



CorHealth COVID-19 Stakeholder Forum Meeting

April 21, 2021 | 8:00-9:00 am

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

Conference ID: 415 916 985#

Agenda

TIME	DISCUSSION	ACTION REQUIRED	LEAD
8:00	Welcome a. Meeting Objectives	Information	Dr. Tom Forbes
8:05	Update from GTA COVID-19 Incident Management System (IMS) Table	Information	Michelle DiEmanuele
8:15	Updates from the Ontario Hospital Association (OHA) a. Data Updates b. General Updates	Information	Imtiaz Daniel Kirk LeMessurier
8:25	COVID-19 Cardiac, Vascular, and Stroke Activity Update	Information	Deanna Wu
8:30	Discussion & General Q&A	Information/ Discussion	All
8:55	Other Updates & Next Steps	Information/ Discussion	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
- Provide an overview of the current COVID-19 situation from:
 - The COVID-19 Incident Management Table
 - The Ontario Hospital Association (OHA)
- Review high-level cardiac, stroke, and vascular COVID-19 activity trends
- 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*
- *Please be aware that when the call is put on hold, we often hear hold music or persistent beeping*



Update from GTA COVID-19 Incident Management System (IMS) Table

Michelle DiEmanuele, Sponsor, GTA COVID-19 IMS Table



Updates from the Ontario Hospital Association (OHA)

Imtiaz Daniel, Chief Research Analyst, Ontario Hospital Association

Kirk LeMessurier, Chief, Strategic Communications, Ontario Hospital Association

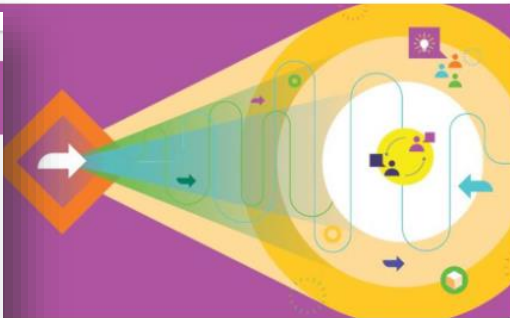
CorHealth COVID Update

April 21, 2021



Building Vaccine Confidence

Like Tweet Share Email



Health care workers are among the first groups of people to have access to the COVID-19 vaccine. Recent surveys suggest a high rate of COVID-19 vaccine hesitancy among health care workers is due to low confidence in the safety and efficacy of the vaccine, with many indicating that they would rather "wait-and-see". Developing effective strategies that increase vaccine confidence and lead to maximal vaccine uptake is crucial.



This research brief provides challenges to building confidence in vaccine confidence (the how resource section is included)

Download

Additional Vaccine Related Resources

Resources:

- Five research-backed steps to a pro-vaccination strategy
- Communicating the potential benefits and harms of COVID-19
- COVID-19 Critical Care Learning Vaccine Resources
- Partnerships with faith-based communities to support vaccination
- Muddling the Message: The Truth about AstraZeneca
- Vaccine Facts from Ontario's Doctors - Ontario Medical Association
- Toronto Region Vaccine Human Resource Strategy
- Behavioural Science Principles for Supporting COVID-19 Vaccine Confidence and Uptake Among Ontario Health Care Workers - COVID-19 Science Table
- COVID-19 Vaccination Information Resource - Toolkit for Health Care Providers - Public Health Agency of Canada
- COVID-19 Vaccination - Effective Approaches to Build Confidence
- COVID-19 Vaccination Communications Toolkit - Centres for Disease Control and Prevention (CDC)

How long do traces of COVID stay on things? Get your answer from @HolsaSusy

I am scared that the vaccine will change my genetic code. Is that possible? Get your answer from @Health_Ontario_

Can I get COVID more than once? Get your answer from @NaheedD

Critical Care Services Ontario (CCSO) COVID-19 Daily Report

** Adult & Paediatric Critical Care Units (combined L3, L2 and Expanded ICU)
Source: Critical Care Information System (CCIS)

20th Apr 2021 (23:59:59)

Critical Care Census

1,989

COVID Related Critical Illness (CRCI) Census [# Paediatric]

788 [0]

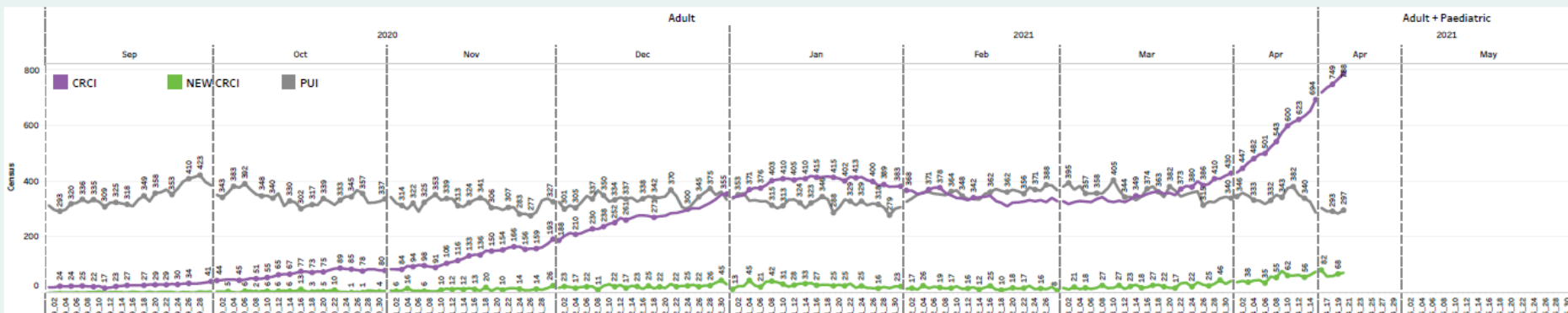
New CRCI Census [# Paediatric]

72 [0]

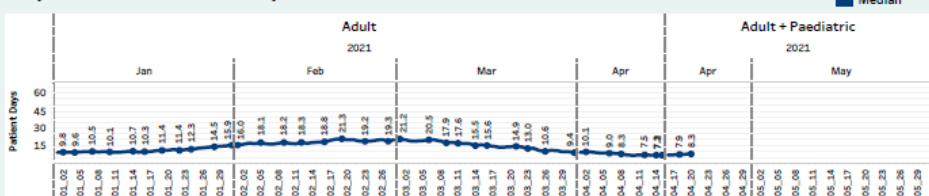
PUI Census

297

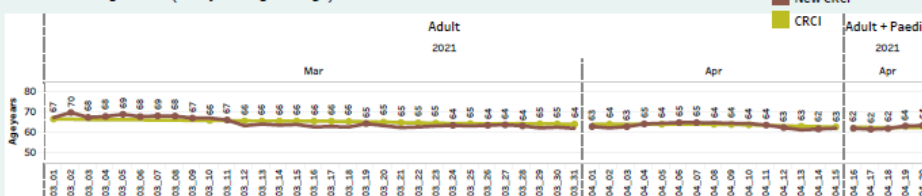
Daily Trend of Critical Care COVID and PUI Census



Daily Trend of CRCI Median Patient Days



CRCI Median Age Years (7-Day Rolling Average)



** From Apr 16, 2021, the report has combined Adult and Paediatric units.

COVID-related critical illness (CRCI) Census: Admission to the ICU because of a clinical syndrome consistent with COVID, AND patient has had a positive test that is consistent with acute COVID illness.

New CRCI Census: New COVID+ patients to ICU.

CCSO is responsible for providing strategic oversight to CCIS. CritiCall Ontario houses CCIS and is responsible for technical implementation. To obtain more information or provide feedback about the reports, please contact info@ccso.ca

Hospital Capacity: Critical Care (Adult and Paediatric**)

Total base ICU beds*		Critical Care Census**		% ICU occupancy	Available base ICU beds		
2398 Expanded critical care capacity beds: 215 Paediatric beds: 93		1201 NON-COVID	788 COVID-19	82.9%	409		
			% COVID-19 pts in ICU	% vented COVID-19 pts in ICU			
			32.9%	71.8%			
Region	Base beds*	Expanded capacity beds	Current COVID-19 census	% COVID-19 pts in ICU	% ICU occupancy	ICU beds available	(+/- change from previous day)
West	702	71	205	34.5%	84.8%	107	↓ -1
Central	490	38	215	52.4%	83.7%	80	↑ 3
Toronto	489	36	165	38.3%	88.1%	58	↓ -14
East	573	55	190	40.9%	81.2%	108	↓ -10
North	144	15	13	14.8%	61.1%	56	↑ 9

Definition: COVID-19 pts are represented by CRCI (COVID-Related Critical Illness and is defined as: Admission to the ICU because of a clinical syndrome consistent with COVID, AND the patient has had a positive test that is consistent with acute COVID illness

Technical note: All indicators have been calculated based on Base critical care beds. Expanded beds are not included.

*Base beds counts do not include expanded capacity beds.

**Please note that there 1 paediatric COVID-19 case; 1 vented. The 1 neonatal COVID-19 case is not included in this count.

Hospitals with ICU Capacity \geq 85% by Hospital Site (Data as of April 19, 2021)

Data source: Critical Care Information System

Region	Hospital	Baseline Critical Care Beds	% ICU Utilization	Number of Beds Remaining	Beds above 85% benchmark
West	LHSC - University*	73	101.4%	-1	12
West	Norfolk*	6	100.0%	0	1
West	HHSC - Juravinski*	31	96.8%	1	4
West	HHSC - General*	95	95.8%	4	10
West	GBHS - Owen Sound*	18	94.4%	1	2
West	LHSC - Victoria	55	90.9%	5	3
West	Grand River - Kitchener-W..*	29	89.7%	3	1
West	NHS - St. Catharines*	29	89.7%	3	1
West	WRH - Metropolitan*	19	89.5%	2	1
West	NHS - Welland Hospital*	16	87.5%	2	1
West	Guelph General*	23	87.0%	3	1
West	Joseph Brant*	28	85.7%	4	1
Central	HHS - Milton*	8	125.0%	-2	3
Central	HHS - Oakville*	24	108.3%	-2	6
Central	Markham Stouffville*	24	108.3%	-2	6
Central	HRH - Wilson*	50	106.0%	-3	11
Central	Stevenson Memorial*	4	100.0%	0	1
Central	Orillia Soldiers' Memorial*	8	100.0%	0	1
Central	Royal Victoria*	21	100.0%	0	3
Central	Mackenzie Health Richmond Hill*	26	96.2%	1	3
Central	NYGH - General Site*	23	91.3%	2	1
Toronto	UHN - TWH*	56	98.2%	1	7
Toronto	Sunnybrook - Bayview Campus*	100	98.0%	2	13
Toronto	UHT - St. Michael's	89	88.8%	10	3
Toronto	TEHN - Michael Garron*	23	87.0%	3	1
East	Quinte - Belleville*	19	110.5%	-2	5
East	LH - Ajax*	13	100.0%	0	2
East	Hawkesbury*	5	100.0%	0	1
East	SHN - Birchmount*	15	93.3%	1	1
East	Queensway-Carleton*	15	93.3%	1	1
East	Peterborough Regional*	36	91.7%	3	2
East	Kingston General	82	90.2%	8	4
North	Sensenbrenner*	3	100.0%	0	1
North	Temiskaming*	3	100.0%	0	1
North	Thunder Bay Regional*	26	96.2%	1	3

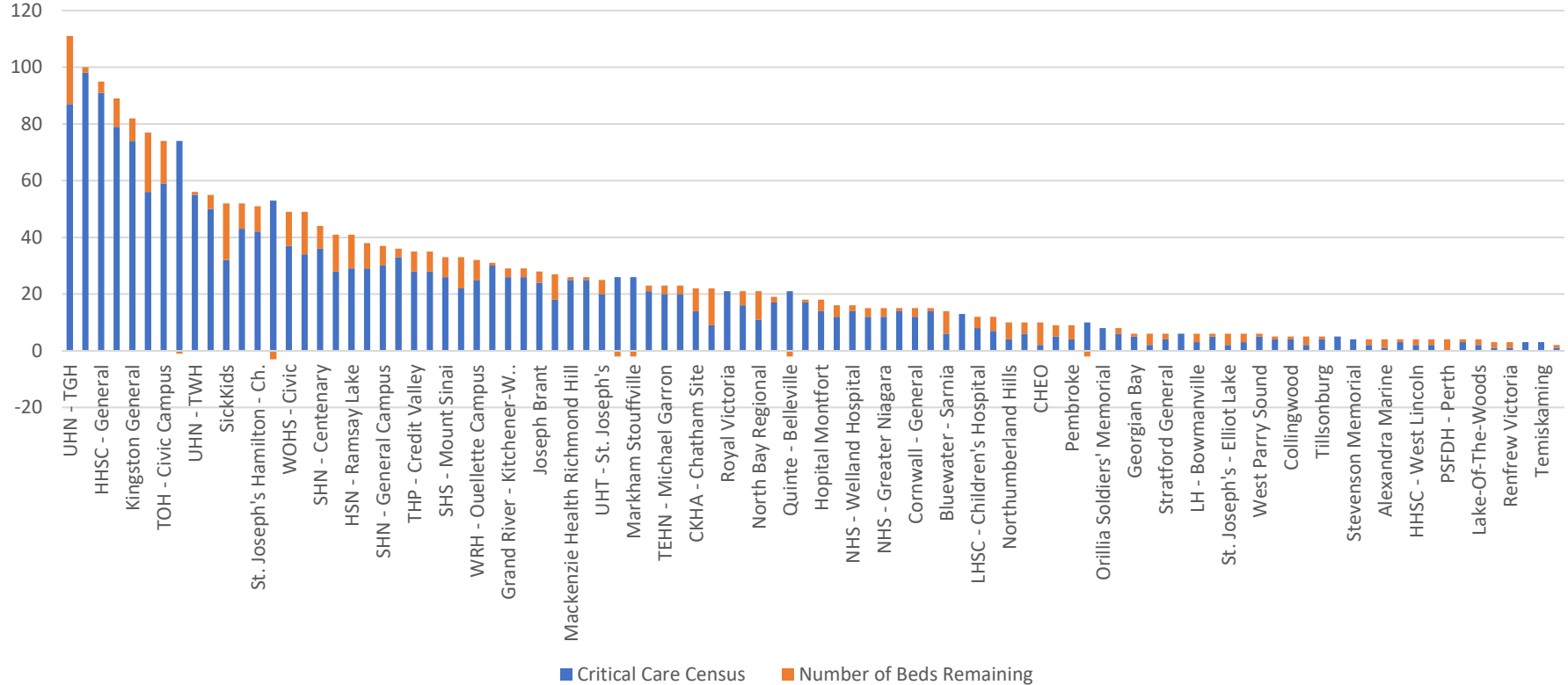
* Hospital sites with less than 5 ICU beds remaining

Technical note: % ICU utilization has been calculated based on Base critical care beds. Expanded beds are not included in this count.

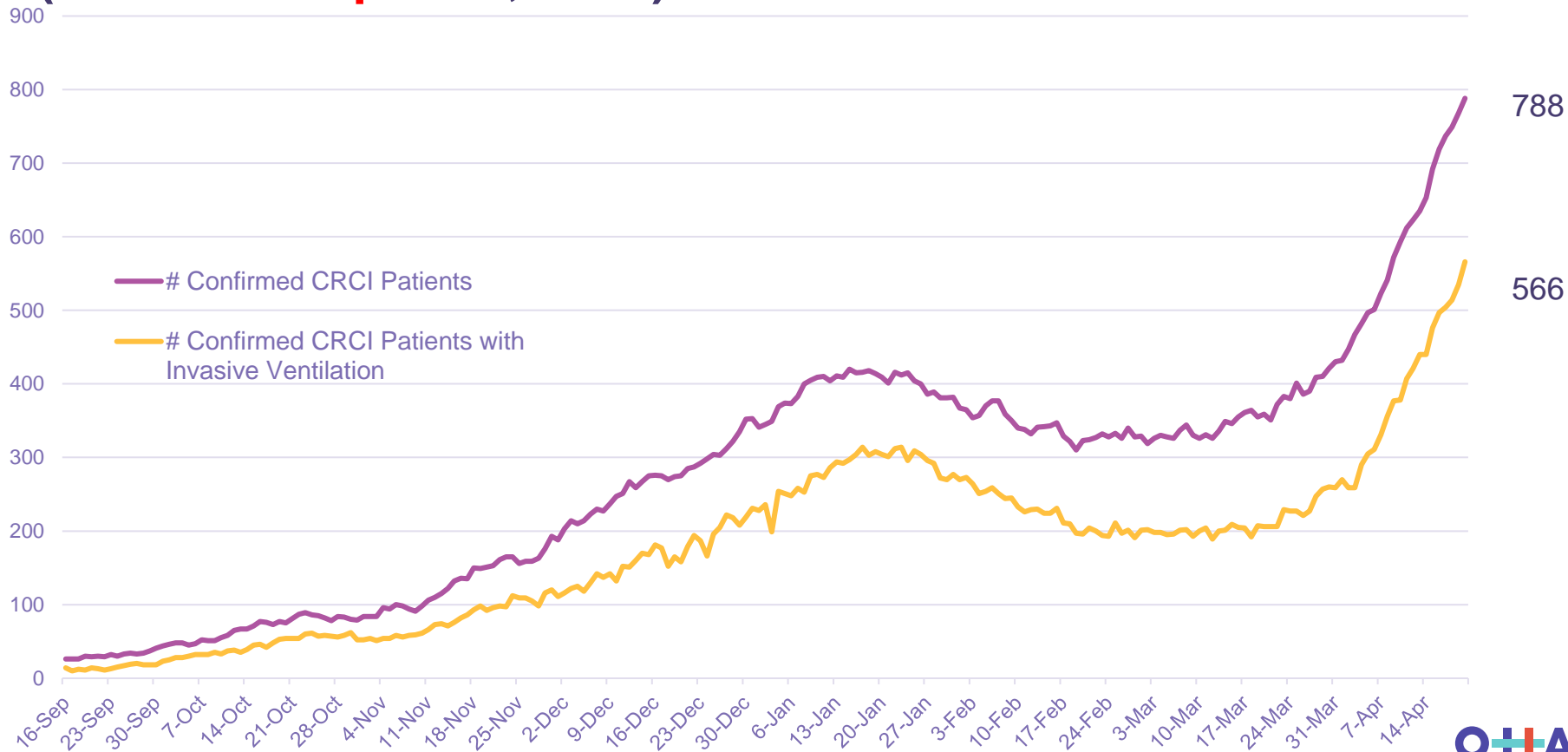


ICU Beds (level 2+3) by hospital site

Data as of April 19, 2021



ICU COVID-19 Adult & Paediatric Patients by Date (Data as of **April 20**, 2021)



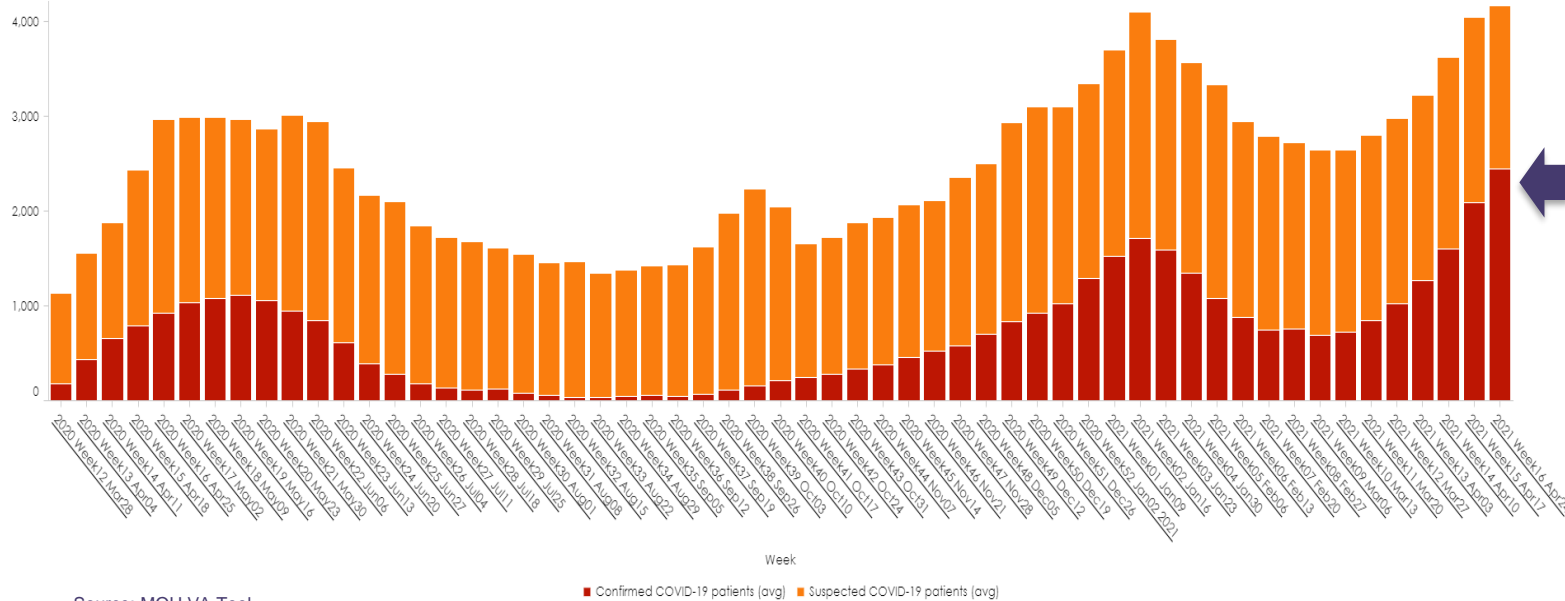
Data source: Critical Care Information System



Weekly average COVID-19 patients in hospital (data as of April 19, 2021)

33% of admitted COVID-19 patients are in the ICU

Weekly average COVID-19 patients in hospital



Source: MOH VA Tool



Cardiac, Vascular, and Stroke Activity Update

Deanna Wu, Director, Analytics and Reporting, CorHealth Ontario

Note: Data from the CorHealth Cardiac Registry, Access to Care Wait Times Information System, and eCTAS

Cardiac, Vascular, and Stroke Activity Summary

Cardiac	Vascular	Stroke
<ul style="list-style-type: none">• Patients are still coming to Emergency Departments (EDs) for care• Procedure volumes in April are 30-50% less than the same period in 2019; a notable decrease from February and March activity but not as much of a reduction as in Wave 1• Ramp down has occurred to a similar extent across all regions	<ul style="list-style-type: none">• Vascular volumes have decreased slightly in April 2021 compared to previous months• Ramp down intensity varies across regions (10-45%)	<ul style="list-style-type: none">• Patients are still coming to EDs for care



Discussion and General Q&A

Open Discussion

- Leads:
 - Dr. Leanne Casaubon, Chair, Stroke Leadership Council
 - Dr. Sudhir Nagpal, Chair, Vascular Leadership Council
 - Dr. Madhu Natarajan, Chair, Cardiac Leadership Council
 - Dr. Paul Oh, Chair, Cardiovascular Rehabilitation Leadership Council
 - Dr. Heather Ross, Chair, Heart Failure Leadership Council
- Potential discussion questions:
 - What information/updates can CorHealth facilitate through these Forums?
 - Is there additional provincial guidance needed at this time?



Other Updates and Next Steps

Dr. Tom Forbes, Chair, CorHealth Clinical Advisory Committee

Other Updates and Next Steps

- We will be holding a combined COVID-19 Stakeholder Forums (cardiac, stroke, and vascular stakeholders) weekly for half an hour, as necessary
 - Clinical domain-specific Forums will be scheduled as needed
- If group members would like to share or suggest any future agenda items, please email Emma Jowett (emma.jowett@corhealthontario.ca).

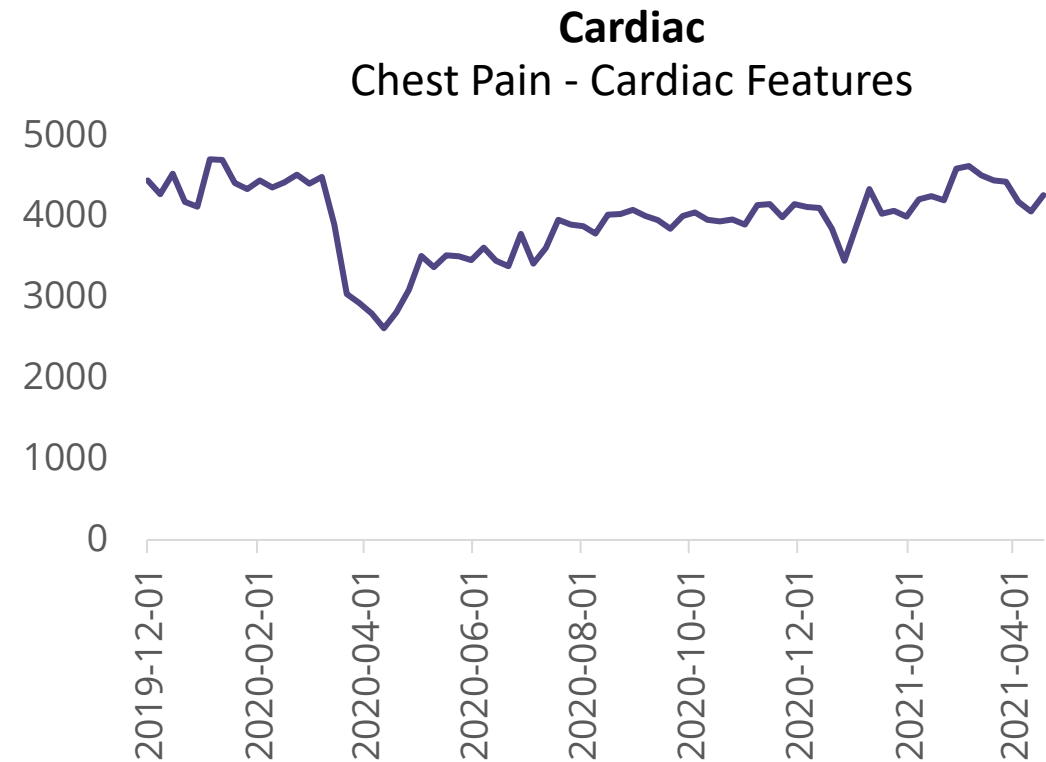
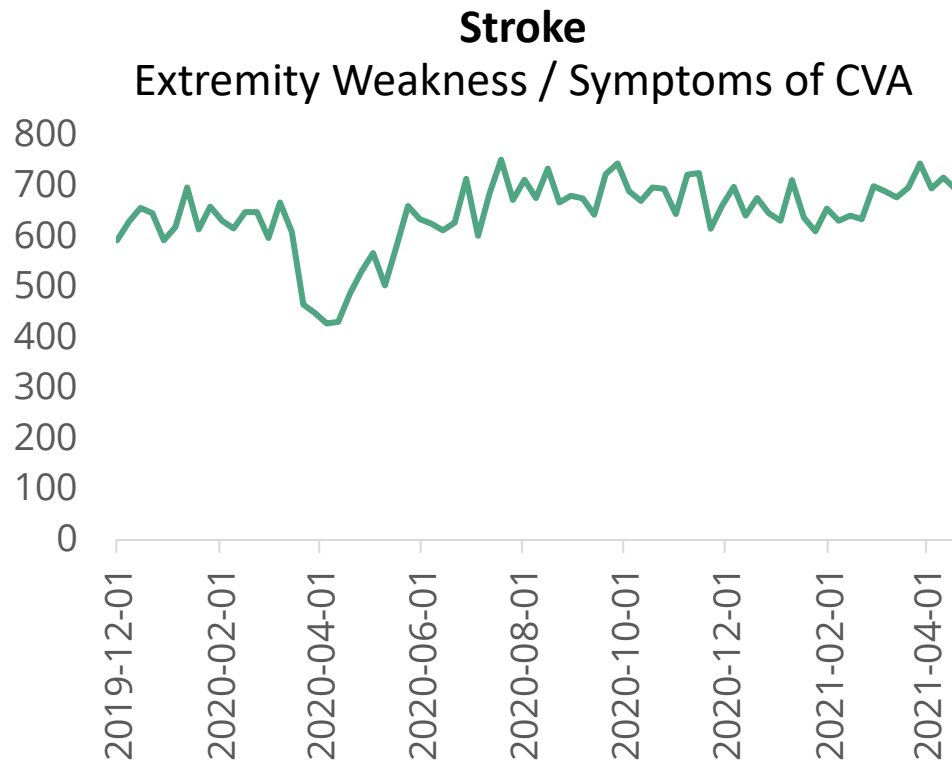


Appendix: Cardiac, Vascular, and Stroke Activity Update

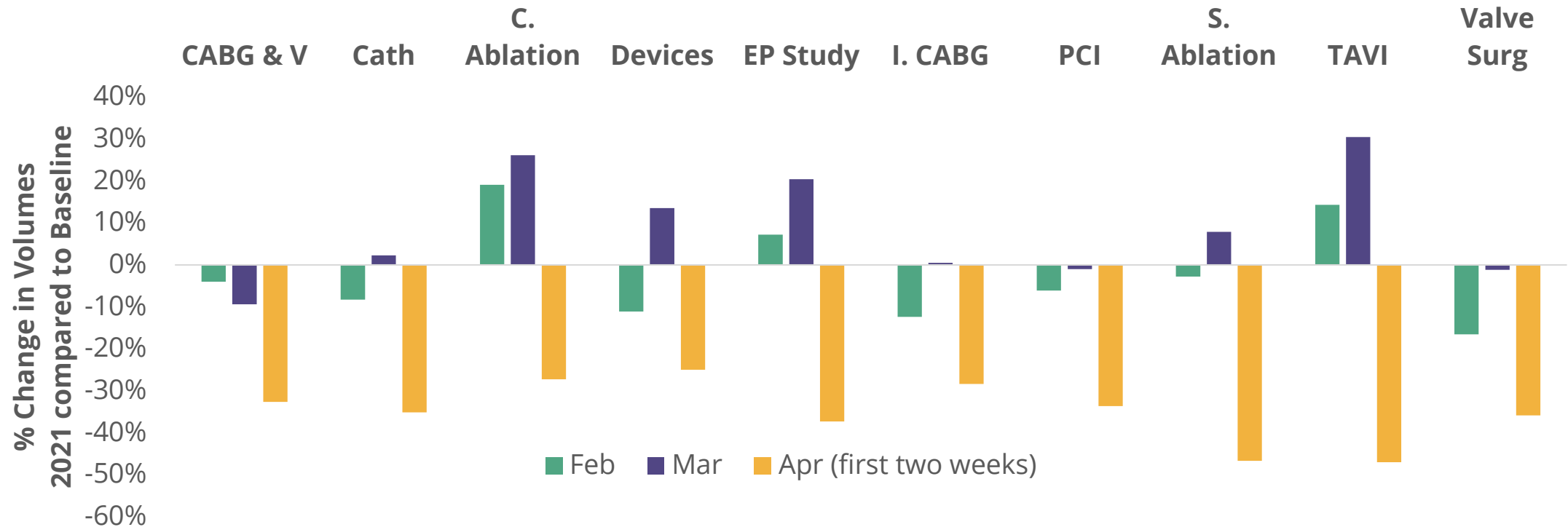
Data from the CorHealth Cardiac Registry, Access to Care Wait Times Information System, and eCTAS

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



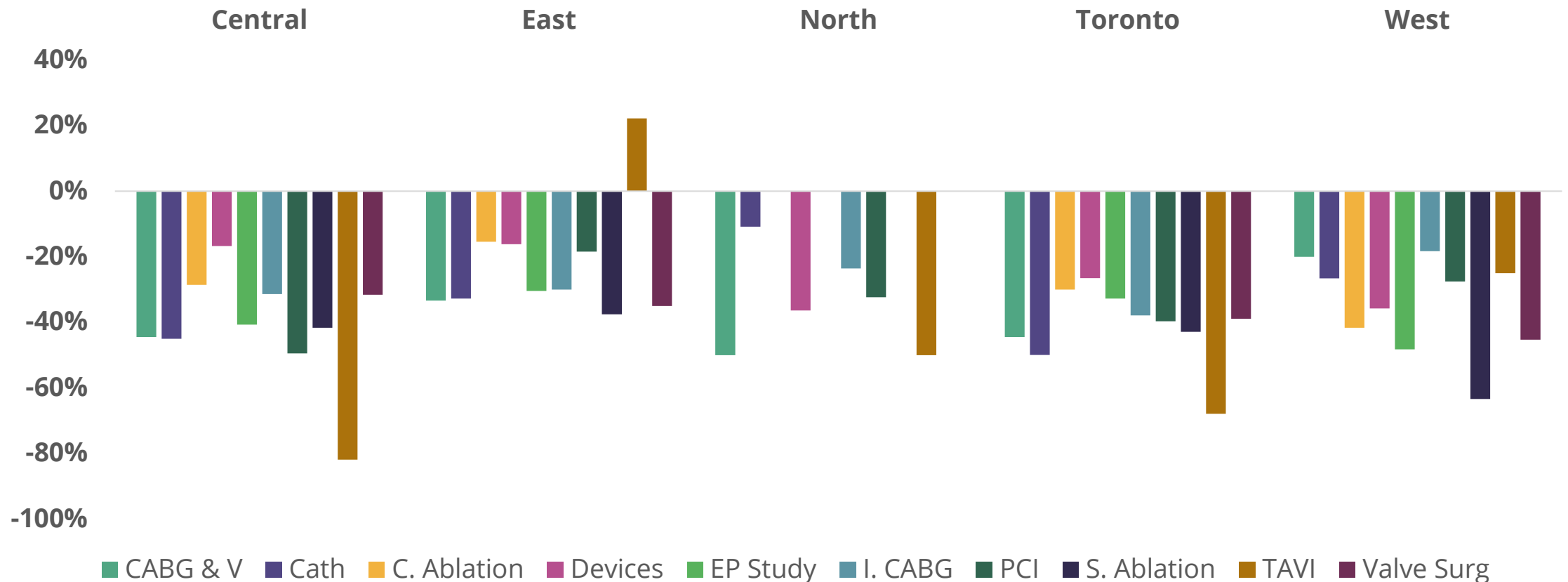
Change in Ontario Cardiac Volumes



- Volumes were close to prior years in Feb and March
- April volumes are 30-50% lower than the same period in 2019
 - The volume reduction is overestimated due to data entry lag

Change in Regional Cardiac Volumes

First two weeks of April 2021 compared to 2019

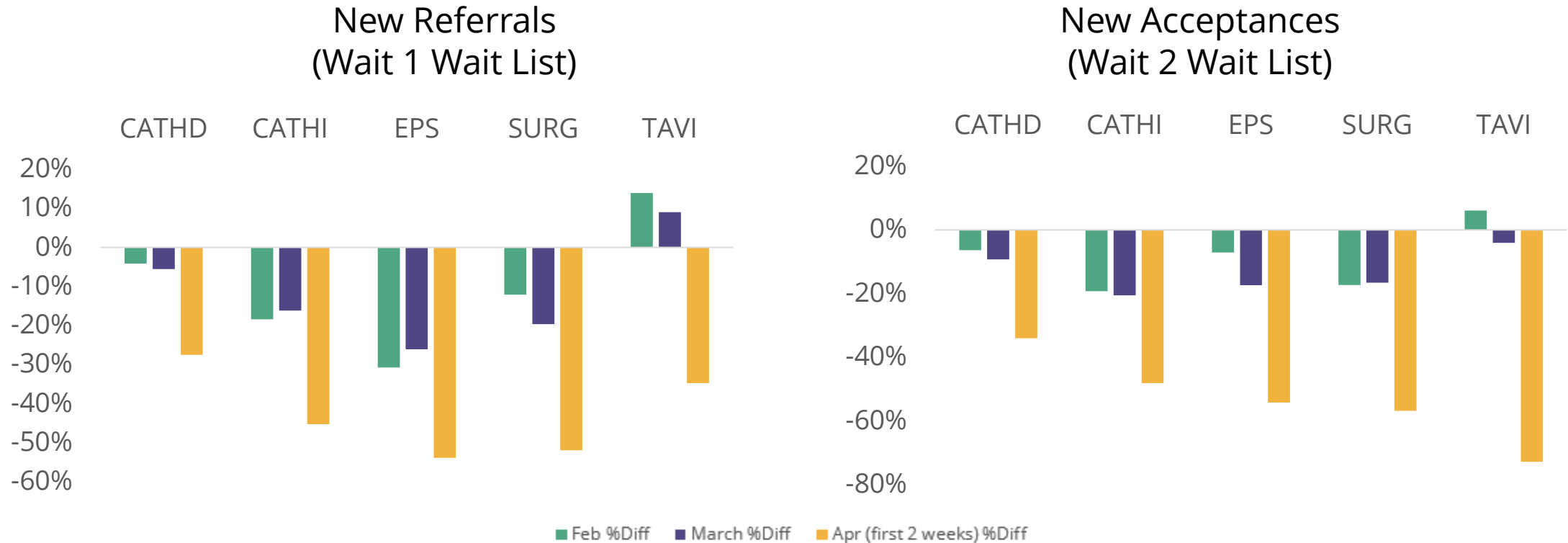


All region have ramped down their activities



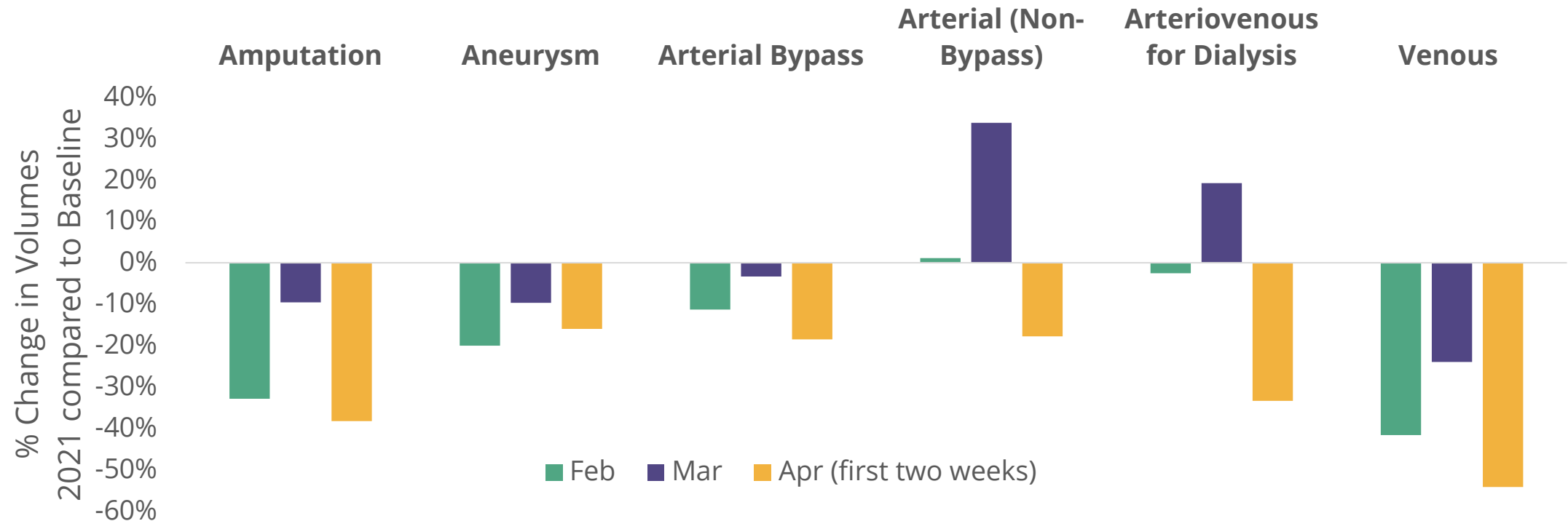
Baseline = 2020 for February; 2019 for March and April

Change in Ontario Cardiac New Referrals 2021 Compared to Baseline



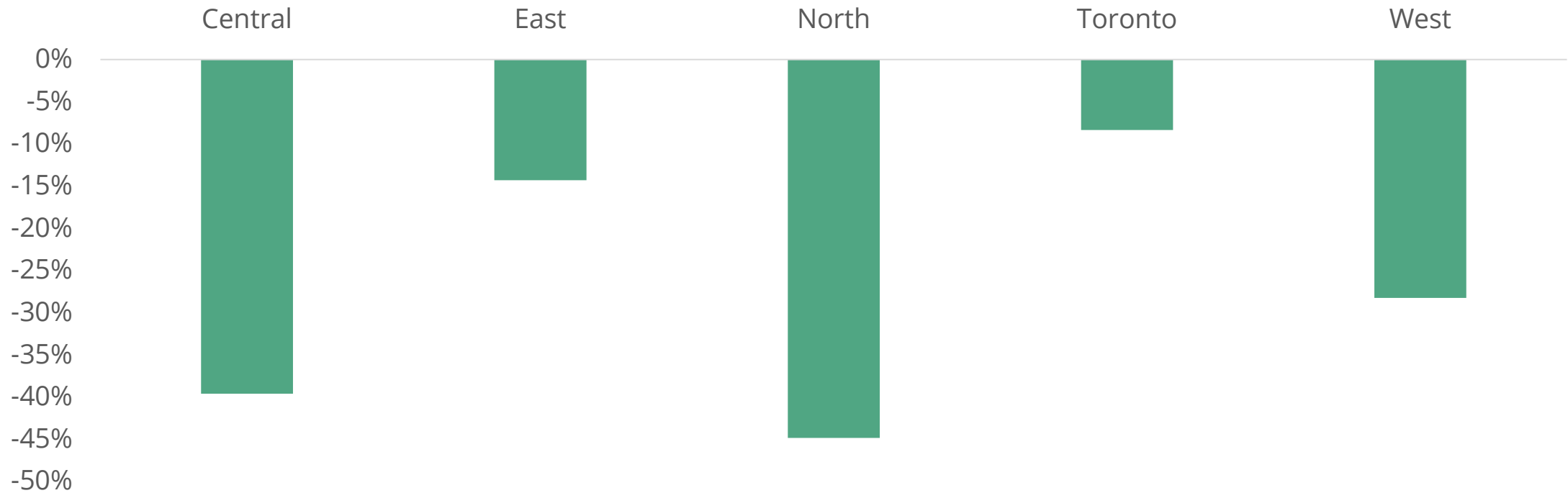
Cardiac referrals have decreased in April, but reductions are overestimated due to data lag

Change in Ontario Vascular Volumes



Vascular volumes have decreased slightly in April compared to previous months

Change in Regional Vascular Volumes First two weeks of April 2021 compared to 2019



Ramp down of vascular procedures in April varies significantly between regions