



# CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #5

April 16, 2020 | 8:00-9:00 am

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

Conference ID: 986393473

# Agenda

Description	Presenter / Facilitator	Time
1. Welcome <ul style="list-style-type: none"><li>Meeting Objective</li><li>COVID-19 System Planning Updates</li></ul>	Sheila Jarvis	08:00
2. CORE Cardiac Module Update <ul style="list-style-type: none"><li>Update of modelling outputs (as of April 15, 2020) and implications for hospitals</li><li>CorHealth Cardiac Memo #8 – <i>Recommendations for Resuming Selective Urgent Outpatient Cardiac Procedures and Surgeries</i></li></ul>	Dr. Harindra Wijesundera Dr. Madhu Natarajan	08:05
3. Discussion	Dr. Madhu Natarajan	08:25
4. Next Steps	Jana Jeffrey	08:55



# Welcome

**SHEILA JARVIS**

# Meeting Objectives

- To provide latest outputs from the CORE cardiac modelling and to discuss implications for the field, including a discussion around CorHealth COVID-19 Cardiac Memo #8
- To share an update on cardiac work streams, including emerging issues and considerations arising from the field
- To provide a brief update on cardiac data this week

# COVID-19 System Planning Updates

## 1. **COVID Surgical Services Pandemic Advisory Panel** – Chair Dr. Jon Irish

- CorHealth is actively participating in the COVID-19 Surgical Services Pandemic Advisory Panel
- Objective of the panel: Provide system monitoring of resource constraints, capacity issues and planning accommodations to manage the building demand across health care primarily across surgical specialties
- Recommendations will be tabled with OH/Command Table

## 2. **Surgical/Procedural Ramp Up Committee** – Chair Dr. Chris Simpson

- CorHealth, Dr. Madhu Natarajan, Dr. Harindra Wijeyesundera, Dr. Sudhir Nagpal, Dr. Tom Forbes met with Dr. Simpson this morning



# CORE Cardiac Module Update

**DR. HARINDRA WIJEYSUNDERA**

# Model Structure & Assumptions (1)

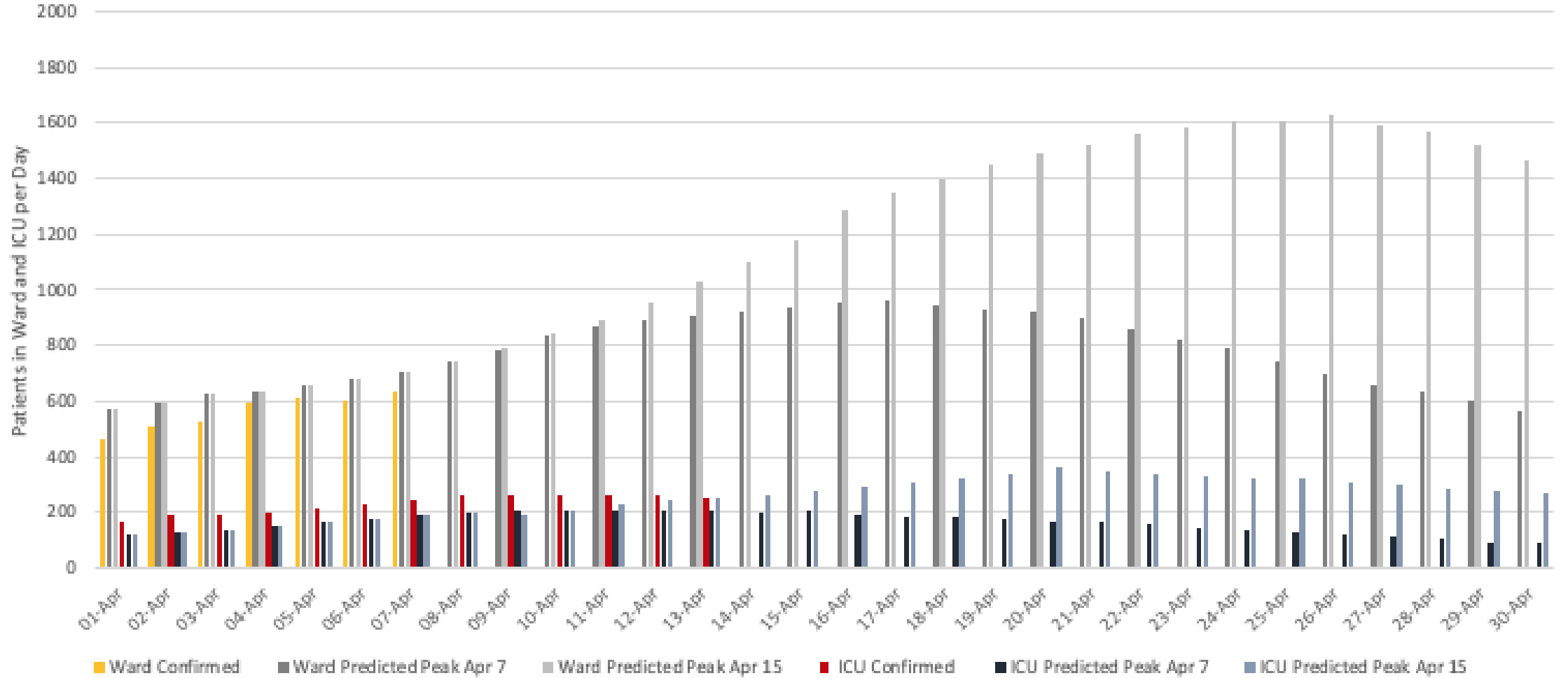
- March 15: pandemic day 1. Community infection follows Ontario trend with projected peak April 15
- COVID-19 ICU and ward validated to April 14 and projected forward
- All cardiac procedures compete for same cardiac allocated beds
  - i.e. take away from global pool of COVID beds

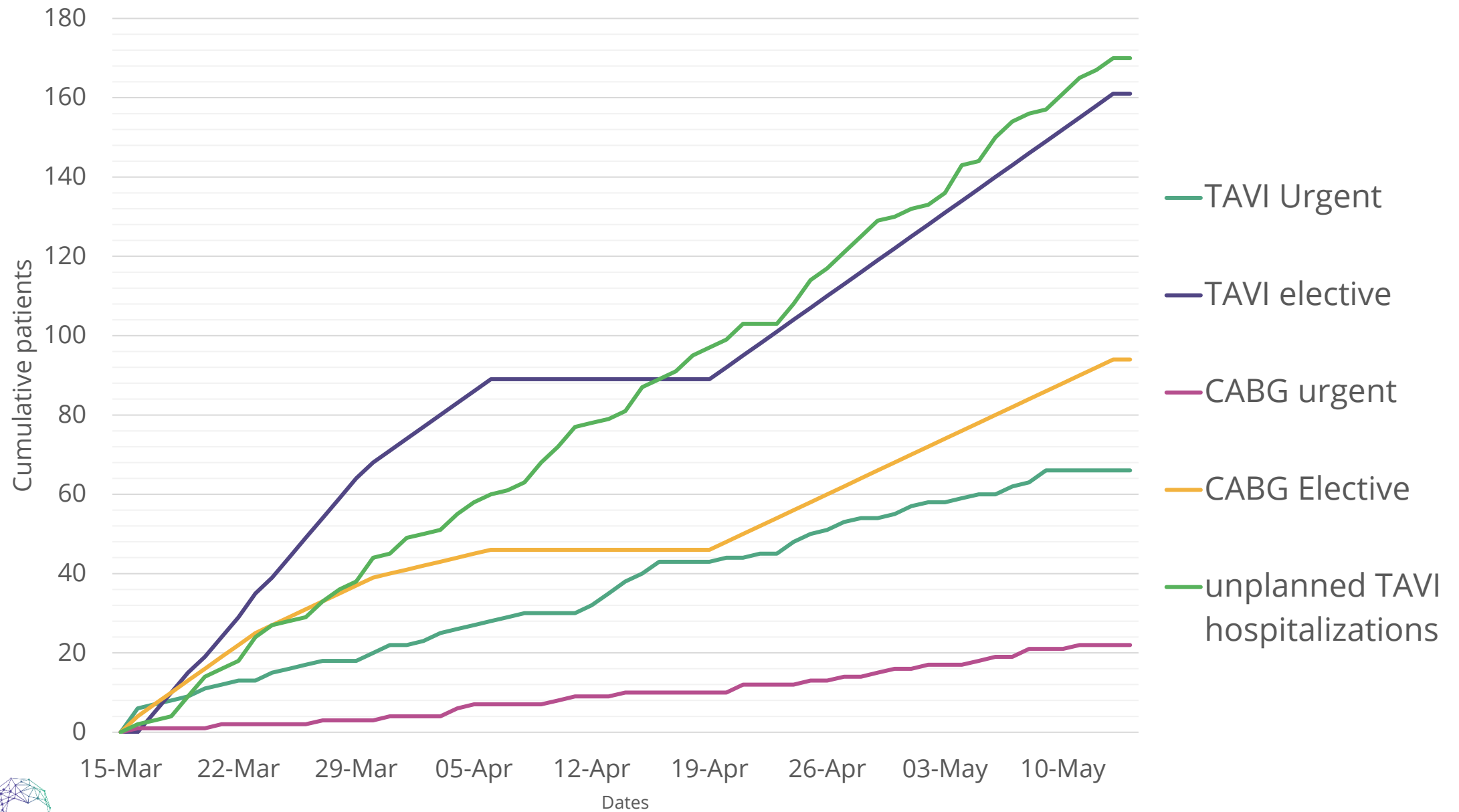
# Model Structure & Assumptions

- Actual observed ramp down of scheduled outpatient procedures seen in PCI, CABG, SAVR and TAVR modelled
  - gradual from March 15 to full stop on April 4
- In-hospital, urgent TAVI, ACS, STEMI, urgent CABG + SAVR continue. Hospitalization for TAVI continues
- Assume April 20<sup>th</sup> resumption of highest risk scheduled outpatient procedures at 50% capacity (*i.e. Memo #8 recommendations*)
- Modelling impact on available COVID-19 resources and if remaining cardiac resources are adequate

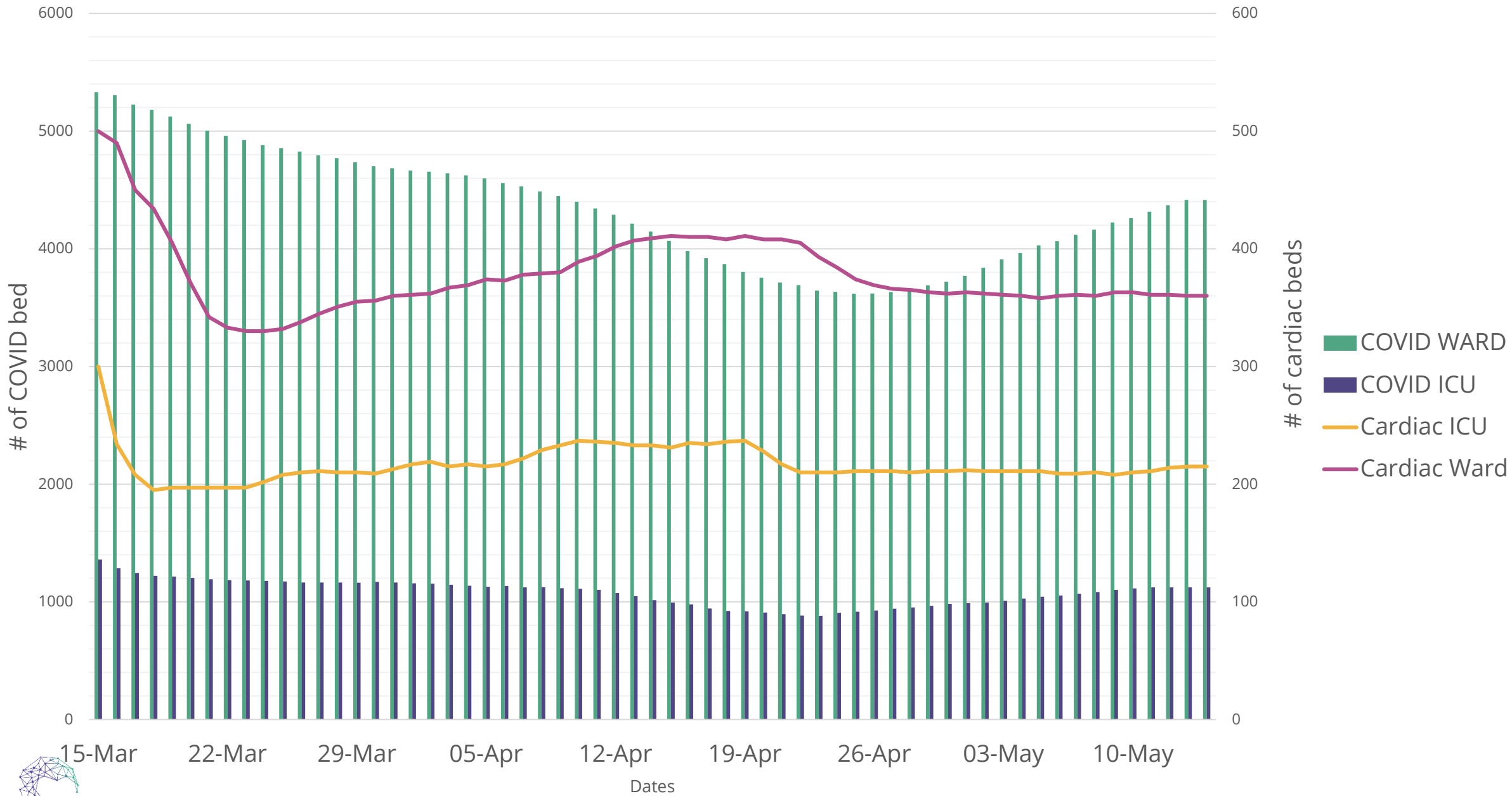


Patients in Ward and ICU per Day (predicted vs. observed)

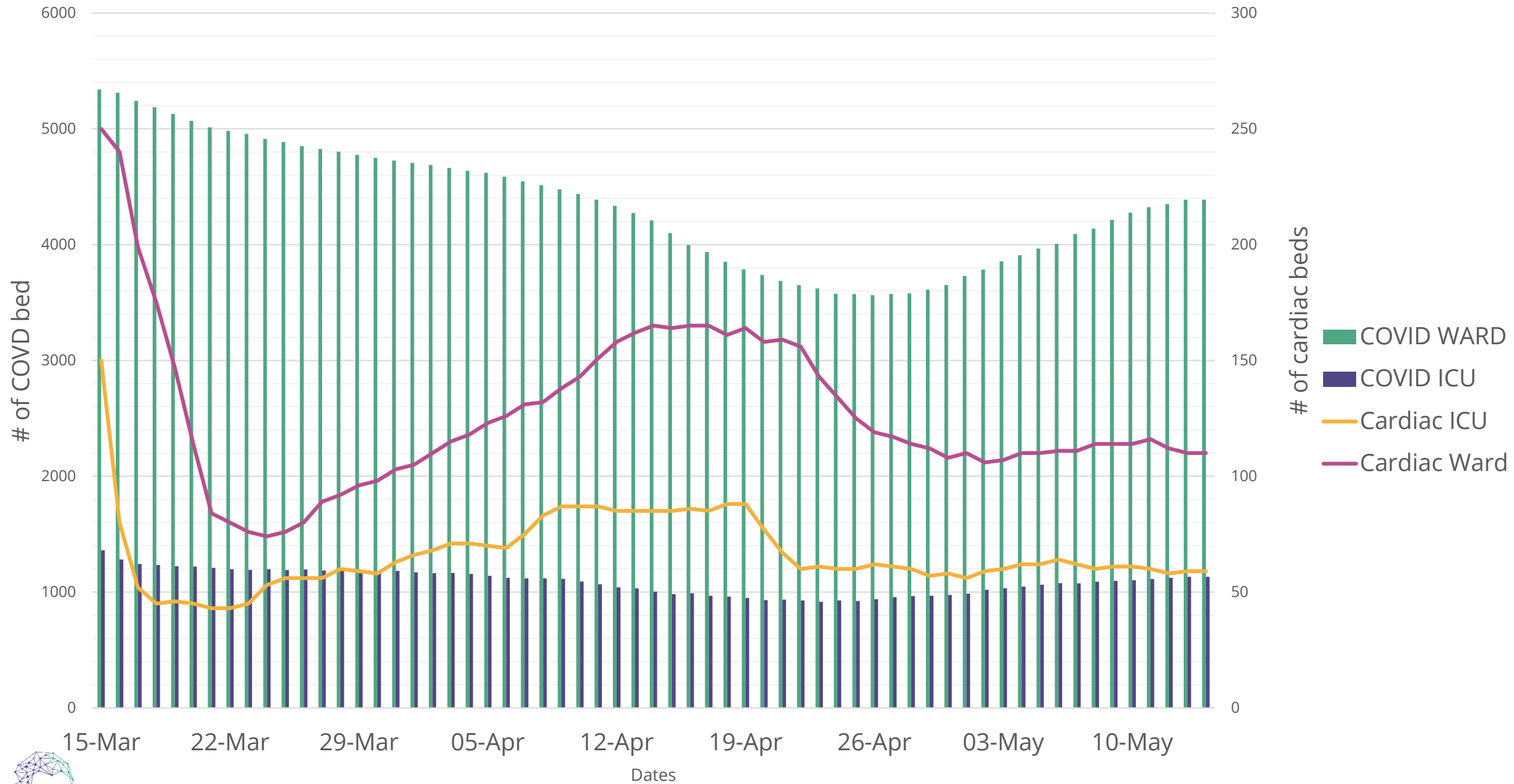




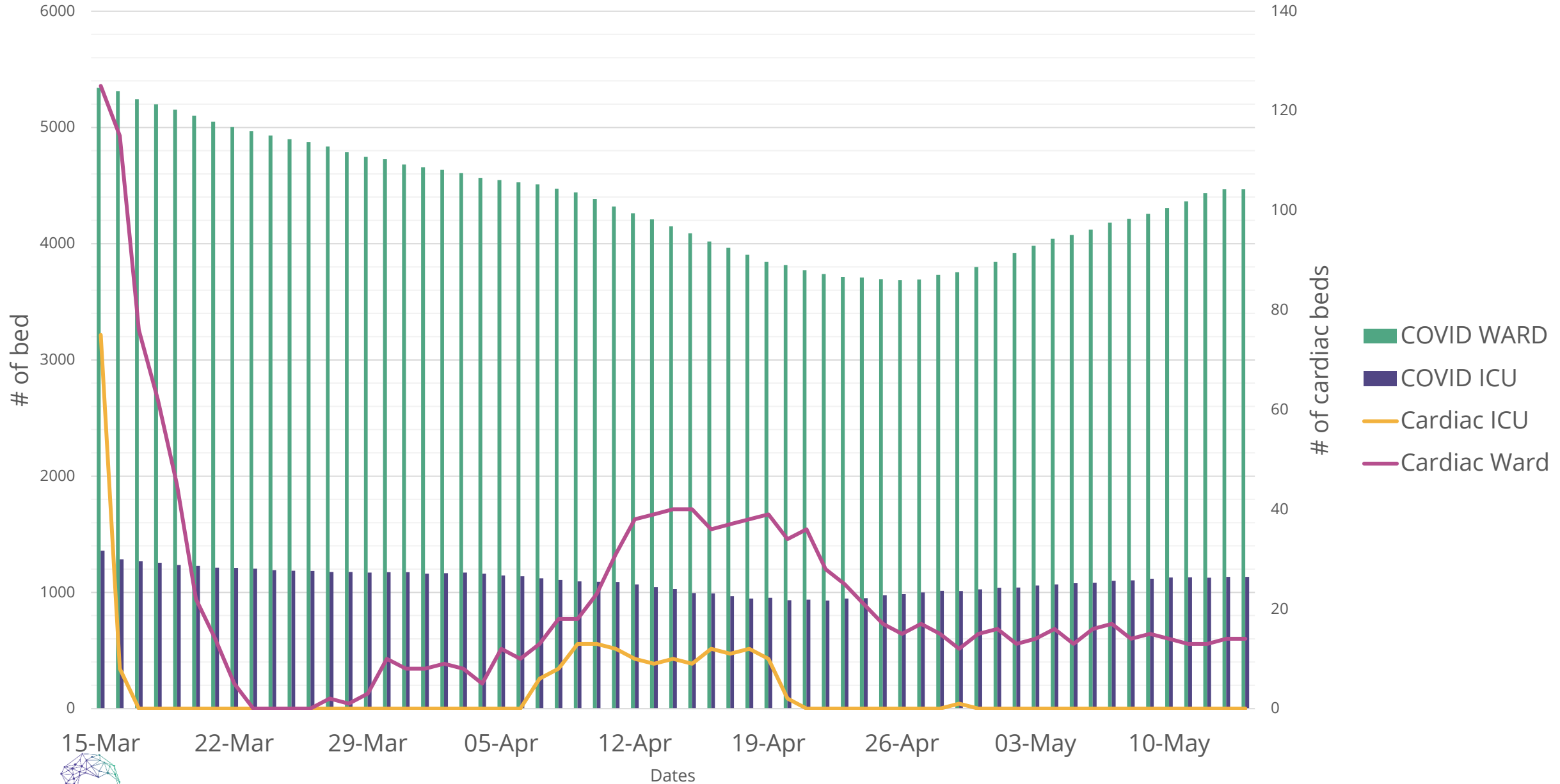
# 100% of cardiac resource available for use



# 50% of cardiac resources available for use



# 25% of cardiac resources available for use



# Conclusion and Next Steps

- CONCLUSION:
  - Current cardiac resources adequate to service urgent in-patients and highest risk, scheduled outpatients, unless  $< \sim 25\%$  of historical cardiac resource remain after redeployment
- NEXT STEPS:
  - Modelling *incremental* outpatient wait-list growth from March 15-May 3 across conditions
  - Determining “surge” capacity required to eliminate this incremental outpatient wait-list
    - OR, ward, ICU resources



# Cardiac COVID-19 Memo #8

**DR. MADHU NATARAJAN**

# Cardiac COVID-19 Memo #8

- Since issuing *CorHealth COVID-19 Cardiac Memo #7 – Immediate Reduction in Cardiac Procedures and Surgeries* on April 4, 2020, COVID-19 pandemic epidemiology and hospital use has been closely followed
- Based on observations over the last nine days, and after engaging with cardiac experts, CorHealth recommends, with the approval of local hospital leadership and based on local resource circumstances, the resumption of selective urgent outpatient procedures, and surgeries for those deemed to be of highest risk
- The highest risk patient categories should be informed by previous guidance documents (Memos #1,2,3,4,6)
- The guidance in Memo #8 does not replace decisions made by regional and local hospital leadership; and, needs to be tailored to fit local resource circumstances
- CorHealth Ontario will continue to closely monitor this situation and will provide updates as needed





# Discussion

# Discussion

- Are there any questions related to the latest CORE model cardiac projections?
- Any questions related to Memo #8?
- What priorities should be considered over the next 1-2 weeks?
- Are there any other emerging issues or considerations from the field?



# Next Steps

**JANA JEFFREY**

# Next Steps

- Next COVID-19 Cardiac Forum Meeting: Thursday, April 23, 2020; 8:00-9:00 am



# Appendix

# Cardiac Workstreams Update

Cardiac Workstream	Moderator(s)	Updates
Cardiac Electrophysiology	Dr. Atul Verma	Interest in having cardiac modelling work done to inform the management of the high risk, outpatient EP population
Echocardiography	Dr. Tony Sanfilippo Dr. Howard Leong-Poi	An approach to triaging ECHO during COVID-19 under development
STEMI	Dr. Steve Miner	Revised Memo #3 to be posted soon (Version 2)
Structural Heart (TAVI, Mitral Clip)	Dr. Sam Radhakrishnan	No updates.
CAD/Revasc PCI/CABG	Dr. Chris Feindel Dr. Eric Cohen	CAIC and CCS documents are available on CorHealth's COVID-19 Resource Centre
Managing Referrals	Dr. Chris Feindel Dr. Eric Cohen	No updates.
Heart Failure	Dr. Heather Ross	Next HF COVID-19 Forum Meeting: April 22
Rehab	Dr. Paul Oh Dr. Mark Bayley	No updates.