



# CorHealth COVID-19 Stakeholder Forum Meeting

May 26, 2021 | 4:00-5:00 pm

Teleconference: (647) 951-8467 or Long Distance: 1 (844) 304 -7492

Conference ID: 976 522 06#

# Agenda

TIME	DISCUSSION	ACTION REQUIRED	LEAD
<b>4:00</b>	Welcome & Meeting Objectives	Information	Dr. Tom Forbes
<b>4:05</b>	COVID-19 Current State and Looking Ahead	Information/ Discussion	Anna Greenberg
<b>4:20</b>	Using Health Care Resources Wisely After the COVID-19 Pandemic	Information/ Discussion	Heather Logan and Karen Born
<b>4:35</b>	Cardiac Activity Highlights	Information/ Discussion	Deanna Wu
<b>4:40</b>	Other Updates & Next Steps	Information	Dr. Tom Forbes



# Welcome

Dr. Tom Forbes, Chair, CorHealth Clinical Advisory Committee

# Meeting Objectives

- Provide current, consistent information about COVID-19 to CorHealth's cardiac, stroke, and vascular stakeholders:
  - Current state and looking ahead from Ontario Health
  - Recovery Planning from CADTH and Choosing Wisely Canada
  - Cardiac activity highlights
- Identify issues and recommendations to escalate to provincial COVID-19 IMS tables
- Provide an opportunity to discuss implications of Wave 3

## **Housekeeping Reminders:**

- *Please ensure that you are on mute, not on hold, when you are not speaking on the call*
- *To unmute on your computer, click the mute/unmute button in the Teams meeting. To unmute on your phone, please press \*6*



# COVID-19 Current State and Looking Ahead

(as of May 26, 2021)

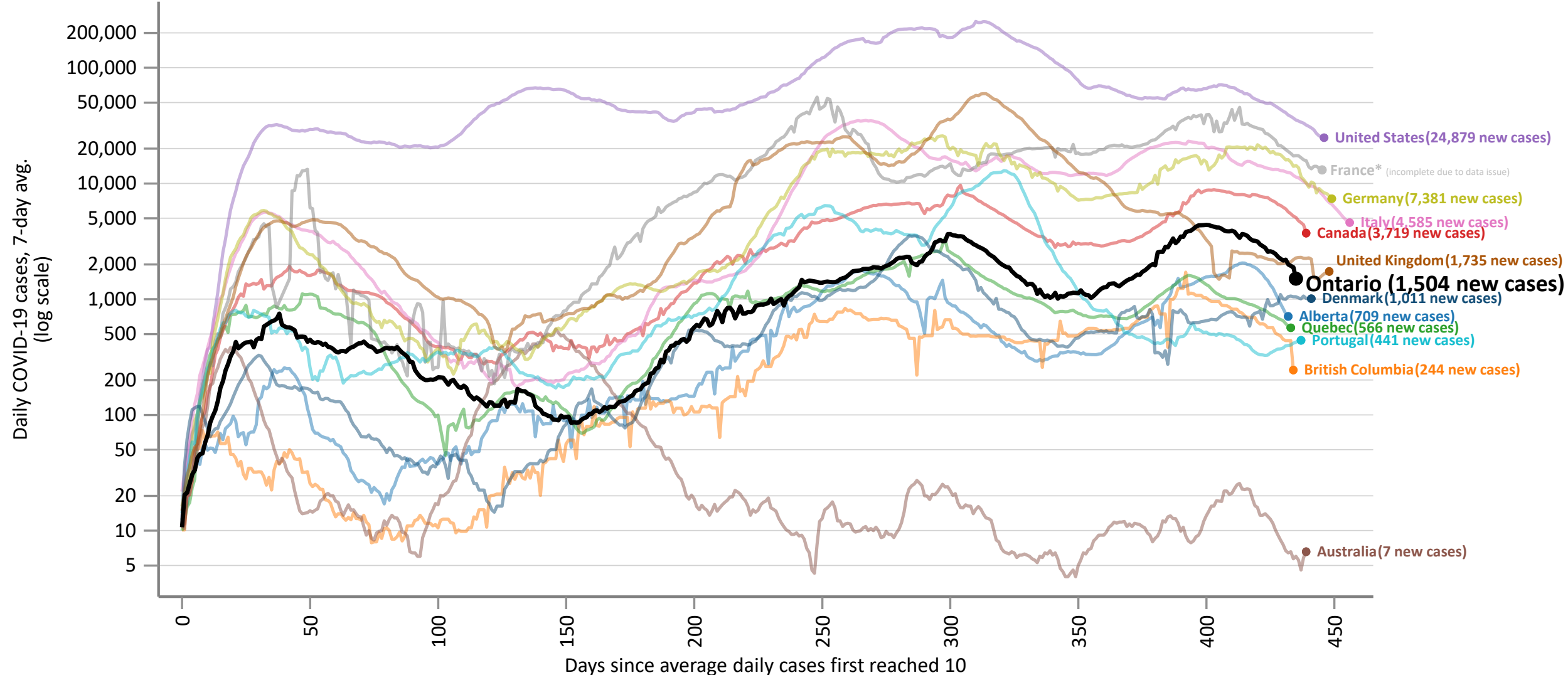
Anna Greenberg, Chief, Strategy and Planning, Ontario Health

# Spread of Infection

Metric	Target	Result
# New Cases (7-day average)	14-day decrease or no change	7-day average daily new cases: <b>1622.1</b> (May 25) <b>-42.6% decrease</b> in 7-day average vs. 2 weeks ago
# Deaths (7-day average)	14-day decrease or no change	7-day average daily new deaths: <b>21.9</b> (May 25) <b>-18.2% decrease</b> in 7-day average vs. 2 weeks ago
% positivity	≤2.5 %	7-day average % positivity: <b>5.6%</b> (May 25) <b>-13% decrease</b> in 7-day average vs. 1 week ago
Effective Reproduction Number	Below 1	<b>0.82</b> (May 25) (compared to <b>0.86</b> 1 week ago)
# Outbreaks in last week	14-day decrease or no change	<b>167</b> new outbreaks in past 7 days (May 25) <b>-18.5% decrease</b> over previous week
% of new cases by material deprivation quintiles  (May 9 to May 15, PHO Weekly Epidemiological Summary)	N/A	<b>Material deprivation quintile:</b> <b>1</b> (least deprived): 15.5% 2: 17.6% 3: 19.4% 4: 21.4% <b>5 (most deprived): 26.1%</b>
% of new cases by visible minority concentration quintiles  (May 9 to May 15, PHO Weekly Epidemiological Summary)	N/A	<b>Visible minority quintile:</b> <b>1</b> (least concentrated): 6.0% 2: 8.7% 3: 12.2% 4: 21.8% <b>5 (most concentrated): 51.4%</b>

# Epidemic Curve: New daily confirmed COVID-19 cases, number of days since 10 cases first recorded

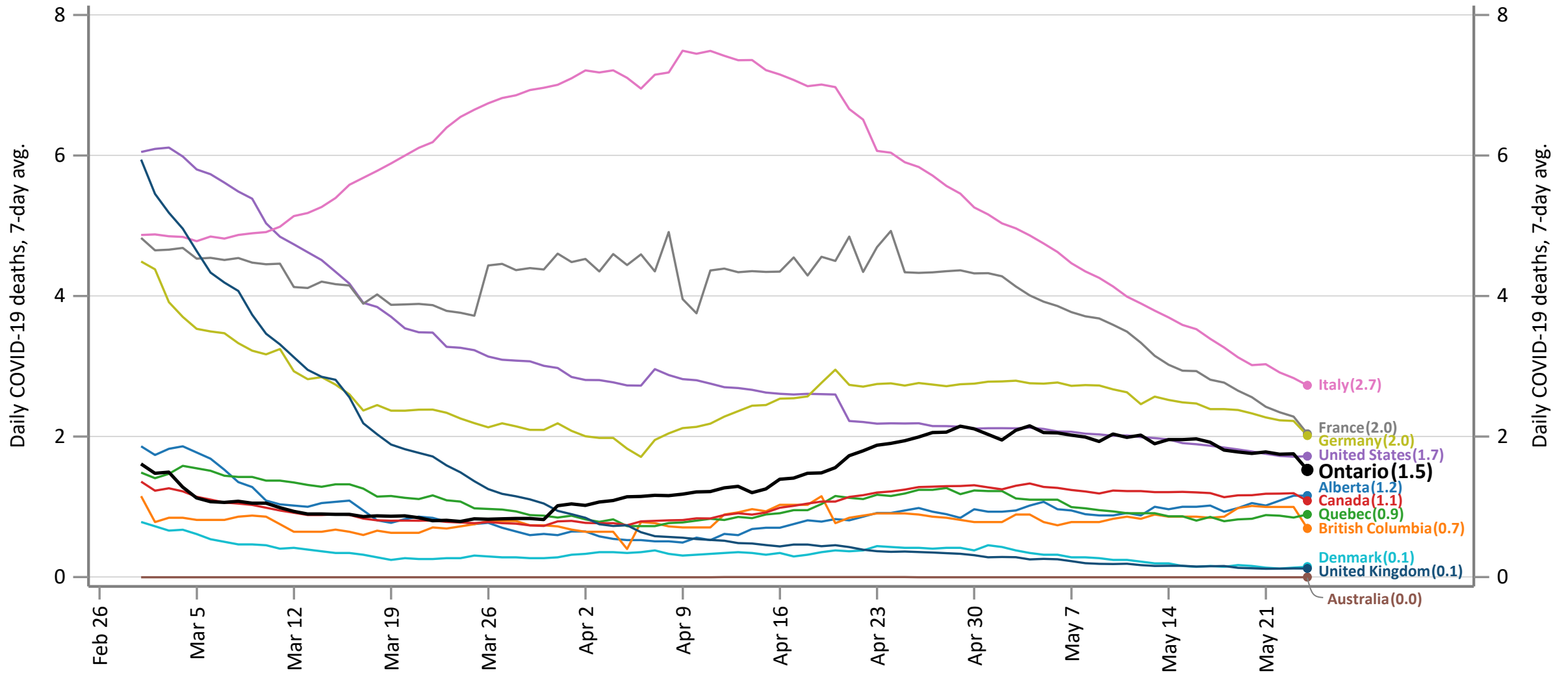
Ontario and provincial and international comparators (7-day trailing averages)



**Data from:** Dong, E., Du, H., & Gardner, L. (2020). An interactive web-based dashboard to track COVID-19 in real time. The Lancet Infectious Diseases, as of: 25 May 2021  
Data compiled by Johns Hopkins University from the following sources: WHO, CDC, ECDC, NHC, DXY, 1point3acres, Worldometers.info, BNO, state and national government health department, and local media reports.  
\* France implemented a deduplication process that removed 350,000 cases from their cumulative count. It is therefore not possible to derive daily incidence after May 20. JHU is monitoring for updated datasets and this may be corrected.  
<https://www.santepubliquefrance.fr/les-actualites/2021/des-indicateurs-plus-precis-pour-le-suivi-des-cas-confirmes-de-covid-19>

# Epidemic Curve: New daily confirmed COVID-19 deaths per 1M population

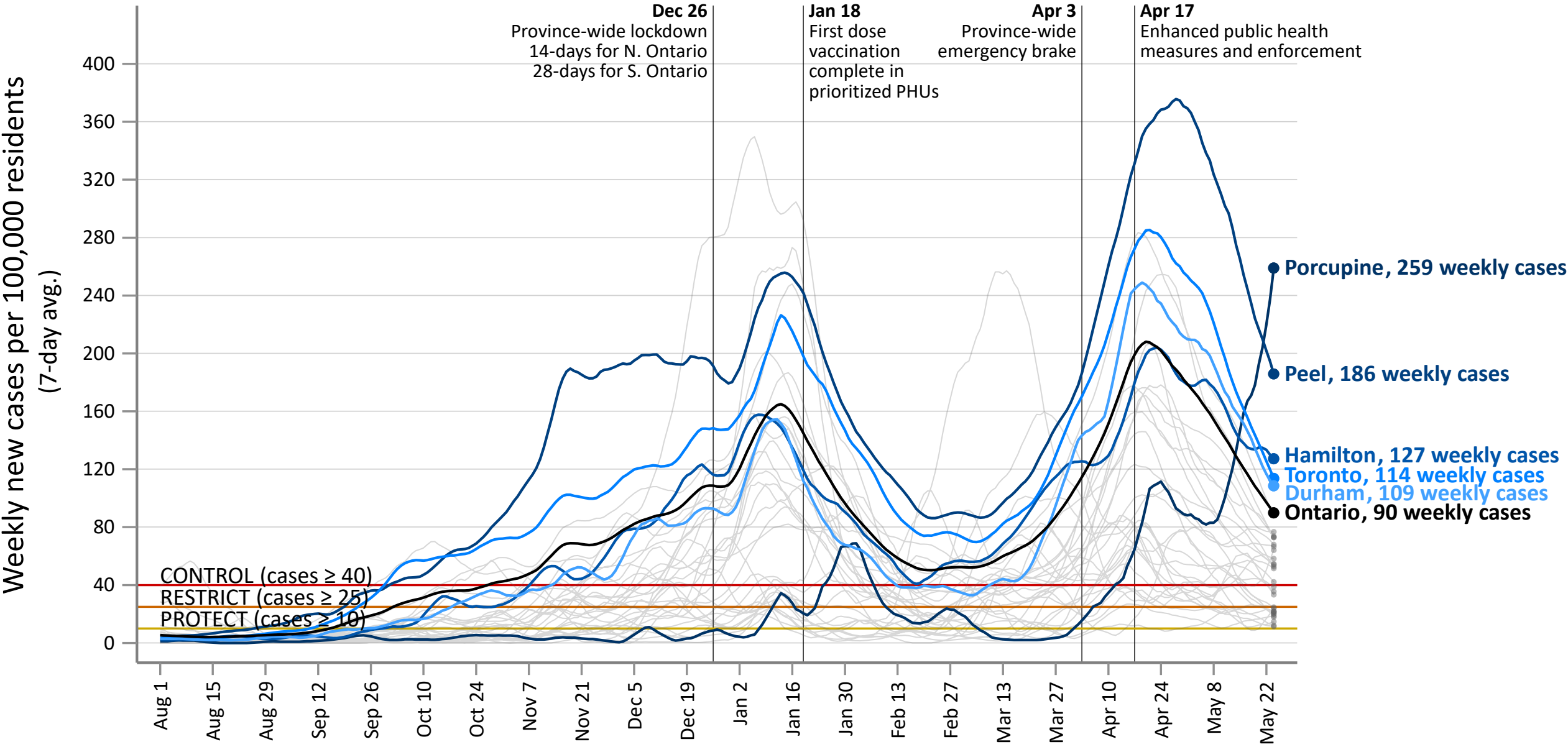
Ontario and provincial and international comparators (14-day trailing averages)



Data from: Dong, E., Du, H., & Gardner, L. (2020). An interactive web-based dashboard to track COVID-19 in real time. The Lancet Infectious Diseases, as of: 25 May 2021  
Data compiled by Johns Hopkins University from the following sources: WHO, CDC, ECDC, NHC, DXY, 1point3acres, Worldometers.info, BNO, state and national government health department, and local media reports.



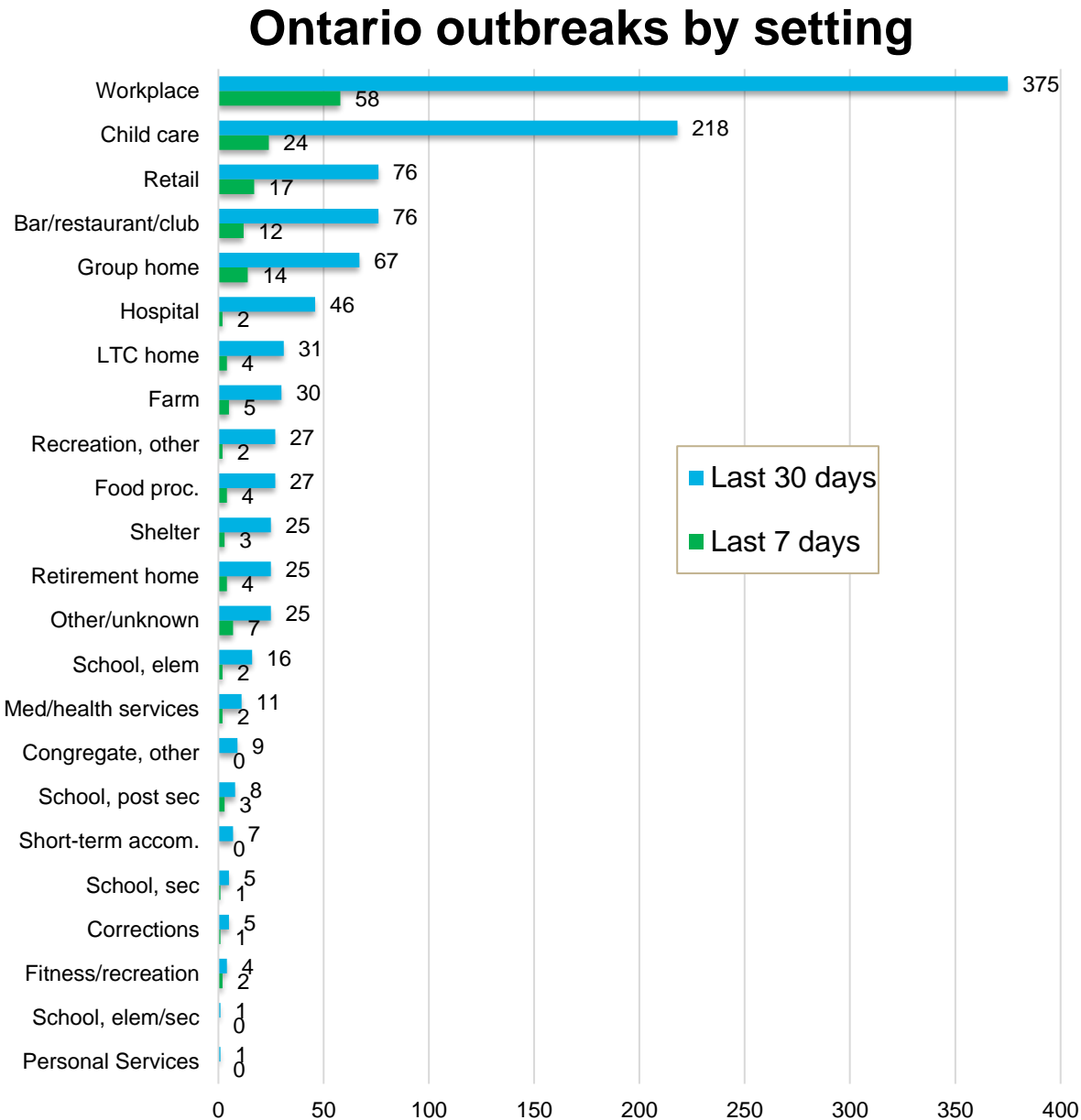
# Total new cases per 100,000 residents per week across PHUs



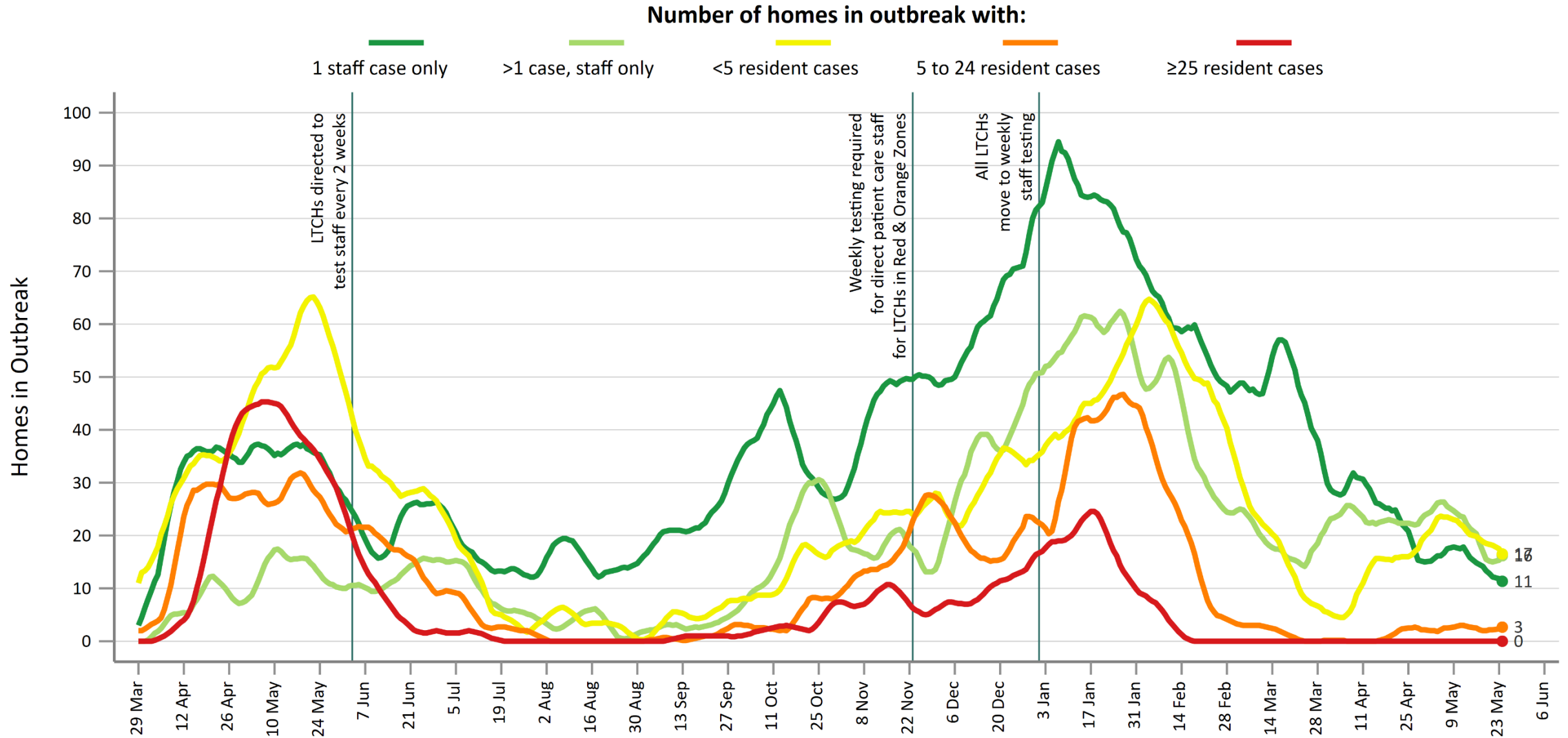
**Data source:** Case and Contact Management System (CCM), data up to May 24  
**Data note:** Data for the most recent day have been censored to account for reporting delays

# Outbreaks by setting and health unit in the last 7 days and last 30 days

SETTING	ONTARIO		TORONTO		PEEL		YORK	
	Last 7 days	Last 30 days	Last 7 days	Last 30 days	Last 7 days	Last 30 days	Last 7 days	Last 30 days
Workplace	58	375	17	85	10	67	4	31
Child care	24	218	2	49	6	35	2	27
Bar/restaurant/club	12	76	0	7	5	9	1	7
Retail	17	76	3	13	0	8	3	6
Group home	14	67	0	9	2	5	0	6
Hospital	2	46	2	17	0	3	0	1
LTC home	4	31	0	5	0	2	0	4
Farm	5	30	0	0	0	0	0	1
Food proc.	4	27	1	10	1	8	1	3
Recreation, other	2	27	0	0	0	3	0	2
Other/unknown	7	25	0	3	4	4	0	1
Retirement home	4	25	0	2	0	1	0	6
Shelter	3	25	2	9	1	6	0	0
School, elem	2	16	2	4	0	6	0	1
Med/health services	2	11	0	2	0	1	0	2
Congregate, other	0	9	0	2	0	1	0	1
School, post sec	3	8	1	3	2	2	0	0
Short-term accom.	0	7	0	2	0	3	0	0
Corrections	1	5	0	1	1	1	0	0
School, sec	1	5	0	0	0	1	0	0
Fitness/recreation	2	4	0	1	0	0	1	1
Personal Services	0	1	0	0	0	0	0	0
School, elem/sec	0	1	0	1	0	0	0	0



# Outbreak Severity Over Time: Homes in Outbreak by Levels of Severity



**Data source:** LTC Daily Reports via MOH SAS Visual Analytics Dashboard.

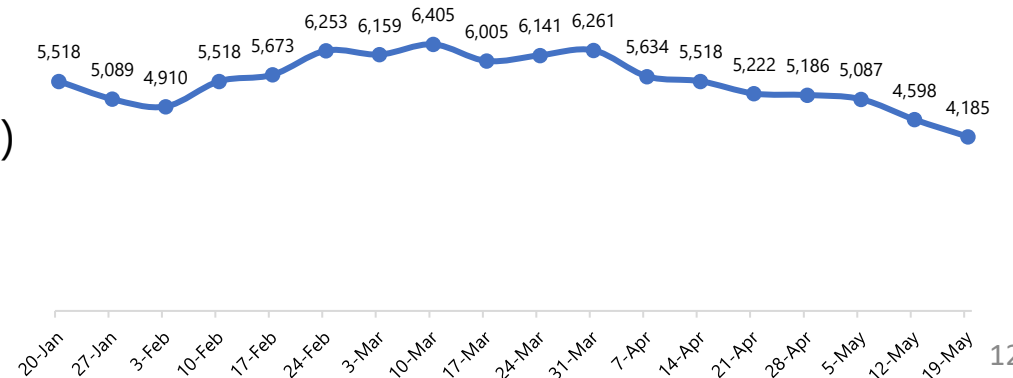
**Data notes:** 1. Severity measure based on number of active cases on a given day. 2. Data smoothed as 7-day trailing averages.

# Health System Capacity

Metric	Target	Actual
Change in COVID inpatients	14-day decrease or no change	<b>1,073</b> COVID+ inpatients (May 24): <b>-37.2%</b> 14-day decrease <b>692</b> CRCI in ICU (May 24): <b>-13.7%</b> 14-day decrease
% acute care beds occupied % ICU beds occupied	≤ 80% ≤ 80%	Occupancy: <b>82.7%</b> (May 24) Occupancy: <b>76.9%</b> (May 24)
Scheduled surgery volumes by specialty compared to same time period 2019	Nov 1 – 110%	<b>100%</b> cancer surgery <b>19%</b> orthopaedic surgery (Apr 26, 2021 – May 23, 2021 vs. Apr 29, 2019 – May 26, 2019) <b>63%</b> cardiac surgery (Apr 26, 2021 – May 23, 2021 vs. Apr 29, 2019 – May 26, 2019)
Home care referral acceptance rates	94%	Nursing referral acceptance rate: <b>71%</b> (April 2021) PSW referral acceptance rate: <b>59%</b> (April 2021)

Vacant Available LTCH Beds    TBD

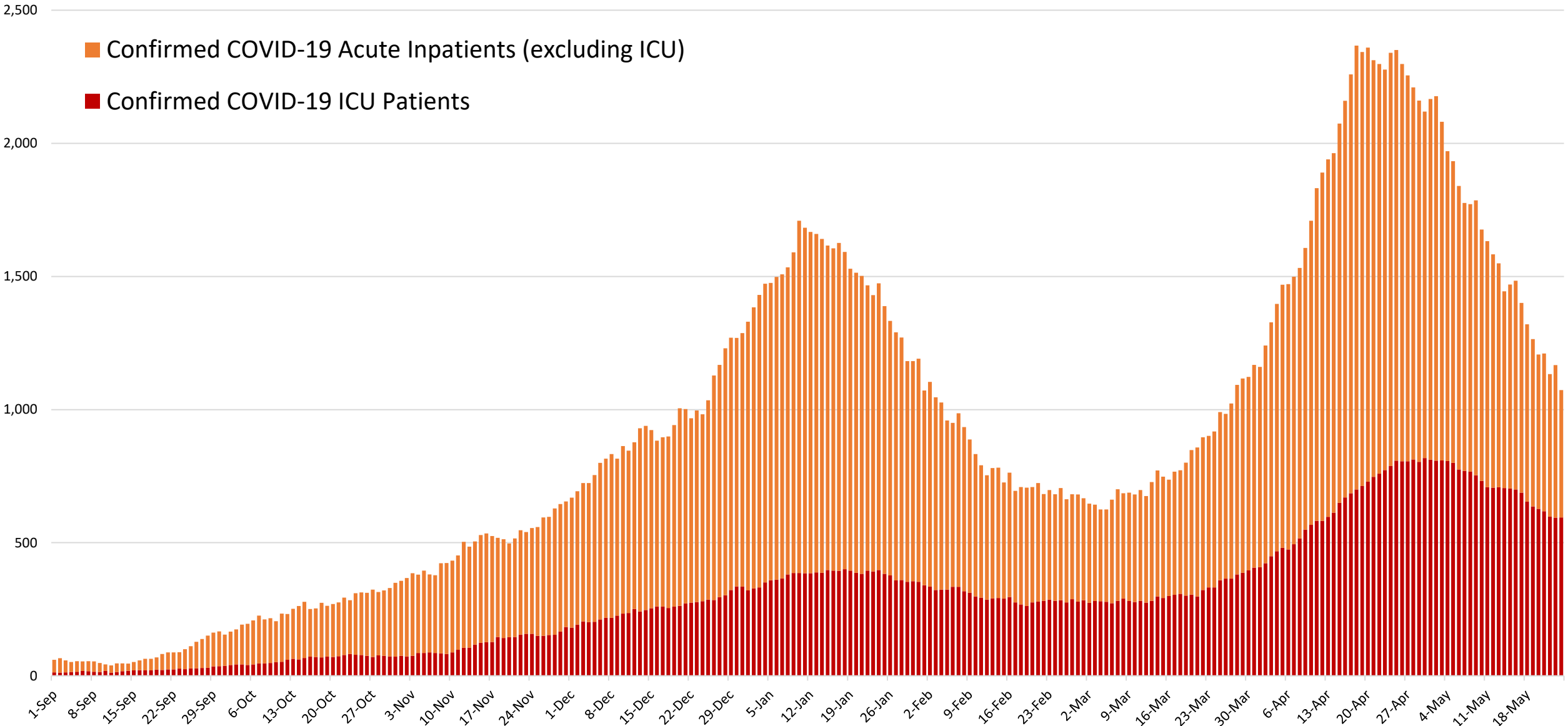
**4,185** (May 19)



# COVID-19 Hospitalizations

September 1, 2020 – May 24, 2021

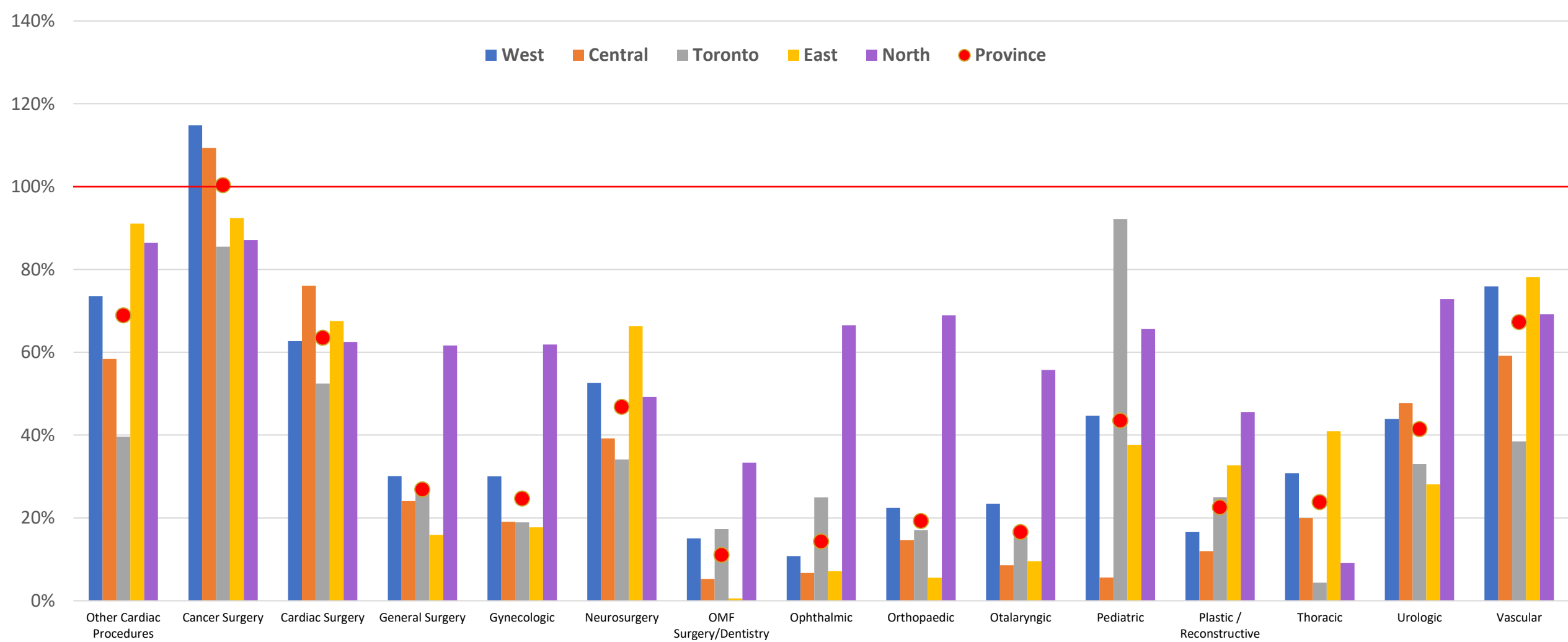
## Daily occupancy by confirmed COVID-19 patients



Data Sources: Daily Bed Census Summary COVID-19 Report + Critical Care Information System. Extracted via MOH SAS VA May 25, 2021. Does not include patients in alternative health facilities (AHFs).

# Regional surgical case volumes, by specialty

April 26, 2021 to May 23, 2021 compared to equivalent period in 2019



\*Other Cardiac Procedures includes angiogram, angiography, TAVI, device implants, EP studies and ablations.

\*Cardiac Surgery includes CABG, Valve surgeries, and other cardiac surgeries

**Data Source:** Wait Time Information System cut as of May 25, 2021. Comparison period: April 29 to May 26, 2019. Data for Cardiac volumes are from CorHealth; all other surgical specialties are sourced from WTIS and exclude Cardiac Surgery.



# Using Health Care Resources Wisely After the COVID-19 Pandemic

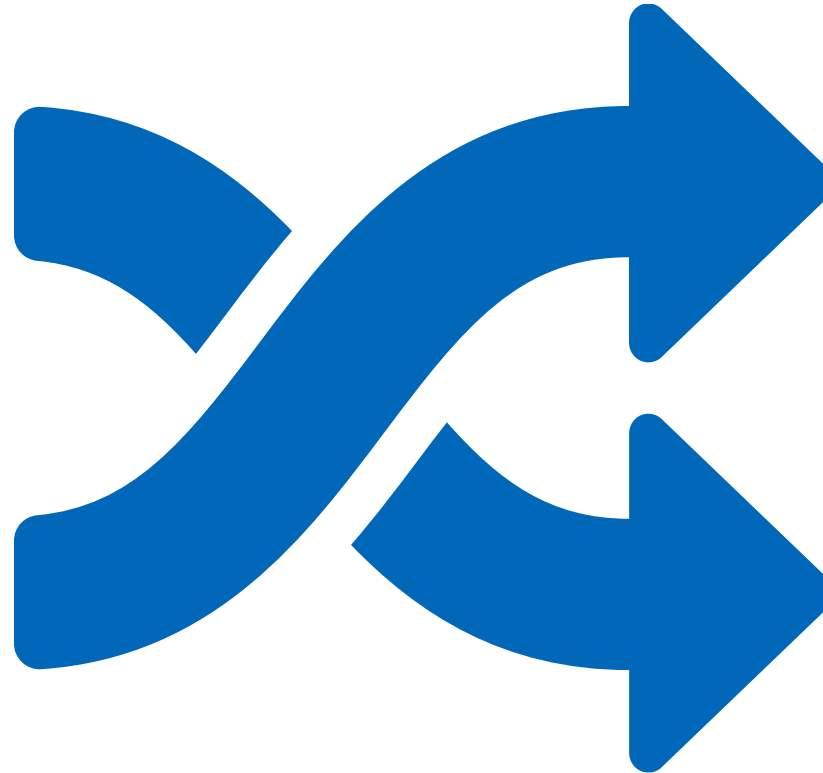
Recommendations to Reduce Low-Value Care

Heather Logan, Executive Strategy Lead, Canadian Agency for Drug and Technologies in Health

Karen Born, Knowledge Transfer Lead, Choosing Wisely Canada

# Overview

- Context
- Approach
- Results
- Discussion

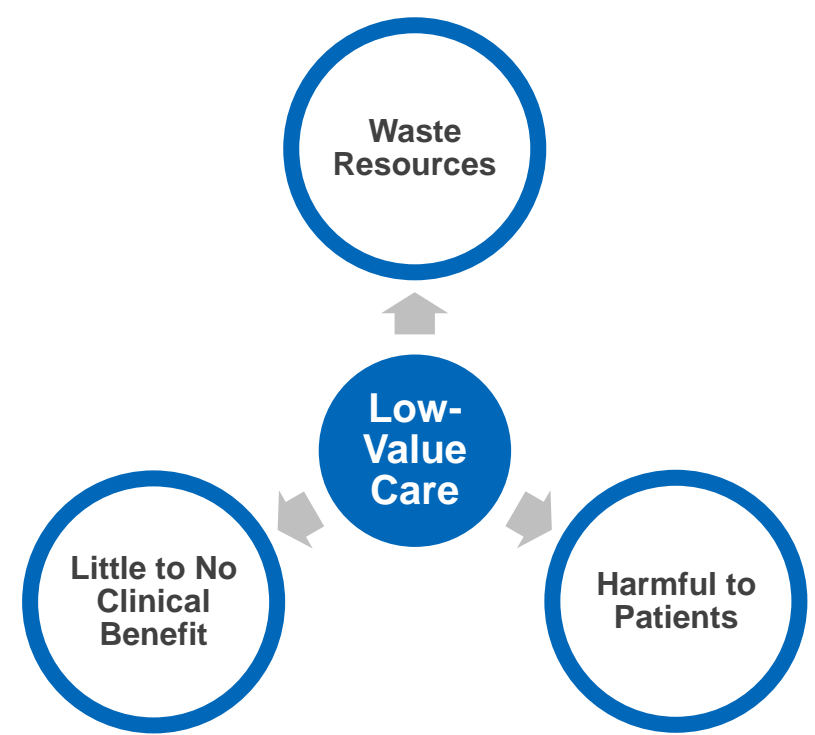




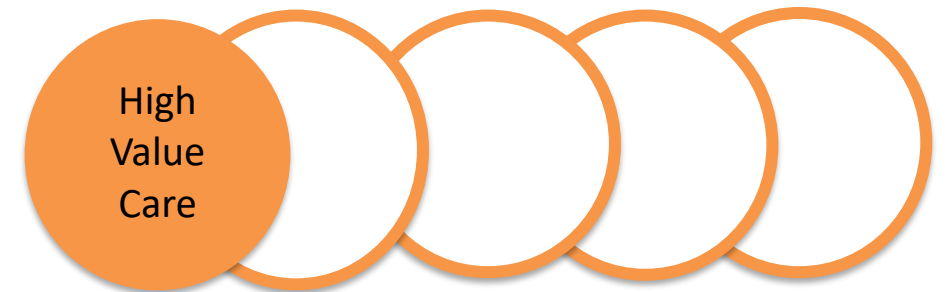
# Rationale

The COVID-19 pandemic has created major challenges in Canadian health care

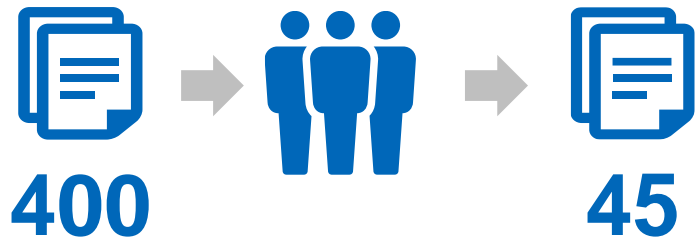
- Limited resources
- Reduced capacity
- Backlog of medical procedures



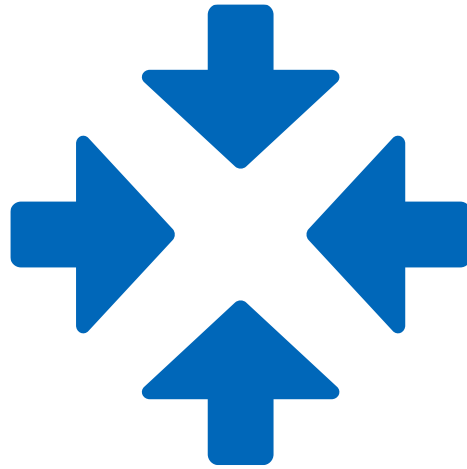
Less low value care can help redistribute resources for more high value care



# Methods



1. Short-list



2. Panel

- Should be **ON** list
- Should be **OFF** list
- Maybe or Unsure

3. Survey



4. Deliberate

# Approach

## Step 1 – Develop a Short List of Recommendations

### Criteria:

- Common, may cause harm, resource intensive
- Area of need delayed by the pandemic or an existing backlog
- Lead to potential strains on resources
- Aligned with categories of overuse identified and measured by CWC and Canadian Institute for Health Information (CIHI)

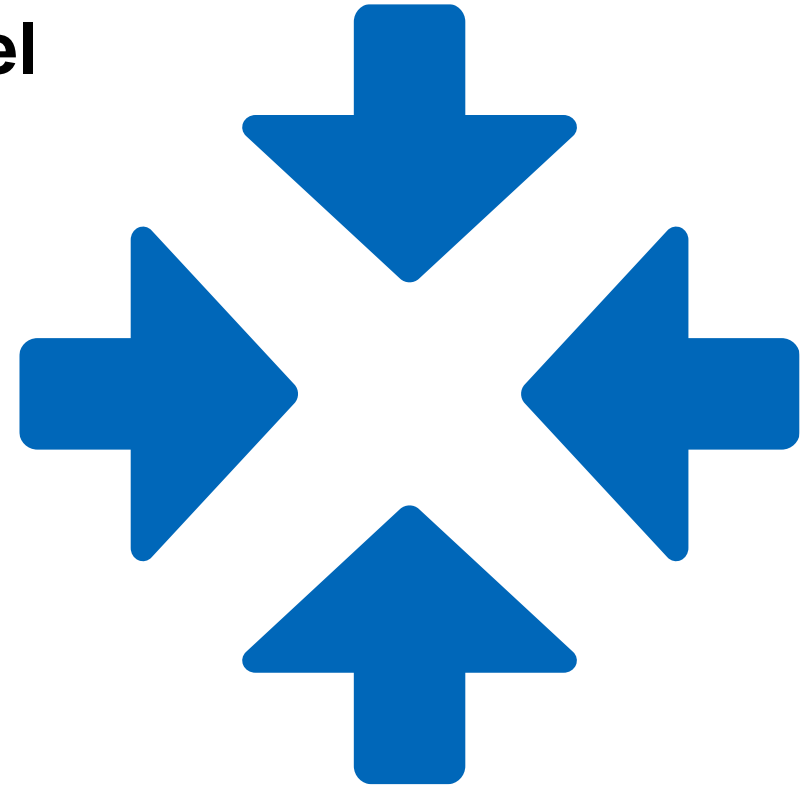


# Approach

## Step 2 – Create a Multi-Disciplinary Panel

### Panellists:

- Physicians
- Policy Experts
- Patient Representatives



# Approach

## Step 3 – Online Survey

### Example Survey Question:

Don't order routine investigations including chest radiographs or blood tests in critically ill patients, except to answer a specific clinical question.

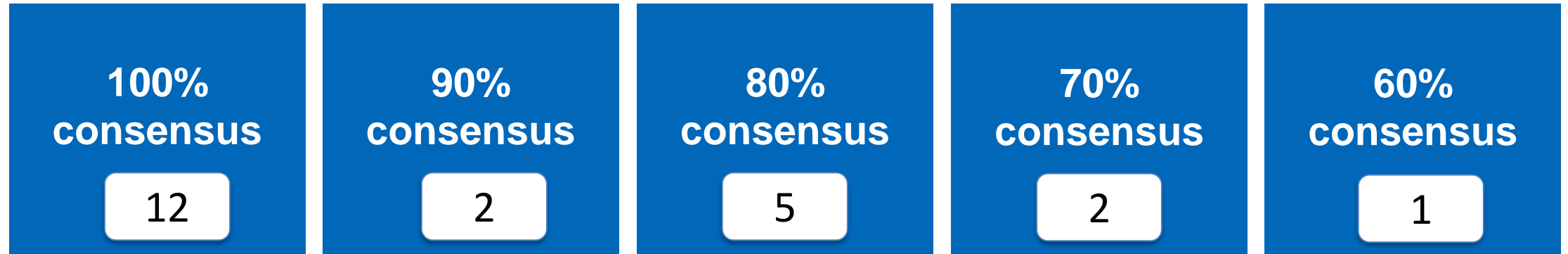
Should be **ON** list

Should be **OFF** list

Maybe or Unsure

# RESULTS

Panel discussion on 22 of 45 recommendations



# Approach

## Step 4 – Panel Deliberation

- **Review:** discuss recommendations with the highest level of consensus based on the previous online survey
- **Live voting:** to re-assess the level of consensus for recommendations that had detailed discussions
- **Final list:** recommendations that had at least 80% consensus



# Key Takeaways



**Alignment**

**19**

**Recommendations**



**High-Value Care**

[Using Health Care Resources Wisely During and Following the COVID-19 Pandemic | Canadian Journal of Health Technologies \(canjhealthtechnol.ca\)](#)



# Thank you

## Panellists

Johanna Trimble  
Patient Champion  
Patients for Patient Safety  
Canada  
Ottawa, Ontario

Christy Simpson, PhD  
Department Head and  
Associate Professor  
Department of Bioethics  
Dalhousie University  
Halifax, Nova Scotia

Patrick Quail, MB  
Medical Lead Supportive  
Living  
Alberta Health Services  
Calgary Zone  
Calgary, Alberta

Cindy Dumba  
Patient Partner Saskatchewan  
Health Authority  
Patient Partner Choosing  
Wisely  
Regina, Saskatchewan

Susan Shaw, MD  
Anesthesiologist and Chief  
Medical Officer  
Saskatchewan Health  
Authority  
Saskatchewan

Wm. Kenneth Milne, MD  
Adjunct Professor  
Schulich School of Medicine  
and Dentistry, Western  
University  
London, Ontario

Alexander Singer, BSc,  
MB BAO BCh, CCFP  
Director  
Office of Research and Quality  
Improvement  
University of Manitoba  
Winnipeg, Manitoba

Maggie Keresteci, MA,  
CHE  
Executive Director  
Canadian Association for  
Health Services and Policy  
Research  
Ottawa, Ontario

Sophia Ikura, MPA  
Executive Director  
Health Commons Solutions  
Lab  
Toronto, Ontario

Adina Weirnerman, MD  
Internist and Medical Director  
Quality and Patient Safety  
Sunnybrook Health Sciences  
Centre  
Toronto, Ontario

## Choosing Wisely Canada

Karen Born, PhD

Wendy Levinson, MD

Stephanie Callan, BA

Tai Huynh, MDes, MBA

## CADTH

Sinwan Basharat, MSc

Tasha A. Narain, MSc

Deirdre DeJean, PhD

Nicole Mittman, PhD

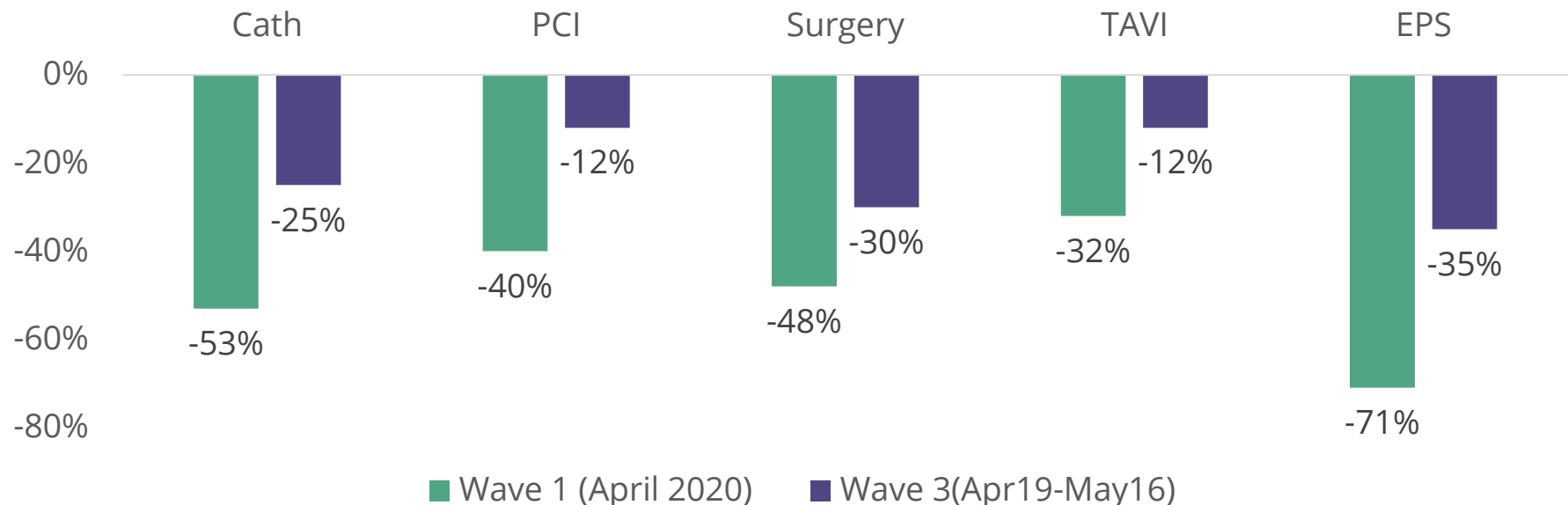


# Cardiac Activity Highlights

Deanna Wu, Director, Analytics & Reporting, CorHealth Ontario

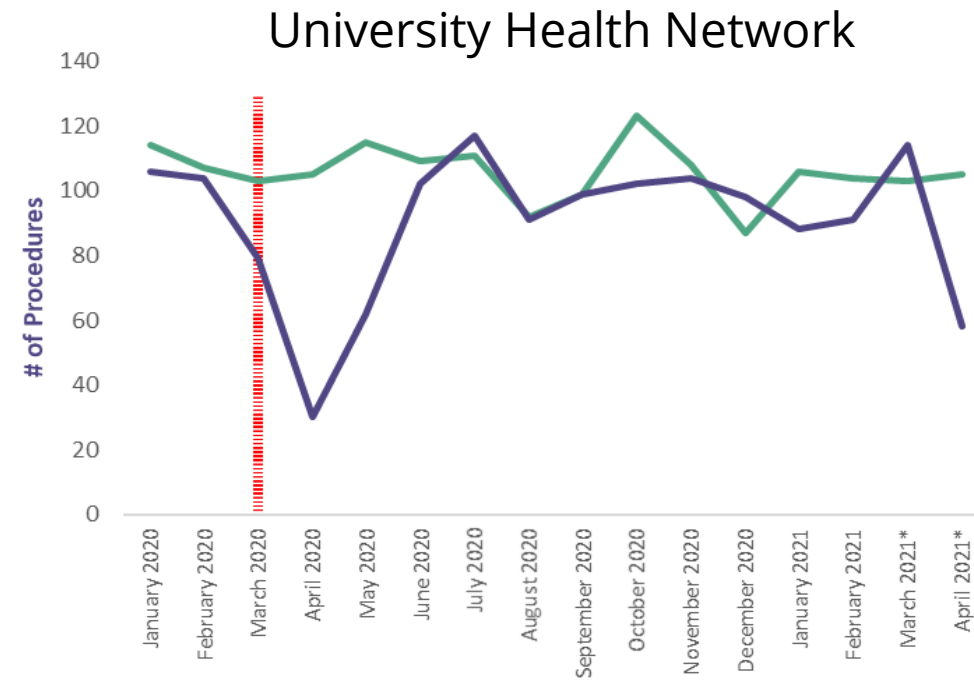
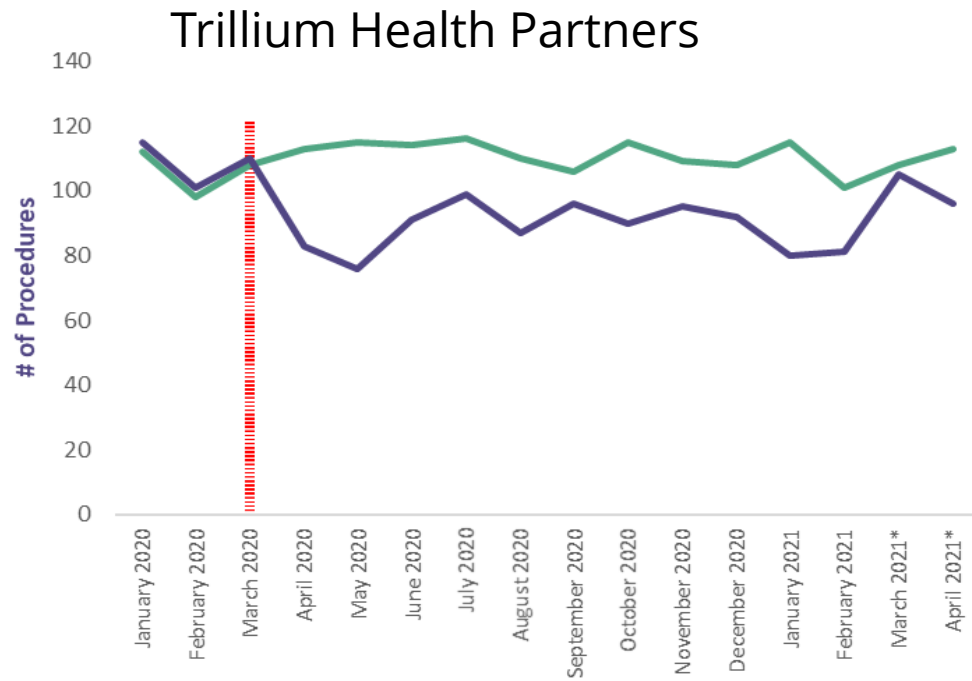
# Cardiac Activity Report

- **ED presentations:** patients are still coming to ED in numbers similar to recent months, but Toronto Region has been seeing 20-30% more patients than were presenting pre-pandemic over the last 4 weeks
- **Volumes:** Most procedures have continued to remain ramped down at levels similar to previously reported; TAVI, CABG+Valve, Device implants have ramped down significantly in May



# Differential ramp down intensity: Hospitals that never recovered may not have been able to ramp down as much in Wave 3

▬ Start of Pandemic (March 16, 2020)  
▬ Baseline (Jan 2019 - Apr 2020)  
▬ Pandemic (Jan 2020 - Apr 2021)



<b>Cardiac Surgery Volumes</b>	<i>Baseline</i> (Mar 17, 2019 - Mar 8, 2020 & Mar 11 - May 12, 2019)	<i>Pandemic</i> (Mar 15, 2020 - May 9, 2021)	<i>Change</i> (#)	<i>Change</i> (%)
Trillium Health Partners	1,536	1,255	-281	-18%
University Health Network	1,458	1,201	-257	-18%





# Other Updates and Next Steps

Dr. Tom Forbes, Chair, CorHealth Clinical Advisory Committee

# Other Updates and Next Steps

- This is our last regularly scheduled weekly COVID-19 Stakeholder Forum in this series (joint cardiac, stroke, and vascular stakeholders)
  - CorHealth will continue to work with Leadership Council and Stakeholder Forum Chairs to determine when the next Forums will take place (as required) – stay tuned
- If group members would like to share or suggest any future agenda items, please email Emma Jowett ([emma.jowett@corhealthontario.ca](mailto:emma.jowett@corhealthontario.ca))
- Forum Summary Notes and Presentations can be found at the CorHealth COVID-19 Resource Centre (<https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/covid19/forum>)



# Appendix

# Background



## Hospital Care

### Routine Investigations

Don't order routine investigations including chest radiographs or blood tests in critically ill patients, except to answer a specific clinical question.

### Pre-operative Tests

Don't order baseline laboratory studies (complete blood count, coagulation testing, or serum biochemistry) for asymptomatic patients undergoing low-risk non-cardiac surgery.

## End of Life Care

### Advance Care Planning Conversations

Don't start or continue life supporting interventions unless they are consistent with the patient's values and realistic goals of care.

Don't delay advance care planning conversations.

### Palliative Care

Don't delay palliative care for a patient with serious illness who has physical, psychological, social, or spiritual distress because they are pursuing disease-directed treatment.

## Long Term Care

### Transfer

Don't send the frail resident of a nursing home to the hospital unless their urgent comfort and medical needs cannot be met in their care home.

## Specialty Outpatient Care

### Nephrology

Don't initiate chronic dialysis without ensuring a shared decision-making process between patients, their families, and their nephrology health care team.

### Gastroenterology

Avoid performing a colonoscopy for constipation in those under the age of 50 years without family history of colon cancer or alarm features.

### Cardiology

Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

### Orthopedics

Don't order a knee MRI when weight-bearing x-rays demonstrate osteoarthritis and symptoms are suggestive of osteoarthritis as the MRI rarely adds useful information to guide diagnosis or treatment.

## Primary Care

### Annual Exam

Don't do annual physical exams on asymptomatic adults with no significant risk factors\*.

### Screening

Don't perform population-based screening for 25-OH-Vitamin D deficiency.

### Imaging

Don't order screening chest X-rays and ECGs for asymptomatic or low risk outpatients.

Don't do imaging for lower-back pain unless red flags\* are present.

Don't do imaging for uncomplicated headache unless red flags\* are present.

Don't order a CT scan for uncomplicated acute rhinosinusitis

### Transfer

Don't send a patient for a specialist visit that requires several hours of transport if the visit can be done virtually or by a local physician.

## Blood Products

### Red Blood Cells Transfusion

Don't routinely transfuse red blood cells in hemodynamically stable ICU patients with a hemoglobin concentration greater than 70 g/l (a threshold of 80 g/L may be considered for patients undergoing cardiac or orthopedic surgery and those with active cardiovascular disease).

## Oncology

### Palliative

Don't delay or avoid palliative care for a patient with metastatic cancer because they are pursuing disease-directed treatment.

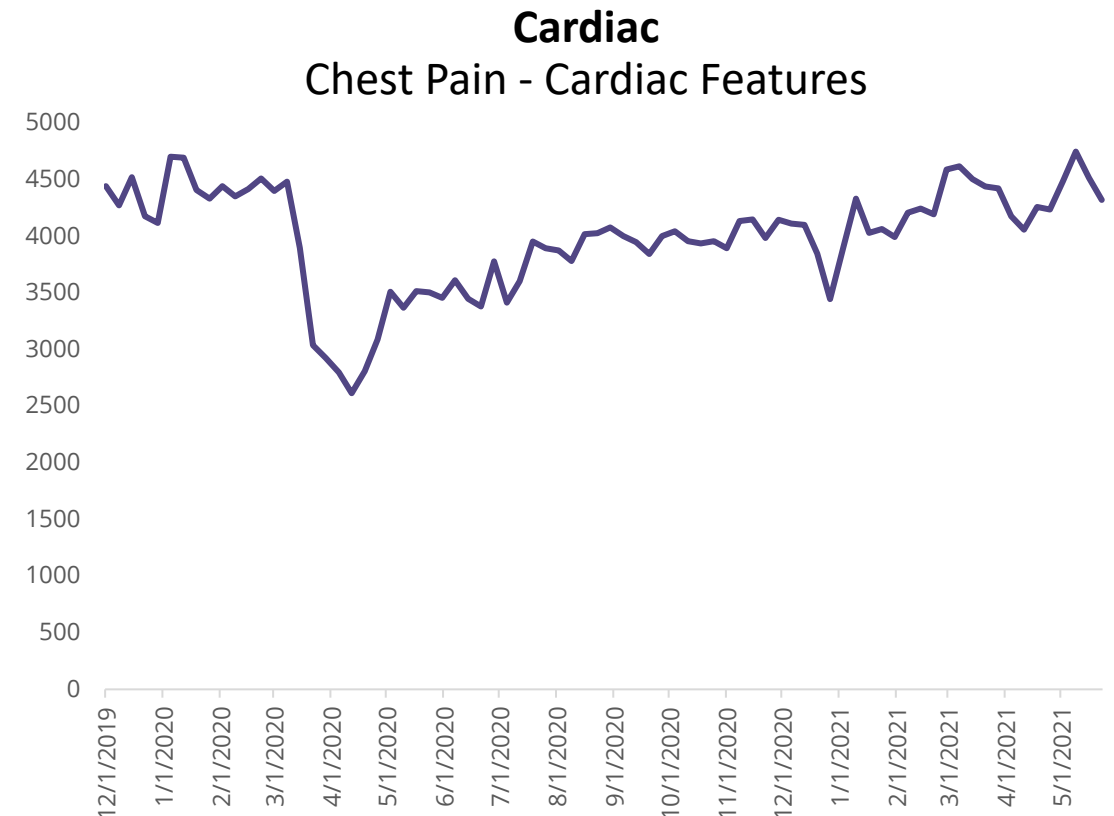
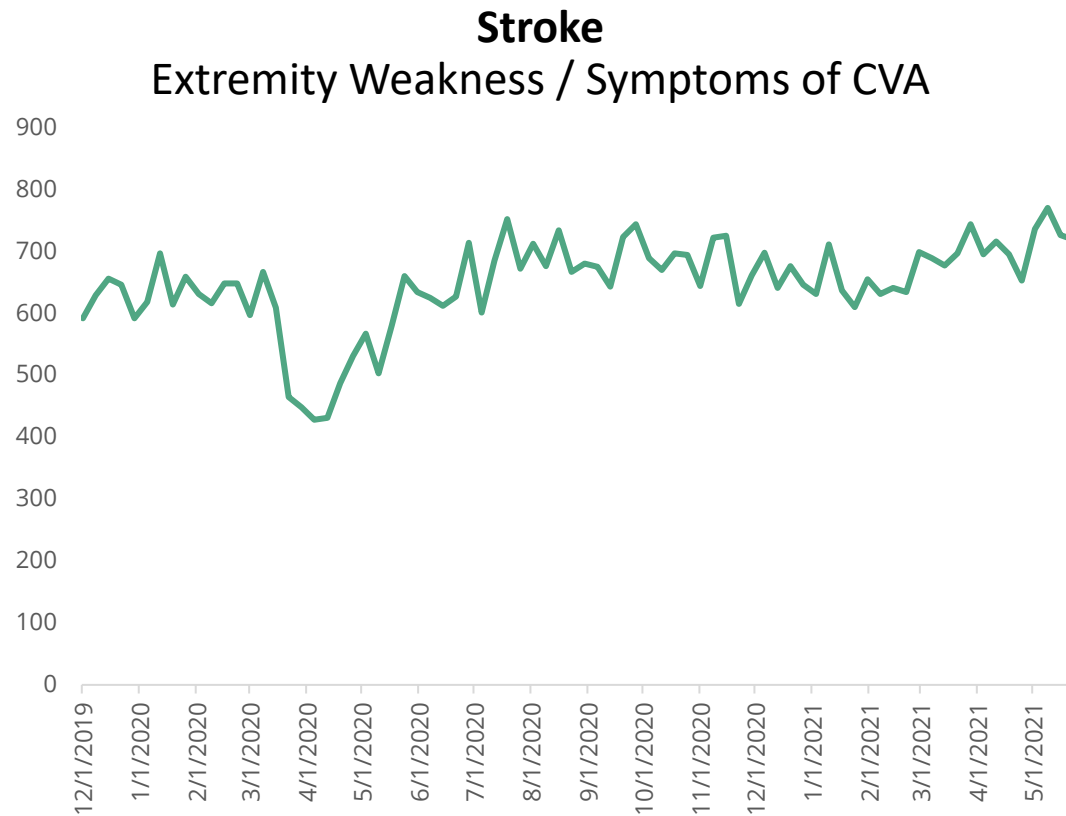


# Appendix: Cardiac and Stroke Activity Update

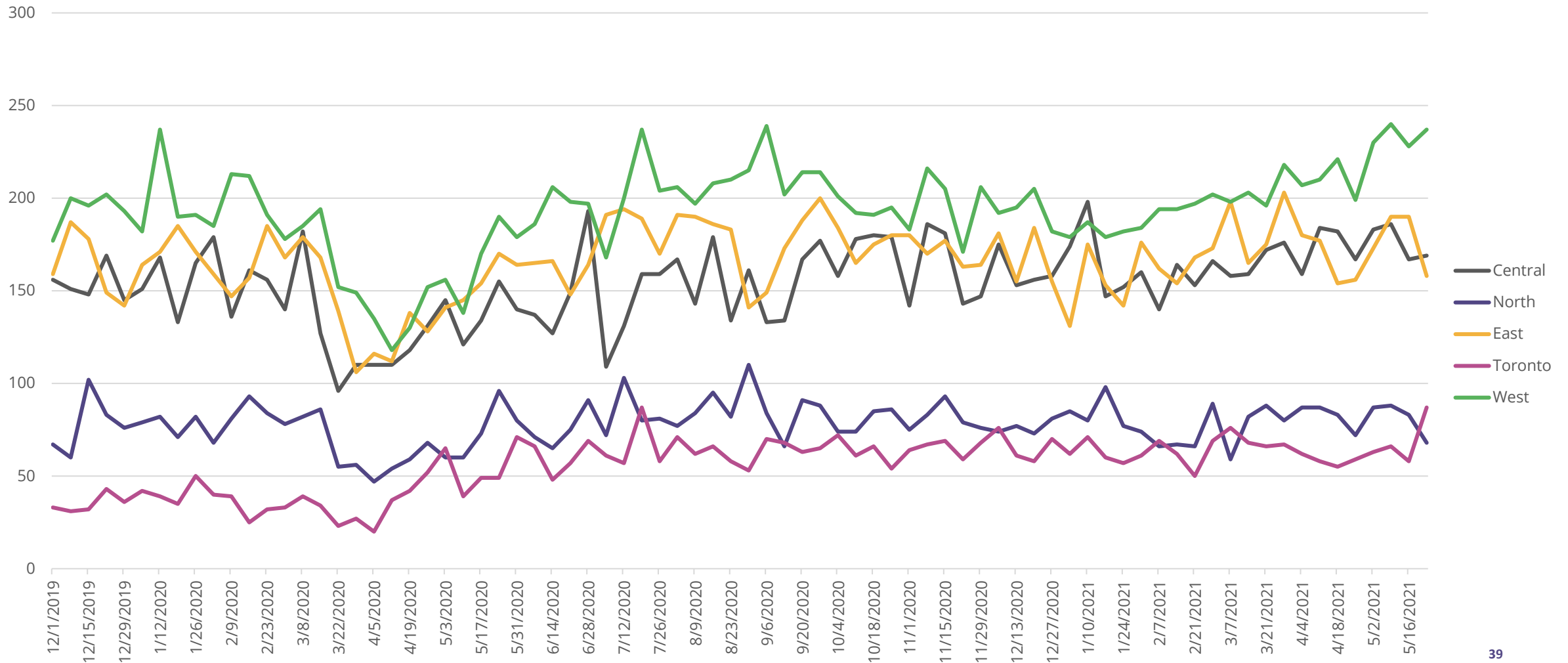
Data from the CorHealth Cardiac Registry and eCTAS

# Stroke and Cardiac eCTAS Presentations

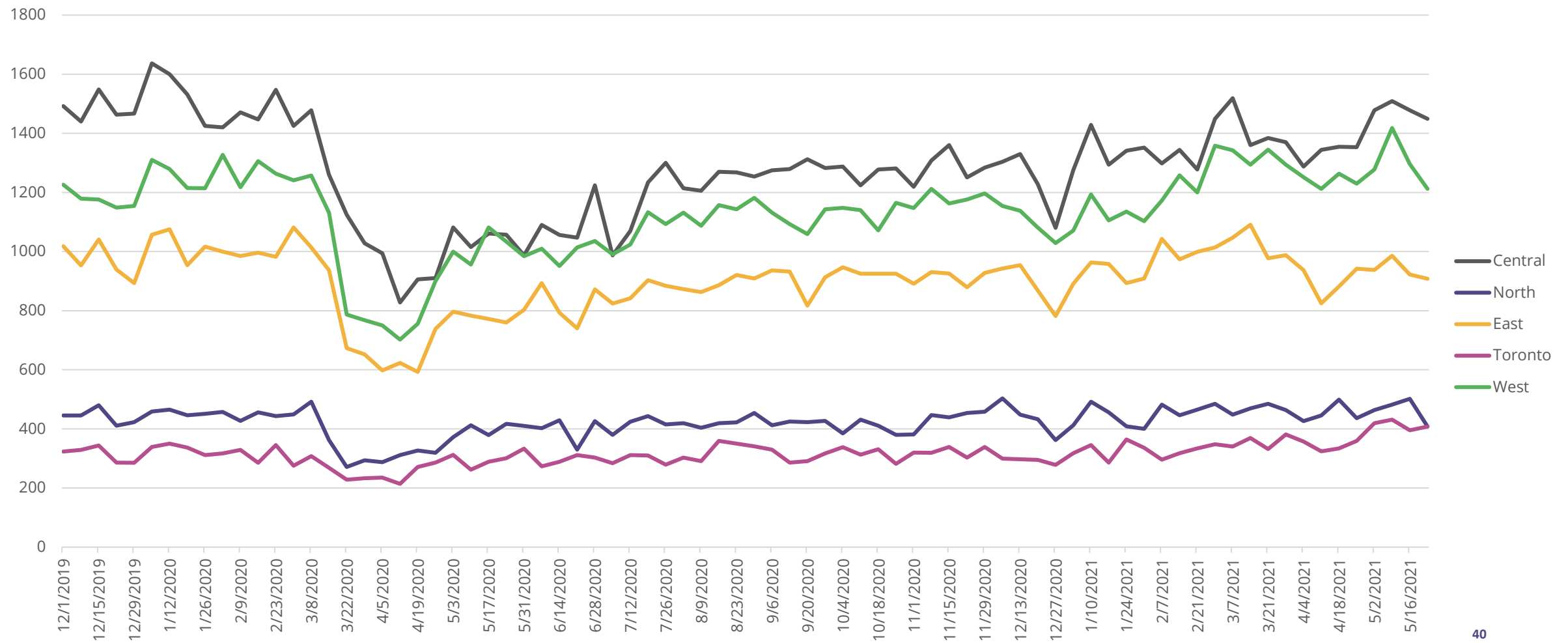
Patients have continued to seek care at EDs since grey lockdown and stay at home orders were implemented in March/April



# eCTAS Stroke Presentations Extremity Weakness / Symptoms of CVA

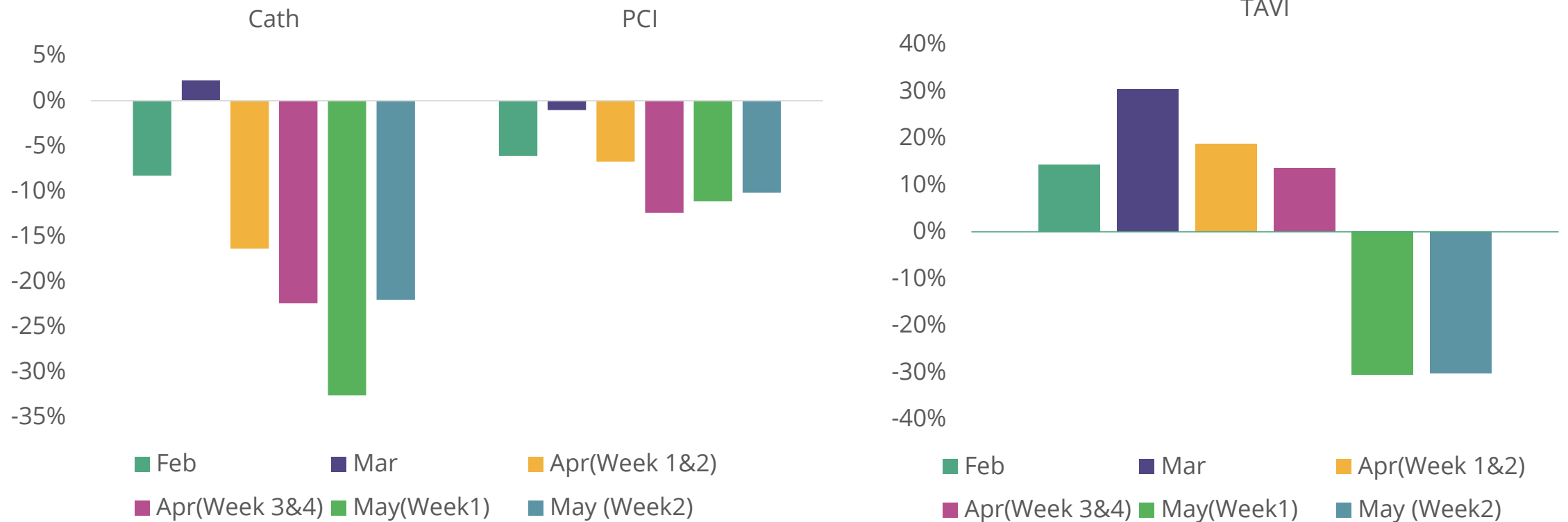


# eCTAS Cardiac Presentations Chest Pain - Cardiac Features

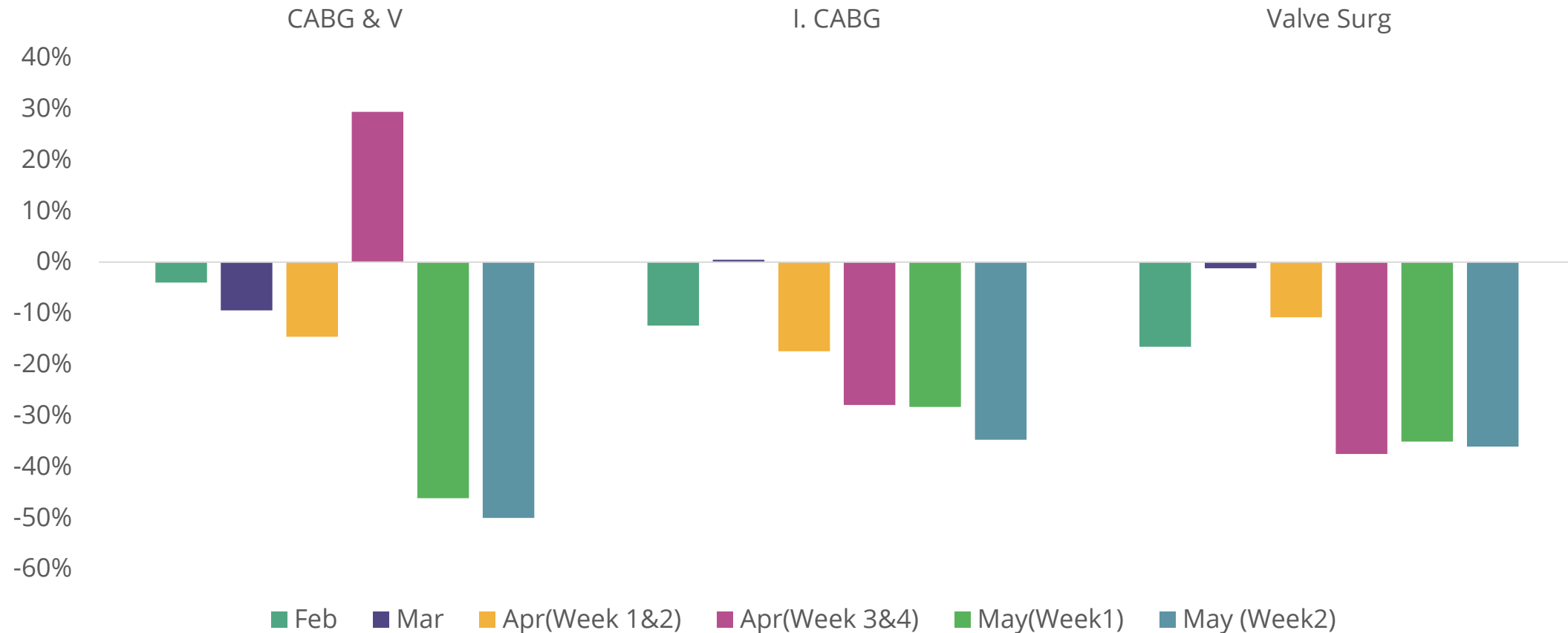




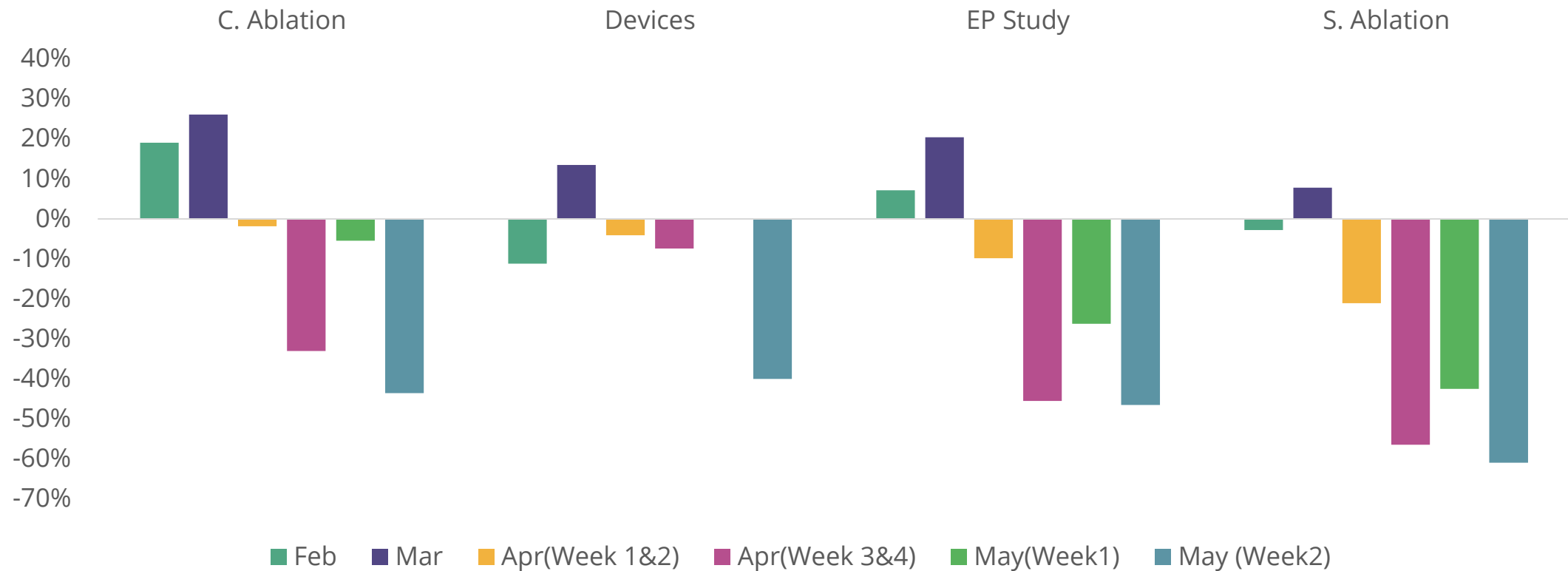
# Change in Ontario Cardiac Volumes



# Change in Ontario Cardiac Volumes

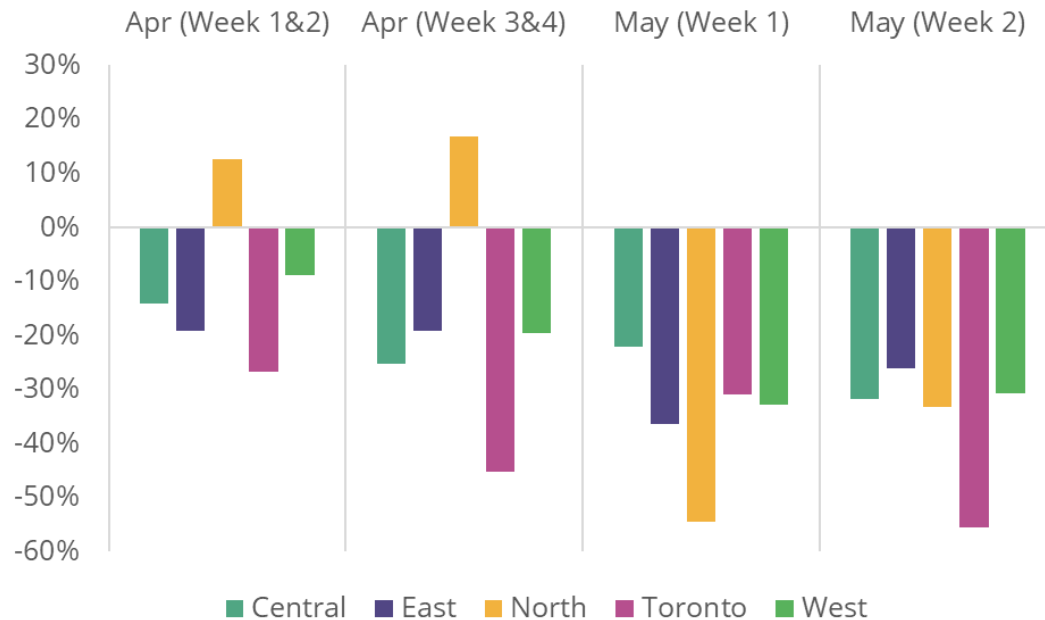


# Change in Ontario Cardiac Volumes

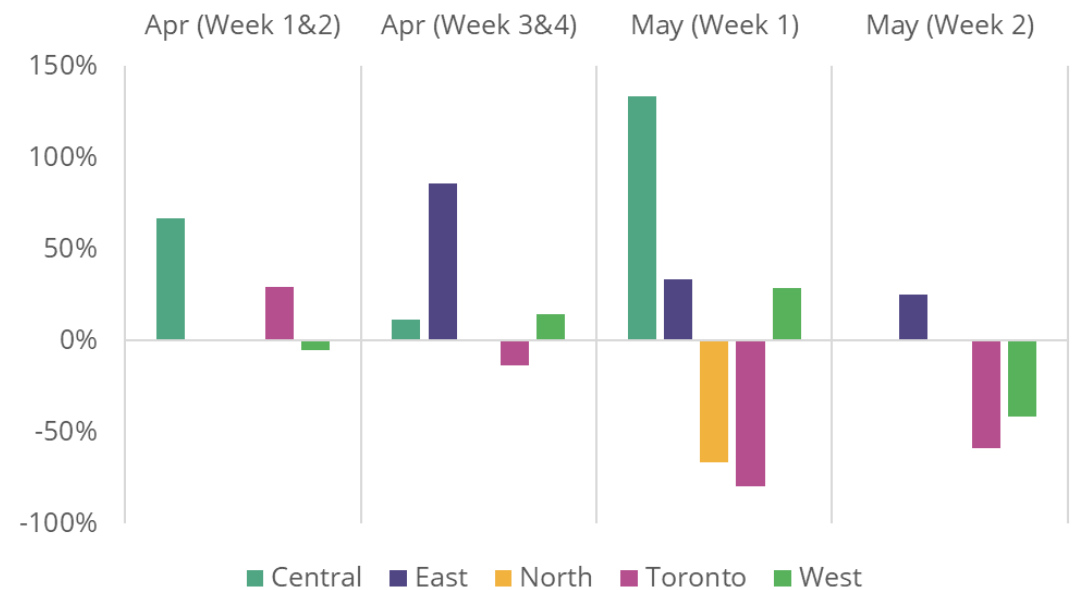


# Change in Regional Cardiac Volumes

## Surgery

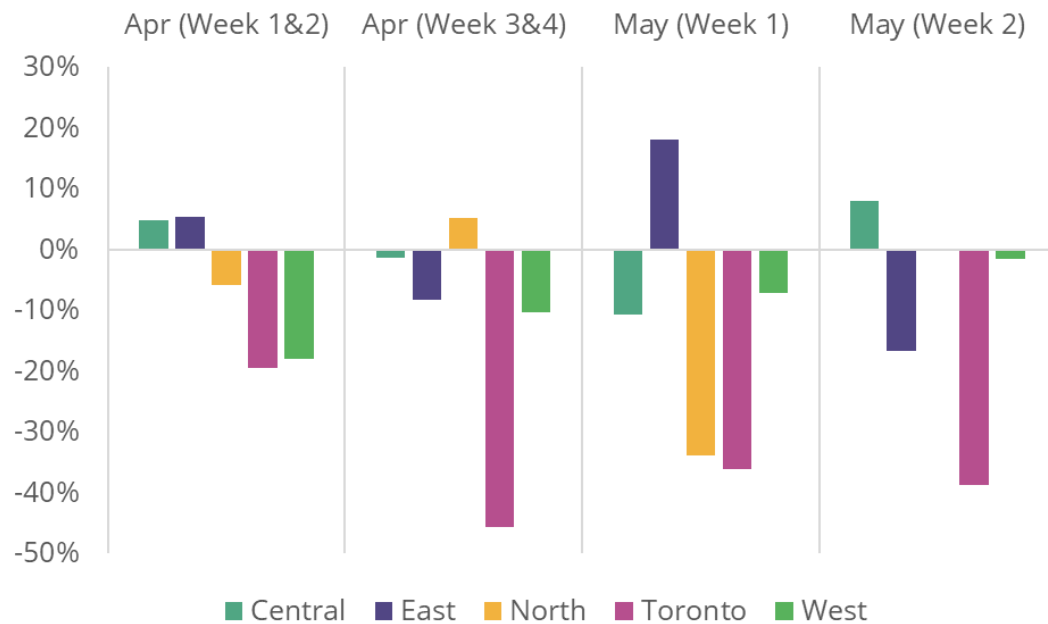


## TAVI

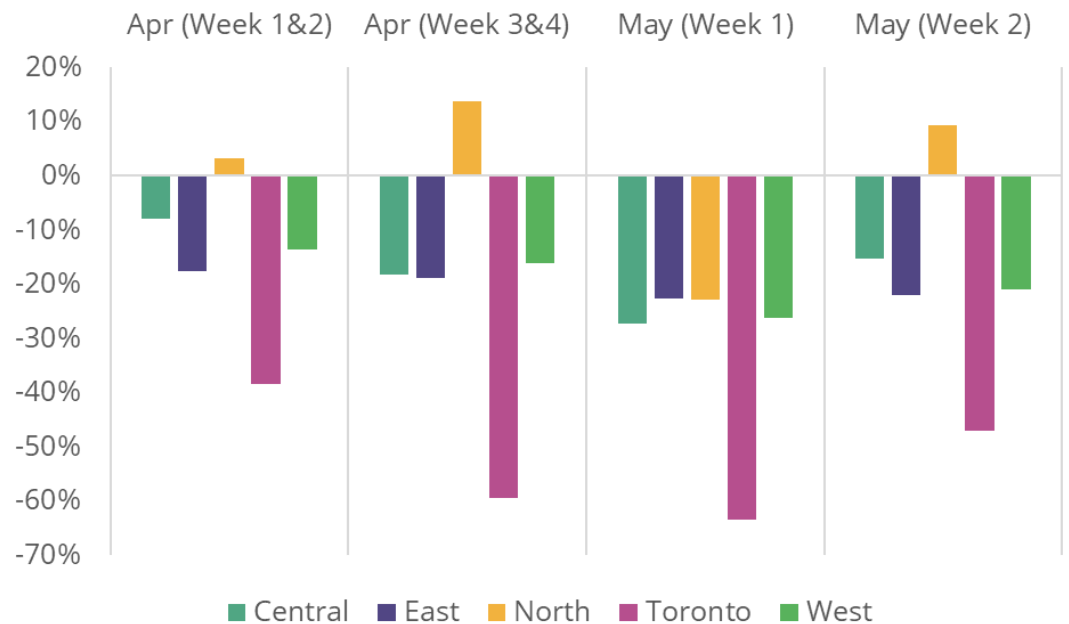


# Change in Regional Cardiac Volumes

## PCI

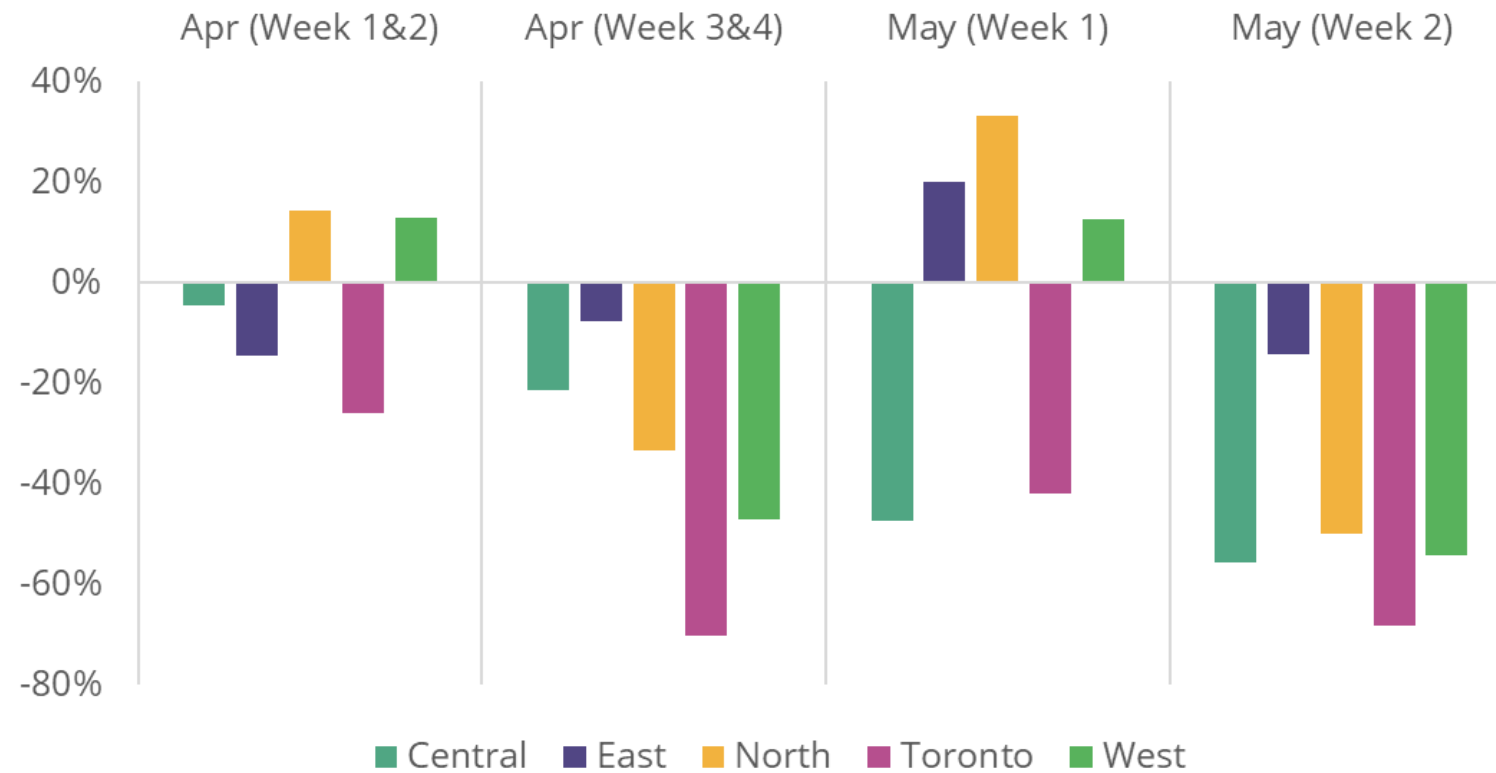


## Diagnostic Cath



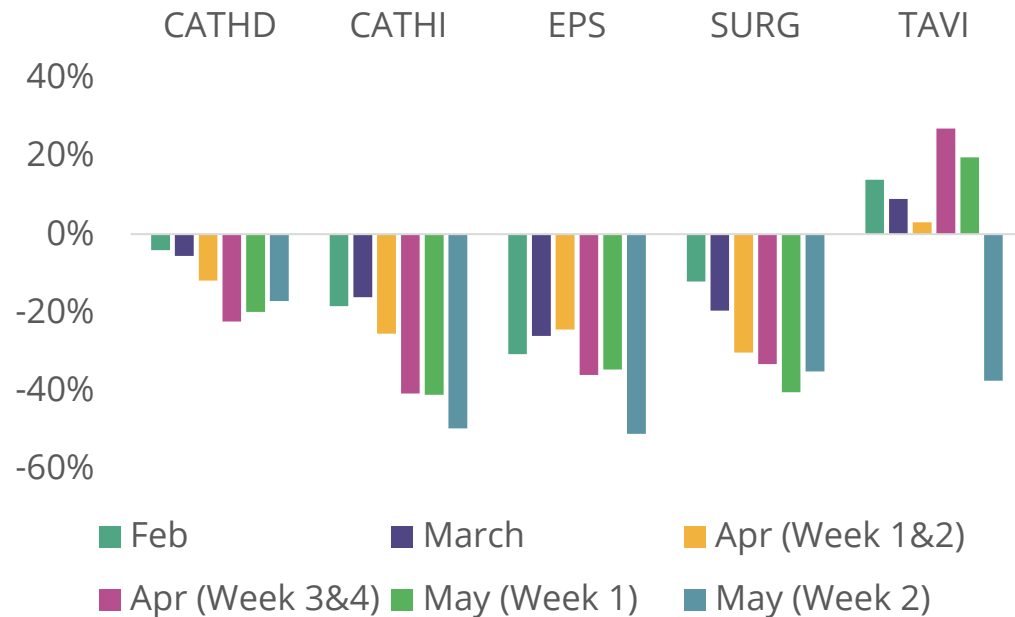
# Change in Regional Cardiac Volumes

## Electrophysiology



# Change in Ontario Cardiac New Referrals 2021 Compared to Baseline

## New Referrals (Wait 1 Wait List)



## New Acceptances (Wait 2 Wait List)

