



# CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #11

June 4, 2020 | 8:00-9:00 am

Teleconference: (647) 951-8467 or Long Distance: 1 (844) 304 -7743

Conference ID: 986393473

# Agenda

| Time  | Description   | Presenter / Facilitator   |
|-------|---|---|
| 08:00 | <b>1. Welcome</b> <ul style="list-style-type: none"> <li>Meeting Objectives</li> <li>COVID-19 System Planning Updates</li> <li>Guiding Principles</li> </ul>  | <b>Sheila Jarvis</b>  |
| 8:05  | <b>2. Cardiac Planning – Dynamic Healthcare Impact:</b> <ul style="list-style-type: none"> <li>CORE Cardiac Submodule: Recovery Scenarios &amp; Guidance for Standards of Practice</li> </ul>   | <b>Dr. Harindra Wijeyesundera</b><br><i>MD, PhD, Senior Scientist (Sunnybrook Research Institute), Staff Cardiologist (Schulich Heart Centre), Associate Professor (University of Toronto), Senior Adjunct Scientist (ICES), Vice-President, Medical Devices and Clinical Interventions (CADTH)</i> |
| 8:25  | <b>3. Open Forum Discussion</b> <ul style="list-style-type: none"> <li>Echocardiography Backlog – Opportunity</li> <li>Cardiac Services Backlog – Opportunity:               <ul style="list-style-type: none"> <li><i>How is your hospital responding to the amended Directive #2 regarding increasing hospital-based activity, and what are some of the challenges that you face, and will continue to face, associated with COVID-19?</i></li> <li><i>What are some of the key opportunities?</i></li> </ul> </li> </ul> | <b>Dr. Anthony Sanfilippo</b><br><i>MD, FRCP(C), Clinical Cardiologist (Kingston Health Sciences Centre), Professor of Dept. Medicine &amp; Cardiology (Queen's University), Clinician-Scientist (KGHRI)</i><br><br><b>Dr. Madhu Natarajan / All</b>  |
| 08:55 | <b>4. Other Updates and Next Steps</b> <ul style="list-style-type: none"> <li>Cardiac activity report</li> </ul>  | <b>Jana Jeffrey</b>   |



# Welcome

**SHEILA JARVIS**

# Meeting Objectives

- CorHealth's COVID-19 Cardiac Stakeholder Forums have been, and will continue to serve as a space for sharing local and regional cardiac system responses to COVID-19
- With the release of the amendment to Directive #2, these Forums present an opportunity to plan and leverage insights on managing within the dynamic phases of COVID-19
- *The objective of today's meeting is to provide the opportunity to discuss and obtain your insights regarding the key challenges, opportunities, and tangible next steps, associated with COVID-19.*

# COVID-19 System Updates

- CorHealth has been informed that the Value-for-Money Audit on Cardiovascular and Stroke care in Ontario CorHealth had been participating in has been put on hold in light of COVID-19.
  - The Auditor General of Ontario (OAGO) is now focusing on auditing the long-term care situation in the province. There is no indication of when the Value-for-Money Audit on Cardiovascular and Stroke care in Ontario may be re-started.
- COVID-19 Stakeholder Forum Chairs will be attending the Board subcommittee meeting of Clinical Advisory Committee on June 5<sup>th</sup> to report on work underway at these Forums
- We are at a turning point with the release of the amendment to Directive #2 from the MOH and a shift in focus towards ambulatory care

# COVID-19 Stakeholder Forum Survey Results

CARDIAC SUMMARY | 45 of THE 104 SURVEY RESPONDENTS PARTICIPATED IN THE CARDIAC FORUM

## Cardiac-specific responses to Q3: What areas of focus would you like to see included in future Forums? (high-level summary)

- Virtual care - enabling a plan for the province. Being a champion for all the cardiac patients out there. Getting cardiac care to cardiac patients
- Guidance and principles as we navigate through the pandemic
- Prioritization of patients as the waitlist is addressed
- Heart failure (HF) - virtual models
- More on cardiac rehab; HF delivery in non-academic centres
- Continued cardiac rehab direction
- What are other cardiac rehab groups doing during COVID-19 to stay in touch with patients?
- Echo
- A review of how COVID-19 affects the heart

## Additional cardiac-specific comments:

- We need a plan to provide cardiovascular (CV) services while being able to manage COVID-19 patients. We just can't provide services for COVID patients and ignore chronic illnesses such as seen in CV patients.



# 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 exist 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) while also delivering high-quality care, is a priority.



# CORE Cardiac Submodule: Recovery Scenarios

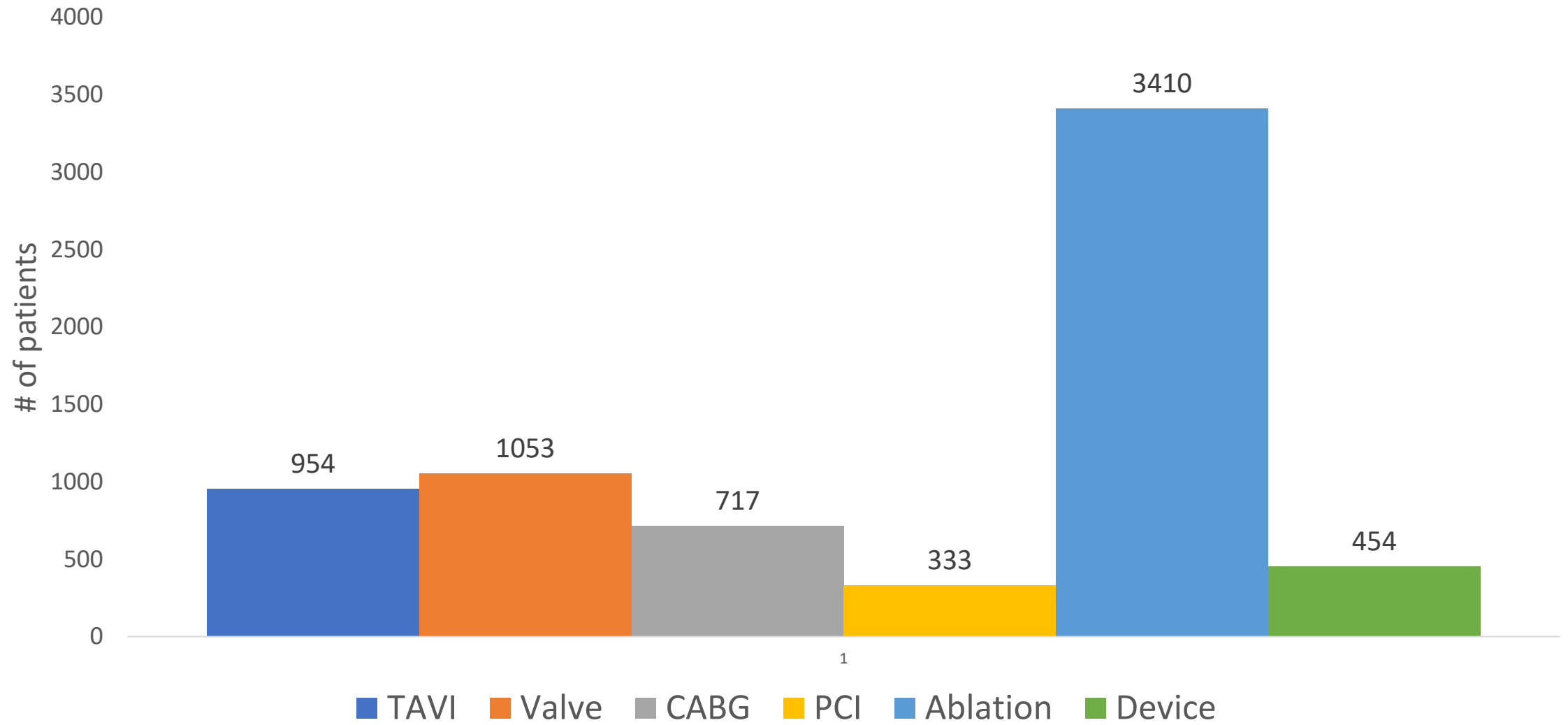
**DR. HARINDRA WIJEYSUNDERA**



# Outline

- Cardiac Submodule of CORE
  - i. Assumptions
    - i. 3 scenarios of additional recovery activity to “clear the backlog”
      - i. 120%, versus 140% versus 160% of baseline activity
    - ii. Thoughts for consideration

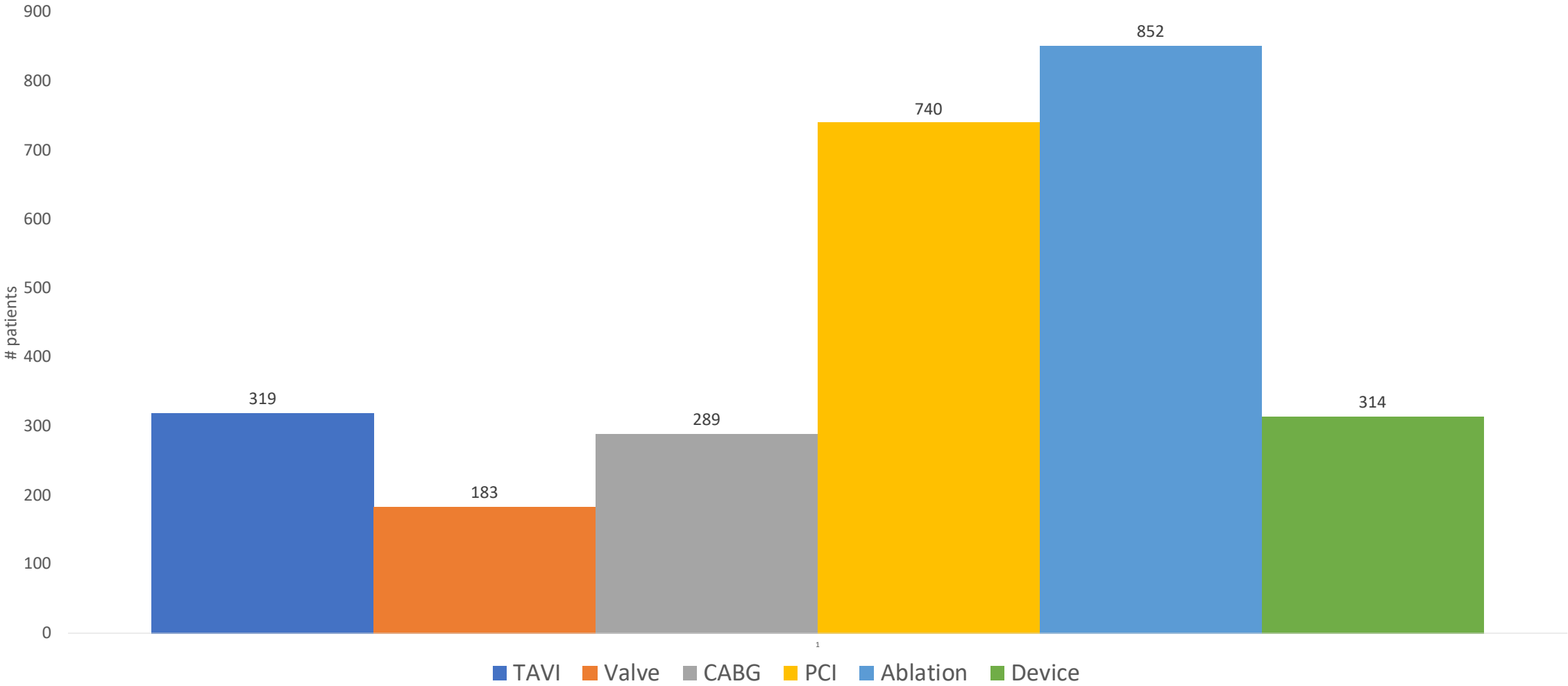
# STATUS QUO: Wait-list for Scheduled Outpatients as of March 15, 2020



# Cardiac Model Structure & Assumptions

- Procedure run rate, hospitalization rate and **referral rate** based on observed trends from 2019-2020
- Observed ramp down of elective procedures seen in PCI, CABG, valves, EP ablation, devices and TAVR modelled
  - gradual from March 15
- Urgent TAVI, ACS, STEMI, urgent CABG + valves, ICD continue. Unplanned hospitalization for TAVI continues
- During recovery, time to deal with backlog, assuming a **resumption of baseline activity**

# Anticipated Incremental Wait-list for Scheduled Outpatients as of June 1st, 2020



# Time to clear backlog

- Definition
  - To return to baseline wait-list
  - Assumes
    - Baseline efficiency
    - Baseline referral rate

| <b>Procedure</b> | <b>120% of capacity</b> |
|------------------|-------------------------|
| CABG             | 12 weeks                |
| Valves           | 11 weeks                |
| Device           | Not possible            |
| PCI              | >20 weeks               |
| Ablation         | Not possible            |
| TAVI             | Not possible            |

# New Reality

- Efficiency of care delivery will be lower
  - PPE & new process to protect health care workers and patients
- 10-15% of capacity is “reserved/readily available” for surge
- **In some areas, ability to deal with backlog based on historical patterns of referral and approach to care is **not possible****
  - **Status quo is not tenable**
  - **Requires different approach**
  - *Not unique to cardiac care*
    - *Same reality discussed at recovery tables for other conditions*



# Open Forum Discussion

**DR. MADHU NATARJAN / ALL**

# 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 exist 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) while also delivering high-quality care, is a priority.



# Echocardiography Backlog – Opportunity

*Dr. Anthony Sanfilippo*

- **Memo #2:** Provision of Hospital Echocardiography Services During COVID-19
- **Memo #5:** Provision of Non-Hospital Echocardiography Services During COVID-19
- **Memo #11:** Recommendations for an Ontario Approach to Triaging Echocardiographic Services During COVID-19

# Cardiac Services Backlog - Opportunity

1. How is your hospital responding to the amended Directive #2 regarding increasing hospital-based activity, and what are some of the **key challenges** that you face, and/or will continue to face, associated with COVID-19?
2. What are some of the **key opportunities** to address these challenges?



# Other Updates and Next Steps

**JANA JEFFREY**

# Other Updates and Next Steps

- Next COVID-19 Cardiac Forum Meeting: Thursday, June 11, 2020; 8:00-9:00 am
- CorHealth Cardiovascular Rehabilitation Memo was released on May 12<sup>th</sup> on the CorHealth Website COVID-19 Resource Centre.
  - The memo aims to provide guidance on how the delivery of CR can strive to meet the Standards for the Provision of Cardiovascular Rehabilitation in Ontario (CR Standards) in a virtual based environment during the COVID-19 pandemic.
- CT/Cardiac Imaging Guidance Memo - under development



# Appendix

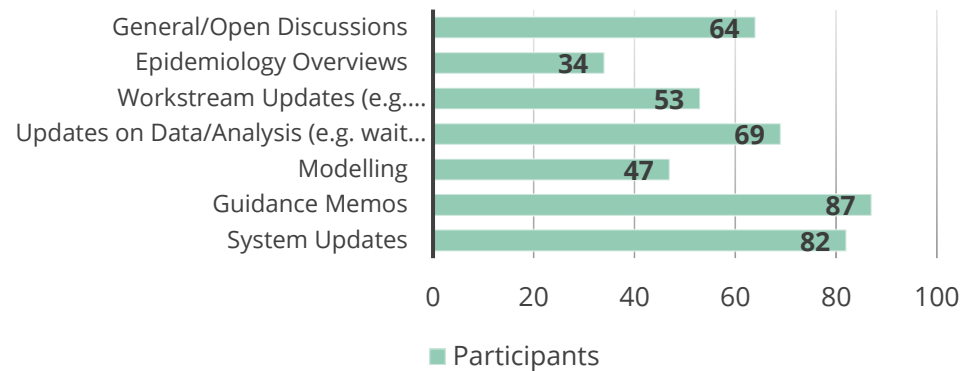
# Cardiac Workstreams

| Cardiac Workstream                      | Moderator(s)                                |
|---|---|
| Echocardiography                        | Dr. Tony Sanfilippo<br>Dr. Howard Leong-Poi |
| Rehab                                   | Dr. Paul Oh<br>Dr. Mark Bayley              |
| Cardiac Surgery<br>Cath/PCI             | Dr. Chris Feindel<br>Dr. Eric Cohen         |
| Heart Failure                           | Dr. Heather Ross                            |
| STEMI                                   | Dr. Steve Miner                             |
| Cardiac Electrophysiology               | Dr. Atul Verma                              |
| Structural Heart (TAVI, Mitral<br>Clip) | Dr. Sam Radhakrishnan                       |
| Managing Referrals                      | Dr. Chris Feindel<br>Dr. Eric Cohen         |

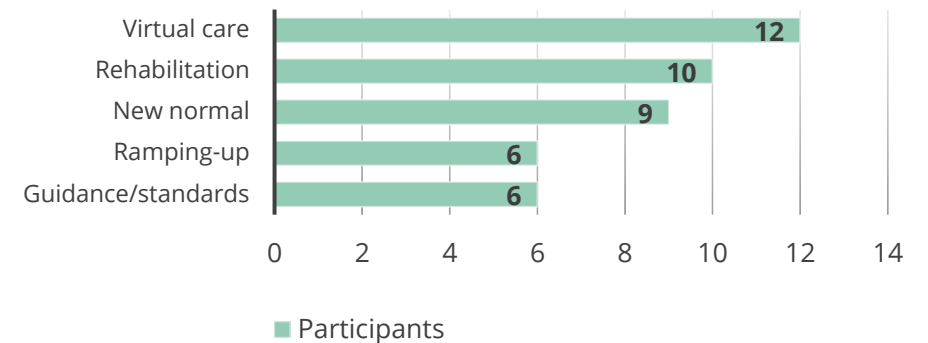
# COVID-19 Stakeholder Forum Survey Results

**RESPONDENTS: 104** | **Q1: Forum Participation Breakdown: Cardiac - 45, Heart Failure - 27, Stroke - 30, Vascular - 19, Rehab (C/S/V) - 30**

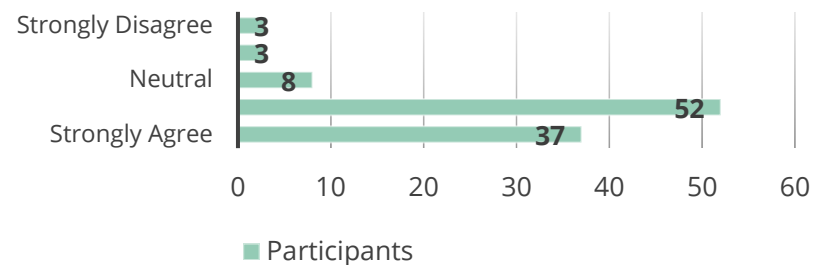
**Q2: Beneficial Forum Components to Support Cardiac, Stroke, and Vascular Care in Ontario during COVID-19**



**Q3: Top 5 Areas of Focus that Would Like to be Seen Included in Future Forums**



**Q4: The topics discussed at the Forum(s) are timely:**



**Q5: At Several CorHealth COVID-19 Stakeholder Forums, we have heard a number of providers raise concerns about mental health. Of the following options, please indicate what would be beneficial:**

