

CorHealth COVID-19 Heart Failure Stakeholder Forum #2

MEETING SUMMARY NOTES

DATE: April 1, 2020, 6:00 – 7:30 PM

GROUPS REPRESENTED: Approximately 70 participants, including centers and programs providing outpatient care in Heart Failure (typically in a heart failure clinic, across Ontario), system partners (e.g., eHealth Center of Excellence, Heart & Stroke Foundation, Home Care, Ministry of Health)

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.

HIGHLIGHTS

System Planning Updates

- All meeting materials and related resources continue to be posted and updated on the [CorHealth COVID-19 Resource Centre](#)
- Ontario Health has released a guidance document - [OH Guidance - Clinical Triage Protocol for Major Surge in COVID Pandemic \(March 28, 2020\)](#)

Five Top Things You Need to Know About COVID-19

- Dr. Ross provided education on COVID-19, including: a snapshot of Ontario ICU & the trajectory of COVID-19 cases in Ontario, top 5 things to know about COVID-19, and information on patients with COVID-19 cardiac injury
- Key takeaway for patients with COVID-19 cardiac injury: if you find COVID-19 patients with myocardial injury, consider them for more aggressive Rx, prepare to manage cardiac dysfunction and arrhythmias
- Noted that there is currently no treatment for COVID-19, but highly recommend monitoring to intervene earlier with appropriate supportive care

Virtual Care Resources & Supports

- CorHealth has posted resources on the COVID-19 Resource Page to help support and enable the use of virtual or remote monitoring, management and care of patients, including changes to the Schedule of Benefits for Physician Services and Heart Failure-specific tools.

- This information is available here: [Repository of Virtual Care Resources](#)
- A Medly Information Session will be held on April 2nd (6-7 PM) for information on the logistics and costs of implementing this tool.

Advance Care Planning

- Dr. Leah Steinberg provided information on advance care planning for heart failure patients and COVID-19, and ways to support patient conversations:
 - Advise to stay home, due to increased risk
 - Help patients identify their substitute decision maker
 - Discuss what is important to the patient, in the case they reach end of life
- Conversation resources, including the 'Serious Conversation Guide' (under development), will be made available through CorHealth's COVID-19 Resource Center

CorHealth COVID-19 Heart Failure Memo#1: Recommendations for an Ontario Approach to Managing Heart Failure During COVID-19

- Dr. Ross reviewed the Heart Failure Memo developed from discussion during the March 25th Heart Failure forum meeting
- The Memo will be made available on the [CorHealth COVID-19 Resource Centre](#)

Questions / Open Discussion

- *Notified that there are shortages on the availability of Bumetanide (1 mg tablets unavailable), as well as ongoing digoxin shortages*
 - CorHealth is working on a process for use on compassionate grounds for Bumetanide, we will also look into this potential issue.
- *The use of Subcutaneous (S/C) furosemide for selected patients*
 - Noted that this often requires several injections, or to be run through continuous infusion pump
 - Dr. Leah Steinberg may be able to provide additional dosing instructions
- *Some issues with ARB shortages*
 - Putting a patient on inhibitor may pose issues due to cough (particularly in the setting of COVID-19); it may be best to transition the patient to an ARNi if they meet indications.
- *Distinguishing COVID-19 vs. CHF*
 - Fever is a key distinguishing factor, as well as a dry cough
 - In patients with mild symptoms, self-quarantine and self-management is generally the best approach, rather than coming into the hospital
 - The CCS COVID-19 Rapid response team has released guidance on this topic here: <https://www.corhealthontario.ca/COVID-19-or-HF-RRT-doc-01Apr2020.pdf>
- *Capacity for ECMO from other centers*

- Dr. Ross noted that ICU beds are being overseen at the command center, where there is a dashboard of ICU lay of the land that is monitored daily; at the moment there is still capacity. Aim is to maintain beds for appropriately selected candidates of ECMO, but capacity may quickly decrease as COVID volumes escalate.
- Dr. Ross noted ECMO patient outcomes in COVID are mainly based on China experience and very limited to date
- *Logistics of running a HF clinic during COVID-19*
 - For frail patients with multiple comorbidities that are brought to the clinic by caregivers, the caregivers are now being asked to not enter the clinic due to COVID-19
 - Feel that caregivers should be considered an essential service
 - Try to navigate by arranging a Zoom meeting, or phone call with the caregiver during the appointment
 - Other tools to use for assessment include: Whatsapp for JVP assessment
 - A sample verbal consent paragraph, detailed script and documentation note for EMR can be found from the OMA at this portal:
<https://www.ontariomd.ca/documents/resource%20library/vc%20covid-19%20guide.pdf>
- *Management of HF and COVID-19- and use of bipap*
 - General agreement between centres on the phone that traditional use of bipap tends to be discouraged in COVID positive or COVID suspect patients due to concerns of aerosolization.
- *Retirement Homes & Home Care*
 - Dr. George Heckman raised this as a potential future topic for discussion
 - Further discussion could be brought to this forum regarding screenings, and resources that can be made available

NEXT STEPS

CorHealth to:

- Post / distribute meeting summary notes
- Update the CorHealth COVID-19 Resource Centre
- Schedule the next Heart Failure Forum Meeting for April 8th (6-7 PM)

Forum Participants:

- **Please submit your requests for discussion topics, questions and concerns for inclusion in the next forum. Submissions can be sent to Karen Harkness at karen.harkness@corhealthontario.ca**