



CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #19

September 16, 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
8:00	1. Welcome <ul style="list-style-type: none">Meeting Objectives	Cathy Cattaruzza
8:05	2. Optimizing Care Through COVID-19 Pandemic Transmission Scenarios <ul style="list-style-type: none">Open Discussion	Dr. Chris Simpson <i>Vice-Dean (Clinical) in the Faculty of Health Sciences at Queens University, Chair of the Ontario Health COVID-19 Health System Response Oversight Table</i>
8:35	4. Virtual Care: Heart & Stroke Foundation Survey – Key Findings & Results from Patients & PWLE	Ms. Natalie Gierman <i>Senior Manager, Health Systems Research & Strategic Initiatives, Heart & Stroke Foundation</i>
8:50	6. Other Updates & Next Steps <ul style="list-style-type: none">Echocardiography UpdateDiagnostic Imaging Memo Update	Jana Jeffrey



Welcome

CATHY CATTARUZZA

Meeting Objectives

- To review and discuss the new report from Dr. Chris Simpson's team regarding maintaining care throughout the phases of COVID-19
- To provide an overview from the Heart & Stroke Foundation regarding the key findings and themes from their Patient & PWLE virtual care survey
- To provide an Echocardiography Update & Diagnostic Imaging Memo Update

Housekeeping Reminders:

- *Please ensure that you are on mute, not on hold, when you are not speaking on the call*
- *Please be aware that when the call is put on hold, we often hear hold music or persistent beeping*



Optimizing Care Through COVID-19 Pandemic Transmission Scenarios

DR. CHRIS SIMPSON

Today' Objectives

- Provide a brief overview of the draft document 'Optimizing Care Through COVID-19 Pandemic Transmission Scenarios'
- Answer questions and gather feedback

Committee Objectives

- Provide health care providers and organizations with a principle-based set of recommendations that draw from lessons learned in wave 1 of the pandemic:
 - Ensure continued care for all patients in future waves
 - Ensure care partner participation in future waves
- Provide one document in order to advance the goal of an integrated health system across acute care, outpatient care, primary care, and home and community care
- Adapt the WHO's COVID-19 transmission scenarios to frame key recommendations for each transmission scenario








Planning Assumptions

- In any future pandemic wave, care will continue to be provided to all types of patients/clients, including those who have COVID-19 and those who do not
- Across all sectors: emergency, urgent, and time-sensitive care should not be deferred
- Equitable and patient-centred approach, ensuring patients/clients are supported and care partners/caregivers remain an integral part of the care team
- Protecting the health and safety of patients/clients, health care workers, and the community remains paramount
- A heightened level of regional/sub-regional oversight, coordination, and flexibility for the foreseeable future
- Changes to care activities (including increasing and decreasing activity) will be asymmetrical between organizations and regions based on their local context
- The different sectors of the health care system are interdependent, and a change in one part of the care continuum may affect the delivery of care in others. Increased collaboration across health care, social services, municipal and provincial services is needed to address social determinants of health
- Health care organizations and providers will act as good stewards of available resources, including PPE
- Testing, contact tracing, and isolation (when indicated) continue appropriately
- Health equity considerations and the need to protect vulnerable populations will be addressed

Document Outline

- Regional/sub-regional approach with recommendations to COVID-19 regional/sub-regional steering committees
- High-level recommendations to all sectors and sector-specific strategies relevant to five COVID-19 transmission scenarios (adapted from [WHO](#)):
 1. No cases
 2. Sporadic cases
 3. Cluster of cases
 4. Community transmission
 - A. Moderate community transmission
 - B. Widespread community transmission
- In support of learning/sharing, includes examples from organizations across Ontario (e.g., regional collaboration, partnerships, virtual care, and innovations to optimize capacity)

DRAFT Optimizing Care Through COVID-19 Transmission Scenarios

	Plan	Ready	Implement	Scale Up	Intensify
	 Scenario 1: No Cases	 Scenario 2: Sporadic Cases	 Scenario 3: Clusters of Cases	 Scenario 4A: Moderate Community Transmission	 Scenario 4B: Widespread Community Transmission
Optimizing Care Goals	<ul style="list-style-type: none"> Resume/accelerate health care services 	<ul style="list-style-type: none"> Resume/accelerate health care services 	<ul style="list-style-type: none"> Maintain health care services Resume/accelerate if there is adequate system capacity and resources 	<ul style="list-style-type: none"> Reduce scheduled acute inpatient services in proportion to COVID-19 cases Maintain/resume/accelerate other care to ensure adequate capacity for COVID-19 patients 	<ul style="list-style-type: none"> Defer scheduled acute inpatient services in proportion to COVID-19 cases Maintain/resume/accelerate other care to create capacity for COVID-19 patients
Regional or Sub-Regional Steering Committees	<ul style="list-style-type: none"> Determine COVID-19 transmission scenario Monitor health system metrics Coordinate with health care organizations, providers, and sectors outside of health care to: <ul style="list-style-type: none"> Optimize capacity and maintain care services; Optimize health workforce across the region; Protect vulnerable populations; Reinforce immunization programs; Support consistent communication 				
All Sectors	<ul style="list-style-type: none"> Resume/accelerate scheduled care Strengthen partnerships Prepare surge plans (to optimize capacity and health workforce, protect vulnerable populations and refresh visitor presence guidelines) for all transmission scenarios Reinforce immunization programs 	<ul style="list-style-type: none"> Resume/accelerate scheduled care Ready surge plans Manage COVID-19 Reinforce immunization programs 	<ul style="list-style-type: none"> Maintain/accelerate scheduled care Implement and enhance surge plans Manage COVID-19 Reinforce immunization programs 	<ul style="list-style-type: none"> Prioritize time sensitive scheduled care Scale up surge plans 	<ul style="list-style-type: none"> Consider deferring scheduled care Intensify surge plans
	<ul style="list-style-type: none"> Use virtual care 	<ul style="list-style-type: none"> Monitor health system metrics 	<ul style="list-style-type: none"> Support care partner participation 	<ul style="list-style-type: none"> Communicate consistently 	<ul style="list-style-type: none"> Train on IPAC
Hospital-Based Care	<ul style="list-style-type: none"> Review and reprioritize wait lists Address time-urgent care backlog Review surge plans Plan for COVID-protected wards, where feasible Refresh visitor policy Review evidence-based practices to reduce unnecessary tests and treatments 		<ul style="list-style-type: none"> Create capacity Collaborate with home and community care, and primary care 	<ul style="list-style-type: none"> Prioritize time sensitive surgeries and procedures Consider deferring non-time sensitive scheduled surgeries and procedures Implement COVID-protected wards, where feasible 	
Primary Care & Out of Hospital Ambulatory Care	<ul style="list-style-type: none"> Determine services to prioritize for in-person care Review evidence-based practices to reduce unnecessary tests and treatments 		<ul style="list-style-type: none"> Assess capacity and set appropriate priorities of care Collaborate with hospitals and home and community care 	<ul style="list-style-type: none"> Assess capacity and set appropriate priorities of care Collaborate with hospitals and home and community care 	
Home and Community Care	<ul style="list-style-type: none"> Identify required resources to support services in each scenario 		<ul style="list-style-type: none"> Ensure services continue Cohort care teams 	<ul style="list-style-type: none"> Ensure services continue 	

Discussion

- Do these recommendations for each transmission scenario resonate?
- We welcome questions or feedback on the draft recommendations

Next Steps

- Finalize the document with additional input from regional leadership and other system leaders
- Release date: Mid to late September



Thank You

Committee Membership List (1/2)

MEMBER	ROLE/ORGANIZATION
Chris Simpson (Chair)	Vice-Dean (Clinical), School of Medicine, Queen's University
Jason Bartell	Clinical Lead/Nurse Practitioner, Chatham-Kent Family Health Team
Subi Bhandari	Patient and Public Representative, Ontario Quality Standards Committee
Mary Burnett	CEO, Alzheimer Society Brant, Haldimand Norfolk, Hamilton Halton
Connie Clerici	Executive Chair, Closing the Gap Health Care
Julian Dobranowski	Chief, Diagnostic Imaging, Provincial Lead, Niagara Health, OH (Cancer Care Ontario)
Paula Doering	Senior Vice-President Clinical Programs, Chief Nursing Executive and Allied Health, Bruyère Continuing Care
Jennifer Everson	Vice-President, Clinical, Ontario Health (West)
Lee Fairclough	President, St. Mary's Hospital
Neva Fantham-Tremblay	Medical Director of Surgery, Obstetrician Gynecologist, North Bay Regional Health Centre
Karli Farrow	Executive Vice-President, Patient Care Services & Chief Operating Officer, Trillium Health Partners
Gary Garber	Medical Director, Infection Prevention and Control, Public Health Ontario
Michael Gardam	Infectious Diseases Consultant; Medical Director, Infection Prevention and Control, Women's College Hospital; Medical Director, Tuberculosis Clinic, Toronto Western Hospital; Associate Professor of Medicine, University of Toronto; Program Director, Schulich Executive Education Centre, York University
Dianne Godkin	Senior Ethicist, Trillium Health Partners
Wendy Hansson	President & CEO, Sault Area Hospital
Mike Heenan	Assistant Deputy Minister (Hospitals and Capital), Ministry of Health
Jonathan Irish	Provincial Head, Surgical Oncology & Provincial Clinical Lead, Access to Care-Surgery, OH (Cancer Care Ontario)

Committee Membership List (2/2)

MEMBER	ROLE/ORGANIZATION
Steven Jackson	VP Medical Planning and Chief of Staff, General Surgeon, Mackenzie Health
Joan Ludwig	VP Clinical Services and CNE, Timmins and District Hospital
Danielle Martin	Executive VP & Chief Medical Executive, Women's College Hospital
Derek McNally	Executive VP, Clinical Services & Chief Nursing Executive, Niagara Health
Sarah Newbery	Family Physician, Chief of Staff, Wilson Memorial General Hospital; Associate Professor, Northern Ontario School of Medicine
Howard Ovens	Chief Medical Strategy Officer, Sinai Health System; Ontario Provincial Lead for Emergency Medicine
David Pichora	President & CEO, Kingston Health Sciences Centre
Paul Preston	Vice President, Clinical, Ontario Health (North)
Dhenuka Radhakrishnan	Pediatric Respiriologist, Children's Hospital of Eastern Ontario (CHEO)
Shirlee Sharkey	President and CEO, SE Health
Kristin Taylor	Director, Ministry of Health
Hsiu-Li Wang	Commissioner and Acting CMOH, Region of Waterloo Public Health and Emergency Services
Harindra Wijeyesundera	Vice-President, Medical Devices and Clinical Interventions, Canadian Agency for Drugs and Technologies in Health; Interventional Cardiologist, Sunnybrook Health Sciences Center, Senior Scientist, Sunnybrook Research Institute
Kimberly Wintemute	Primary Care Lead, Choosing Wisely Canada, Assistant Professor, University of Toronto

Ontario Health Secretariat: Sudha Kutty, Tricia Beath, Jonathan Lam, Jacqueline Ezezika, Juliana Yi

Care Partner

- In this document, care partners or family caregivers, are family, friends, neighbours, colleagues, or community members who provide critical and often ongoing personal, social, psychological and physical support, assistance and care, for people in need of support due to frailty, illness, degenerative disease, physical/cognitive/mental disability, or end of life circumstances. Care partners are distinct from casual visitors

Ontario Hospital Association. Care partner presence policies during COVID-19 [Internet]: The Association; 2020 Jun [cited 2020 Aug 18]. Available from: <https://www.oha.com/Documents/Care%20Partner%20Presence%20Policies%20During%20COVID-19.pdf>

Canadian Foundation for Healthcare Improvement. Re-integration of family caregivers as essential partners in care in a time of COVID-19 [Internet]. Ottawa (ON): The Foundation; 2020 Jul 8 [cited 2020 Aug 24]. Available from: <https://www.cfhi-fcass.ca/about/news-and-stories/news-detail/2020/07/08/re-integration-of-family-caregivers-as-essential-partners-in-care-in-a-time-of-covid-19>

The Change Foundation. Caregiver ID: A program to help re-integrate caregivers during COVID-19 [Internet]. Toronto (ON): The Foundation; 2020 [cited 2020 Aug 24]. Available from: <https://changefoundation.ca/caregiver-id-a-program-to-help-re-integrate-caregivers-during-covid-19/>



Virtual Care: Heart & Stroke Foundation Survey – Key Findings & Results from Patients & PWLE

MS. NATALIE GIERMAN

Virtual Care Checklist : created with & for patients and caregivers

This tool was created to be sent by the provider in advance of virtual care sessions - to support patients prepare for their upcoming virtual session.

Includes content related to –virtual sessions across the continuum – one side focused on ambulatory & prevention visits, and the other on rehabilitation.



2020 Virtual healthcare checklist

Your guide to efficient and effective virtual healthcare sessions

Important

A heart attack, stroke or cardiac arrest is an emergency that requires immediate medical attention. **Call 9-1-1** if you or someone with you experiences **signs** of a heart attack, stroke or cardiac arrest.

There may be some situations where an in-person session is required to provide the care you need. Discuss your care with your healthcare provider.

Continue to follow public health measures to support physical distancing, as required.

For additional information:

Detailed virtual care information: [2020 Virtual Healthcare Implementation Toolkit](#).

[Canadian Stroke Best Practices website](#) to manage your stroke.

Definition: What is virtual care?

Virtual care is a healthcare session between a healthcare provider and a person with a health issue, which takes with each person in a different location, like a home or it uses technology to connect them – such as by phone computer with or without video-conferencing.

Goal

This checklist provides you, your family and caregivers tips and steps.



Tips for a successful virtual ambulatory care session (such as stroke prevention or heart failure clinic)

Before the session:

- Identify others who need or want to participate (e.g., family members, family physician, nurse) and determine whether it is appropriate and technically possible.
- Ask your healthcare provider if any bloodwork, imaging, or testing is required before the session, when it needs to be completed and where to get it done. Ask how to get the test requisitions.
- Book your appointment for your test when possible to avoid waiting in a public area. Follow safety precautions, such as physical distancing and hand washing, when accessing testing services.
- Ask your healthcare provider if you need any items or equipment during the session like a blood pressure device. If planning a neurological exam, you may be asked to have a laptop and TV cube ready.

During the session:

- Participate in the virtual session to the best of your ability.
- During the session let the healthcare provider know if you feel unsafe, uncomfortable, unwell, or have any concerns with how the session is going. You can request to terminate the session at any time.
- Ask questions to make sure you understand all information, instructions, and any changes to your medications that you are given. Don't be afraid to repeat back and test your understanding.
- Speak to changes in your mood, energy/levels, feelings of fatigue, or sleep patterns with your healthcare provider.
- Note follow-up appointments, new referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- Request a follow-up session to receive education to help you manage on your own, if needed.

For additional information:

[Heart & Stroke Community of Survivors and Care Supporters](#), [Heart & Stroke website](#) for more information.

General tips: Preparing for a

- Ask your healthcare provider about your rights, privacy, confidentiality concerns.
- Consider your ability to participate in virtual healthcare such as physical abilities, technical abilities, communicational challenges, language barriers, cognitive capacity.
- Ask your healthcare provider how much space you will need for your session.
- Plan your meeting space. Consider privacy and confidant good lighting, minimal background noise and distraction (television, radio, pets). Ensure that the space is clear for move around for assessments and rehabilitation (e.g. rer hazards such as loose rugs or cords).
- Have glasses, hearing aids, communication devices, or accessibility devices with you.

Getting connected: Technol

- At time of booking, ask which applications or programs healthcare provider will use and download them before.
- Ask if there is someone that you can contact for technic if needed.
- Know how to connect with your healthcare provider to reschedule the session or if the internet goes down.



Tips for a successful virtual rehabilitation session

Before the session:

- Consider your ability to safely participate in a virtual rehabilitation session, such as physical abilities and cognitive capacity.
- Organize your space so you can safely participate in a rehabilitation session virtually.
- Ask what to expect during your session (e.g., assessments, what types of activities will you be doing, how much space you will need, length of the session).
- Ask what information and equipment you will need during your session, and where to obtain these items. Have these items ready.
- Have someone join you, such as a family member or caregiver. They can help with assessments and treatments, ensure safety, help support your affected limb for stroke rehabilitation, and take notes.
- Record details of your progress and changes (good and bad) in aspects of your recovery between sessions.

During the session:

- It is important to let your healthcare provider know if you are feeling unwell, unsafe, or have new or worsening symptoms (such as shortness of breath, weakness, dizziness). Stop the activity right away, sit down, and discuss with them what you should do. You may be asked to visit the hospital or healthcare provider for further assessment and care.**
- Wear comfortable clothes and non-slip footwear to walk or perform specific movements.
- Have a chair or table available for support during the session.
- Ask questions and concerns regarding your recovery, activities and therapies recommended for you, your daily routine or to monitor your progress. Don't be afraid to repeat back and test your understanding.
- Speak to changes in your mood, energy/levels, feelings of fatigue, or sleep patterns with your healthcare provider.
- Note follow-up appointments, referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- Ask and record how to contact rehabilitation team members or community support teams as needed for your care.



*The national logo is the symbol of the Heart and Stroke Foundation of Canada.

<https://www.heartandstroke.ca/-/media/1-stroke-best-practices/resources/patient-resources/csbp-infographic-virtual-healthcare-checklist.ashx?rev=52fc18b0280c4b3d88c27b7ca497d3d2&hash=4C0B0FAE6D09D61B2579DB103E67AC68>





Other Updates and Next Steps

JANA JEFFREY

Updated Echocardiography Memos

- Updates have made to the following CorHealth COVID-19 Cardiac Memos:
 - #2 - Recommendations for an Ontario Approach to Provision of Hospital Echocardiography Services During COVID-19
 - #5 - Recommendations for an Ontario Approach to Provision of Non-hospital Echocardiography Services During COVID-19
- Updates include the addition of CorHealth Ontario's position related to Transesophageal Echocardiography (TEE):
 - CorHealth Ontario Position In recognition of the recommendations by clinical experts and opinion leaders, professional organizations and national societies, CorHealth Ontario supports the identification of Transesophageal Echocardiography (TEE) as an Aerosol Generating Medical Procedure (see Appendix of the Memo or more details).
- Full memos available in the meeting invite for this Forum and will be posted on [CorHealth's Resource Centre](#) this week

Non-Invasive Cardiac Diagnostics during COVID-19 (Cardiac CT, MRI and Nuclear Imaging)

Background

- As with cardiac procedures, similar restrictions exist for non-invasive cardiac testing during COVID-19
- Forum discussion highlighted need for CorHealth guidance to support a consistent approach to rational prioritization of patients requiring cardiac CT, MRI and Cardiac Nuclear Imaging

Guidance Document Includes

- Categorization scheme to assist in establishing consistent triaging decisions for patients requiring cardiac CT, MRI and cardiac nuclear imaging examinations
- Waitlist management recommendations
- Clinical considerations specifically in the context of COVID-19
- Resource (weblinks) to cardiac imaging resources during COVID-19
 - OH COVID-19 Tip Sheet for MRI and CT Facilities – Access to Care : Practical Tips for MRI and CT Recovery 2020-08-10

Non-Invasive Cardiac Diagnostics during COVID-19 (Cardiac CT, MRI and Nuclear Imaging) cont.

Document is Available: CorHealth COVID-19 Resource Centre

- **CorHealth COVID-19 Cardiac Memo #15: Recommendations for an Ontario Approach to Triaging Hospital-Based Cardiac Computed Tomography, Cardiovascular Magnetic Resonance Imaging and Cardiac Nuclear Imaging Services During COVID -19**

Acknowledge

- Dr Rob Beanlands and Dr Benjamin Chow

Other Updates and Next Steps

- **Next COVID-19 Cardiac Forum Meeting #19** – *Wednesday, Sept 30th, 8:00 – 9:00 AM*
- *If group members would like to share any innovative resumption planning models implemented at their sites, please email jana.jeffrey@corhealthontario.ca to share this information at a future forum*



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