CorHealth Ontario
Advancing cardiac, stroke and vascular care

COVID-19 Cardiovascular Forum

MEETING SUMMARY NOTES

DATE: March 16, 2021, 8:00-9:00am

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.

GROUPS REPRESENTED: Over 100 people joined the call with representation from CorHealth Cardiac Leadership Council, CorHealth Vascular and Stroke Leadership Chairs, Ministry of Health, Ontario Base Hospital-MAC, Ontario STEMI Network, Cardiac Medical Directors, Program Administrators, Cath Lab Medical Directors, EP Medical Directors, interventional cardiologists, and cardiac surgeons, Vascular Leadership Council, Clinical Advisory Committee (vascular & cardiac members), Vascular Surgery Program & Medical Leadership from 20 hospitals with vascular programs, Vascular Interventional Radiology Program & Medical Leadership from 20 hospitals with vascular programs, CritiCall Ontario, Heart & Stroke Foundation, Ministry of Health, CorHealth Ontario.

HIGHLIGHTS

COVID-19 Recovery Planning – Dr. Chris Simpson, Ontario Health

- Dr. Chris Simpson provided an overview of Ontario Health's COVID-19 Recovery Plan and the key actions to restore care.
- The key concepts for COVID-19 recovery include: *Restoring* functionality in areas where the pandemic adversely affected care and services, *Sustaining* positive momentum and keeping new processes, care pathways, and structures that have been effective, and *Transforming* the system to adopt new processes, care pathways, and structures in areas where fundamental change is required.
- Dr. Simpson & his team have brought together a cross-sector committee to convene over the restoration of care, with the aim to release recommended goals, principles, and targets to the field in April 2021.

Cardiac & Vascular COVID-19 Activity

- CorHealth provided an overview of key trends in cardiac & vascular COVID-19 activity, and key updates to the COVID-19 activity reports
- Key *Cardiac* trends included:
  - There was a dramatic decrease in volumes (Cath, PCI, Isolated CABG, EP Study, Device Implants, TAVI) during the initial lockdown before gradually returning to

near pre-pandemic levels
    - There have been variations in volume impacts by region
    - Wait lists have not yet increased due to a reduction in new referral volumes that resembles the reductions in procedure volumes (diagnostic cath, cardiac surgery, electrophysiology)
    - Some procedures have had lower median wait times, likely especially during the initial lockdown (diagnostic cath, device implants, isolated CABG). This may be due to more urgent procedures still being done while less urgent procedures were not referred.
- Key *Vascular* trends included:
    - Overall vascular volumes decreased up to 80% during the peak of Wave 1 before gradually returning to near pre-pandemic levels. Wave 2 volumes are around 15% lower than prior year.
    - Overall, volume impacts have varied by region
    - Waitlists have not yet increased due to a reduction in new referral volumes that resembles the reductions in procedure volumes (amputation, aneurysm, arterial bypass, venous surgery)
    - Wait lists grew in the summer following increases in new referral volumes (arteriovenous surgery for dialysis, arterial surgery – non-bypass)
- CorHealth has developed and shared with forum members the updated cardiac & vascular COVID-19 reporting tool that will replace the previous static report.

Open Forum Discussion

- **Comment:** Suggest that hospitals are separated out who were in COVID-19 'hot spots', as the strategy and plan for them needs to be different than those hospitals minimally impacted.
- **Question:** What does ramp up look like (i.e., more procedures / seeing more patients)?
    - **Response:** The backlog isn't and can't be calculated as the difference between last year's and this year's volumes, as it is multifaceted and there is an appropriateness and system lens that needs to be applied. Simply investing in more procedures is not a way to restore the system.
- **Question:** A major limitation is inadequate human resources. Is there a systematic plan to address massive Health Human Resource challenges?
    - **Response:** This is an area for the Ontario health recovery planning committee to potentially focus on. This should include thinking around health care worker health, both physical and emotional.
- **Question:** We need to be mindful of communities where there were long wait times pre-pandemic. How is backlog defined in these instances?
    - **Response:** We are conceptualizing backlog as the difference between what we did before (last year) and now, but we are ignoring the fact that we were not

always successful in providing timely care before. This speaks to the *transform* bucket of recovery.

- **Question:** Are we downplaying the size of the backlog size due to primary care groups that may not be seeing patients during the pandemic?
  - **Response:** The backlog may declare itself through a cohort of new cases referred from primary care; we are likely to see these patients in the future, but how and when and the magnitude will be unpredictable.
- **Comment:** The pandemic has been a catalyst with respect to health system reform and has accelerated the conversation around integrated care models; the framework of *restore, transform, and sustain* strongly supports this as well.
- **Question:** Can you comment on any efforts in place to sustain virtual care? Any assurance of keeping and expanding K codes?
  - **Response:** This is very much on the agenda at MOH & OMA discussions. What remuneration looks like in the future, remains to be seen.
- *Forum members discussed key concerns and strategies they are deploying related to system recovery to restore, sustain & transform (e.g., Health Human Resource challenges, return of 'vanishing patients', potential wave 3 impacts):*
  - In London, Ontario they are take a deeper look at what the work force is going to need to look like moving forward, and assess what volumes will look like to match this to staffing needs.
  - At Sunnybrook Hospital, they are leading a pandemic staffing strategy; the main challenges have been HHR capacity and sustainability, including significant RN staffing shortages in clinical and acute care settings, shortages in respiratory therapists, and staff burnout.
  - Forum members recommended that there is funding for clinical externs, engagement in innovative and aggressive recruitment strategies across the system, and a considerable focus on staff wellness.
  - Forum members voiced the need for greater resilience in the system, specifically, as it relates to the need to maintain space for potential COVID-19 surges and occupancy rates.
  - Other strategies mentioned by forum members included, opening extra clinic hours to try and process potential vascular patients, having eleven hour days with bed restrictions (i.e., only certain procedures to be fit in this time frame), and introducing a 30% reduction in elective surgeries over the summer months.

NEXT STEPS

- Next meeting dates are still to be determined.
- If group members would like to share or suggest any future agenda items, please email jana.Jeffrey@corhealthontario.ca or mike.setterfield@corhealthontario.ca for future forum meetings.