



CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #20

October 14, 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	Sheila Jarvis
8:05	2. Strategies for Addressing Acceleration of Care & Responding to Rising COVID-19 Cases <ul style="list-style-type: none">Trillium Health PartnersUniversity of Ottawa Heart Institute	Ms. Christine Johnson <i>Interim Director Cardiac Health & Medical Device Reprocessing Programs, Trillium Health Partners</i> Ms. Erika MacPhee <i>Vice President, Clinical Operations, University of Ottawa Heart Institute</i>
8:35	3. 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>
8:45	4. Analysis of Mortality on the Diagnostic Cath Lab Waitlist	Garth Oakes
8:55	5. Other Updates & Next Steps	Jana Jeffrey



Welcome

SHEILA JARVIS

Meeting Objectives

- To review and discuss the strategies implemented and employed by Trillium Health Partners & University of Ottawa Heart Institute for addressing the acceleration of care & responding to rising COVID-19 cases
- To provide an overview from the Heart & Stroke Foundation regarding the key findings and themes from their Patient & PWLE Virtual Care Survey
- To review & discuss an analysis of mortality on the Diagnostic Cath Lab Waitlist

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*



Ramping Up Cardiac Care During COVID-19

October 14, 2020

Christine Johnson
Interim Director Cardiac Health
& Medical Device Reprocessing Programs

TRILLIUM HEALTH PARTNERS REGIONAL PARTNERS IN CARDIAC HEALTH

A continuum of high quality and collaborative care is offered across THP's 4 geographically distinct sites:

<p>MISSISSAUGA HOSPITAL</p> <ul style="list-style-type: none"> Cardiac Direct Access Response Team (DART) Cardiac Diagnostics Cardiac Device Clinic Outpatient Cardiac Surgery Follow Up Clinic 	<ul style="list-style-type: none"> TAVI Clinic Mitral Valve Clip Clinic Cardiac Cath Lab Electrophysiology (EP) CVOR/Perfusion 	<ul style="list-style-type: none"> Cardiac Surgery ICU Cardiovascular and Cardiology Inpatient Unit Cardiac Short Stay Unit Coronary Care Unit
<p>CREDIT VALLEY HOSPITAL</p> <ul style="list-style-type: none"> Cardiac DART Cardiac Diagnostics Cardiac Device Clinic 	<ul style="list-style-type: none"> Heart Function Clinic (HFC) Atrial Fibrillation Clinic 	<ul style="list-style-type: none"> Cardiology Inpatient Unit Coronary Care Unit
<p>QUEENSWAY HEALTH CENTRE</p> <ul style="list-style-type: none"> Cardiac Diagnostics Cardiac Rehab & Prevention 	<ul style="list-style-type: none"> Heart Function Clinic 	<ul style="list-style-type: none"> Advanced Heart Failure Clinic

CARDIAC HEALTH PROGRAM BY THE NUMBERS

110 Acute Care Beds	31 Cardiac Critical Care Beds
137,984 Diagnostic Exams	7,420 HFC Visits
11,479 Cardiac Rehab Visits	8,283 Inpatient Visits
1,472 Cardiac Surgeries	9,641 Cath & EP Procedures
13 Nurse Practitioners	36 Physicians
664 Interprofessional Team Members	

THE CONTINUUM OF CARDIAC HEALTH AT THP



WORKING WITH OUR PARTNERS TO SERVE A POPULATION OF 2 MILLION

First Wave Response to COVID-19



Established THP COVID-19 Command Centre

- Oversight of all Clinical Operations within the organization
- Ensured delivery of safe care to our patients
- Maintained the safety and minimized exposure of all staff



Robust Surgery & Procedure Prioritization Process

- Prioritization process encompassed the entire surgical and procedural platforms
- Ensured timely access to care for our most urgent and emergent cases

Post First Wave:

Resumption of Non-Essential & Elective Services

- Resumption of all services is subject to approval of the THP Recovery Committee to ensure prioritization processes are maintained and there is equal access and collaborative approach to care resumption.
- For Cardiac Surgery we have 2 dedicated CVOR's plus the additional 3rd OR shared with Main OR—the schedule and OR time is managed as a shared resource to address wait lists
- The Cardiac Cath Lab has 4 dedicated rooms, resumption has provided equal access for all services to address back log. Resumption has required a phased in approach as the Cardiac Short Stay (Recovery Area) was shared during the pandemic with the ICU for additional Critical care capacity. After hours and weekends as needed for emergency cases
- Main OR has added additional evening blocks as well as the addition of weekend work at both sites
- Ambulatory services are resuming in a phased in approach to maintain social distancing and IPAC recommendations to deliver safe care to our patients and protect staff from exposure
- Redevelopment is underway at the Queensway site to incorporate and service our cataracts/cysto and planned orthopaedic cases by end of Nov 2020

How are Resources Assessed in the Context of Increasing COVID-19 Prevalence?

- Peel Region remains a “Hot Spot” with regards to prevalence in community we continue to monitor community activity and are ready to ramp down services should in-hospital cases rise or Critical care resources are required
- THP went live this past weekend with the EPIC electronic medical record system allowing oversight of all 3 sites and 1 patient record between sites
- Resources, bed flow and capacity are continually managed through Capacity Management Dashboard in real time
- Resumption has focused on a phased in approach, and equal access to resources while ensuring there is not an increased burden on in patient capacity
- PPATH program for Cardiac Surgery has been maintained throughout the pandemic to ensure community resources are available for follow up and allow for early discharge post op
- Community and in-patient prevalence is monitored closely and CCSO resources are reviewed daily by Critical care teams
- During the pandemic we did endeavor to upskill many RN’s that were redeployed with a focus on team based nursing within critical care units

Changes & Challenges to Care Processes

Changes:

- Virtual care leveraged across the organization where feasible
- Pre-operative clinic visits are virtual; plan to resume some in-person visits in late November
- Remote patient monitoring
- Cardiac Rehab visits have recently resumed using modified exercise plans, virtual visits and classes as well as support groups
- Cardiac Short Stay Unit (CSSU) became a shared location with Critical Care
 - Plan to return of all bays to CSSU by end of November, providing Cath Lab the ability to ramp up to 100% capacity
- On-site COVID-19 testing for staff and patients as well as our community

Challenges:

- Virtual care visits often take longer and not necessarily the best option to obtain fulsome patient history and physical
- Patient education format affected
 - Some education done virtually, additional resources being added and translated to help patients prepare for upcoming procedure or surgery
- Virtual pre-op visit does not allow for blood work and COVID pre-procedure testing; can cause delays in blood preparation on day of procedure
- Increasing community prevalence resulted in adjusting pre-procedure and pre-surgery testing through our on-site assessment centres.

Health Human Resources Findings

- Overall staff remained positive and focused on patient care and resumption of services during the pandemic
- EPIC electronic documentation platform launched during Wave 2
 - Demonstrated overall commitment of all staff to remain focused on a successful roll out
 - EPIC will provide each patient a single electronic medical record that will enable seamless transitions through the care continuum
- With Wave 2 THP did notice an increase in early retirement and staff opting to remain home with school age children.
 - Recruitment continues on an ongoing basis
- Majority of redeployed staff in phase 1 have returned to their respective areas



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Navigating Cardiac Care during COVID-19

Erika MacPhee
VP Clinical Operations



WHO WE ARE

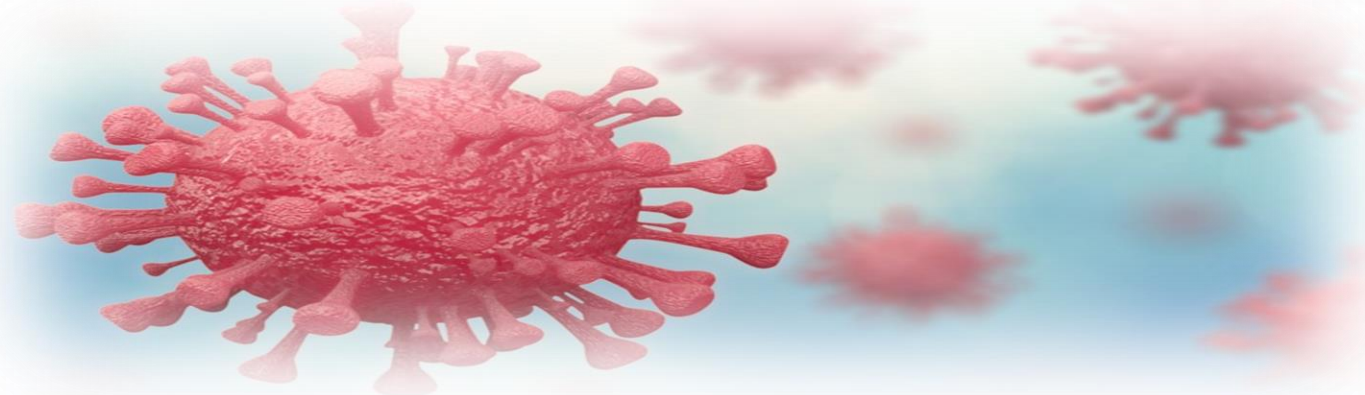
- The University of Ottawa Heart Institute (UOHI) is the sole Cardiac Services Provider in the Champlain LHIN, providing complex cardiac care to not only this population, but to other jurisdictions, including Quebec.
- As a member of CorHealth, the UOHI is committed in providing equal access to cardiac care at not only a regional level but provincial as well





COVID-19 RESPONSE

- At onset of the pandemic, UOHI put into place prioritization and triage processes in order to ensure that our patients had timely access to the care that they required.
- Formed the COVID Clinical Oversight Committee (CCOC)
- Responsibilities of CCOC:
 - Manage the burden of cardiac patients in our region while managing the pandemic crisis in partnership with our regional partners
 - Ensure access to care, patient safety, staff safety and program requirements
 - Oversee the overall clinical activities and patient flow through all critical UOHI units, including the development of a plan for prioritizing surgeries to address the procedural backlog





COVID-19 RESPONSE TOOLS

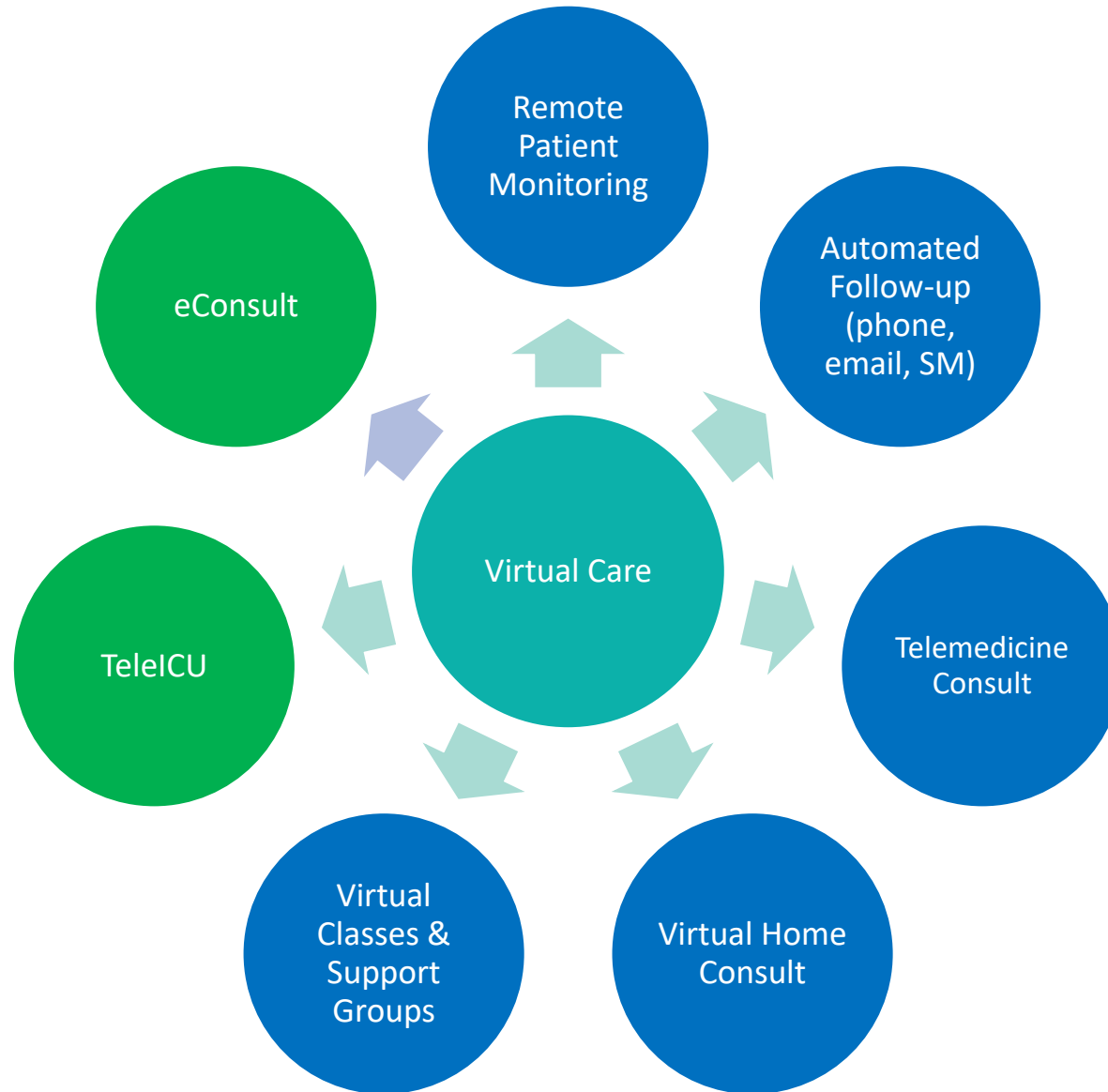
- Leadership of our CEO and Senior Management Team
 - Nightly meetings (7days/week until June 13) now weekly
- Triaging of all surgical cases with RCCC, Chief of Cardiac Surgery and Chief of Anesthesia
- Development of ICU Length of stay predictor

<https://cardiottawa.ottawaheart.ca/>





CARDIAC VIRTUAL CARE EXPANSION



- Prehab Automated Patient Follow Up
- PAU visits
- Assessments and Consults



RAMPING UP

- CCOC identified triggers to review weekly including:
 - Wait lists (Including Cardiac Imaging and Rehab)
 - Bed capacity (both ward and critical care beds)
 - #'s of COVID positive patients in region (in general population and hospitals/LTC, RH)
 - PPE and Medication Supply
 - Availability of Testing
 - Human Resources
 - Ramping down triggers
 - On site staff and household COVID-19 testing



SECOND WAVE RESPONSE

- Very different response
- Staffing is the challenge
 - Increase in staff absences directly related to the opening of schools
 - Mindful of exhausting staff that are able to work
- Long Term Care Challenges
- What will the new normal look like?





Virtual Care: Heart & Stroke COVID-19 Impact Survey

MS. NATALIE GIERMAN

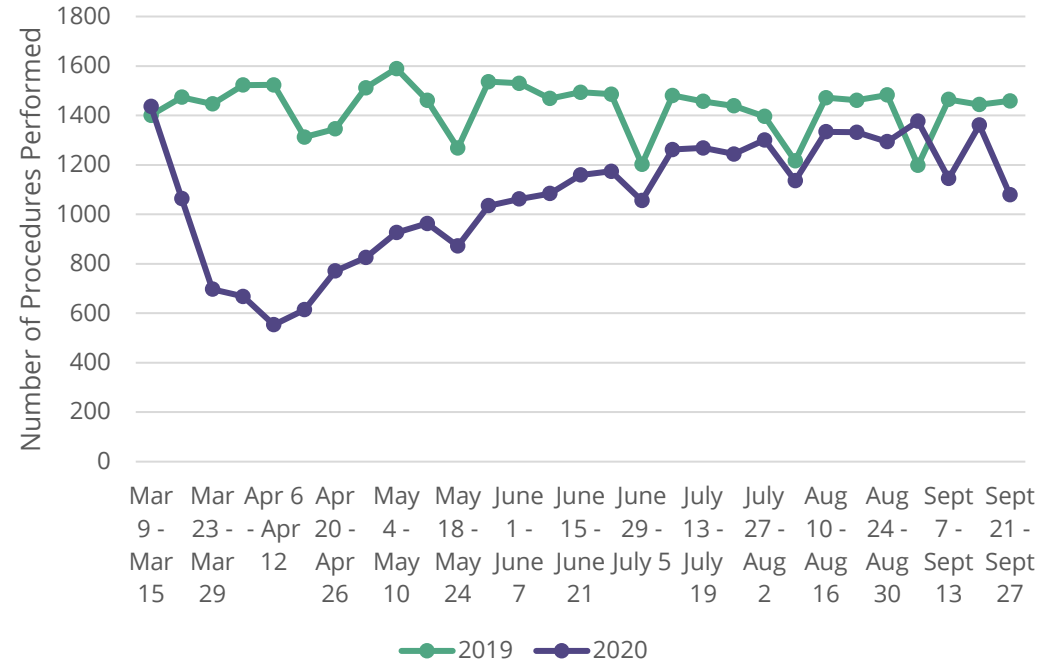


Analysis of Mortality on the Diagnostic Cath Lab Waitlist

GARTH OAKES

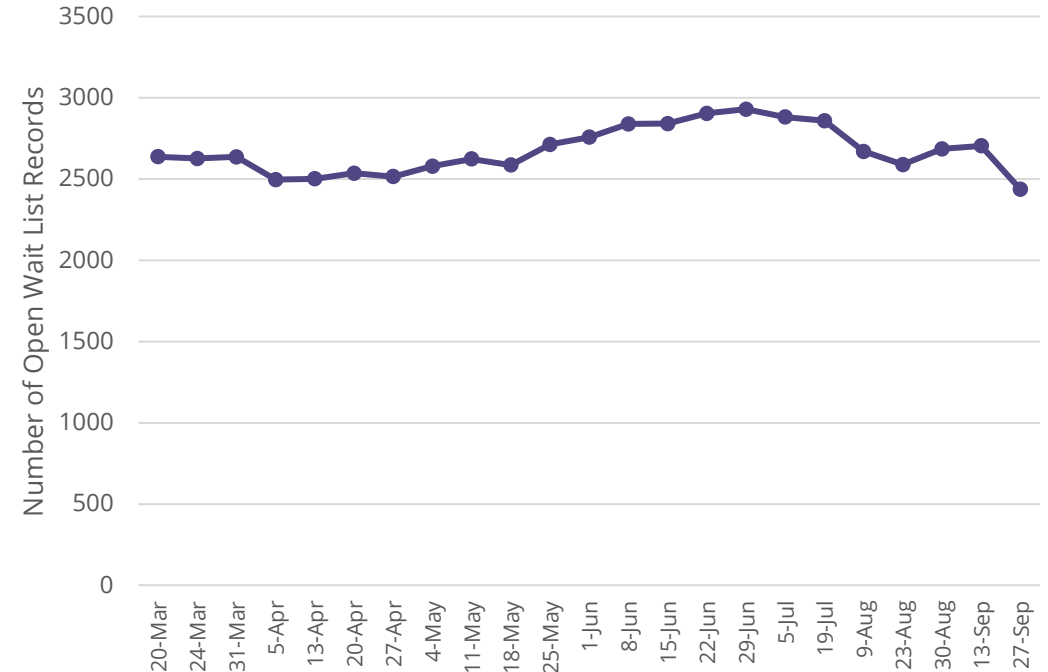
Summary of Current Diagnostic Cardiac Catheterization (CATH) Activity

Volume of CATHs Performed



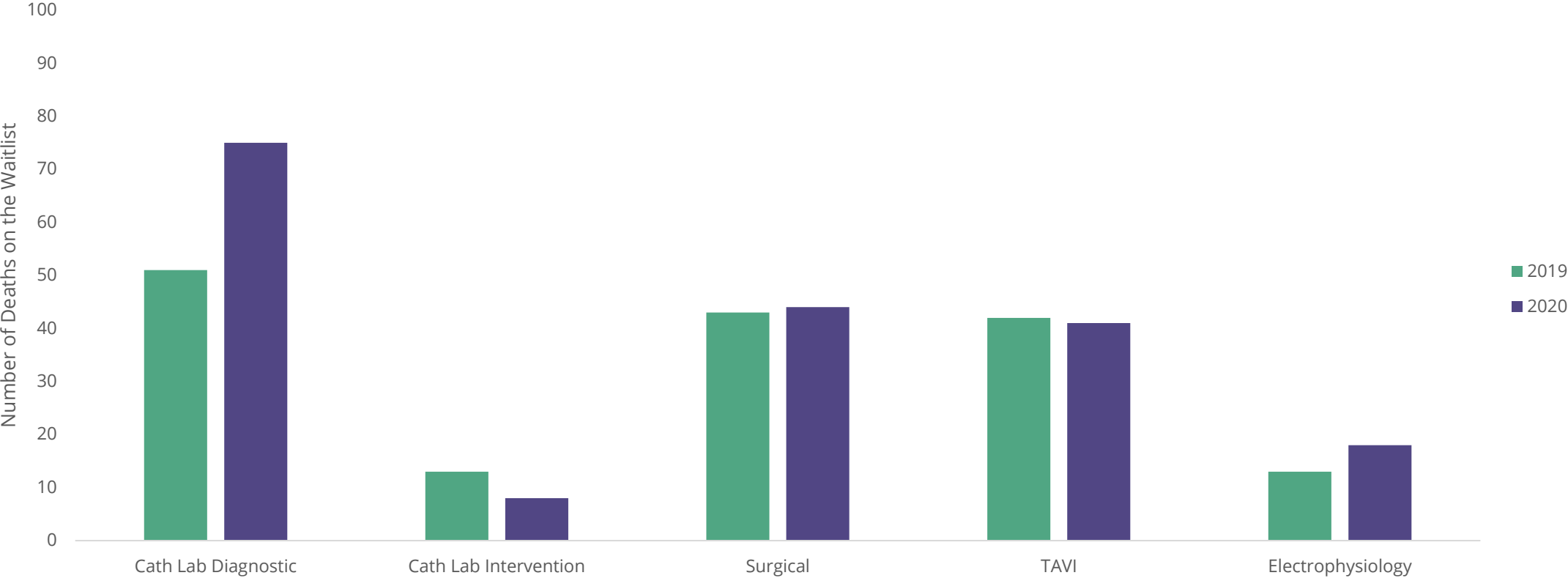
Data are from the CorHealth Cardiac Registry; Data includes CATHs which were part of SSPICs.

Size of Diagnostic CATH Lab Waitlist



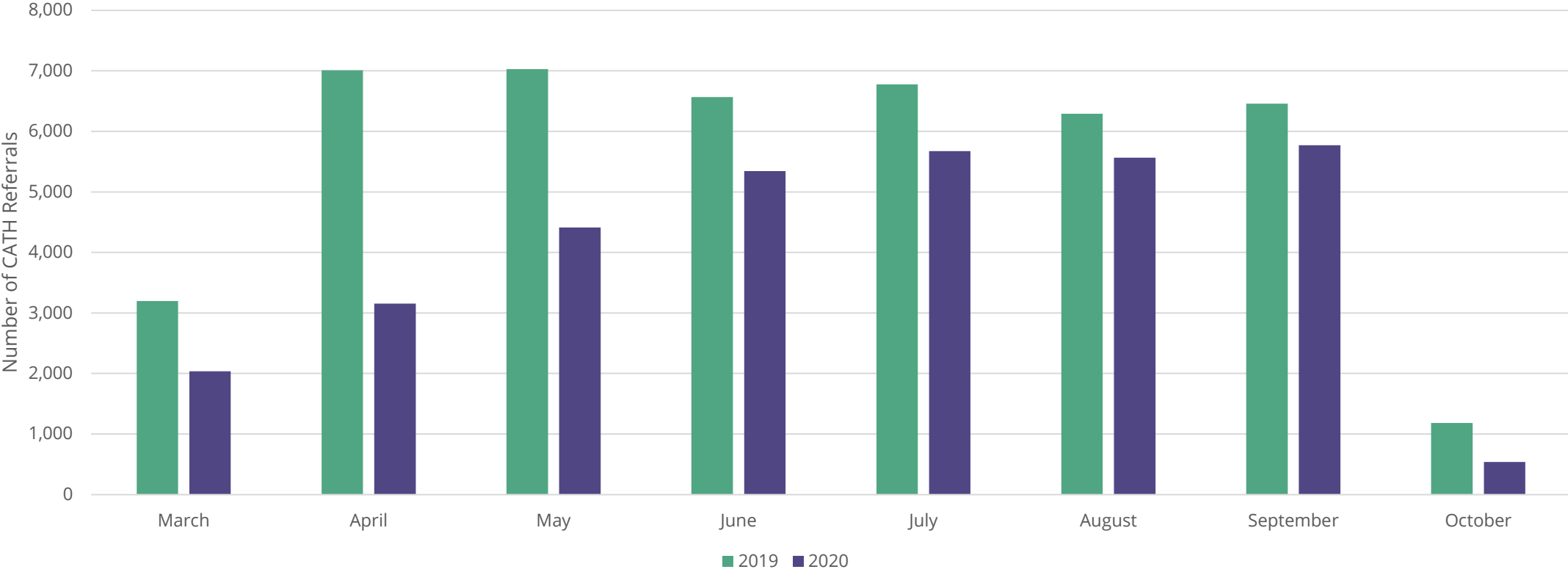
Data is representative of all open records in the CorHealth Cardiac Registry on the date specified; Open records include all referrals regardless of whether the patient was accepted or not; Data includes all CATH Lab Diagnostic procedures.

Mortality on the Waitlist – 2019 vs 2020

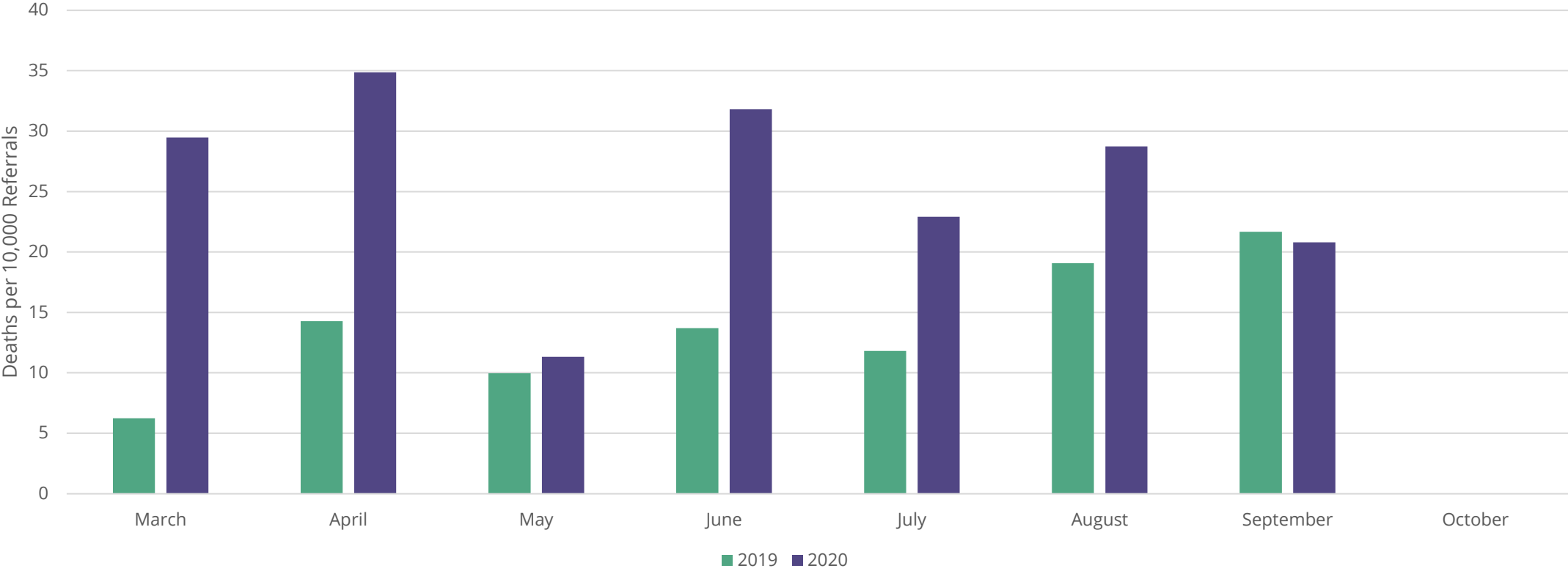


Data are from the CorHealth Cardiac Registry; The time period of this analysis covers March 16 to October 4 of 2019 for the 2019 bar and March 16 to October 4 of 2020 for the 2020 bar.

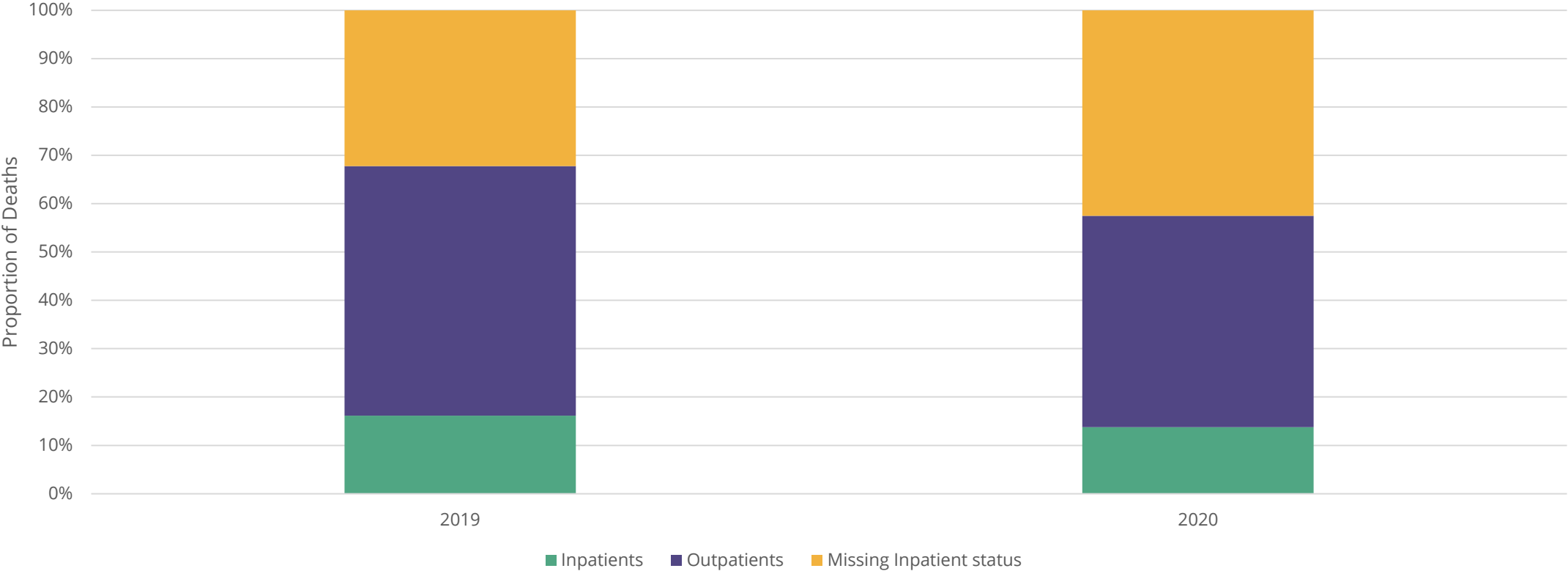
Number of CATH Referrals by Month



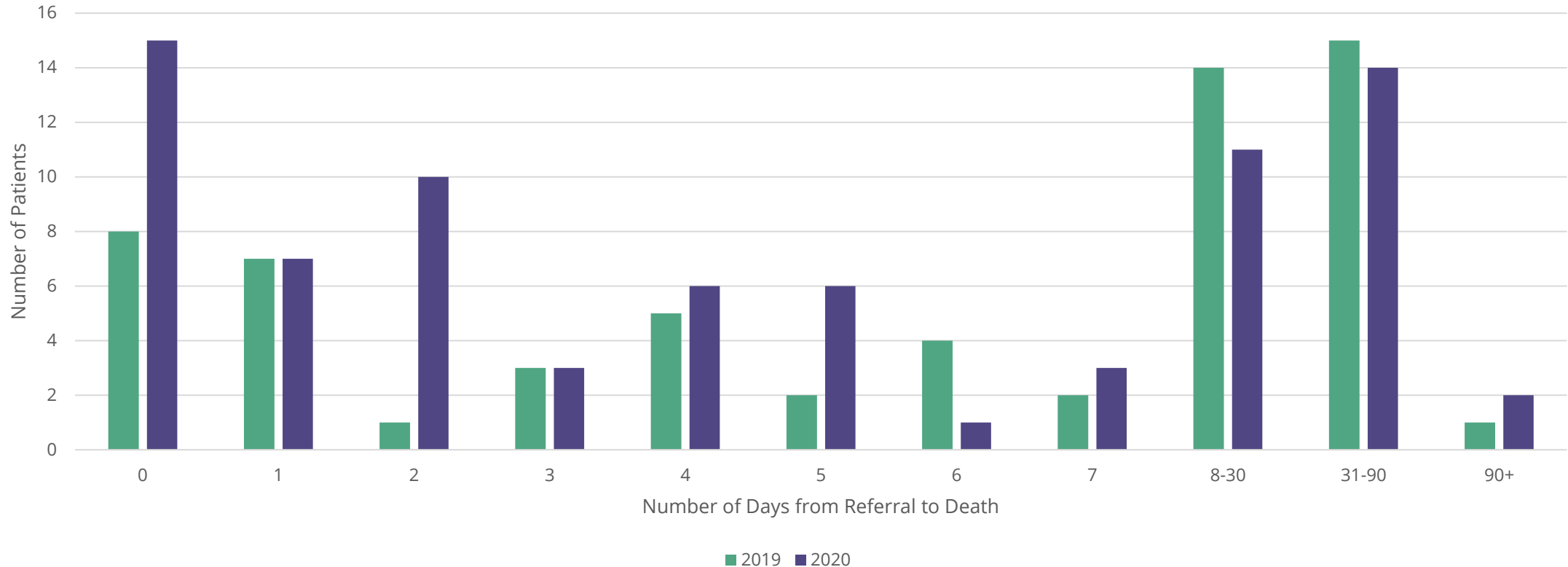
Mortality on the CATH Waitlist by Month



Mortality on the Waitlist – Inpatient vs Outpatient



Histogram of Days Waited Prior to Death on the Diagnostic CATH Lab Waitlist



Note: In 2020 there were 2 records excluded because they were referred after they died.

Comparison of Wait Times for Inpatients and Outpatients Between 2019 and 2020

		2019	2020
Inpatients	Volume	10	11
	Median (IQR)	4.5 (1.25-6)	2 (0-2.5)
	Mean (\pm SD)	3.9 (\pm 2.9)	5.6 (\pm 13.2)
Outpatients	Volume	32	35
	Median (IQR)	16.5 (3.75-36)	7 (2.5-21)
	Mean (\pm SD)	21.3 (\pm 21.4)	15.7 (\pm 18.4)
Missing Inpatient Status	Volume	20	34
	Median (IQR)	7 (2.5-21.5)	4 (1-14.8)
	Mean (\pm SD)	17.8 (\pm 28.0)	20.2 (\pm 37.3)



Other Updates and Next Steps

JANA JEFFREY

Other Updates and Next Steps

- **Next COVID-19 Cardiac Forum Meeting #21** – *Wednesday, November 18, 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