

COVID-19 Cardiac Stakeholder Forum #10

MEETING SUMMARY NOTES

DATE: May 21, 2020 | 8:00 – 9:00 AM

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

GROUPS REPRESENTED: More than 110 people joined the call with representation from CorHealth Cardiac Leadership Council, CorHealth Vascular and Stroke Leadership Chairs, Ministry of Health, Ontario Base Hospital-MAC, Ontario STEMI Network, Cardiac Medical Directors, Program Administrators, Cath Lab Medical Directors, EP Medical Directors, interventional cardiologists, and cardiac surgeons.

HIGHLIGHTS

eCTAS: A Glimpse Into the Emergency Departments

- J. McCarron (Clinical Lead, eCTAS) & T. Ahmed (Manager, eCTAS) presented on Ontario's electronic decision support and documentation tool for triage
- Described the CTAS Triage standard in Canada, which collects the most important problem the patient is presenting with, and assigns an urgency score
- The eCTAS application outlines standard information collected
- Aside from eCTAS being a nursing tool to improve consistency in triaging, it allows for robust data collection from patients triaged
- With 115 hospital sites live in eCTAS in Ontario, these hospitals have all integrated with eCTAS and therefore data is received in real time
- The tool has incorporated updated COVID-19 infection control screening, and this data is being used for tracking infectious disease in the province
- Based on this data, there has been a general drop in patients that have arrived with cardiovascular related illnesses; although, in recent days the rebound has occurred
- N.Gierman (Heart & Stroke) noted that messaging through radio & TV have been released to reassure patients it is safe to come into the hospital if needed, and encouraged others to share this messaging through their institutions

STEMI Activity in Ontario During the COVID-19 Pandemic

- G. Oakes presented the STEMI analysis based on Registry data; note, this data is up until May 10th, and there may be a slight overestimate in the decrease in STEMIs, due to some lag in data reporting
- The number of STEMIs presenting to Ontario CATH labs have dropped over the course of the COVID-19 pandemic & the proportion of STEMIs receiving primary PCI has remained consistent
- The proportion of STEMIs achieving FMC to device target times has decreased for both patients presenting directly to PCI centres (90 min target) and for patients transferred from non-PCI centres (120 min target)
- FMC to device time delays have increased slightly over the course of the COVID-19 pandemic, however, we have not observed a corresponding increase in onset of symptoms to device time delays
- It was noted that this data is collected from centers that have CATH lab performing STEMI, which are only seeing patients that had a CATH and are coded as a STEMI. There are some limitations in terms of coding for symptom onset.
- A paradox with this data is that fewer STEMIs are presenting, however, it is taking longer to get them treated. This may be due to the many processes in place to protect the patients and health care workers, which may be adding to delays in a closely linked 'relay system'
- It was noted that we should exercise caution and should hold judgement on whether care has deteriorated until there is outcome information available on patients that have undergone primary PCI

Heart Failure Update

- COVID-19: Update on Current Data:
 - Dr. H. Ross provided an overview of the current global and provincial landscape of COVID-19 referencing: <https://ourworldindata.org/coronavirus>
 - Globally: increasing growth rates of COVID-19 cases in Russia and India with total confirmed cases globally reaching 4.9 million cases
 - In Canada: starting to see a flattening of 'the curve'. The case fatality ratio is higher than the overall global rate, driven largely by what is occurring in LTC homes. As testing increased last week, we reached our peak testing with ~ 200K individuals tested for COVID-19. There has since been a drop, and may still not be testing as much as we need to be.
 - In Ontario: the distribution of ICU occupancy varies across the province. Patients age 80+ years in the ICU have a much higher mortality rate (~70%) than younger patients. Total # of cases (23,774); Resolved (18,190, 76.5%); Deceased (1,962, 8.3%).

- Heart Failure (HF) Data:
 - Dr. H. Ross presented HF modelling work completed by Dr. H. Wijeyesundera
 - Data was based on prevalent and incident patients at the provincial level up to March 31st 2019 (IC/ES). There are approximately 305,000 HF patients in Ontario at the beginning of the pandemic. Retrospective data suggests an annual hospitalization rate of 1.7% and ED visit rate of 2.3%
 - Over the course of 1 month into the pandemic, we would expect to see ~2300 HF hospitalizations and ~2800 ED expected visits
 - Based on UHN real time ED visit data (2019 vs 2020), week-to-week there are far fewer HF patients coming into the ED in 2020. For those that do come into ED, far fewer are being admitted – this is concerning
 - Estimate that 5% of the prevalent HF population have high-risk patient characteristics, and clinics are not meeting this need

- Ambulatory Heart Failure Activity: Planning for Resuming Care
 - Dr. H. Ross introduced an overview of UHN's outlined Recovery Phases and a summary of UHN's IPAC Guidelines on Resuming Ambulatory Care
 - Three recovery phases, and a future state 'new normal' were summarized. It is anticipated that virtual care will remain for 30-40% of patient visits in the future state

OTHER UPDATES AND NEXT STEPS

- This week's cardiac report was circulated to Forum members
- CorHealth COVID-19 Forum Meeting Evaluation (Survey) circulated to all Forum members (open until May 29, 2020)
- Next meeting of the group will be held Thursday, May 28, 2020, from 8:00 – 9:00 am. Discussion to focus on CORE Cardiac Submodule: Recovery Scenarios; and guidance for standards of practice
- If group members have any questions or comments, please email to Jana.Jeffrey@corhealthontario.ca, and they will be included for discussion at future meeting