU beds, etc.) required for time sensitive cardiac services, with frequent review of this strategy as health system circumstances change.
- 1.3 The Interdisciplinary Heart Team should continue to be leveraged during COVID-19 to support decision-making around optimal interventions for patients requiring cardiac surgeries.
- 1.4 Regular CorHealth Cardiac COVID-19 Forum meetings should be utilized by the cardiac surgery community as a mechanism to support sharing experiences and learnings in real-time related to patient care, in the context of the COVID-19 pandemic (i.e. experience with early extubation in the OR).

## PART 2: WAITLIST MANAGEMENT

- 2.1 Hospitals should ensure there is a process in place which includes assigned accountability for the active management of the cardiac surgery waitlist(s). Mechanisms include ongoing review of patient priority, as well as the assessment of the centres' ability to provide cardiac surgery services during the COVID-19 pandemic.
- 2.2 To support waitlist prioritization decisions, guidance provided in *Cardiac surgery in Canada during the COVID-19 Pandemic: A Guidance Statement from the Canadian Society of Cardiac Surgeons* (Figure 2. P.14-16) can be leveraged (see link above). Additional considerations around the management of referrals and waitlists, including establishing a bi-directional communication process to review the clinical status

of patients, can be found in CorHealth COVID-19 Cardiac Memo #6: Recommendations for an Ontario Approach to Managing Referrals for Cardiac Services during COVID-19.

Available here: <https://www.corhealthontario.ca/CorHealth-COVID-19-Cardiac-Memo6-Referrals-for-Cardiac-Services-During-COVID-19.pdf>

- 2.3 Cardiac surgeons should consider a consistent approach to documenting patient triage decision-making. In addition to documenting all triage decisions in a patient’s medical record (i.e. the standard of care), teams may consider using additional decision documentation tools. A sample case review documentation template (created by CorHealth Ontario, and included in the Appendix), can be utilized or adapted by care providers and teams.

### PART 3: OTHER CONSIDERATIONS

- 3.1 To minimize the exposure to COVID-19, cardiac surgeons should consider the use of virtual care tools and resources (e.g. OTN, telephone) to assess new referrals, review patients on the waitlist and to conduct post-operative follow ups.
- 3.2 In light of regional variation of COVID-19 prevalence and hospital capacity, cardiac programs and providers should improve collaborative efforts to address waitlists and resource constraints to ensure continued access to cardiac care.

### PART 4: LEVERAGING TOOLS AND RESOURCES

- 4.1 The Society of Thoracic Surgery *STS Resource Utilization Tool for Cardiac Surgery* can be utilized by surgeons to inform resource needs based on the surgery being performed and patient conditions that contribute to resource use. This tool can be found here: <https://www.sts.org/sts-resource-utilization-tool-cardiac-surgery-terms-and-conditions>
- 4.2 The Critical Care Services Ontario (CCSO) COVID-19 Daily Reports can be leveraged by Cardiac Surgery teams to inform up-to-date decision-making.

## Appendix

### Sample Case Review Template:

Disclaimer: This template does not replace routine documentation of patient care decisions in a patient's medical record.

<b>Date:</b>
<b>Time:</b>
<b>Patient Name:</b>
<b>Patient Location:</b> Acute ICU/CCU Bed      Acute Ward Bed      Home      Other: _____
<b>Service Required</b> Cath      PCI      TAVI      Mitral Clip      Other Structural: _____ CABG      CABG + Valve      Isolated Valve: _____ Other CV Surgery _____ Other Service: _____
<b>Case Urgency Details:</b>
<b>Decision</b> ___: Rationale to proceed (comments)  ___: Rationale to defer at this time (comments)  <u>Case re-evaluation date/time:</u>