



CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #14

June 25, 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	1. Welcome <ul style="list-style-type: none"> Meeting Objectives 	Sheila Jarvis
8:05	2. Virtual Care: Cardiac Opportunities <ul style="list-style-type: none"> Introducing Virtual Care Transitioning to Virtual Care: An Outpatient & Community Service Delivery Model Patient & Provider Experience of Virtual Cardiac Rehab Open Forum Discussion 	Jana Jeffrey Ms. Mireille Testa Dr. Paul Oh Dr. Madhu Natarajan / Jana Jeffrey
8:40	3. From COVID to Service / Program Resumption: Hospital Administrators' Perspective <ul style="list-style-type: none"> St. Mary's General Hospital 	Ms. Andrea Lemberg
08:55	4. Other Updates and Next Steps <ul style="list-style-type: none"> Cardiac Imaging (CT, MRI, Nuclear Imaging) Guidance Document Update Weekly Cardiac Activity Report 	Jana Jeffrey



Welcome

SHEILA JARVIS

Meeting Objectives

- Discuss virtual care opportunities within cardiac care, and better understand the needs, priorities, barriers and opportunities related to virtual care
- Discuss the resumption of services planning from a Hospital Administrator perspective, with an example from St. Mary's General Hospital



Virtual Care: Cardiac Opportunities

JANA JEFFREY

Virtual Care in Cardiac

- In response to the COVID-19 pandemic, we have begun to see:
 - An accelerated adoption of virtual care to support the delivery of cardiac care
 - Development of a guidance memo addressing the use of virtual care for cardiovascular rehabilitation
 - The Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care strongly emphasize the use of virtual care services to reduce in-person visits, **where appropriate**
- Across the three clinical domains, CorHealth stakeholders have identified virtual care as a key area of focus for the COVID-19 forums

Supporting Access to Virtual Care

- In response to this feedback, CorHealth is embarking on a new initiative to explore virtual care opportunities across its three clinical domains
- Through this work, we will continue to collaborate & align with our key partners and stakeholders, including alignment with Heart & Stroke, to incorporate the patient and caregiver perspective
- To support this work and the needs of our stakeholders, we would like to leverage today's forum to
 - Better understand your needs and priorities related to virtual care
 - Identify barriers, gaps and opportunities related to virtual care
- For the purposes of this discussion, we will adopt a broad definition of virtual care, to allow for a comprehensive discussion:

“The delivery of health care services, where patients and providers are separated by distance” – World Health Organization



Transitioning to Virtual Care: *An Outpatient & Community Service Delivery Model*

MIREILLE TESTA



Objectives

1. Virtual Care Pre/Post COVID-19
2. Applications of Virtual Care
3. What's working well?
4. Barriers to Overcome
5. Evolving Needs
6. Future State

Virtual Care Pre COVID-19

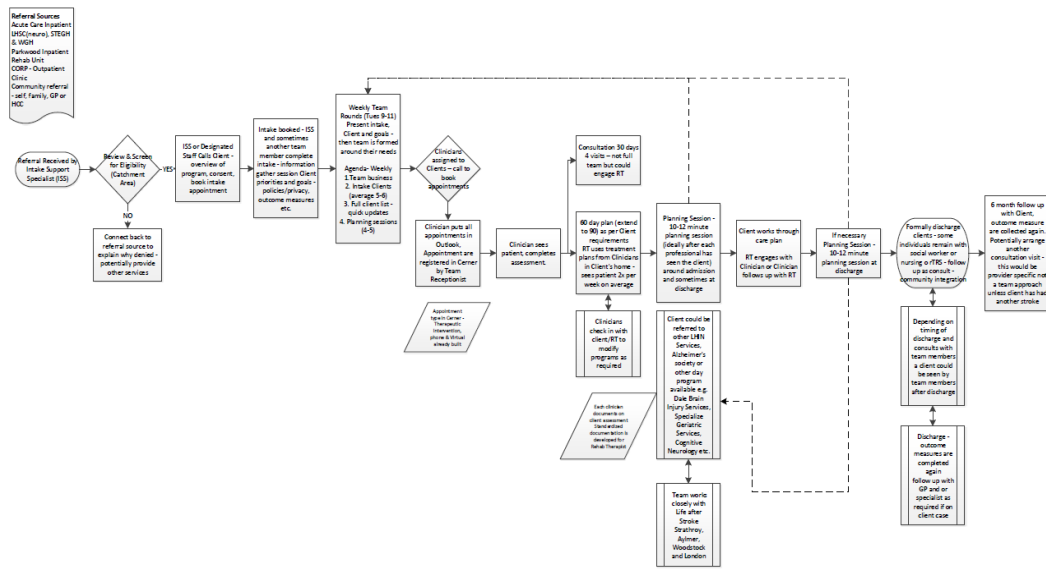
- Organizational push
- CSRT Pilot Project
 - Outpatient program not part of pilot
- Current and future state process mapping
- Development of implementation plan
- Staff training



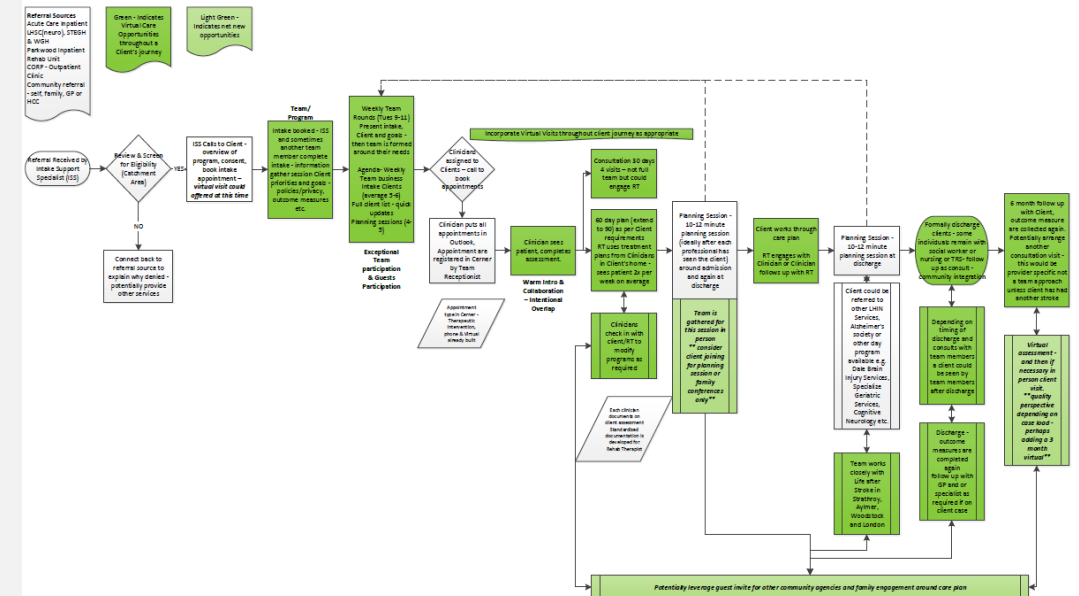
*Important to note: prior to COVID-19 CSRT had not successfully implemented Virtual Care into our model

Current/Future State Process Mapping

Community Stroke Rehab Workflow – Thames Valley Team Draft Current State



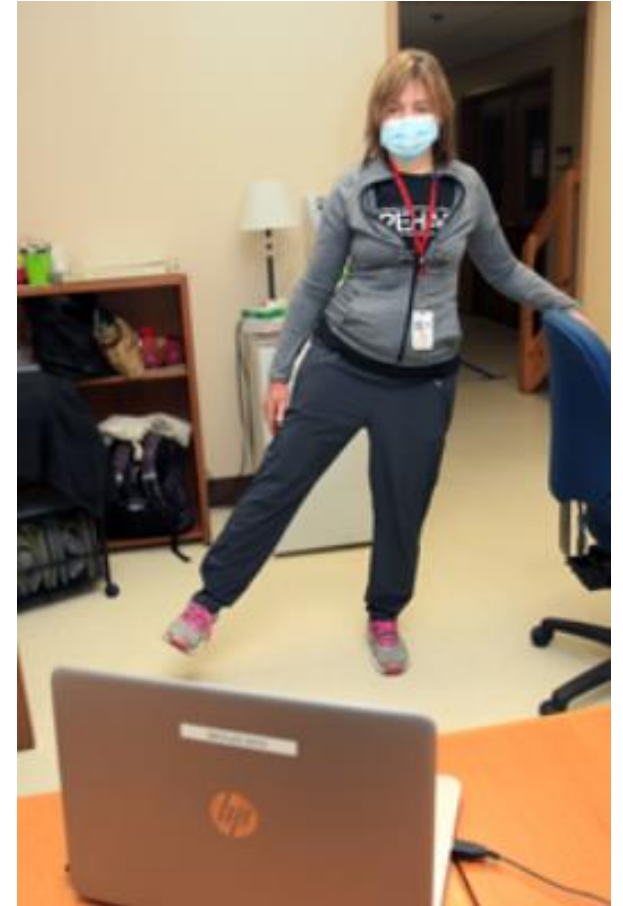
Community Stroke Rehab Workflow – Thames Valley Team – Proposed Future State



Virtual Care Post-COVID 19

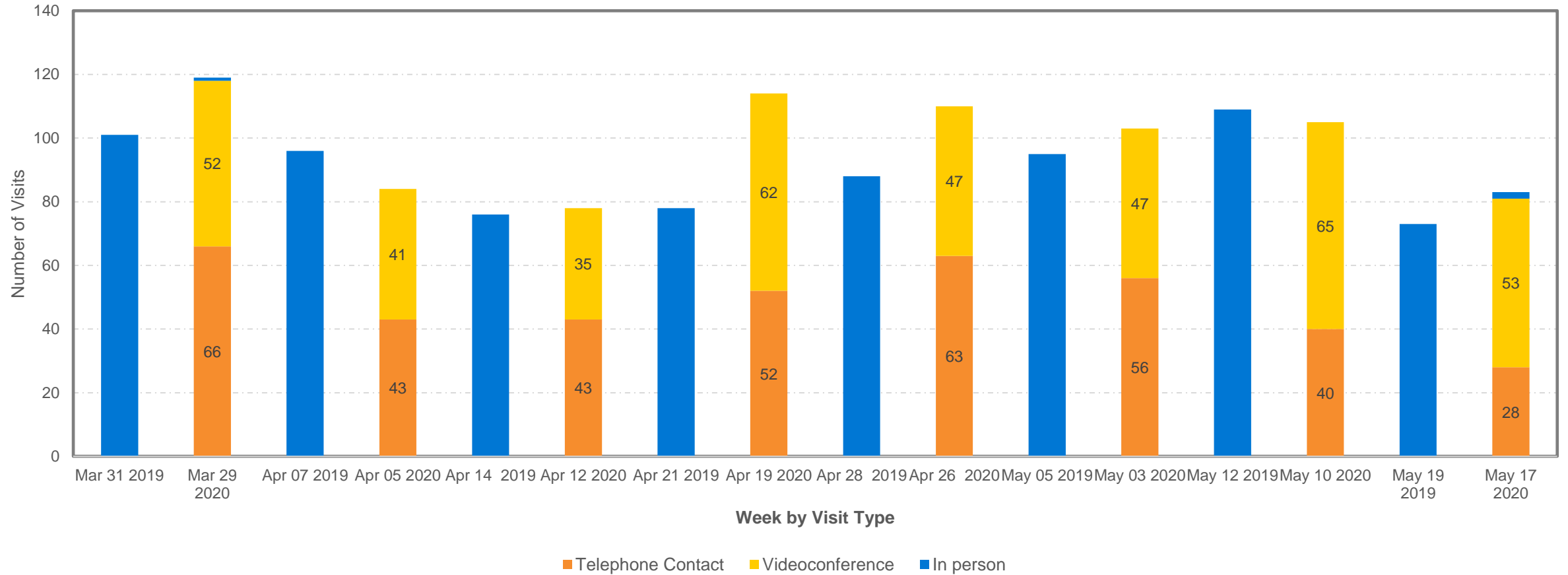
Overnight Transformation

- No in person outpatient/community visit within the organization
 - Except for urgent or emergent approved visits
- Needed a solution to serve clients in their prime recovery window while abiding by directives
- Notified clients and determined a plan of care within limits
 - Triaging technology: phone vs. virtual care
- Redeployment of staff
- Troubleshooting/orientation to technology
- Developing consents
- Developing new tools for assessment/intervention
- Determining team logistics

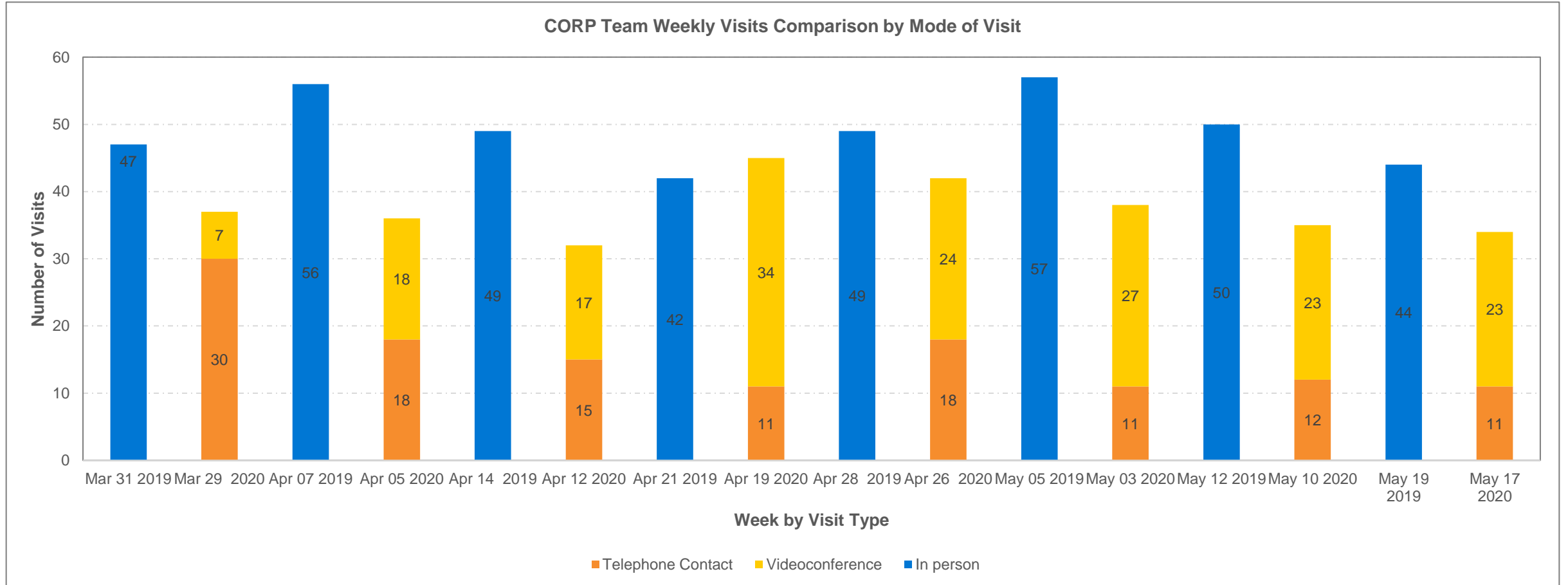


Visit Numbers Pre/Post COVID-19

Community Stroke Rehabilitation Team Weekly Visits Comparison by Mode of Visit



Visit Numbers Pre/Post COVID-19





Applications of Virtual Care

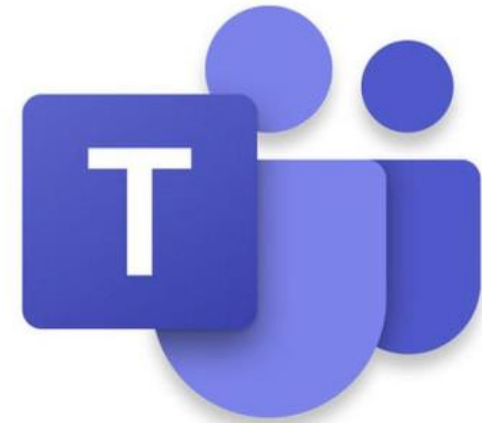
Lived experiences from the Community Stroke Rehab Team and Comprehensive Outpatient Rehabilitation Program

How Are We Using Virtual Care?

- One on one visits with clients and caregivers
- Family conferences
- Collaboration with community agencies
- Team planning
 - Rounds, client planning discussion, team meetings
- Groups:
 - Aphasia
 - Memory

Virtual Care Platforms

- Client Interventions: OTN or WebEx
- Team Functions: Microsoft Teams or WebEx



What's Working Well?

- Demonstrating actions through video
- Screen sharing for education and collaboration with client and caregivers
- Emailing handouts and session summaries to clients
- Providing links to videos for exercises and future reference
- Easy to include self-management approaches
- Client is task focused, less distracted
- Able to guide both client and caregiver together in their home environment
- Time

What's Working Well?

Groups

- Ability to reach client groups that were previously not possible
- Opportunity to build groups taking into consideration functional abilities, personalities, and group dynamics
 - Cohesiveness of group



Barriers to Overcome

- Client's comfort with technology or technology capabilities/access
 - Internet connection, printer, camera, speakers, caregiver support
- Assessments: physical, cognitive, swallowing, perception
- Safety: client's level of function or support in the home
- Translation services
- Varying client abilities
- Client's access to therapy equipment



Evolving needs

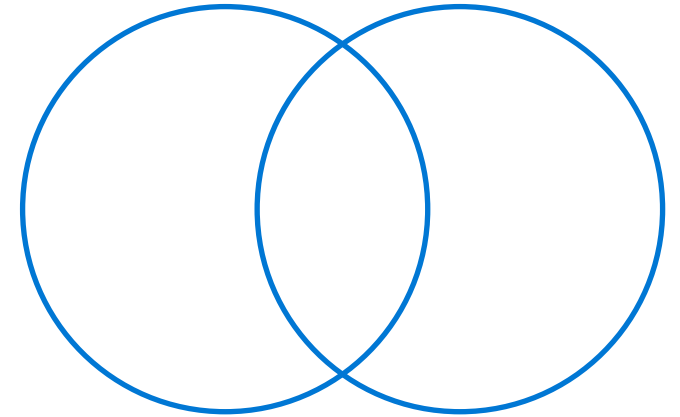
- Ongoing support from organizational leaders
- Access to resources and technology
 - Clinician and client
- Explore development exercise groups
- Explore assessment and intervention strategies to address driving, physical, cognitive/vision and swallowing concerns
- Maintain communication with similar programs and collaborate to share resources and ideas with regional teams



Future State

What the teams would like to continue to see

- Hybrid Model of Care
- Continue with group therapy virtually
- Tools to increase team efficiency
- Email communication with clients as appropriate
- Continue to monitor staff resiliency
- Private space for video calling



Client feedback



What have we heard from our clients?

- Surprised by the progress they have been able to achieve
- Appreciative that there is a service available
- More comfortable with virtual medicine with their doctors
- Enjoying emailed summaries of session to share with their caregivers
- Not for everyone

Thank you!

Manny Paiva

Coordinator

Inpatient Stroke/Neurological Services

Comprehensive Outpatient Rehabilitation Program

Community Stroke Rehabilitation Team

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Patient & Provider Experience of Virtual Cardiac Rehab

UHN Cardiac Rehab (March – May 2020)

DR. PAUL OH

Confidential and not for wider distribution - material submitted for publication

Slides Removed From Distribution Deck





Open Forum Discussion

JANA JEFFREY / DR. MADHU NATARAJAN

Discussion

1. How are you currently using and/or planning to use virtual care?
2. What are your current needs/priorities with respect to virtual care?
3. What barriers have you experienced with respect to the implementation and/or delivery of virtual care
4. What opportunities exist to drive & optimize the use of virtual care for cardiovascular patients in Ontario (e.g., improving access, accelerating adoption, innovative virtual care models)?

Virtual Care: Next Steps

- Please let us know if you would like to be part of one-on-one consultations to further explore cardiac virtual care opportunities for CorHealth's Virtual Care Initiative (interviews in the next 2 weeks) – please email jana.jeffrey@corhealthontario.ca



From COVID to Service / Program Resumption

Hospital Administrators' Perspective

ANDREA LEMBERG – DIRECTOR, CARDIAC & CRITICAL CARE PROGRAMS



What changed and how did we manage?

- Constant change from external and internal sources
- The pace of the “everything” – is very fast!
 - changes, decisions, plans, updates, communication, celebrations
- Managing expectations
- Managing unknown, fear, anxiety, stress
- Managing patient care
 - Different skill sets, different staffing models, different care areas, different care models
- Managing resumption planning – what is the new “normal”

Structure – based on Lean principles – standard work

IMS Status daily/1 hour
(incident management system)

Standard Agenda: Current State – Provincial, Regional updates, LTC updates, SMGH services, Assessment clinic, Supplies, Visitors/Screeners, Occ Health – staff status, status of line tracing, Human Resources, Facilities, Round Table, Communications



Clinical Leadership twice/week
(All clinical leadership, Sr. Team, Clinical Directors, IPAC)



Units/ Departments ongoing

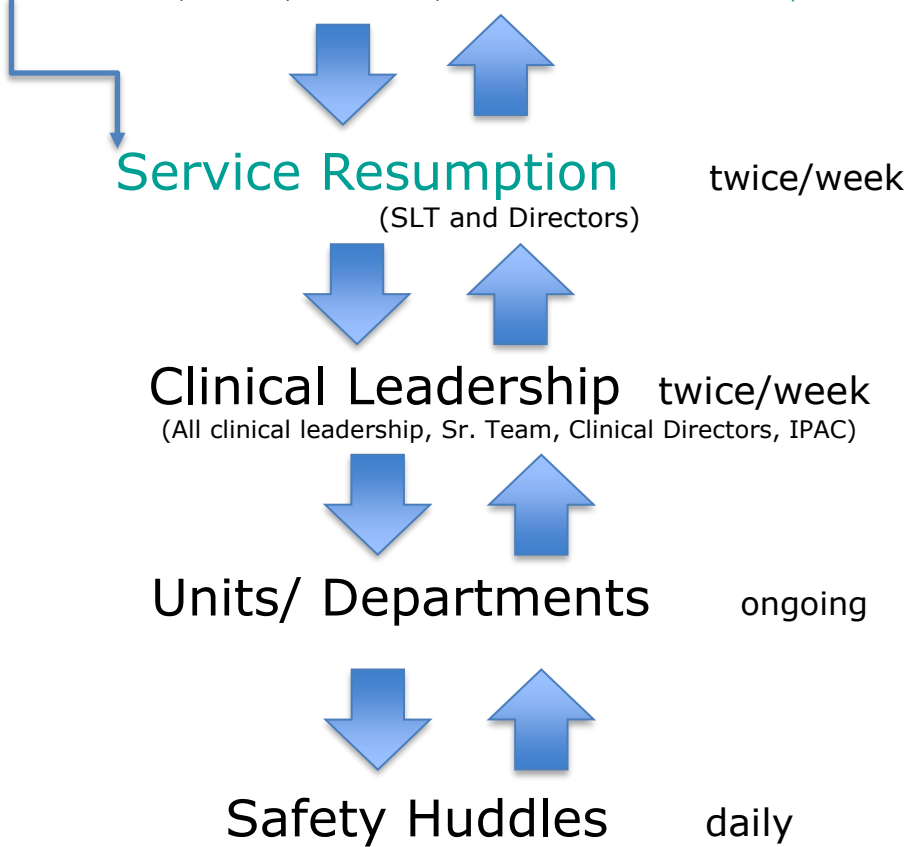


Safety Huddles daily

Resumption Structure

IMS + Clinical Patient flow Status 3 times/week 1 hour

Standard Agenda: Current State – Provincial, Regional updates, LTC updates, SMGH services, Assessment clinic, Supplies, Visitors/Screeners, Occ Health – staff status, status of line tracing, Human Resources, Facilities, Round Table, Communications Bed Status – patient flow discussion



Communication

COVID-19 Daily Update Tuesday, March 17

Interoffice Mail Delivery

- Until further notice, interoffice mail will no longer be delivered by our mailroom clerks.
- If you use mail delivery, you will need to pick-up your mail from the Mailroom between the hours of 10:30 and 14:30, Monday to Friday.

Return From Travel Guidelines

- There have been many questions around self-isolation after travel.
- As healthcare workers, SMGH employees can return to work immediately after travel if they do not have any symptoms.
- For full instructions, [click here](#).

Working From Home

- Employees of SMGH, regardless of clinical or non-clinical roles, are all considered healthcare workers. As such, we are considered essential service workers and are under different legislative requirements regarding provincial mandates.
- We are working hard to support the evolving needs of the hospital as we respond to the COVID-19 pandemic. We will be redeploying staff to perform non-traditional duties to support key areas that will require assistance during these challenging times.

Visitors & Volunteers

- We have heard staff and physicians are concerned about the number of visitors who are still entering the hospital. We are working through further visitor restrictions and will have more information to share soon. Thank you for your patience.
- As you know, we have asked our volunteers to stay home and stay well. We will miss their presence and look forward to being able to welcome them back.

Importance of Using the Proper PPE

- As per instructions issued by the Ministry of Health and Public Health Ontario, all suspected or confirmed COVID-19 patients should be cared for using Droplet Contact precautions. This includes surgical/procedural masks, isolation gown, face shield/goggles and gloves.
- COVID-19 is a droplet pathogen, not an airborne pathogen. As such, N95s are not required for routine care of patients who are either confirmed or under investigation for COVID-19.
- It is critical to use the proper PPE as defined by our Infection Prevention and Control guidelines. At this time, it is a risk to our supply to use N95 respirators in situations where they are not clinically necessary. They need to be preserved and available to you when clinically required for aerosol-generating medical procedures.

Update From The Lab

- We have received notice that there is a delay in testing for Serum Insulin Antibodies. This testing is not performed at GRH, or SMGH and is sent to a third party laboratory for testing.
- Due to a delay in reagent deliveries from Europe, the testing facility is unable to perform the test at this time.
- The sample for testing is stable frozen for 28 days. If you proceed to order the test, the lab will freeze the sample and if testing resumes before the 28 days, then we will send the sample for testing. If 28 days elapses before testing is able to resume, then the test will be cancelled.
- We expect that we may get more of these delays, or cancellations as we progress through COVID-19. The lab will keep you informed on an on-going basis as we get the information.

COVID-19 Testing Update

- Effective tomorrow, Wednesday, March 18, all respiratory virus testing including COVID-19 will be sent to Hamilton Regional Medical

WEEKLY WELLNESS

Some additional resources here for your Weekly Wellness!

DARE – Break free from Anxiety. This free app guides you through a panic attack: [Here](#)

The Social Connection Planner by The Wellness Society: [Here](#)

Calm Together: A collection of meditations, sleep stories, movement exercises: [Here](#)

Speaker Series: Dr. John Kabat-Zinn - Mindfulness and Resilience in Challenging Times (Recorded Webinar): [Here](#)

Compassion Fatigue and Resiliency in Professionals Group (FB page): [Here](#)

GOT ANXIETY? 7 Minute Guided Meditation for Stress



June 1st, 2020

St Mary's General Hospital PPE & Supply Update

Issued from Stores	Additional Information
1,07 Procedural Masks	Masks: 2000 CTM1000 (unavailable) 2000 CTM1000 (unavailable) 2000 CTM1000 (unavailable)
100 Surgical Masks	Quantity: 2000 CTM1000 (unavailable) 2000 CTM1000 (unavailable)
627 N95 Masks	Quantity: 2000 CTM1000 (unavailable) 2000 CTM1000 (unavailable)
991 Scrubs Issued	Quantity: 2000 CTM1000 (unavailable) 2000 CTM1000 (unavailable)
953 Scrubs returned <i>38 less returned</i>	Quantity: 2000 CTM1000 (unavailable) 2000 CTM1000 (unavailable)

*Based from inventory @ 10:00 AM (March 17, 2020)

SUPPLY	ACTION TAKEN
< 14 DAYS SUPPLY Disposable / Loose Inclusive Gowns Hygienic Disposable Goggles	<ul style="list-style-type: none"> Alternative in place Hygienic disposable wipes RTA early June Continuing to look for viable solution for gloves.
15-30 DAYS SUPPLY N95: 100 Traditional Partic. Cont. 4,418 1000 (not Trad.) 2,510 (The difference of 2,118 gaps) Procedural Masks: 2000 Reusable Disposable Bags & Surgical Masks	<ul style="list-style-type: none"> N95: 2000 Traditional Partic. Cont. 4,418 1000 (not Trad.) 2,510 Alternative in place Continuing to look for viable solution for gloves.
> 30 DAYS SUPPLY 2000 CTM1000 2000 CTM1000 2000 CTM1000 2000 CTM1000	Monitor supply and demand



Where are we now?

WWLHIN had a heavy burden of Covid – St. Mary's within the WWLHIN had a heavier burden than other hospitals

- We are working regionally and locally to support a safe, progressive, ethical and fair resumption of programs/services
- Regional programs are supported to resume
- Hospitals are supporting each other
- Hospitals are support LTC
- Moving to Stage 2 resumption of services but not touching backlog

cath/pci	80%	Diagnostics (Echo etc)	70-80%
tavi	130%	Cardiac Clinics	60 – 70%
cv Surgery	72%	Cardiac Rehab	virtual no in person visits
PM/ICD	100%	EP new program planning	continues



Other Updates and Next Steps

JANA JEFFREY

Other Updates and Next Steps

- Cardiac Imaging Guidance Document – *In Progress*
- Weekly Cardiac Activity Reports will transition to being bi-weekly over the summer period
- Next COVID-19 Cardiac Forum Meeting: **Thursday, July 9th, 8:00 – 9:00 AM**; (*we will be skipping July 2nd, 2020 Cardiac Forum Meeting*)



Appendix

Cardiac Workstreams

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