



CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #17

August 13, 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. COVID-19 Epidemiology Update & COVID-19 Treatment Updates	Dr. Heather Ross <i>MD, MHSc, FRCP (C), FACC, Professor of Medicine, Loretta Rogers Chair in Heart Function, University Health Network</i>
8:25	3. COVID-19 Updates from B.C. & Planning for a Potential Increase in Cases / Second Wave <ul style="list-style-type: none">• A Glimpse into Case Forecast Modelling	Mr. Sean Hardiman / Mr. Nicholas Schnee / Mr. Athar Syed
8:45	4. eCTAS Data Update <ul style="list-style-type: none">• A Glimpse into the Emergency Departments for Cardiac Presentations	Mirna Rahal
8:55	5. Other Updates and Next Steps <ul style="list-style-type: none">• Cardiac Virtual Care Validation: Aug 27th Meeting• Palliative Care Education Workshops	Jana Jeffrey



Welcome

SHEILA JARVIS

Meeting Objectives

- Highlight and discuss updated COVID-19 epidemiology data & provide an update on COVID-19 Treatments
- Provide a glimpse into B.C.'s case forecast modelling and planning for a potential increase in cases and second wave of COVID-19
- Provide an update on emergency department data for cardiac presentations through the eCTAS Data

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*



COVID-19 Epidemiology & Treatment: *Updates*

DR. HEATHER ROSS

COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Global Cases

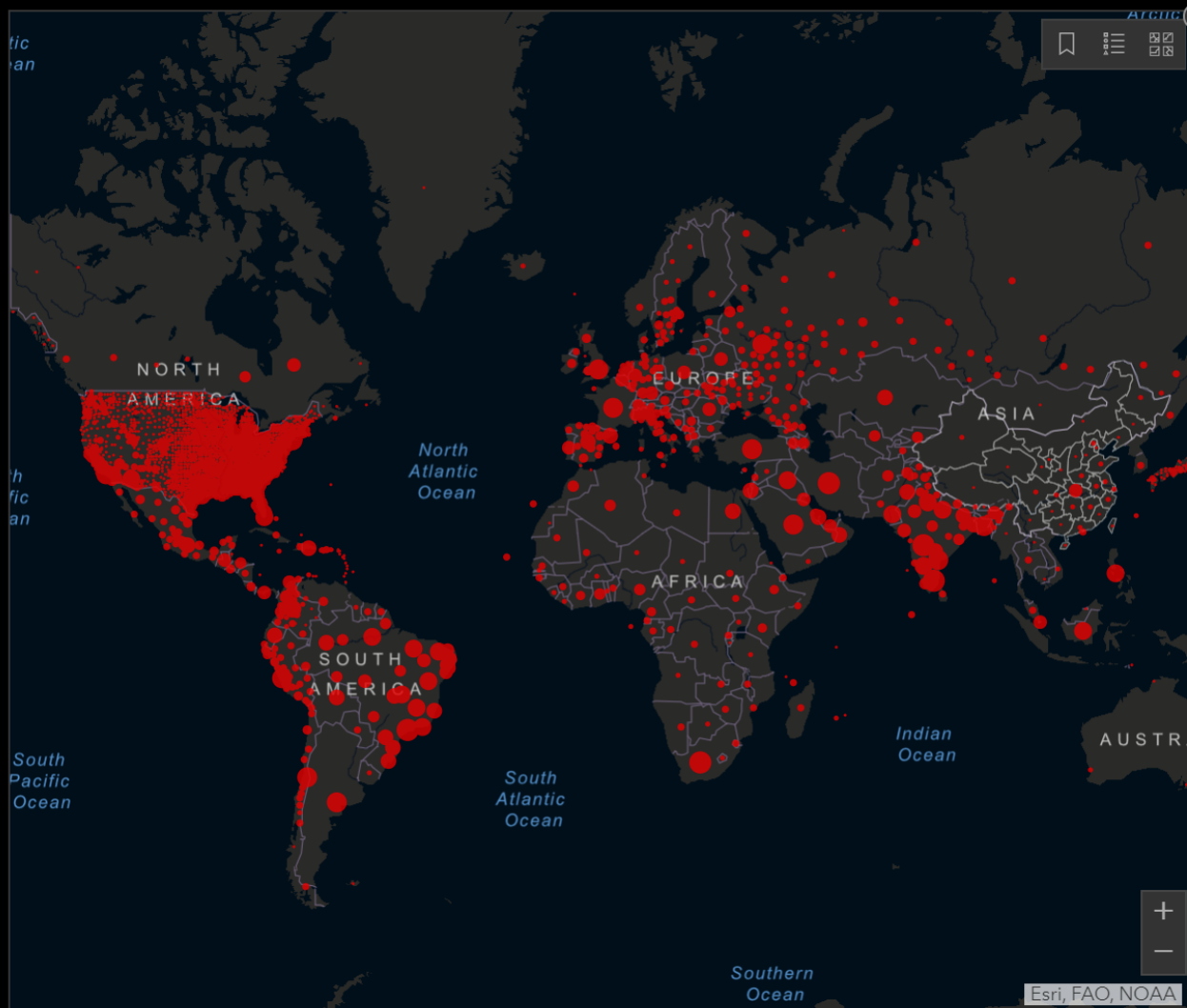
20,405,098

Cases by Country/Region/Sovereignty

- 5,161,612 US
- 3,109,630 Brazil
- 2,329,638 India
- 900,745 Russia
- 566,109 South Africa
- 492,522 Mexico
- 489,680 Peru
- 410,453 Colombia
- 376,616 Chile
- 333,699 Iran
- 326,612 Spain
- 315,560 United Kingdom
- 293,037 Saudi Arabia
- 285,921 Pakistan
- 266,498 Bangladesh
- 260,911 Argentina
- 251,713 Italy

Admin0

Last Updated at (M/D/YYYY)
8/12/2020, 11:27:41 AM



[Cumulative Cases](#) |
 [Active Cases](#) |
 [Incidence Rate](#) |
 [Case-Fatality Ratio](#) |
 [Testing Rate](#) |
 [Hospitalization Rate](#)

188

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).

Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and [JHU APL](#). Financial Support: [JHU](#), [NSF](#), [Bloomberg Philanthropies](#) and [Stavros Niarchos Foundation](#). Resource support: [Slack](#), [Github](#) and [AWS](#). Click [here](#) to [donate](#) to the CSSE dashboard team, and other JHU COVID-19 Research [Efforts](#). [FAQ](#). [Read more in this blog](#). [Contact Us](#).

Global Deaths

744,211

164,976 deaths
US

103,026 deaths
Brazil

53,929 deaths
Mexico

46,791 deaths
United Kingdom

46,091 deaths
India

35,225 deaths
Italy

30,358 deaths
France

28,581 deaths
Spain

Global Deaths

US State Level Deaths, Recovered

32,787 deaths, **73,779**
recovered
New York US

15,890 deaths, **33,223**
recovered
New Jersey US

10,656 deaths, **recovered**
California US

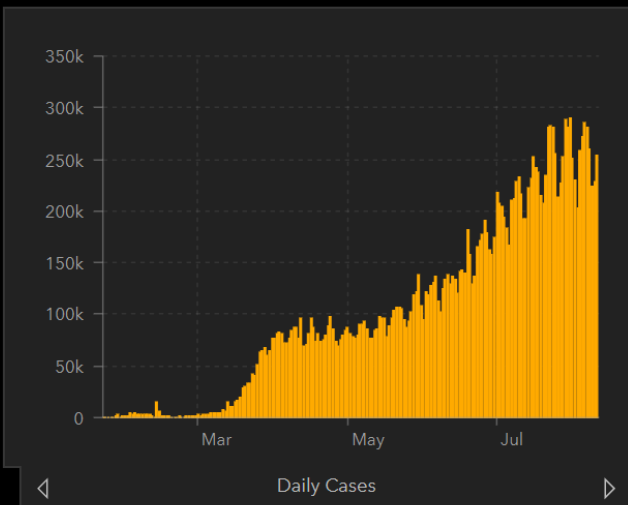
9,225 deaths, **358,312**
recovered
Texas US

8,765 deaths, **recovered**
Florida US

8,751 deaths, **99,021**
recovered
Massachusetts US

7,866 deaths, **recovered**

US Deaths, Reco...



Daily Cases

Download the complete Our World in Data COVID-19 dataset.

Type to add a country...

Sort by Country name

- Brazil
- Canada
- Congo
- Germany
- India
- Indonesia
- Italy
- Mexico
- New Zealand
- Norway
- South Africa
- South Korea
- United States
- Afghanistan
- Africa
- Albania

Clear selection

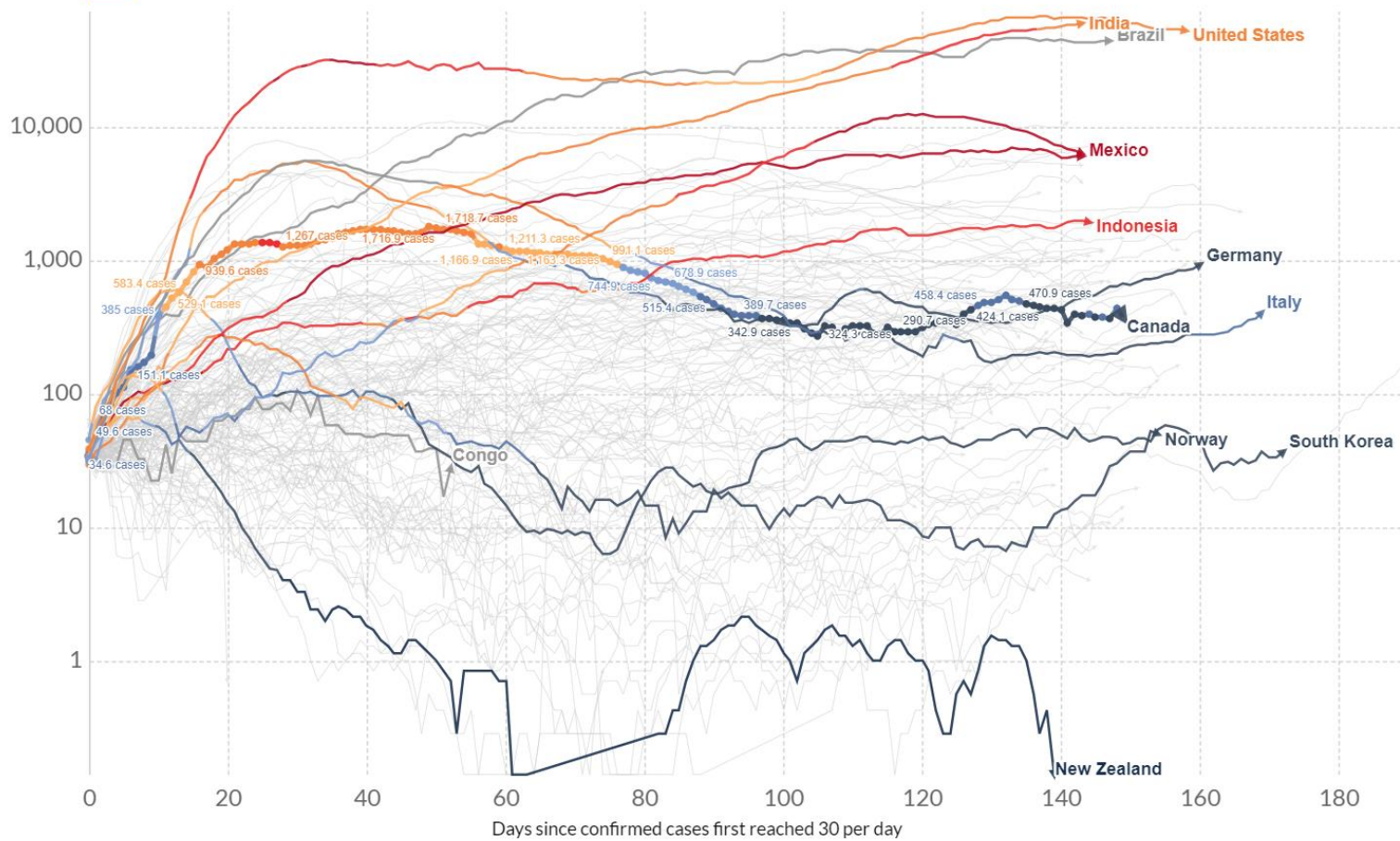
Case fatality rate Share of positive tests

30 per day

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

LINEAR LOG



Source: European CDC - Situation Update Worldwide - Last updated 12 August, 10:34 (London time), Official data collated by Our World in Data

CC BY

Jan 21, 2020 Aug 12, 2020

Zoom to selection Hide countries < 1 million people

CHART MAP TABLE SOURCES DOWNLOAD

Subscribe to receive updates

Feedback

Open the Data Explorer in a new tab.

Type to add a country...

Sort by Country name

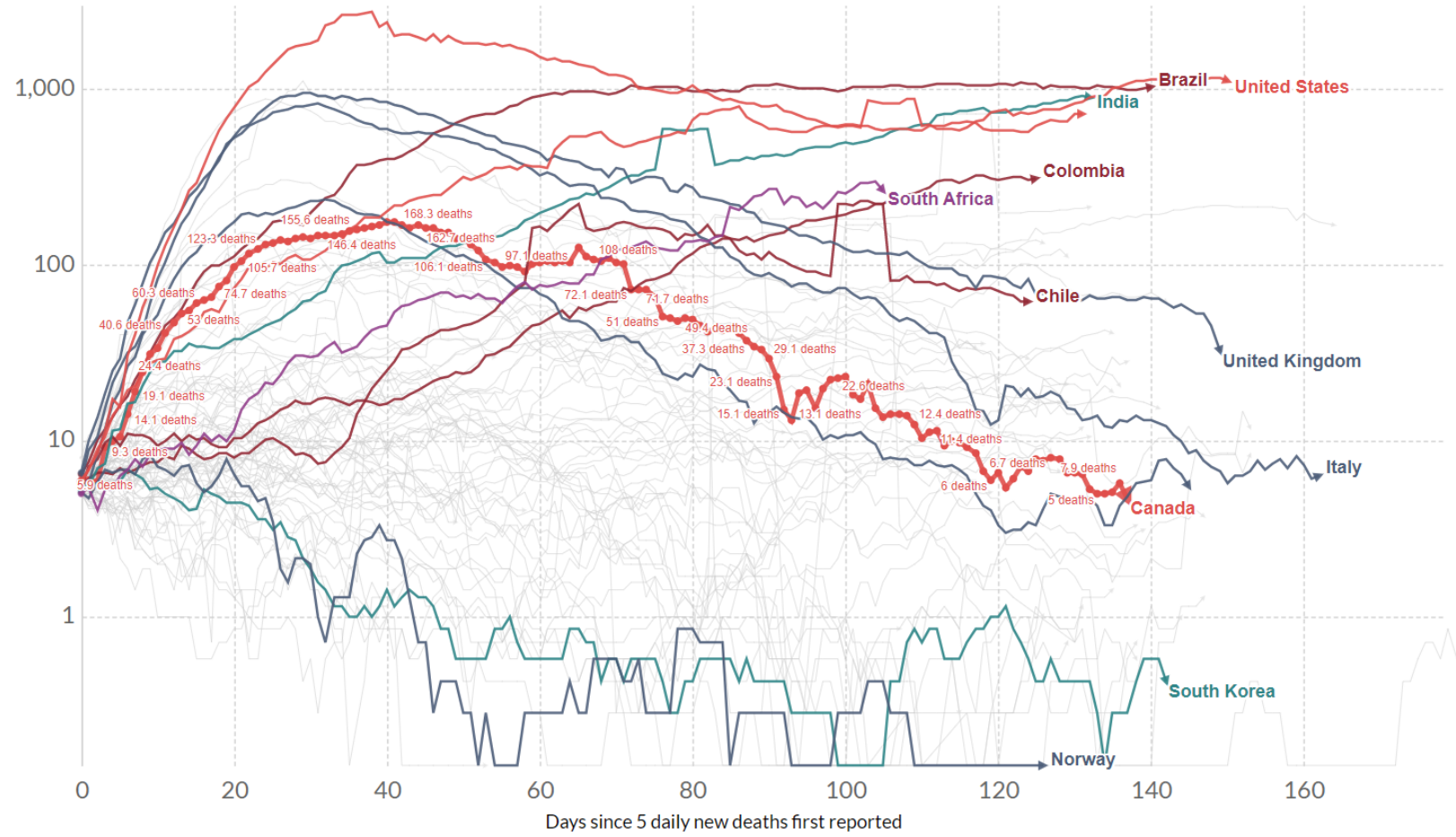
- Brazil
- Canada
- Chile
- Colombia
- Germany
- India
- Italy
- Mexico
- Norway
- South Africa
- South Korea
- United Kingdom
- United States
- Uruguay
- Afghanistan
- Africa

Clear selection

Daily new confirmed COVID-19 deaths

Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

LINEAR LOG



- Continent
- Africa
 - Asia
 - Europe
 - North America
 - Oceania
 - South America

Jan 25, 2020 Aug 12, 2020

Canada
Mar 28, 2020
Y Axis: 5.9 deaths
X Axis: 0
Aug 12, 2020
Y Axis: 4.7 deaths
X Axis: 137

Source: European CDC – Situation Update Worldwide – Last updated 12 August, 10:34 (London time), Our World In Data

CC BY

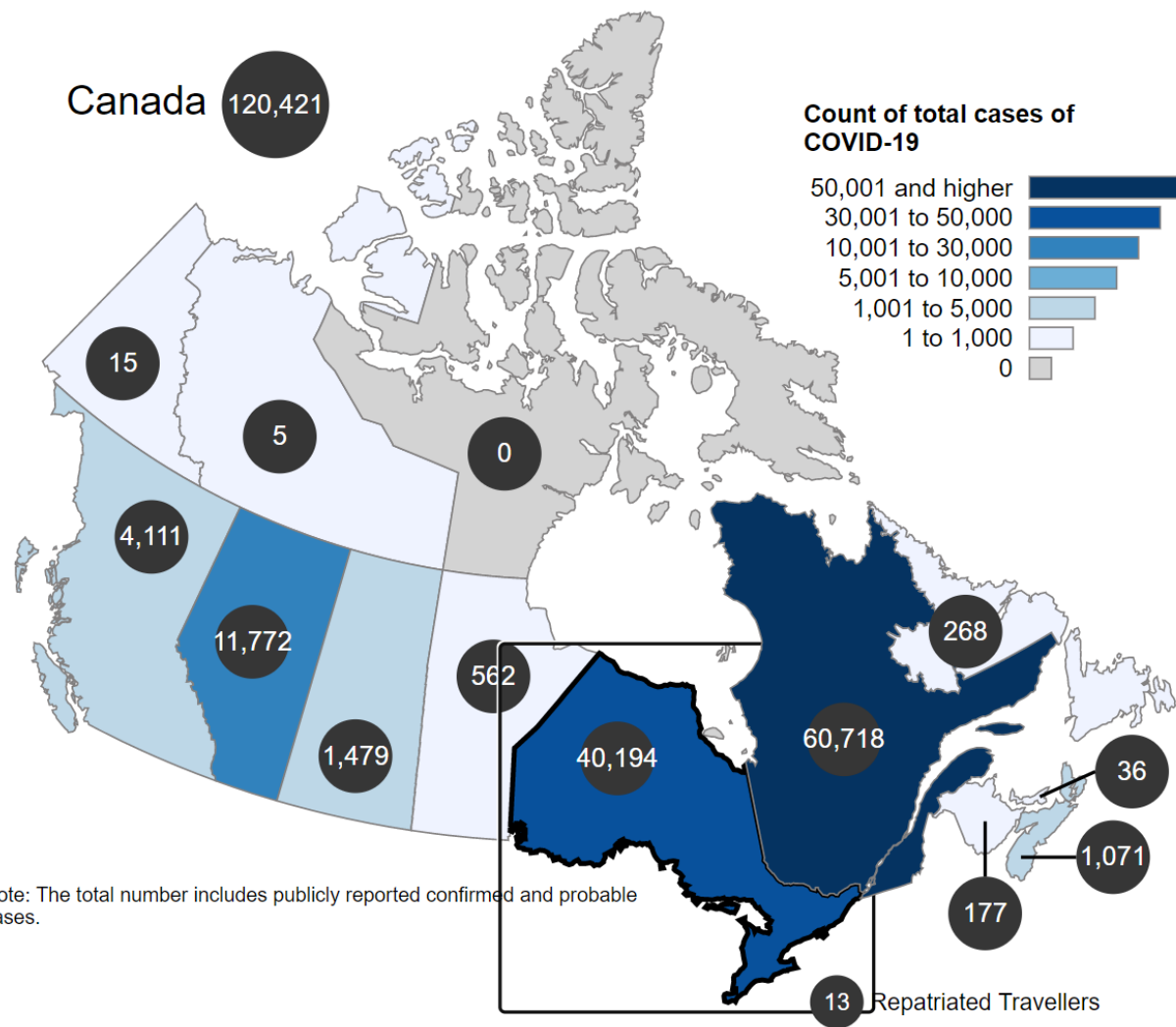
Jan 25, 2020 Aug 12, 2020

Zoom to selection Hide countries < 1 million people

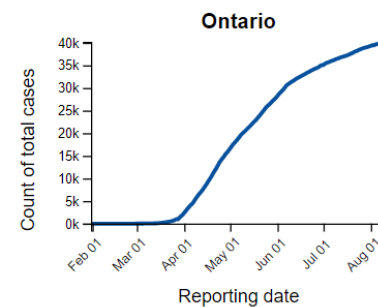
CHART MAP TABLE SOURCES DOWNLOAD

Last data update 2020-08-11 19:00 EDT

Hover over provinces and territories to see total cases, active cases, recovered cases, number of people tested or deaths in Canada over time. Click the play button to animate the map.



The count of total cases of COVID-19 in **Ontario** was **40,194** as of August 11, 2020.



Play .csv

Note: The total number includes publicly reported confirmed and probable cases.

This information is based on data from our provincial and territorial partners. It is current as of August 11, 2020, 7 pm EDT. For the most up to date data for any province, territory or city, please visit their web site.



Key updates as of August 11, 2020, 7 pm EDT

120,421

Total cases

4,684 (3.9%)

Active cases

106,746 (88.6%)

Recovered

8,991 (7.5%)

Deaths

289

New cases

120,826

People tested per 1 million

2.5%

Percent positive (total)

▶ [Daily epidemiology update: Text description](#)

- This page will be updated once per day in the evening at 7:00PM Eastern Time.
- The majority of cases (83.8%) and deaths (94.3%) have been reported by Ontario and Quebec.
- Of the jurisdictions reporting updates (n=12), no new cases have been reported in 5 provinces or territories within the past 24 hours.

Figure 2. COVID-19 cases (n=116,868 ¹) in Canada by date of illness onset ² as of August 11, 2020, 7 pm EDT (total cases)

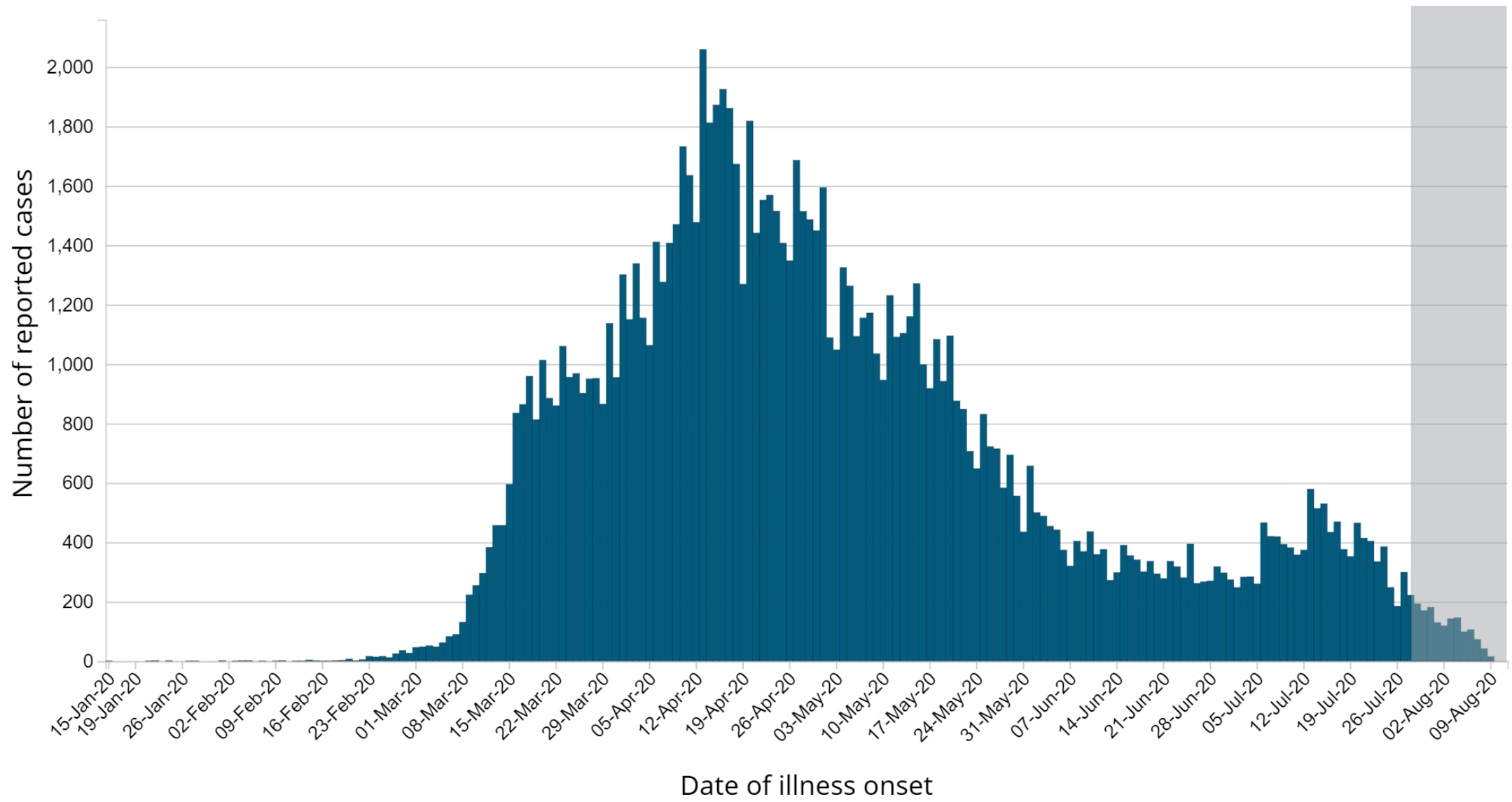


Figure 2. COVID-19 cases (n=116,095 ¹) in Canada by date of illness onset ² as of August 11, 2020, 7 pm EDT (by exposure)

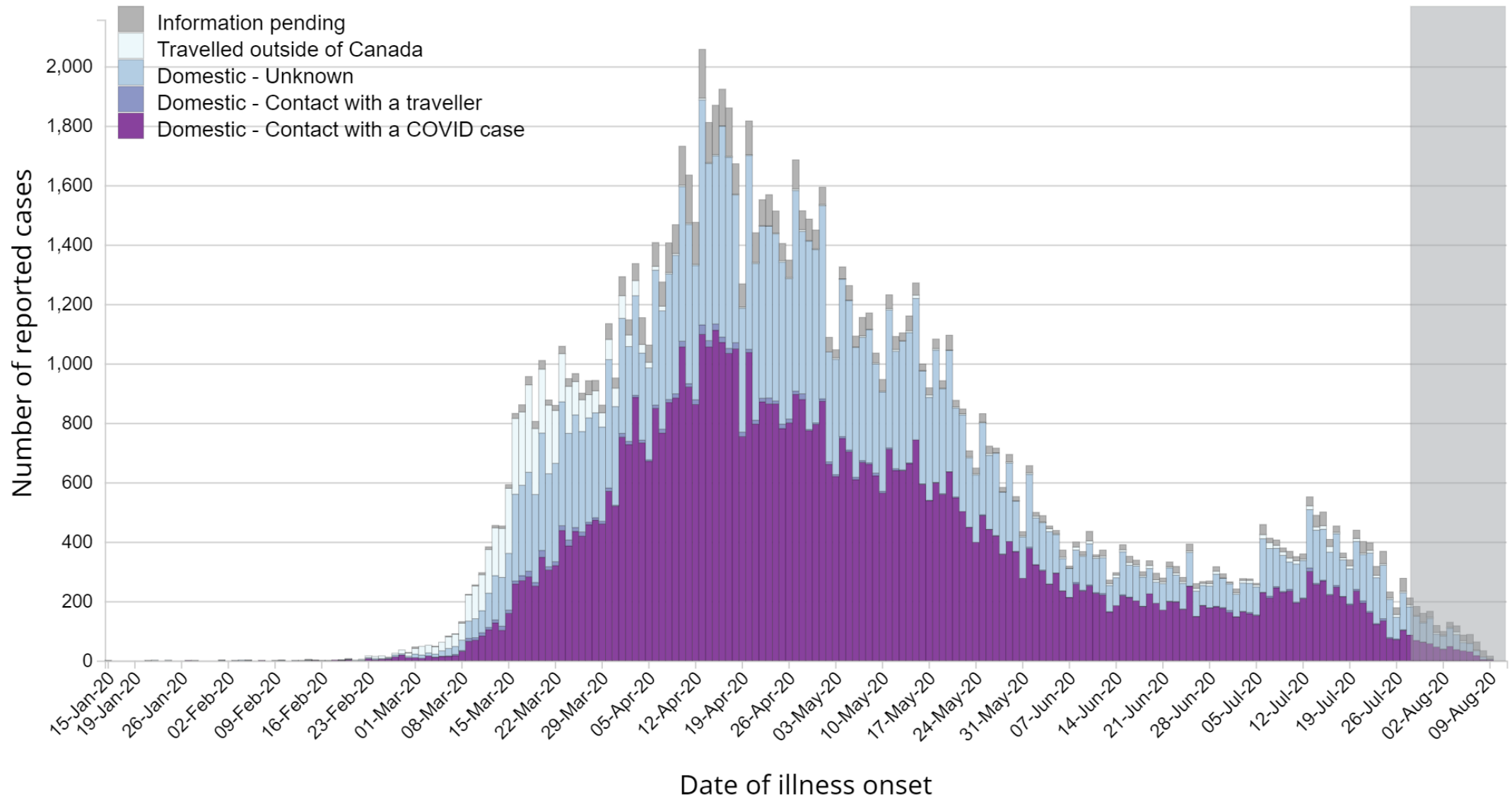


Figure 3. **Age** distribution of COVID-19 cases (n=117,689) in Canada as of August 11, 2020, 7 pm EDT

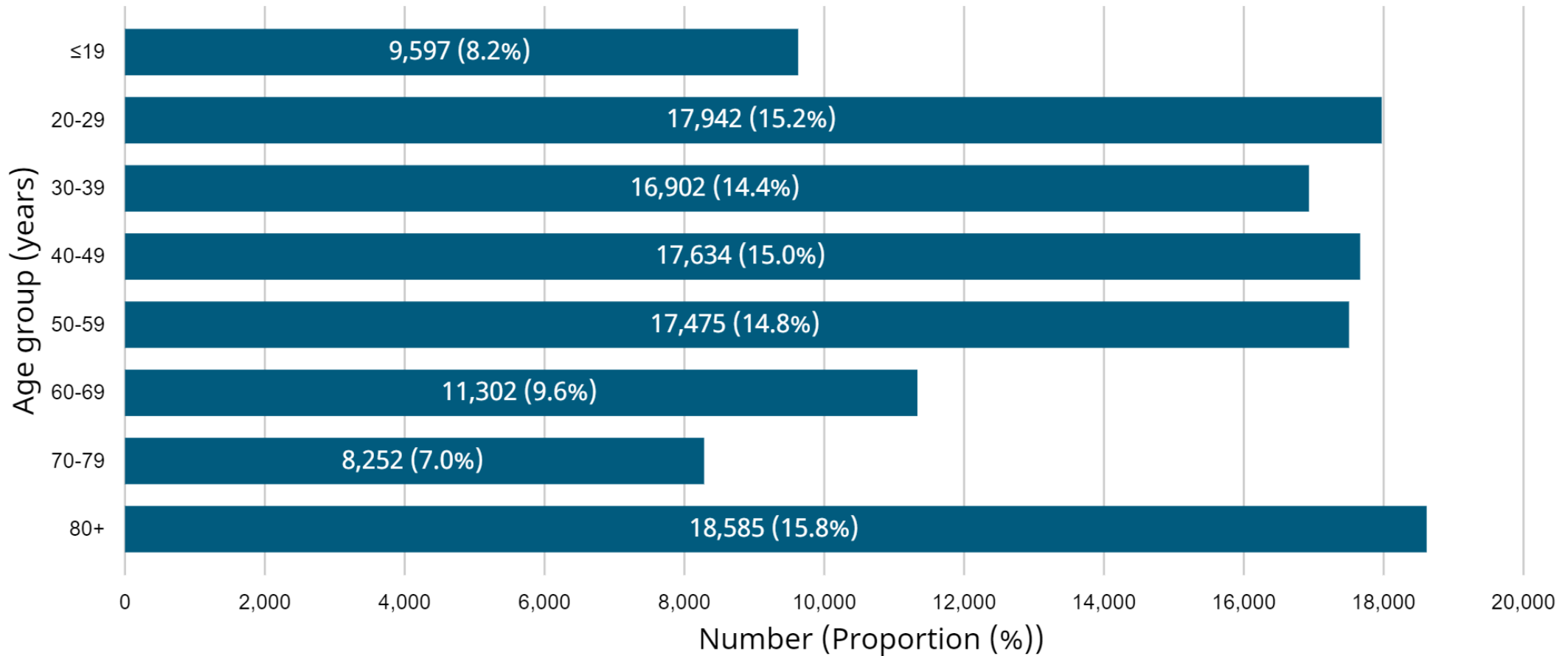
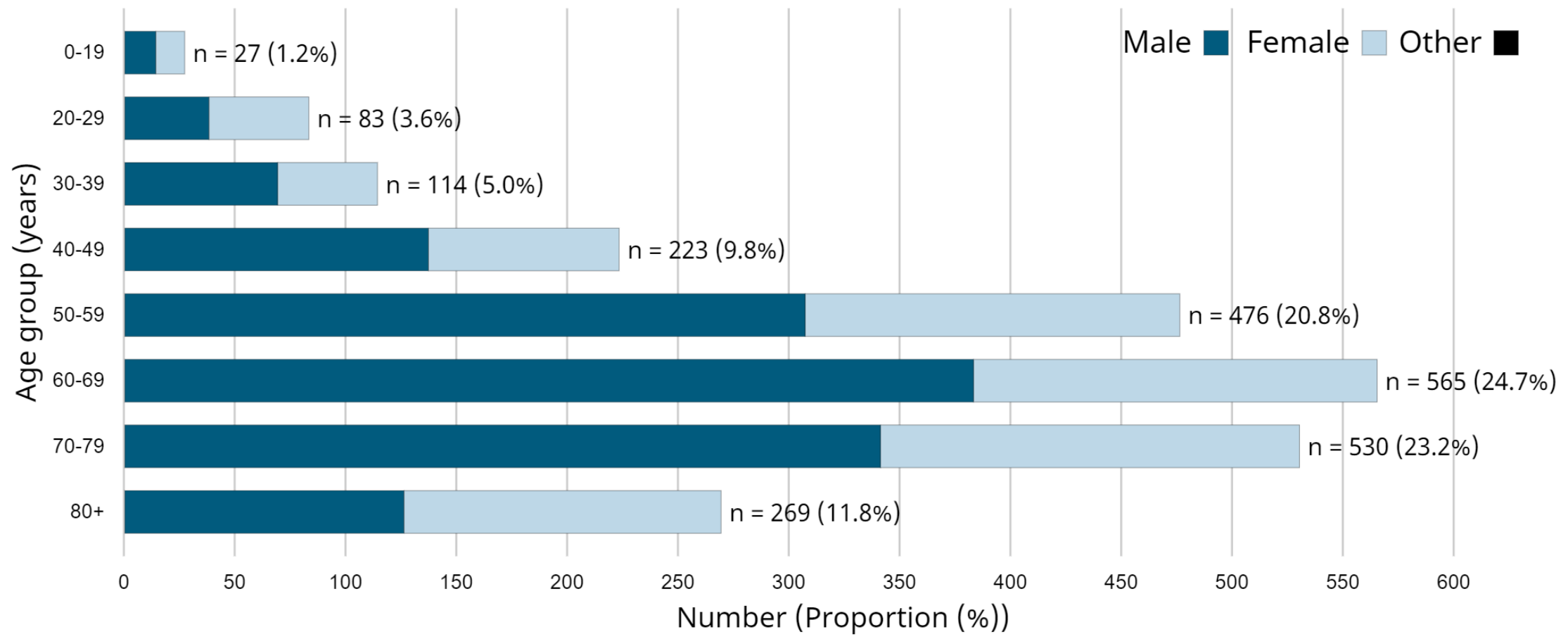
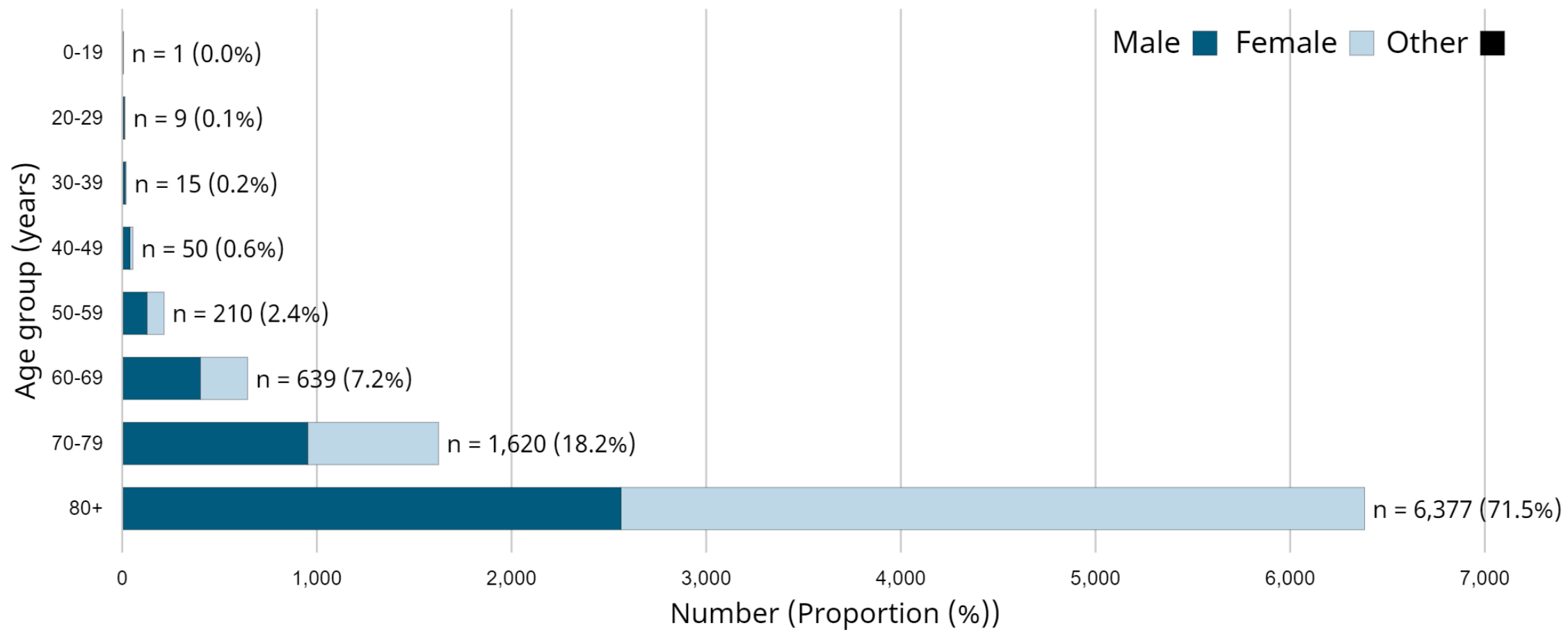


Figure 4. Age and gender ³ distribution of COVID-19 cases in Canada as of August 11, 2020, 7 pm EDT (n=2,287 ¹)



Data note: Figure 4 includes COVID-19 cases hospitalized, admitted to ICU, and deceased for which age and gender information were available. Therefore, some COVID-19 hospitalizations, ICU admissions, and deaths may not be included

Figure 4. Age and gender ³ distribution of COVID-19 cases in Canada as of August 11, 2020, 7 pm EDT (n=8,921 ¹)



Data note: Figure 4 includes COVID-19 cases hospitalized, admitted to ICU, and deceased for which age and gender information were available. Therefore, some COVID-19 hospitalizations, ICU admissions, and deaths may not be included

OH TORONTO Regional Dashboard

Introduction

COVID-19 Cases

Surgical Dashboard

LTCH & Retirement Homes

Assessment Centres

Inpatient Cases

Acute Capacity

Rehab/CCC Capacity

ICU Capacity



Daily COVID-19 Cases

Select one or more Public Health Units:

Regional cases are based on client postal code. Cases with postal codes that are missing, invalid or cannot be assigned to a region are not included in these counts.

Toronto Region Cases

4,147

From previous day ▲ 2 (0%)

Total Hospitalizations

645

From previous day ▲ 0 (0%)

Total Deceased

347

From previous day ▲ 0 (0%)

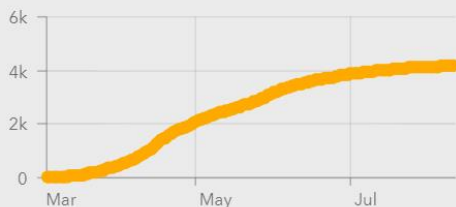
Total Resolved

3,749

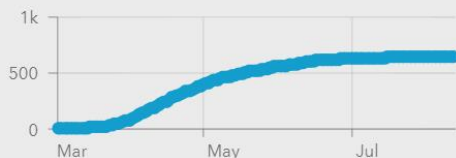
From previous day ▲ 0 (0%)

Data current as of:
8/11/2020 8:00:00 PM

Toronto Cumulative Case Count

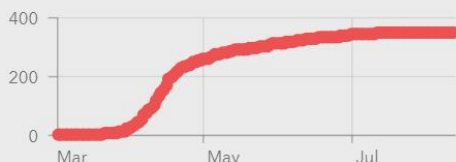


Toronto Cumulative Hospitalizations



Hospitalized ICU

Toronto Cumulative Deaths



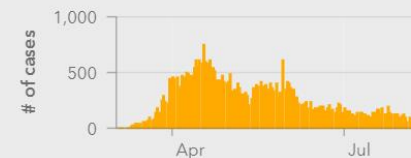
Toronto Cumulative Resolved Cases



Covid Cases by PHU



Selected PHU: Daily Case Count



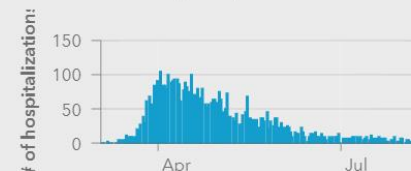
Daily Cumulative

Total Cases (selected PHU)

40,289

From previous day ▲ 71 (0.2%)

Selected PHU: Daily Hospitalizations



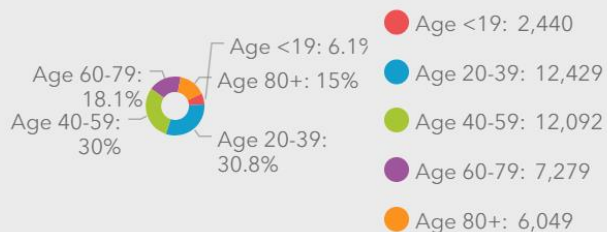
Daily Cumulative

Total Hospitalizations

4,739

From previous day ▲ 1 (0%)

Selected PHU: Cases by Age Category



Age Gender

Selected PHU: Daily Deaths



Daily Cumulative

Total Deceased

2,787

From previous day ▲ 0 (0%)

Selected PHU: Daily Resolved Cases



Daily Cumulative

Total Resolved

36,590

From previous day ▲ 4 (0%)

- MyPHO
- Health Topics
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Search input field

Show data by

Cases

Geographic area

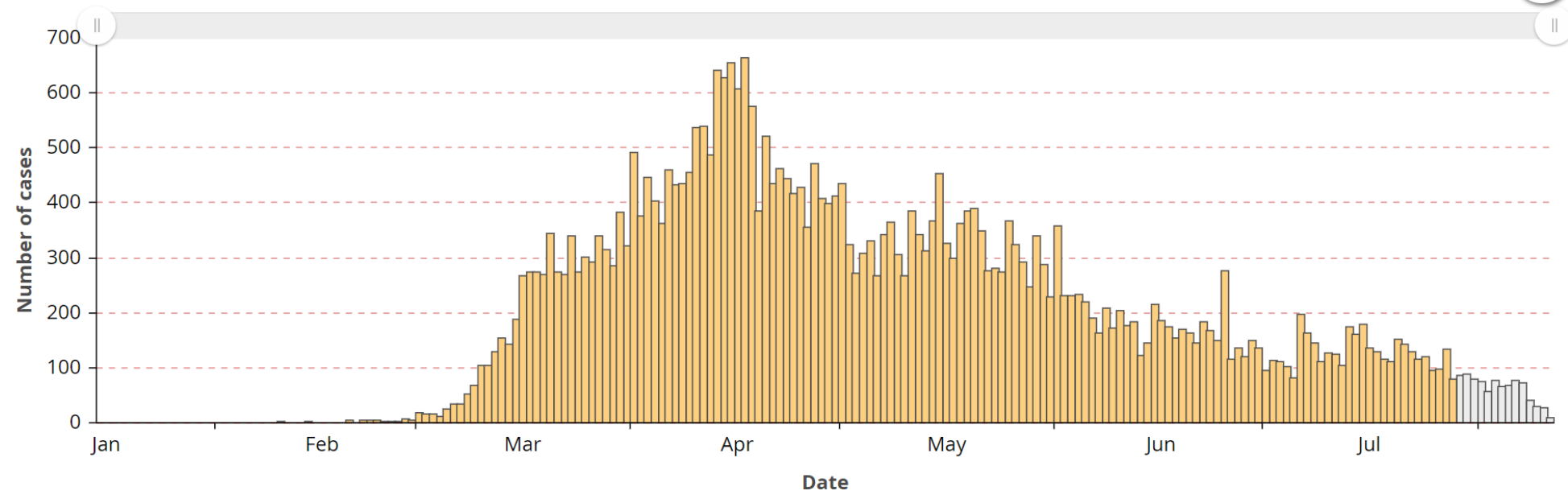
Ontario

Date type

Episode

Reported

Count of COVID-19 cases by episode date in Ontario



Cases by episode date

Note: Grey bars are used to indicate days for which data are more likely to change as a result of lags in case identification, reporting and/or data entry.

Note: Episode date is missing for 7 cases in Ontario.



Summary of cases of COVID-19: Ontario, January 15, 2020 to August 11, 2020

Severity	Number	Percentage
Number of cases ^[1]	40,289	N/A
Change from previous report (new cases)	95	0.2% increase
Resolved ^[2]	36,590	90.8
Change from previous report	134	0.4% increase
Subset of all cases that are reported to be long-term care residents ^{[3] [4] [5]}	5,902	14.6
Subset of all cases that are reported as a health care worker ^{[4] [5] [6]} associated with long-term care outbreaks	2,611	6.5
Total number of deaths ^[7]	2,787	6.9
Deaths ^[7] reported for residents in long-term care homes ^{[4] [5] [6]}	1,800	64.6
Deaths ^[7] reported for health care workers ^{[5] [6] [2]} in long-term care homes	8	0.3

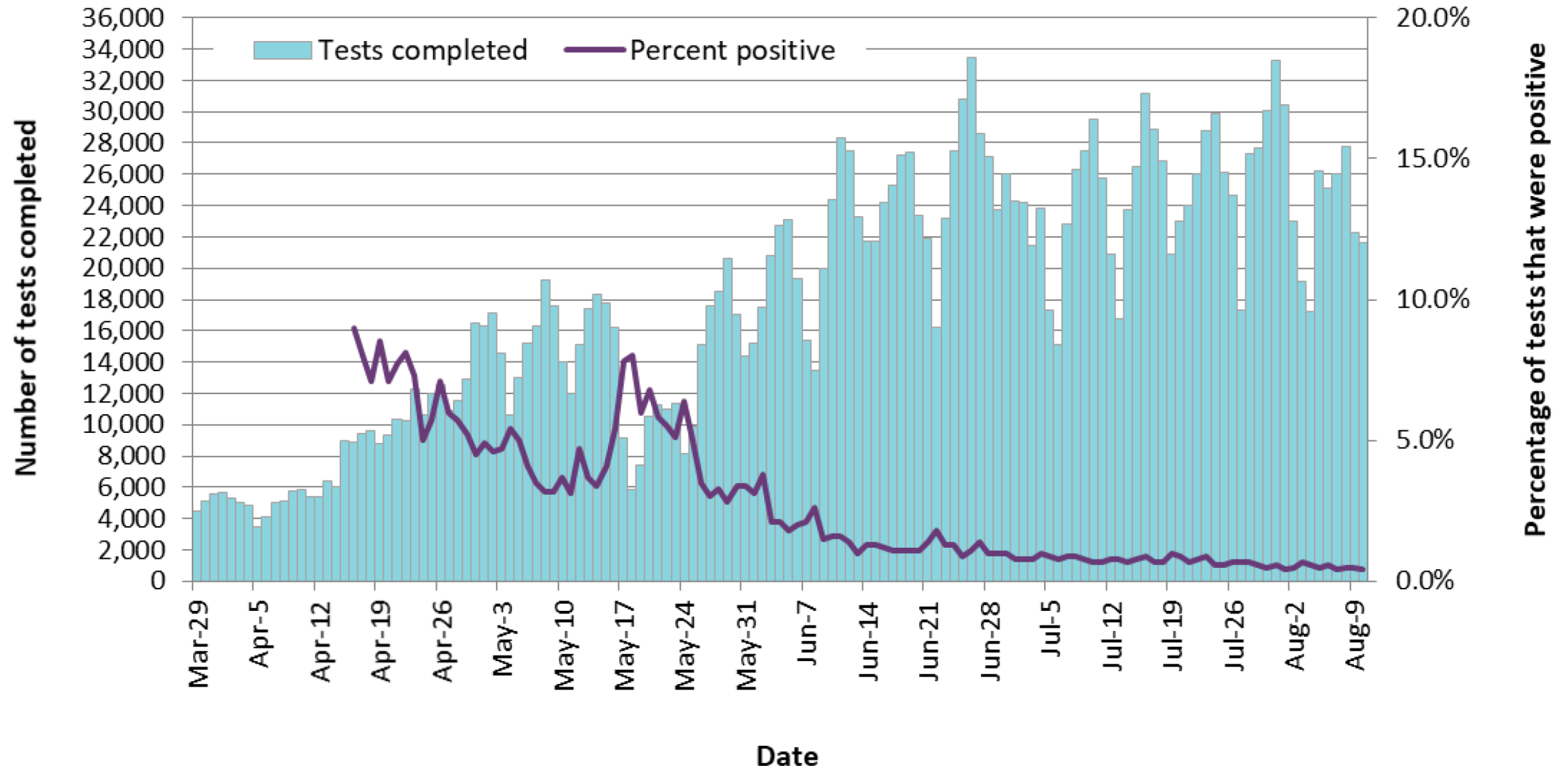
Testing - Ontario, January 15, 2020 to August 11, 2020

Testing	Number
Total tests completed [8]	2,468,640
Total tests completed in the previous day [9]	24,572
Currently under investigation [10]	22,054

Hospitalizations - Ontario, January 15, 2020 to August 11, 2020

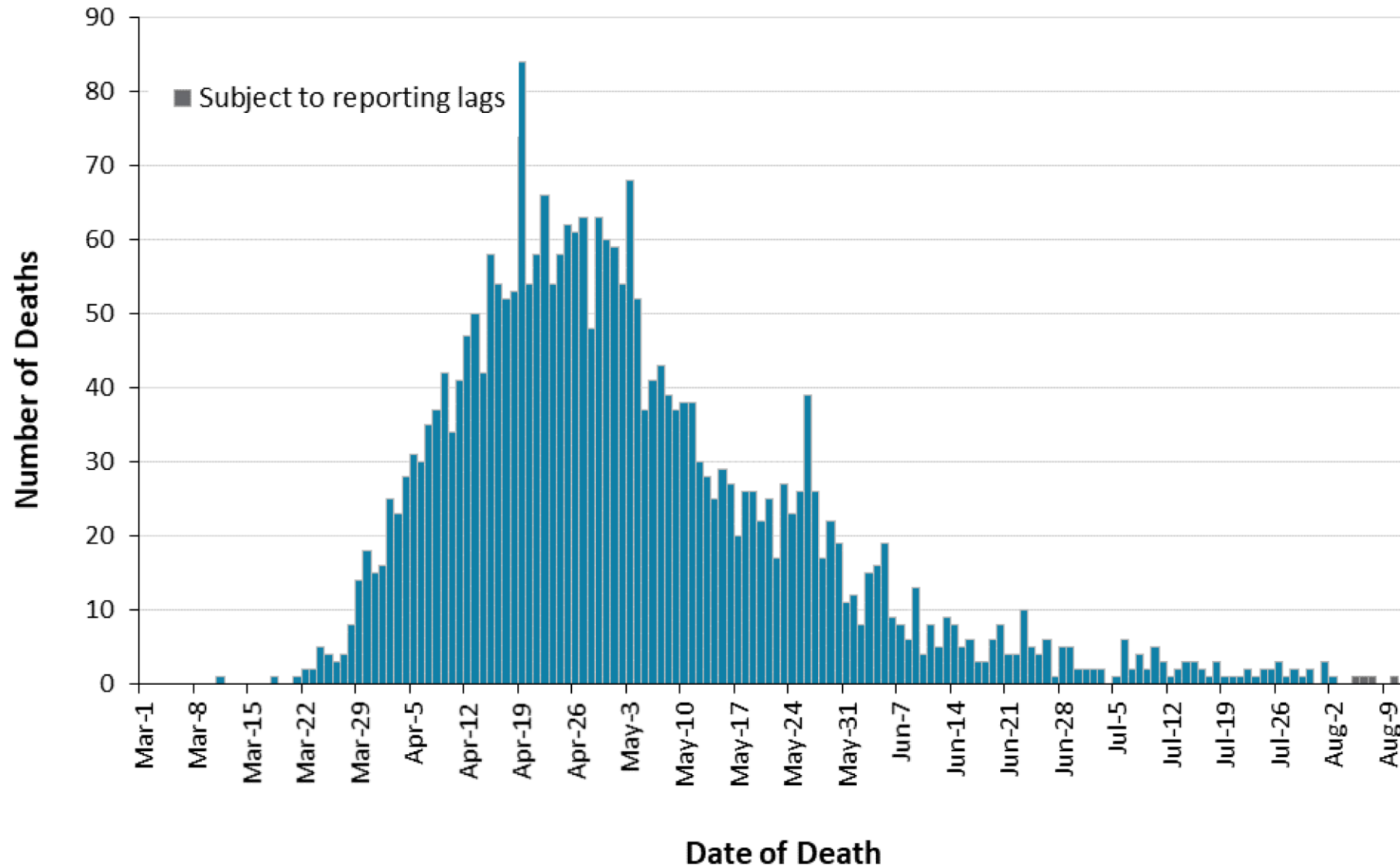
Hospitalizations	Number
Number of patients currently hospitalized with COVID-19 [11]	49
Number of patients currently in ICU [12]	20
Number of patients currently in ICU [12] on a ventilator with COVID-19	10

Figure 3. Number of COVID-19 tests completed and percent positivity: Ontario, March 29, 2020 to August 10, 2020



Severity

Figure 4. Confirmed deaths among COVID-19 cases by date of death: Ontario, March 1, 2020 to August 11, 2020



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

Critical Care Census

1,578

COVID Related Critical Illness (CRCI) Census

33

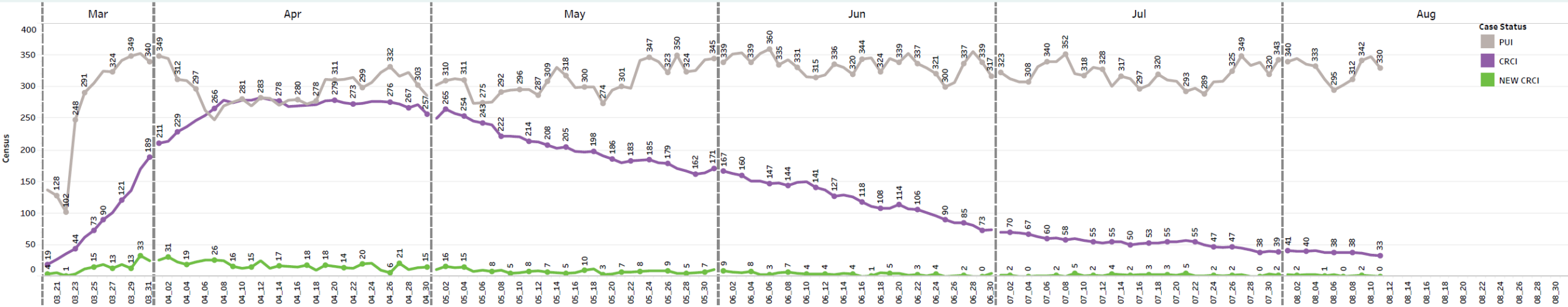
New CRCI Census

0

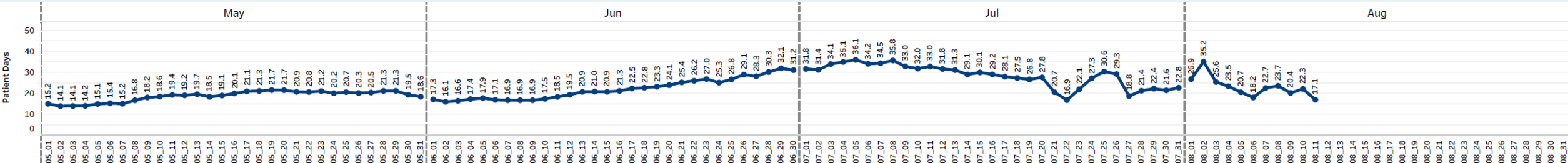
PUI Census

330

Daily Trend of Critical Care COVID and PUI Census



Daily Trend of CRCI Median Patient Days



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

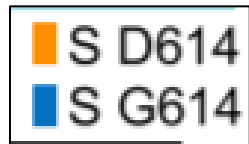
We are in the COVID valley....

Genetic mutation in virus

Prior to March 1



March 21-30



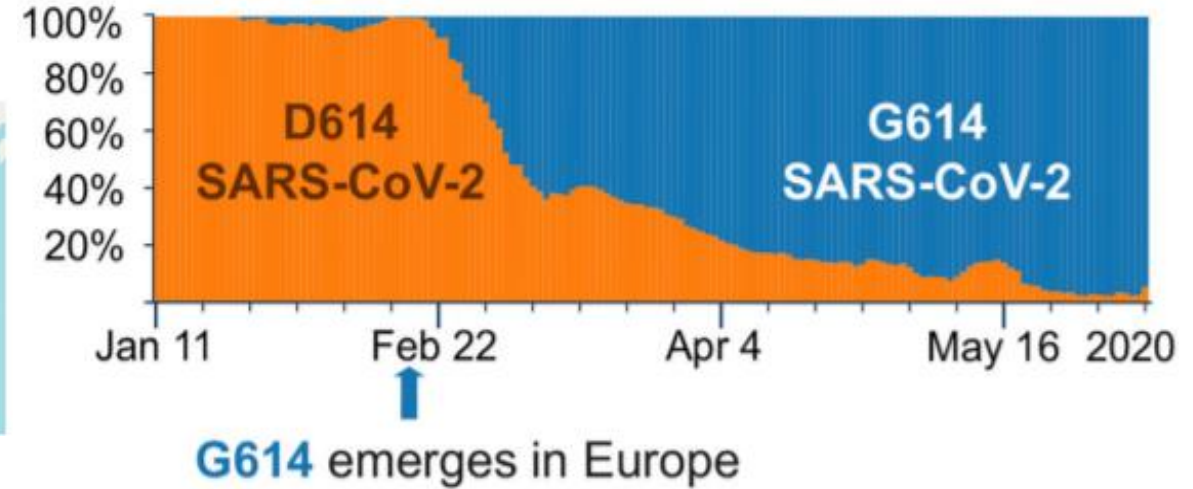
Mutation in spike protein: D614 – G614

Mutant strain has increased frequency and global distribution in all continents – fitness advantage?

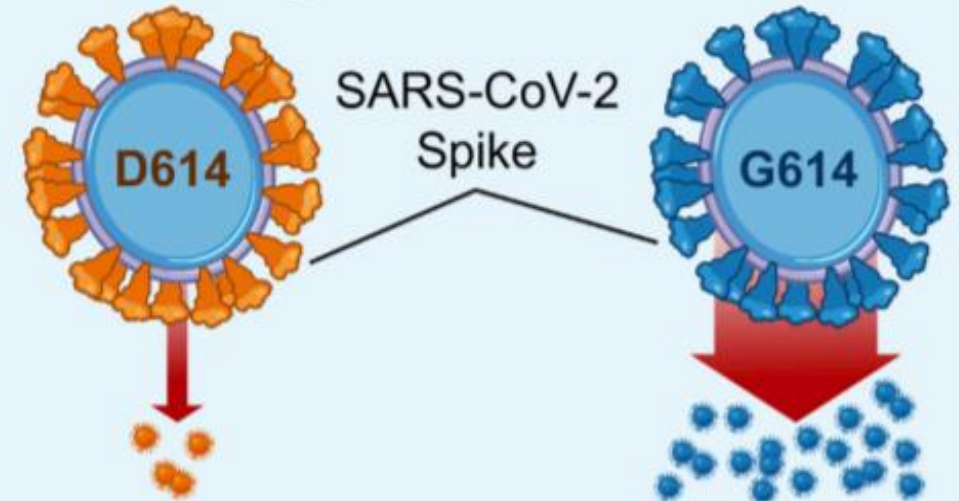
Patients infected with G614 shed more viral nucleic acid compared

Higher viral loads, but not higher disease severity

Global Transition

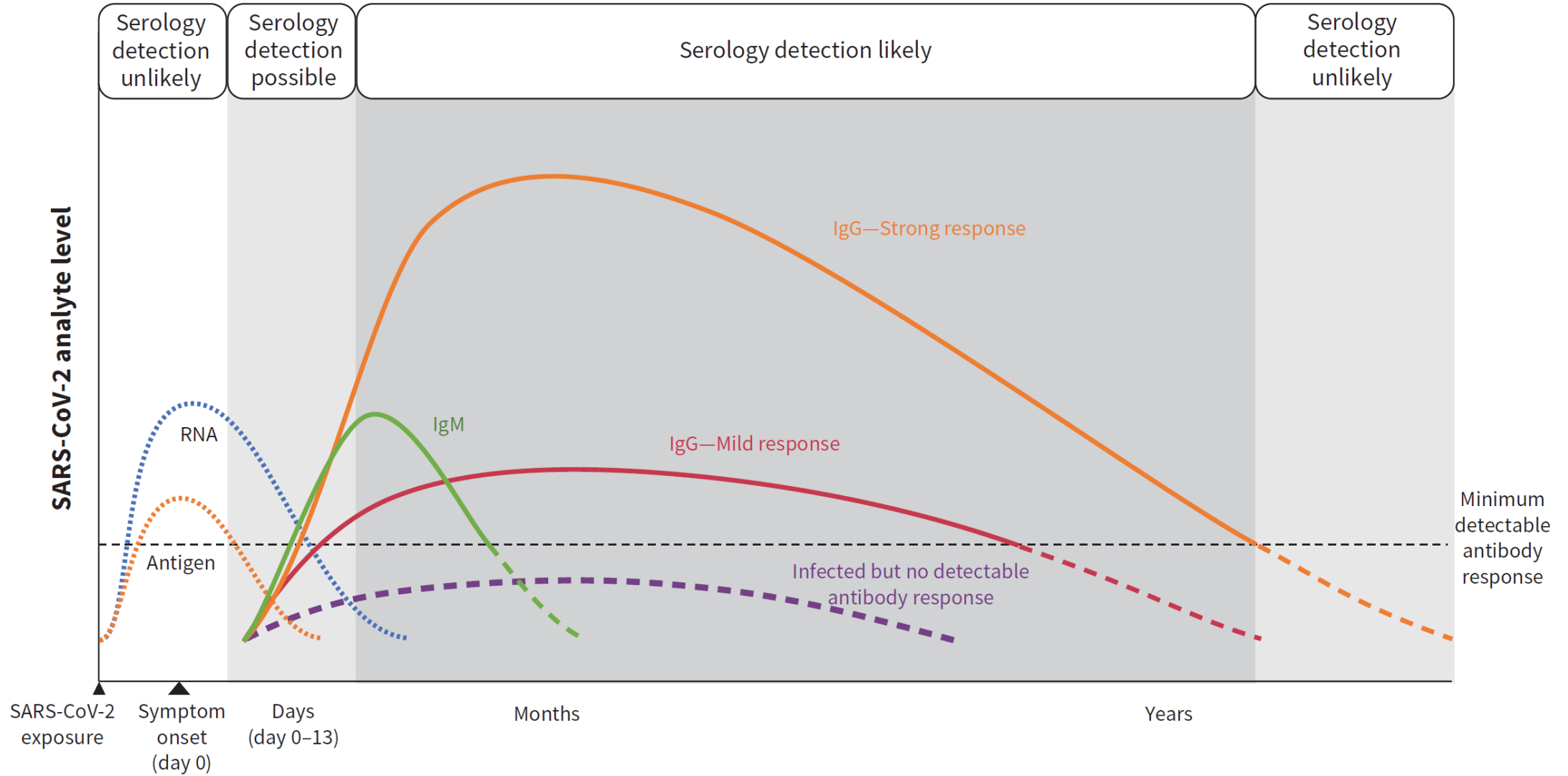


Magnitude of Infection



Antibody testing

Schematic of the pattern of antibody response to SARS-CoV-2 infection



Key Points

- Multiple commercial assays approved for use as serological tests by Health Canada
 - Some manufacturers claiming about 95% sensitivity and about 99.5% specificity
- SARS-CoV-2 antibodies have not been proven to confer meaningful or durable immunity to reinfection.
- Serological testing should not be used to guide individual decisions about personal or occupational exposures, use of personal protective equipment and physical distancing.
- Clinical indications for serologic testing in health care settings are limited, and SARS-CoV-2 serological testing has no role in routine clinical care.
- Serological testing at this time should be focused on research concerning immunity and population-level studies to inform public health responses

Prevalence and Impact of Myocardial Injury in Patients Hospitalized With COVID-19 Infection

N = 3,069 hospitalized across 5 hosp in NYC

2,736 (89.1%) ≥ 1 troponin-I measurement within 24 h of admission.

Median age 66.4 years, 40.7% of patients were older than age 70 years,

40.4% were female, 25% AA and 27.6% self identified as Hispanic or Latino

FIGURE 2 Plot of Longitudinal Troponin Values Over Time, Stratified By History of Cardiovascular Disease or No History of Cardiovascular Disease

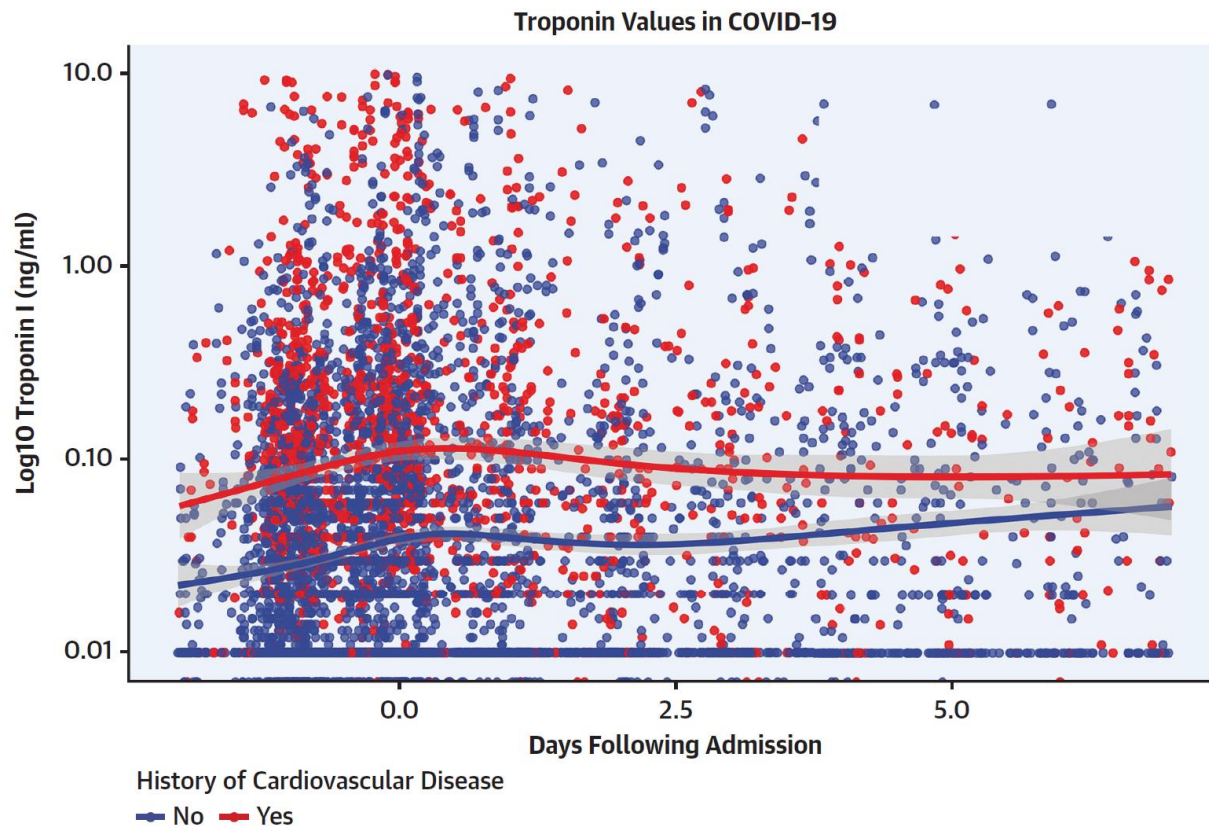
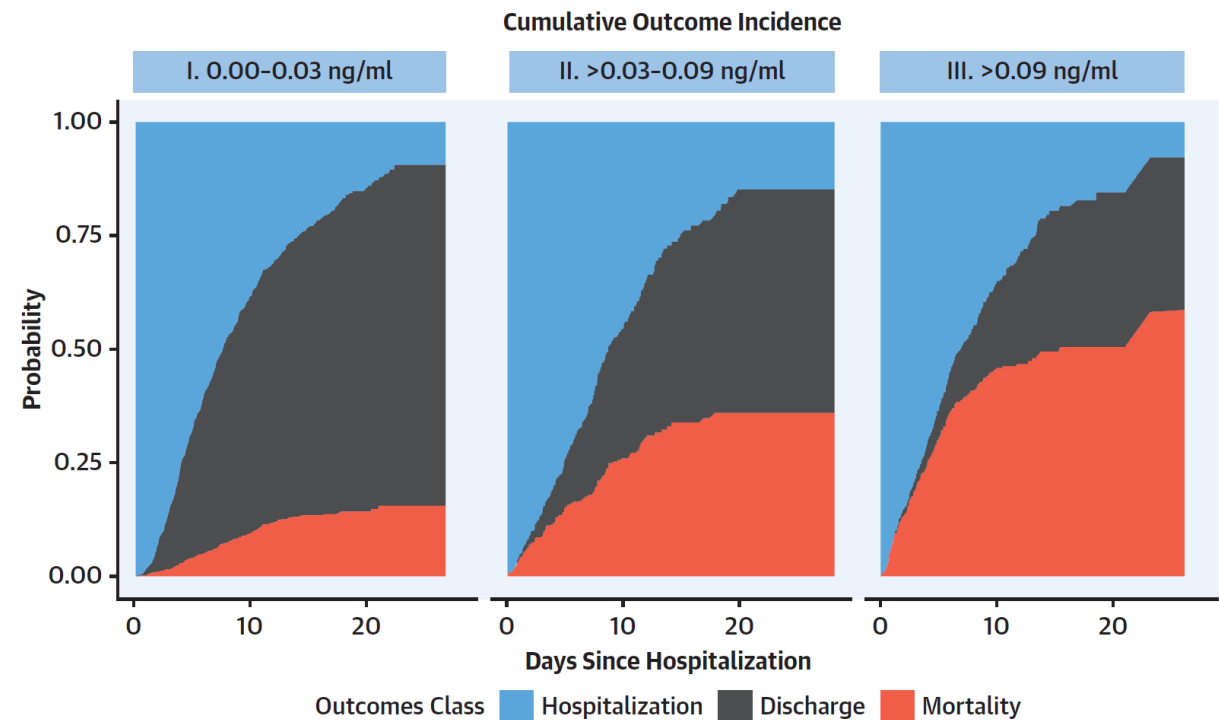


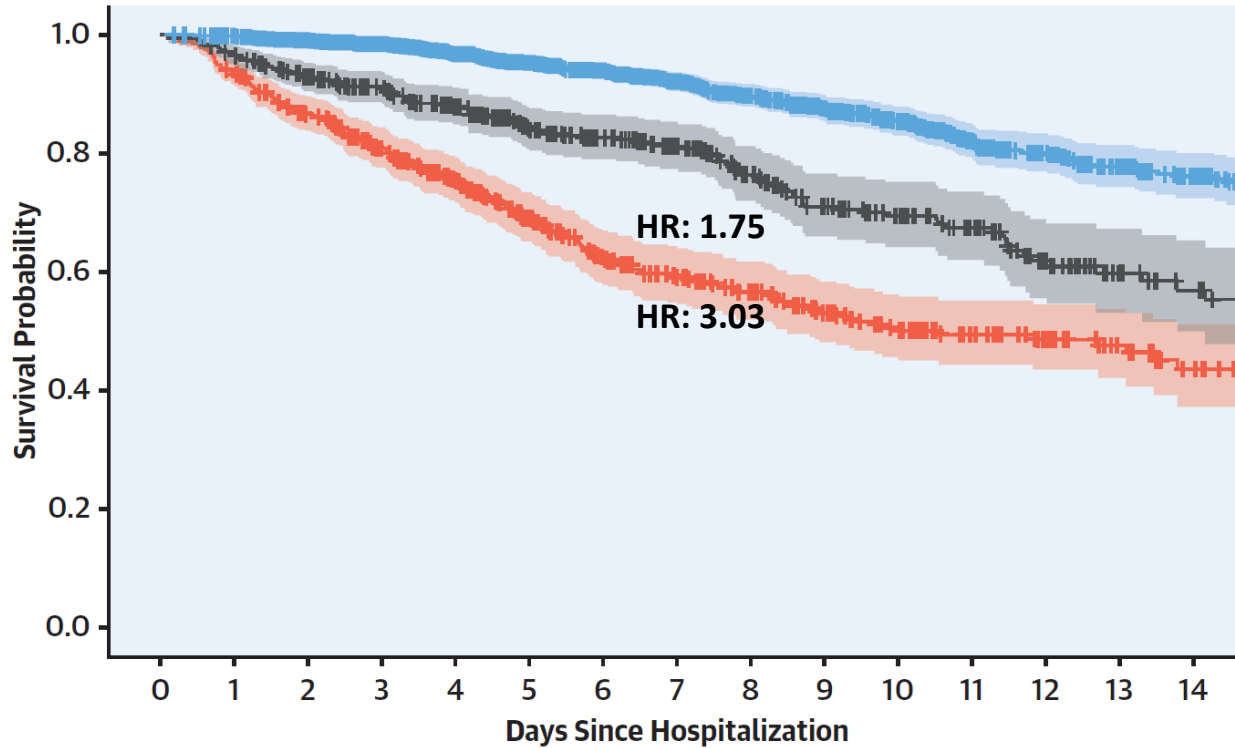
FIGURE 3 Cumulative Incidence Plots Displaying Probability for 3 Possible Outcomes (Mortality, Discharge From Hospital, or Continued Hospitalization) Over Time



Prevalence and Impact of Myocardial Injury in Patients Hospitalized With COVID-19 Infection

A

**Kaplan-Meier Survival Analysis
Stratified by Troponin Group**



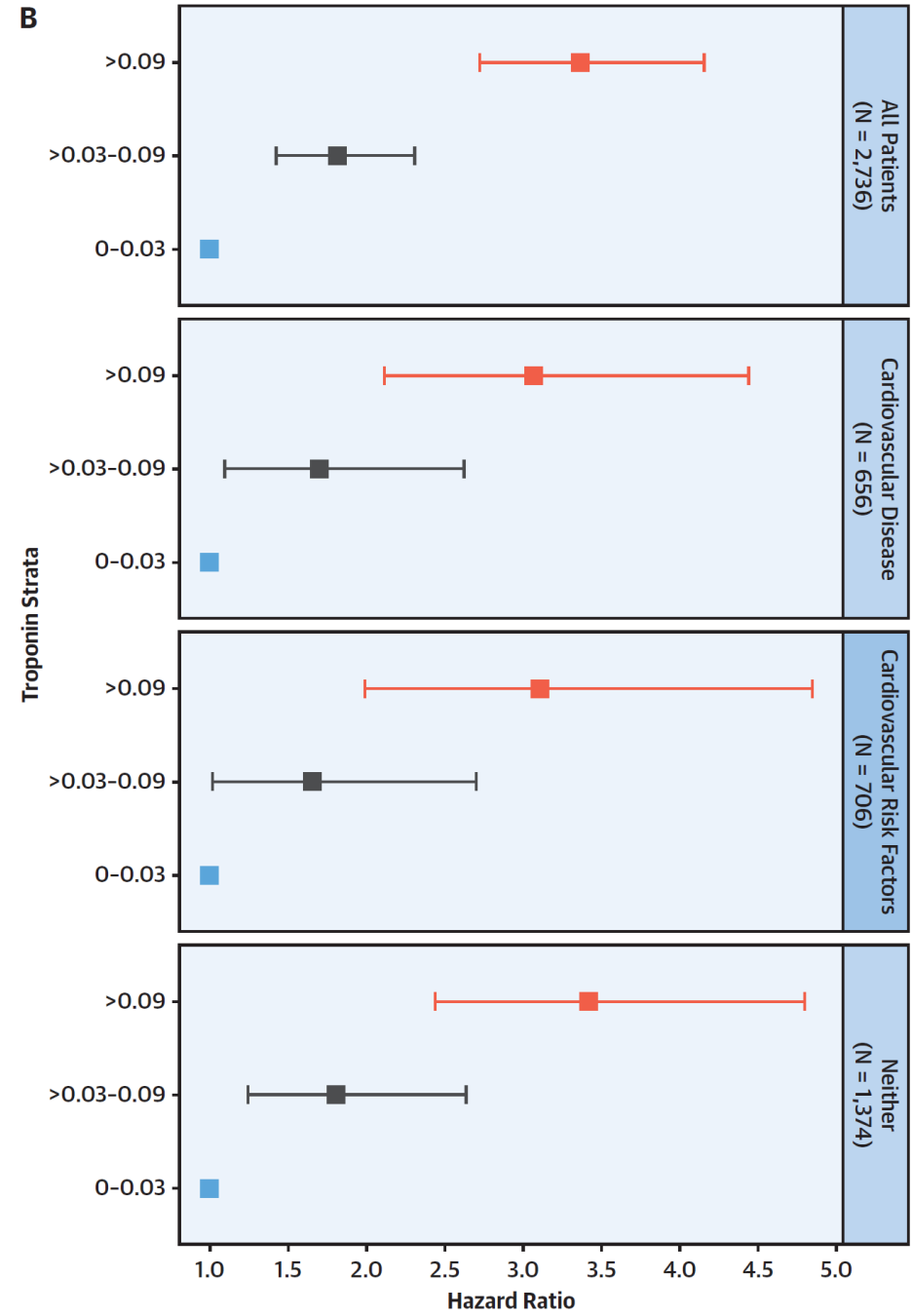
Number at risk

Strata	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
0.00-0.03 (n = 1,751)	1,751	1,727	1,604	1,414	1,201	1,018	839	712	586	495	417	330	265	209	174
>0.03-0.09 (n = 455)	455	437	405	370	329	280	241	207	168	137	119	97	68	47	38
>0.09 (n = 530)	530	496	446	386	328	269	212	180	153	123	97	72	54	41	29

Troponin Level

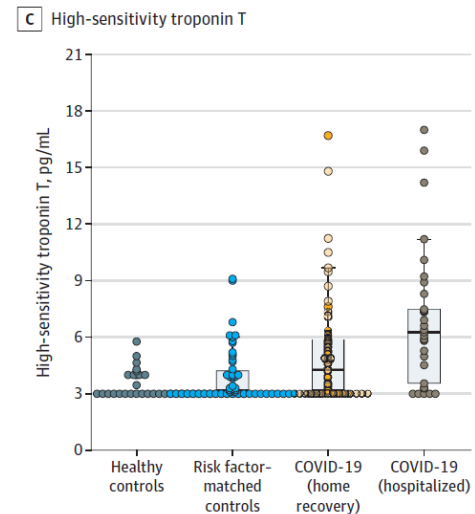
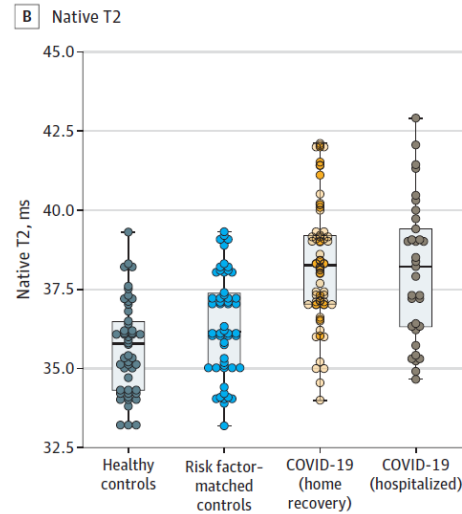
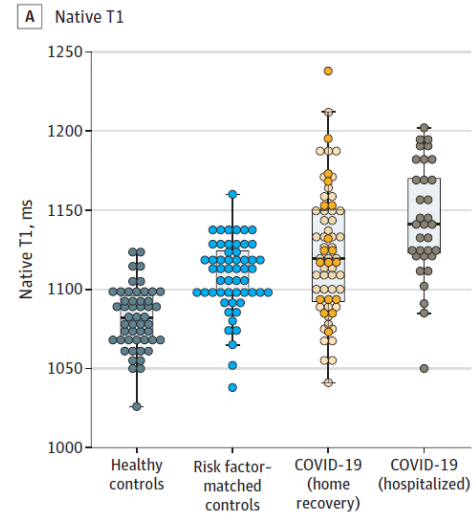
0.00-0.03 (n = 1,751) >0.03-0.09 (n = 455) >0.09 (n = 530)

B



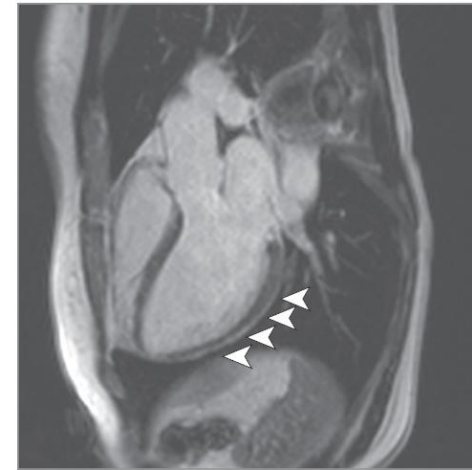
Cardiac involvement

Figure 2. Scatterplots of Native T1, Native T2, and High-Sensitivity Troponin T Measures by Group

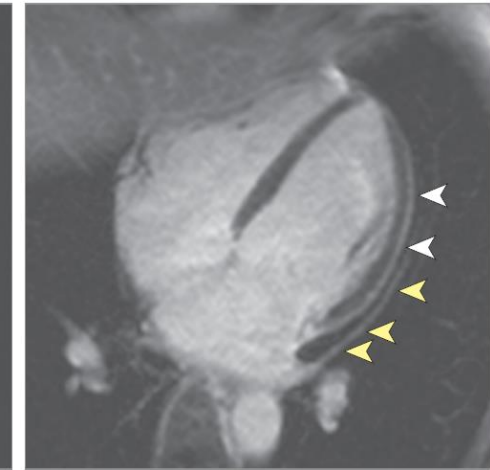


There was a small but significant difference between patients who recovered at home vs in the hospital for native T1 (median [interquartile range], 1122 [1113-1132] ms vs 1143 [1131-1156] ms; $P = .02$) but not for native T2, high-sensitivity troponin T, or N-terminal pro-b-type natriuretic peptide.

E LGE 3-chamber view



F LGE 4-chamber view



Pericardial effusion and enhancement (yellow arrowheads) and epicardial and intramyocardial enhancement (white arrowheads) were seen on late gadolinium enhancement (LGE) acquisition.

N = 100 recovering patients

Mean - 71 days after confirmed COVID-19 diagnosis

78% had cardiac involvement on CMR

76% detectable high-sensitivity troponin

60% active myocardial inflammation by abnormal native T1 and T2

Myocarditis

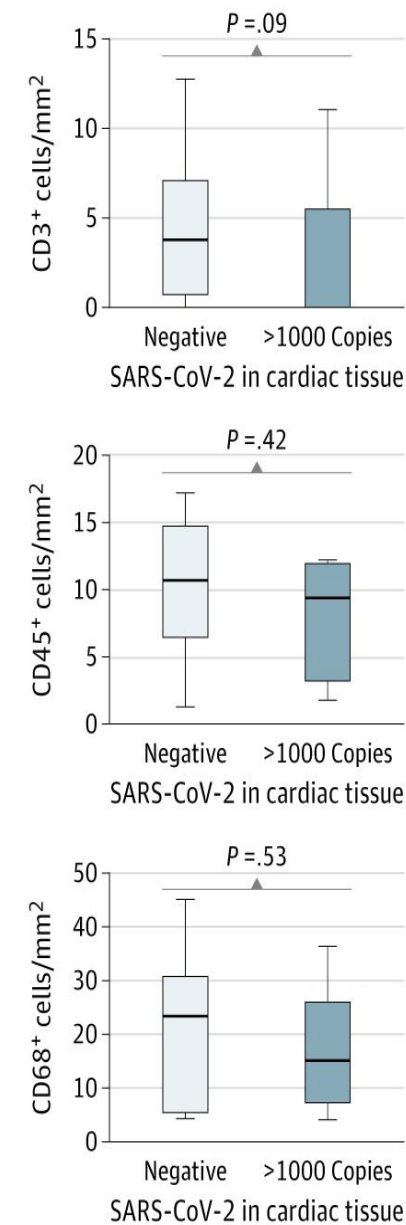
39 autopsies on COVID-19 deaths: mean age 85, 59% F

24 of 39 patients (~60%) - SARS-CoV-2 in myocardium

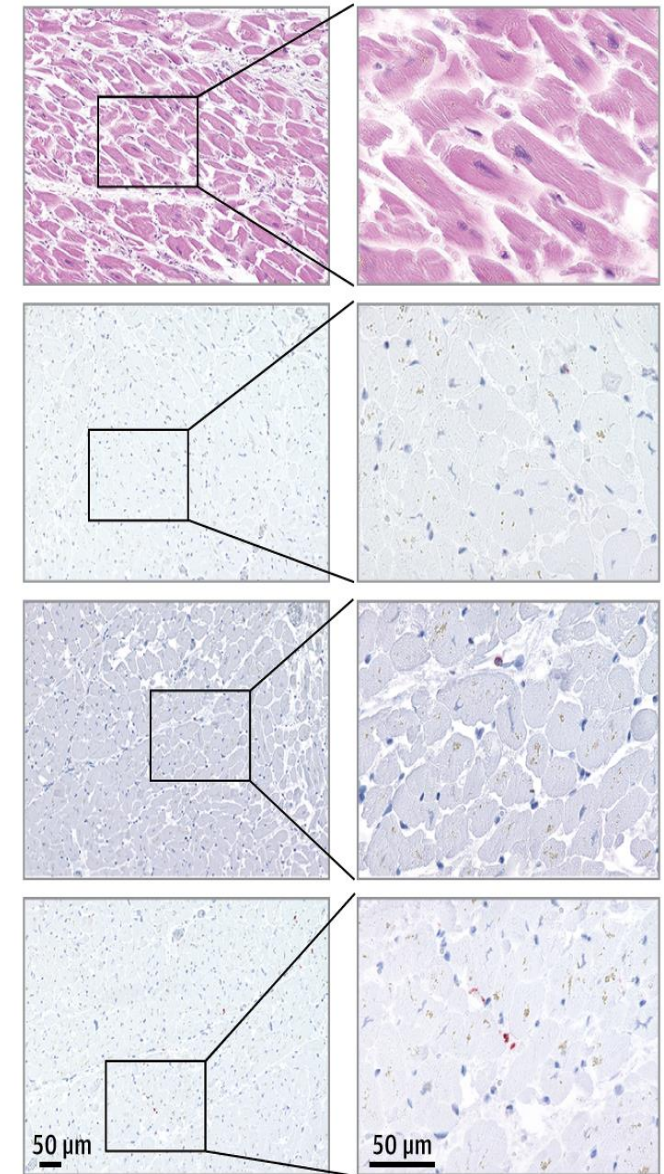
Viral load >1000 copies/ μ g RNA in 16 of 39 patients (~40%)

All 16 had pro-inflammatory cytokine response in heart

In 15 patients without cardiac infection, no differences in influx of inflammatory cells



B Cardiac infection with SARS-CoV-2 (patient 8)

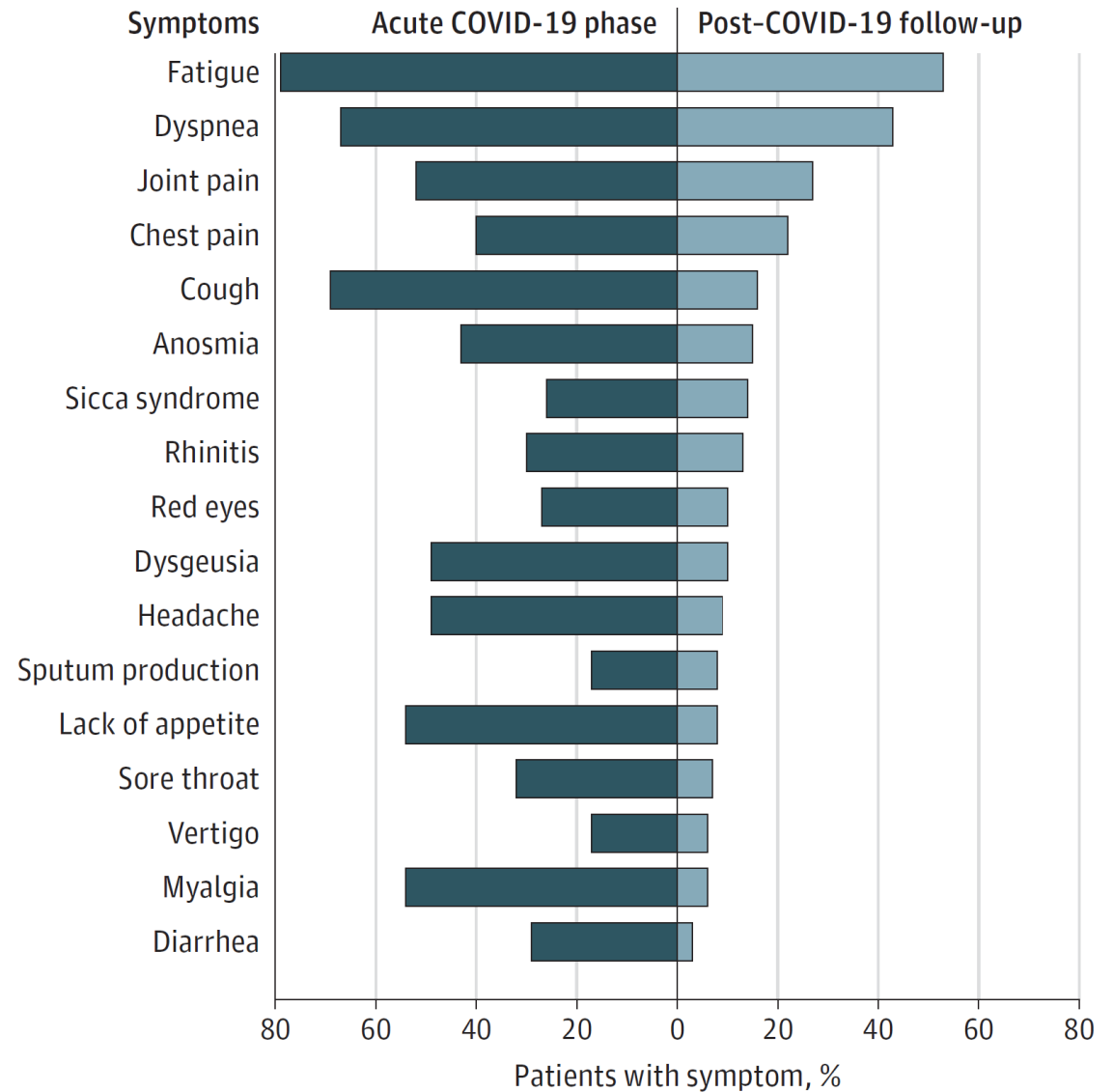


Persistent Symptoms in Patients After Acute COVID-19

Patients were assessed a mean of 60.3 (SD, 13.6) days after onset of the first COVID-19 symptom;

- only 18 (12.6%) were completely free of any COVID-19–related symptom
- 32% had 1 or 2 symptoms
- 55% had 3 or more
- Poor QoL observed among 44.1% of patients
- 53% reported fatigue
- 43% reported dyspnea

Figure. COVID-19–Related Symptoms



Carfi et al, Published Online: July 9, 2020. doi:[10.1001/jama.2020.12603](https://doi.org/10.1001/jama.2020.12603)

OpenSAFELY – factors associated with mortality

NHS England's EHR of 17 M patients
10,926 COVID-19 deaths

COVID-19 Deaths were associated with:

Advancing age [60, 70, 80]

Male sex

Obesity, [BMI >40]

Deprivation

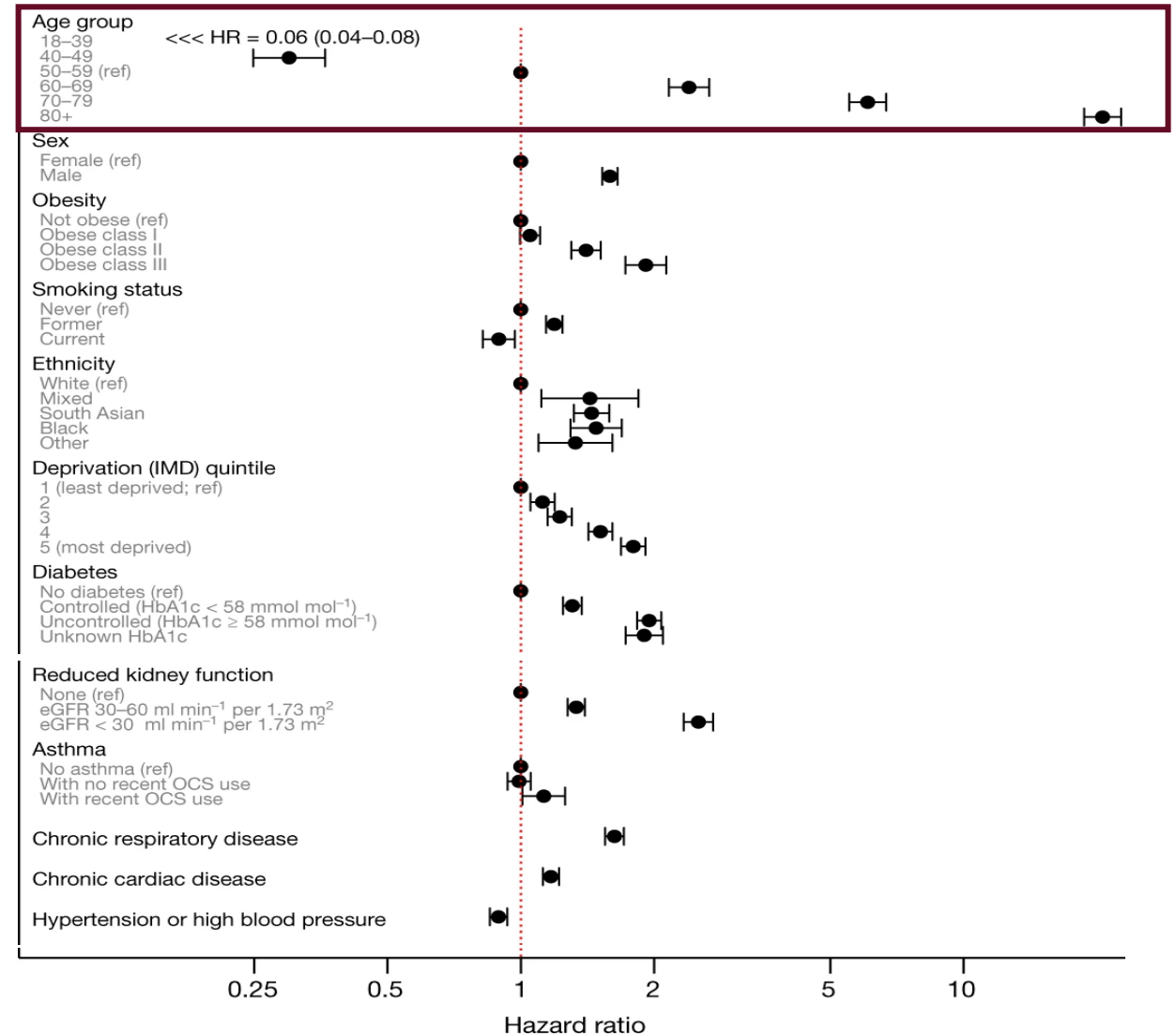
Diabetes, [A1c >7.5%]

CKD [eGFR<30]

CVD

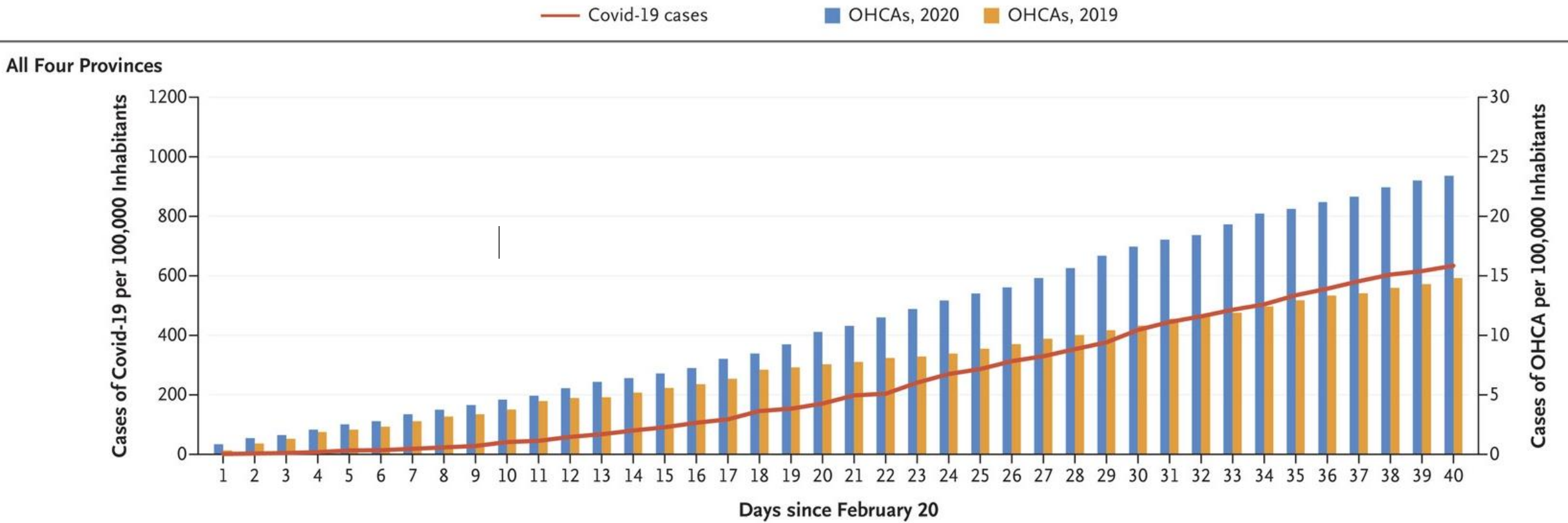
COPD, Severe Asthma

Ethnicity: Black, South Asian

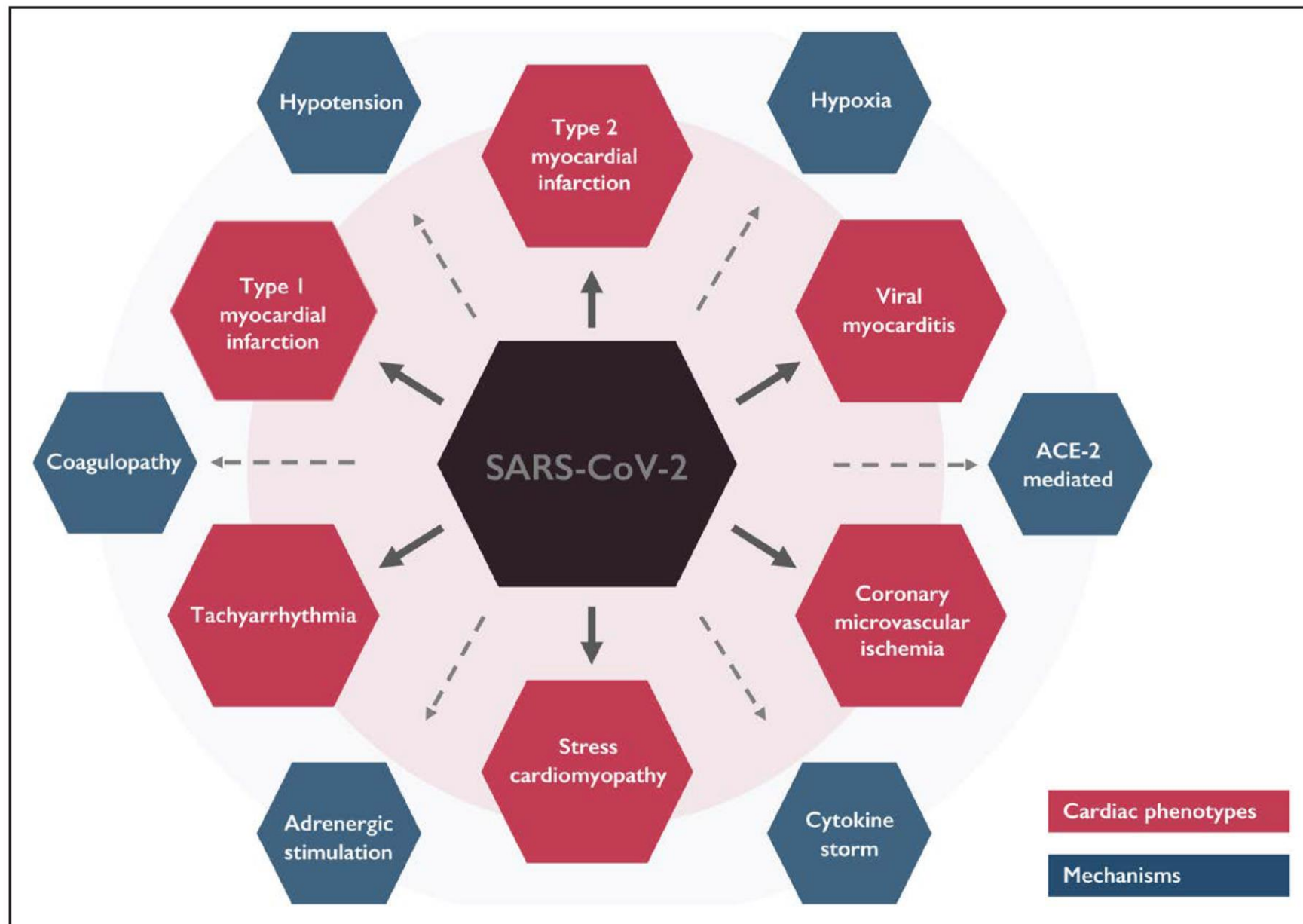


Out-of-Hospital Cardiac Arrests – causal or random.....

Province	Description		
	Cases of OHCA, 2019	Cases of OHCA, 2020	% increase
ALL	229	362	+58%



Potential mechanisms of acute myocardial injury in coronavirus disease 2019 (COVID-19) and related cardiac phenotypes.



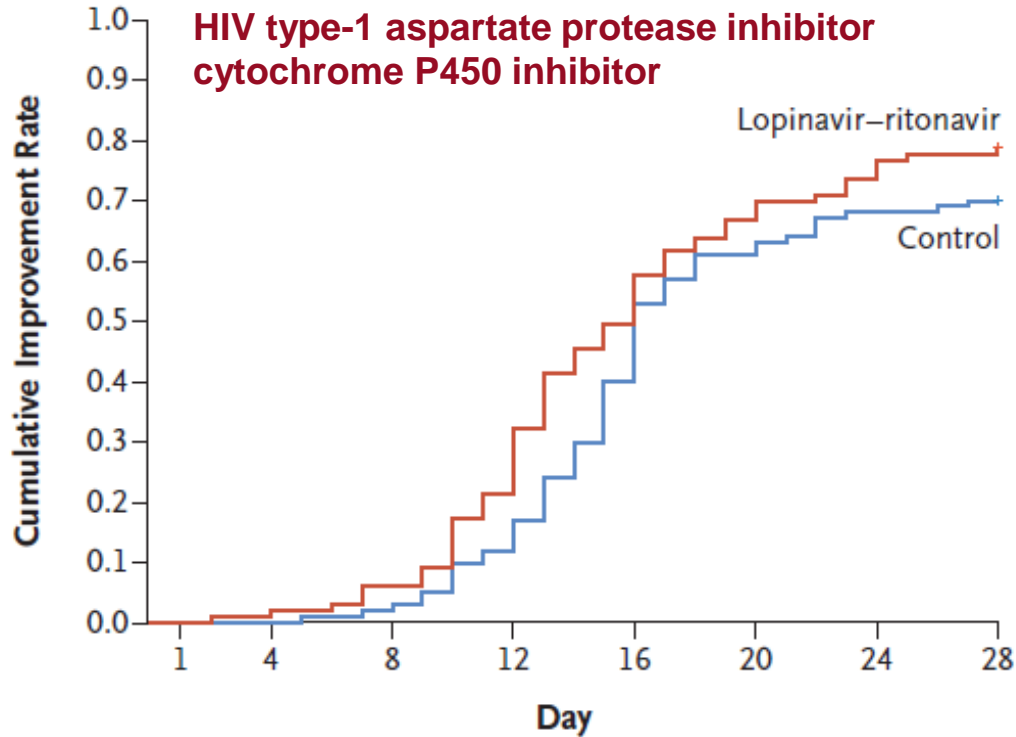
Long term sequelae?

‘We see the plot thickening and we are inclined to raise a new and very evident concern that cardiomyopathy and heart failure related to COVID-19 may potentially evolve as the natural history of this infection becomes clearer’

Yancy and Fonarow - July 27, 2020. doi:[10.1001/jamacardio.2020.357](https://doi.org/10.1001/jamacardio.2020.357)

Treatments...

Anti-viral



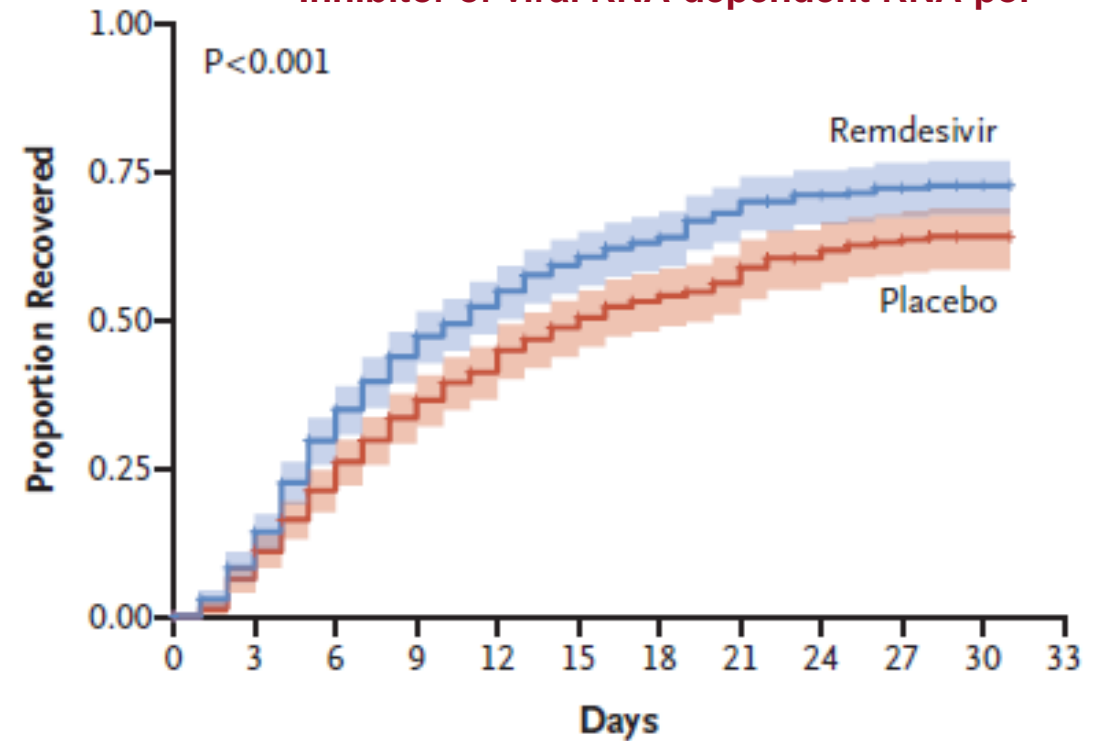
No. at Risk

	1	4	8	12	16	20	24	28
Lopinavir-ritonavir	99	98	93	78	50	33	26	22
Control	100	100	98	88	60	39	32	30

Mortality at 28 d (**19.2% vs. 25.0%**; 95% CI, -17.3 to 5.7). Patients (%) with detectable viral RNA at various time points were similar. Lopinavir-ritonavir led to a median time to clinical improvement shorter by 1-d vs standard care (HR, 1.39; 95% CI, 1.00 to 1.91).

A Overall

Inhibitor of viral RNA-dependent RNA-pol



No. at Risk

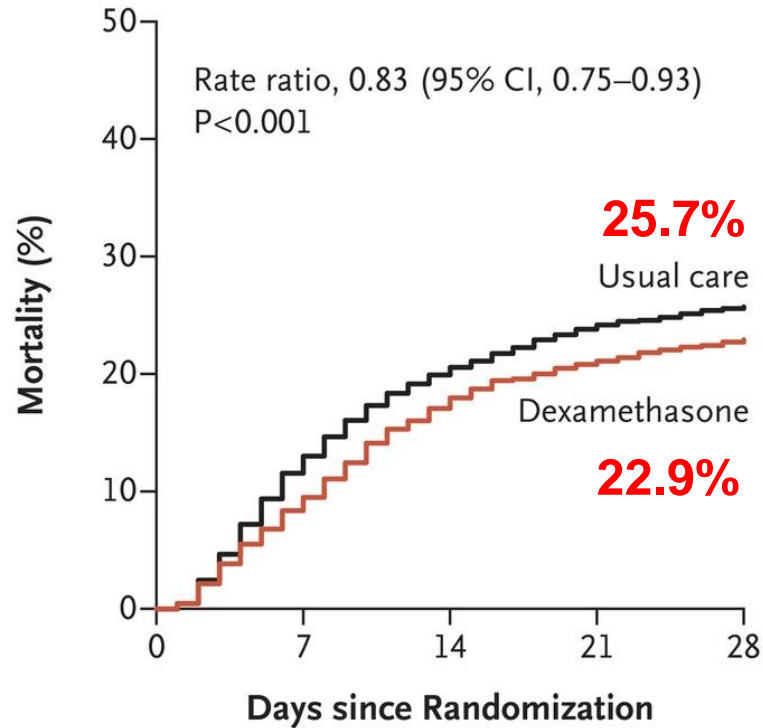
	0	3	6	9	12	15	18	21	24	27	30	33
Remdesivir	538	481	363	274	183	142	121	98	78	65	3	0
Placebo	521	481	392	307	224	180	149	115	91	78	2	0

DSM recommended unblinding. Patients receiving remdesivir had **median recovery time 11-d** (95% CI, 9-12), **vs 15-d** (95% CI, 13-19) for placebo (P < 0.001). **Mortality at 14-d was 7.1%** with remdesivir **vs. 11.9%** with placebo (**0.70; 95% CI, 0.47-1.04**). Comparable SAE were observed: remdesivir (21.1%) vs. placebo (27.0%)

Anti-inflammatory

N= 2104 assigned to dexamethasone (po/iv, ≤6mg/d, ≤10d)
 N= 4321 assigned to usual care

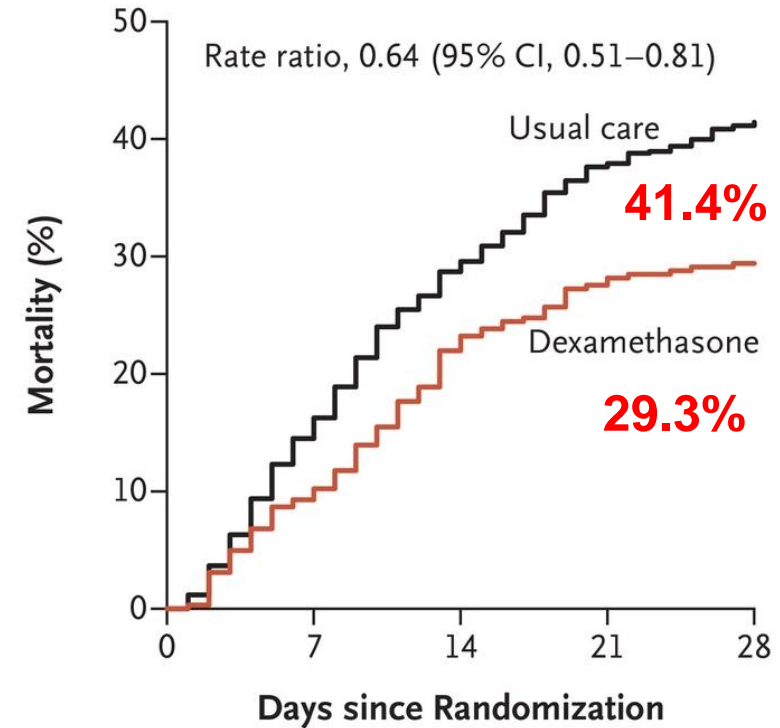
A All Participants (N=6425)



No. at Risk

Usual care	4321	3754	3427	3271	3205
Dexamethasone	2104	1903	1725	1659	1621

B Invasive Mechanical Ventilation (N=1007)



No. at Risk

Usual care	683	572	481	424	400
Dexamethasone	324	290	248	232	228

Dexamethasone also reduced death in patients requiring **oxygen** (23.3% vs 26.2%, **HR 0.82**; 95% CI, 0.72-0.94) but **not** in those receiving **no respiratory support** (17.8% vs. 14.0%; **HR 1.19**; 95% CI, 0.91-1.55)

! COVID-19 is an emerging, rapidly evolving situation.

- [Get the latest public health information from CDC »](#)
- [Get the latest research information from NIH »](#)
- [NIH staff guidance on coronavirus \(NIH Only\) »](#)

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NEWS RELEASES

Monday, July 27, 2020

Phase 3 clinical trial of investigational vaccine for COVID-19 begins

Multi-site trial to test candidate developed by Moderna and NIH.




People 18 years of age and older who are interested in participating in this trial can visit <https://www.coronaviruspreventionnetwork.org> or [ClinicalTrials.gov](https://clinicaltrials.gov) and search identifier [NCT04470427](#) for details. Please do not contact the NIAID media phone number or email to enroll in this trial.

A Phase 3 clinical trial designed to evaluate if an investigational vaccine can prevent symptomatic coronavirus disease 2019 (COVID-19) in adults has begun. The vaccine, known as mRNA-1273, was co-developed by the Cambridge, Massachusetts-based biotechnology

Institute/Center

National Institute of Allergy and Infectious Diseases (NIAID)

Contact

NIAID Office of Communications 
301-402-1663

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72 Studies found for: **Vaccine | SARS-CoV Infection**

<https://www.clinicaltrials.gov/>

A phase 3 clinical trial designed to evaluate if an investigational vaccine can prevent symptomatic coronavirus disease 2019 (COVID-19) in adults has begun. The vaccine, known as mRNA-1273, was co-developed by the Cambridge, Massachusetts-based biotechnology



COVID-19 Updates from B.C. & Planning for a Potential Increase in Cases / Second Wave

A Glimpse into Case Forecast Modelling

MR. SEAN HARDIMAN, MR. NICHOLAS SCHNEE, MR. ATHAR SYED



eCTAS - Cardiac ED Presentations Dec 1st 2019 – August 02nd 2020

A Glimpse into the Emergency Departments for Cardiac Presentations

MIRNA RAHAL

Cardiac ED Volumes: Summary of Activity Trends

Provincial trends in cardiac ED activity :

- Cardiac ED Presentations include Chest Pain and Cardiac Arrest. Chest Pain accounts for 98% of cardiac ED presentations.
- Overall, Chest Pain related ED presentations decreased by 30% in the first ten weeks of the pandemic. Volumes then gradually increased in subsequent weeks, going to 14% below pre-COVID levels in the most recent five weeks.
- Cardiac arrest related ED presentations had a relatively smaller degree of slowdown. In the first ten weeks following the pandemic activity went down by 25%, and in the most recent five weeks, volumes have been at 6% below pre-COVID levels.

Cardiac ED activity trends across age groups:

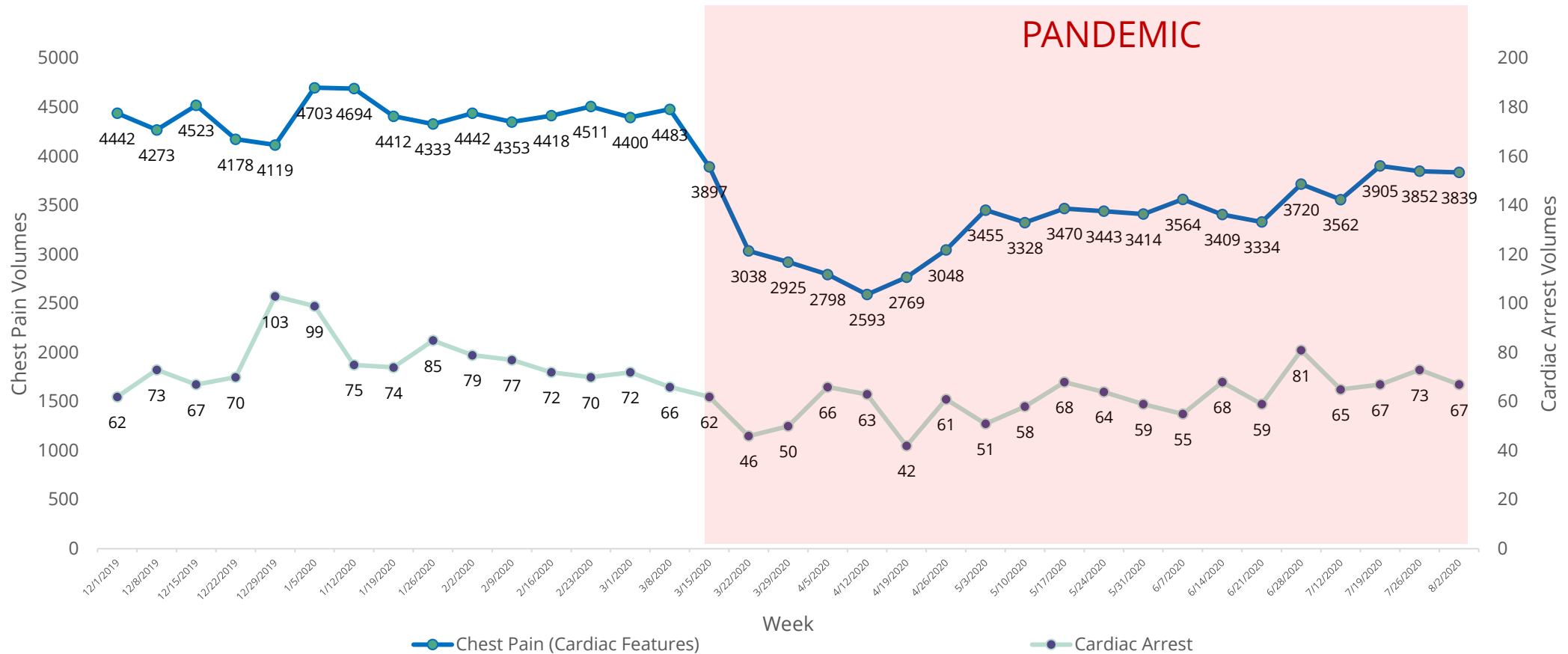
- Patients aged 70+ and 50-69 had relatively larger ED activity decrease in the first ten weeks of the pandemic: 45% and 35% compared to 30% across all age groups

Cardiac ED activity trends across OH Regions

- The West and East Regions noted the largest decrease of 39% and 37% in the first 10 weeks of the pandemic, with gradual increases in activity levels in subsequent weeks. In the most recent five weeks, ED volumes have been at 13% lower for each of the regions relative to pre-Covid levels
- The Toronto Region* ED activity had a relatively smaller decrease compared to other regions in the first 10 weeks of the pandemic (29%) with a relatively slower recovery in subsequent weeks. Toronto region cardiac ED volumes are currently 20% below pre-COVID levels

**Not all Toronto Region hospitals ED activity is represented in this trend, which could be affecting the observed trends in this region.*

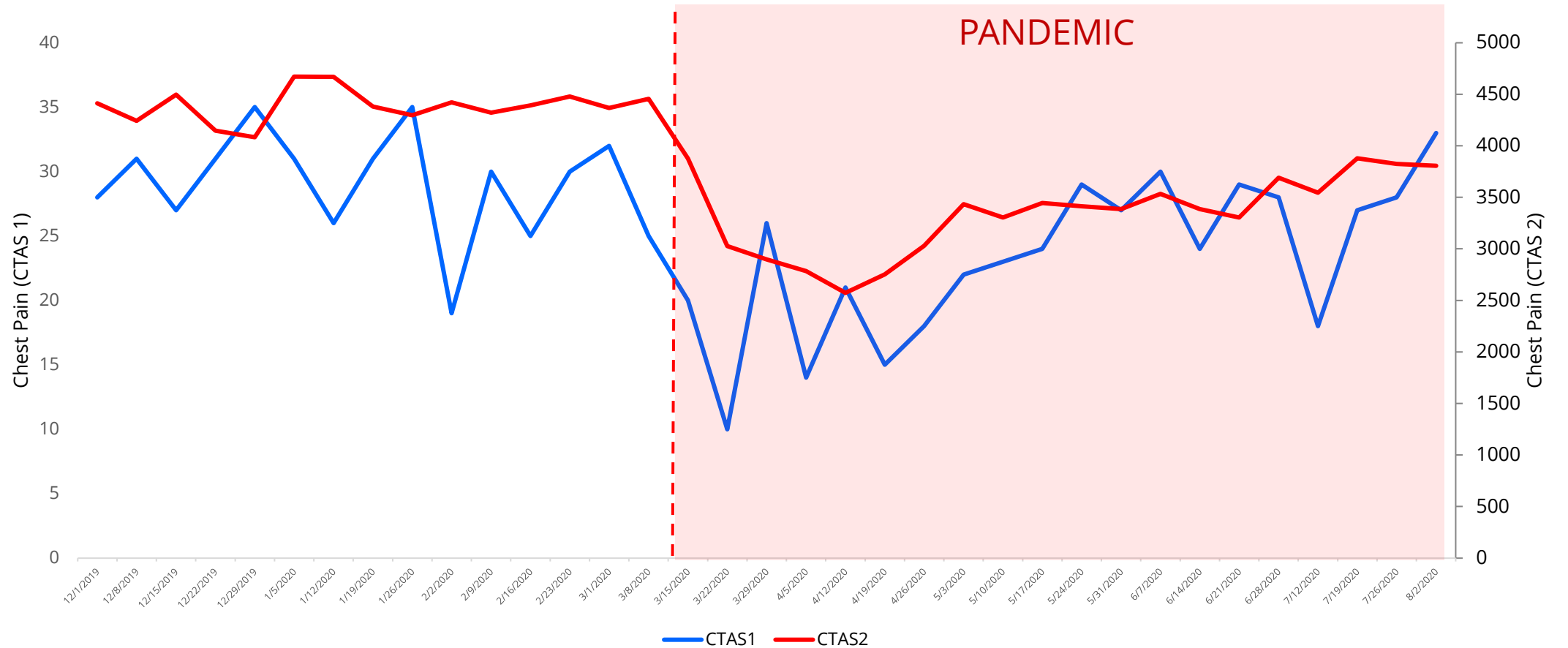
Cardiovascular Related Volumes



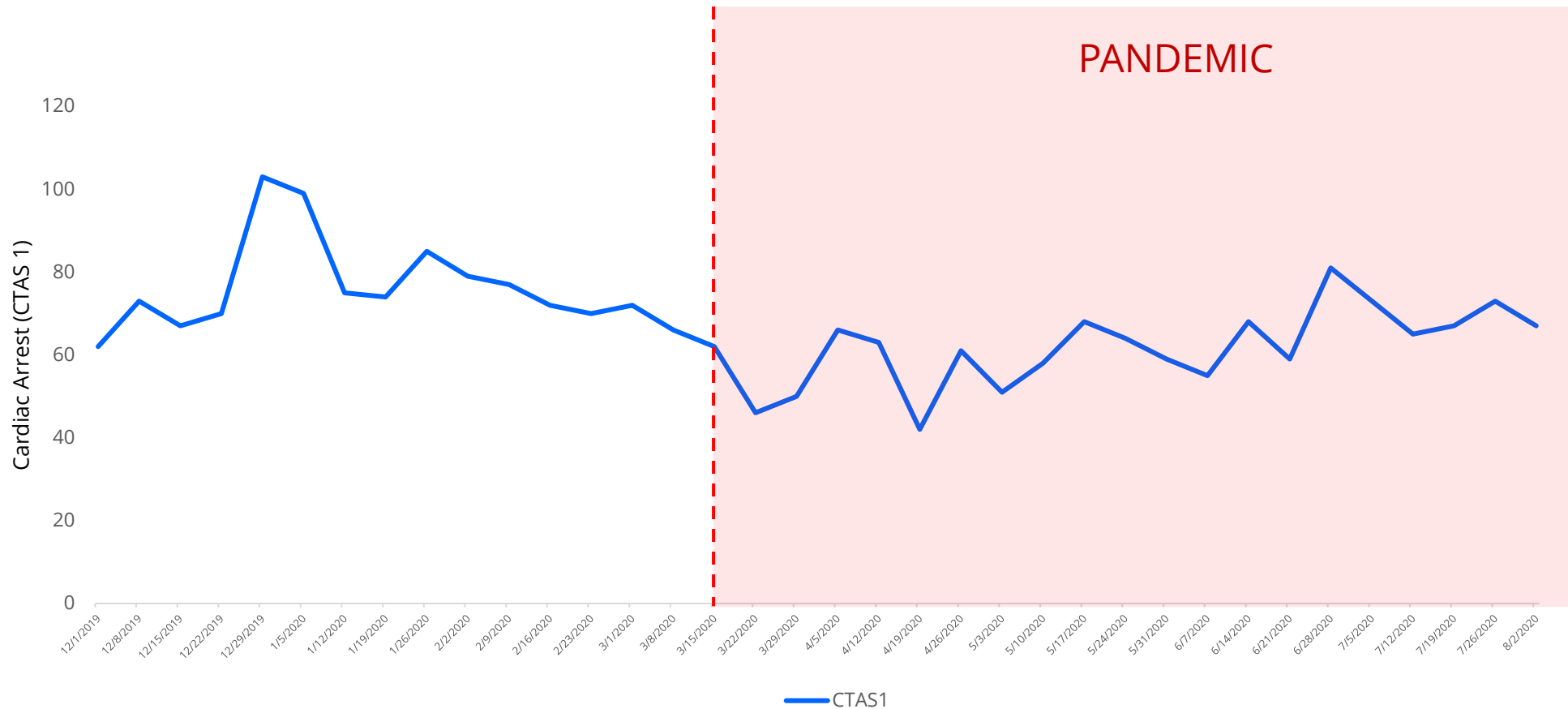
Data Source: eCTAS

Week of June 29 – July 05 data is excluded from all graphs. Due to a technical disruption on July 4th, eCTAS was unavailable for an extended period of time. As a result, daily triage volume is significantly understated (estimated ~40% lower) in all eCTAS reporting for July 4th. Week of August 3rd to 9th is excluded from all graphs due to a technical disruption, a portion of eCTAS hospitals were unavailable for an extended period of time. As a result, ~1000 records were not transmitted to eCTAS. Data excludes Sunnybrook Hospital due to recent eCTAS implementation

Chest Pain (Cardiac Features), By CTAS Level

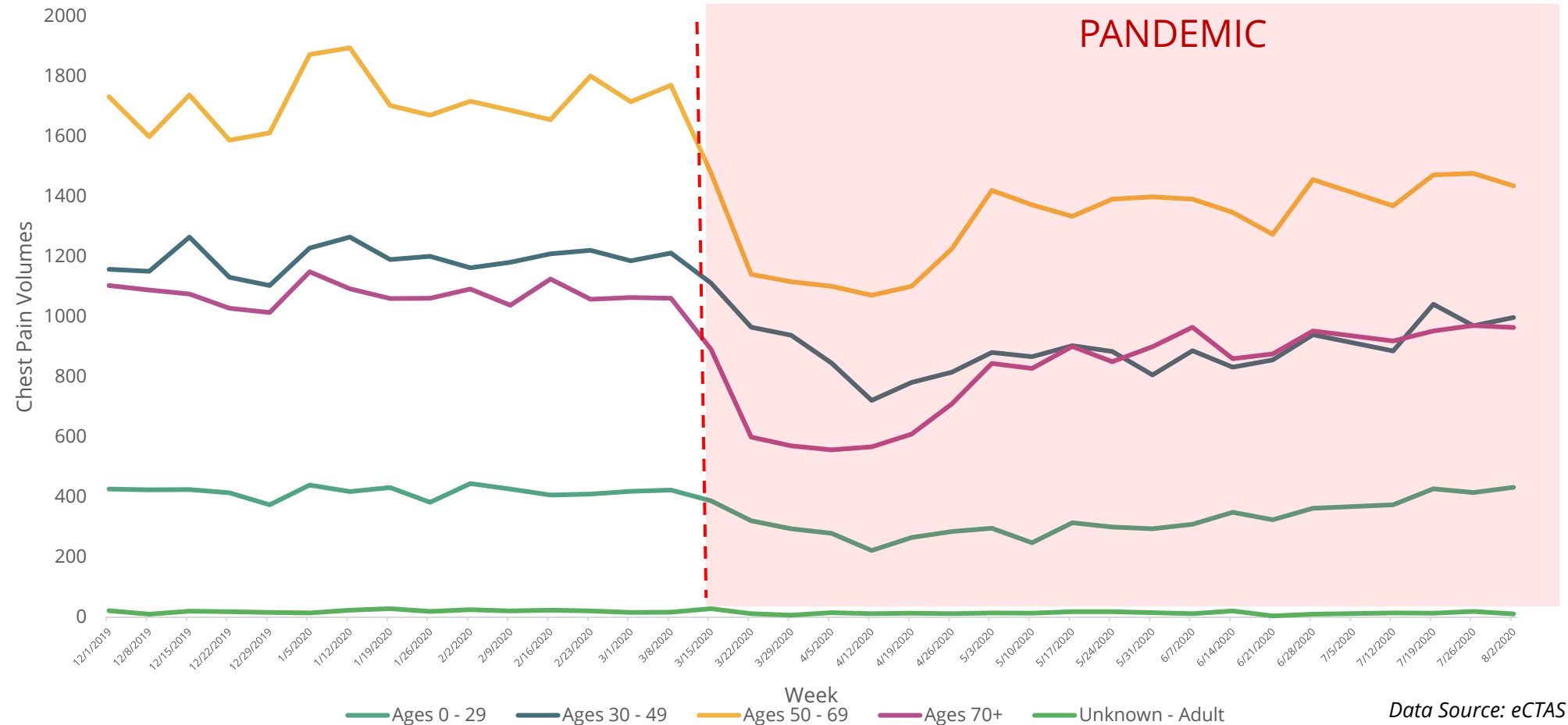


Cardiac Arrest, By CTAS Level



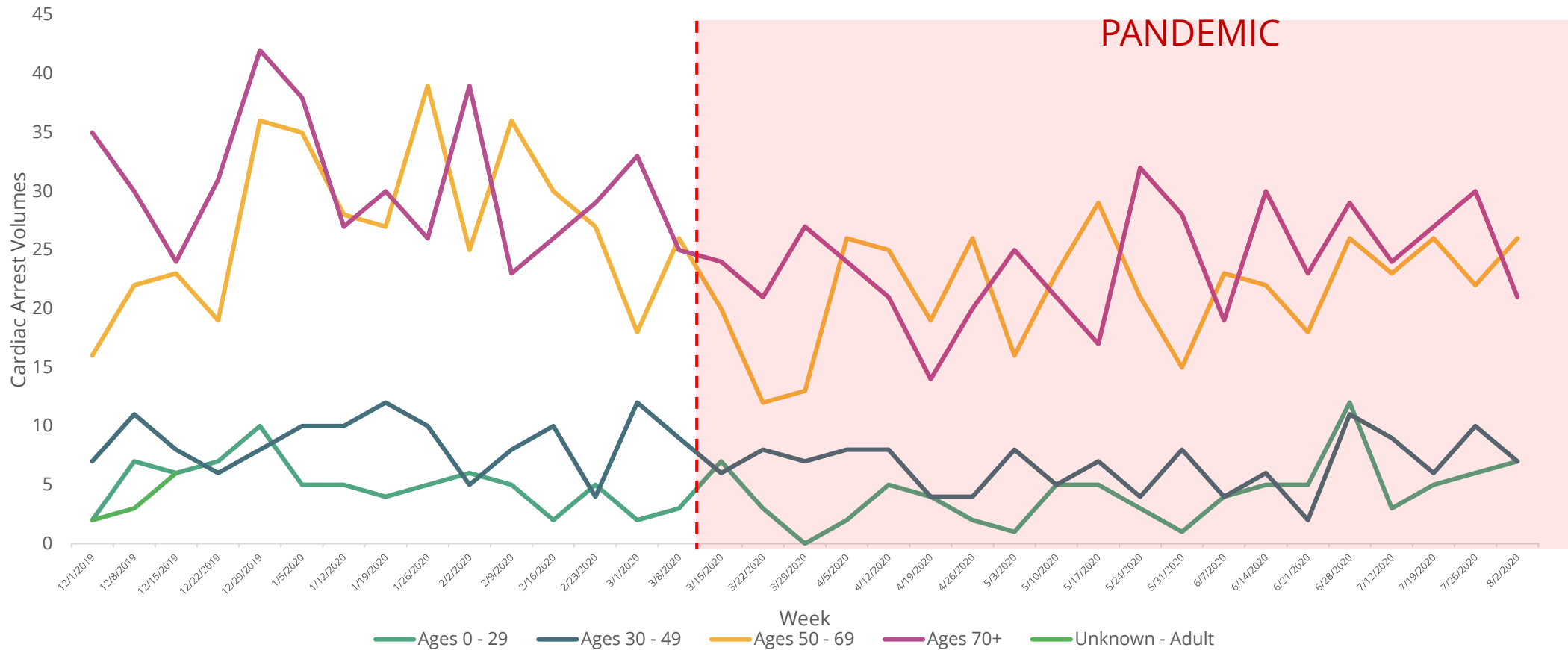
Data Source: eCTAS

Chest Pain (Cardiac Features), By Age Group



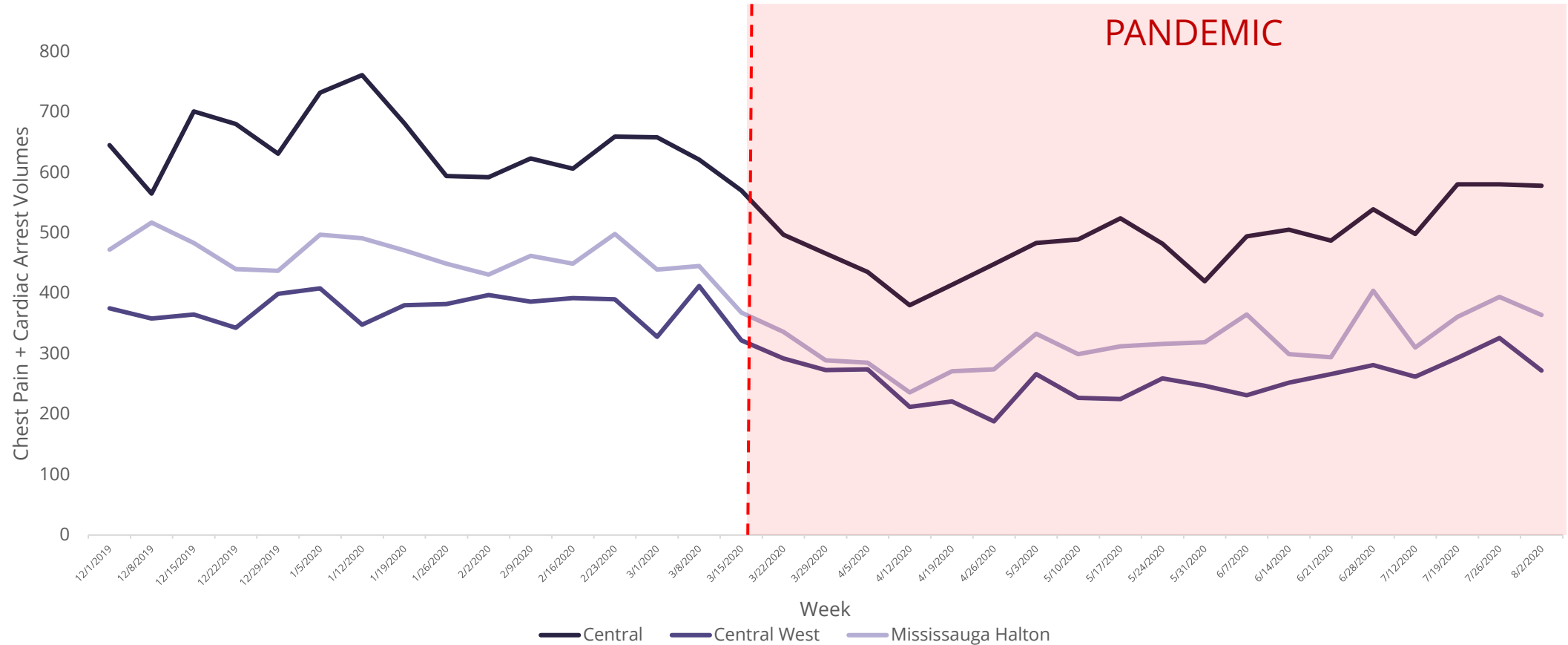
Data Source: eCTAS

Cardiac Arrest, By Age Group



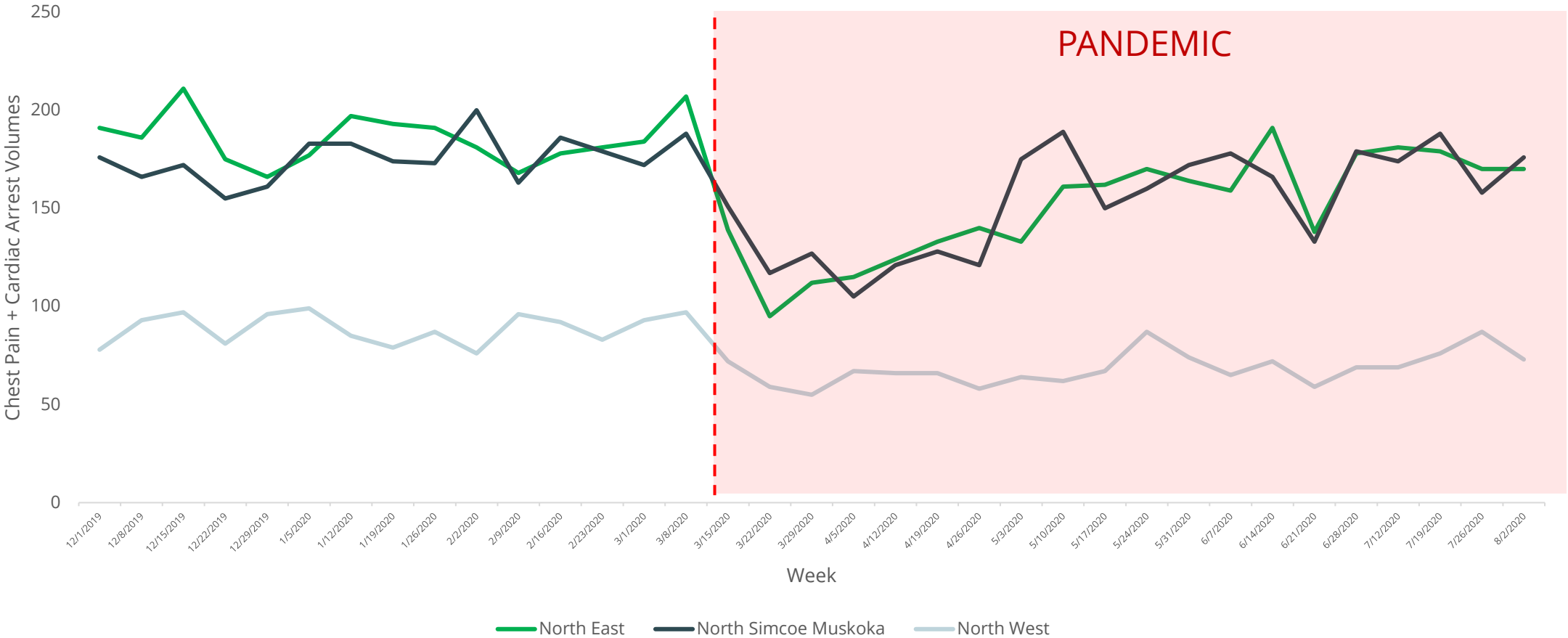
Data Source: eCTAS

Central Region – Chest pain + Cardiac arrest



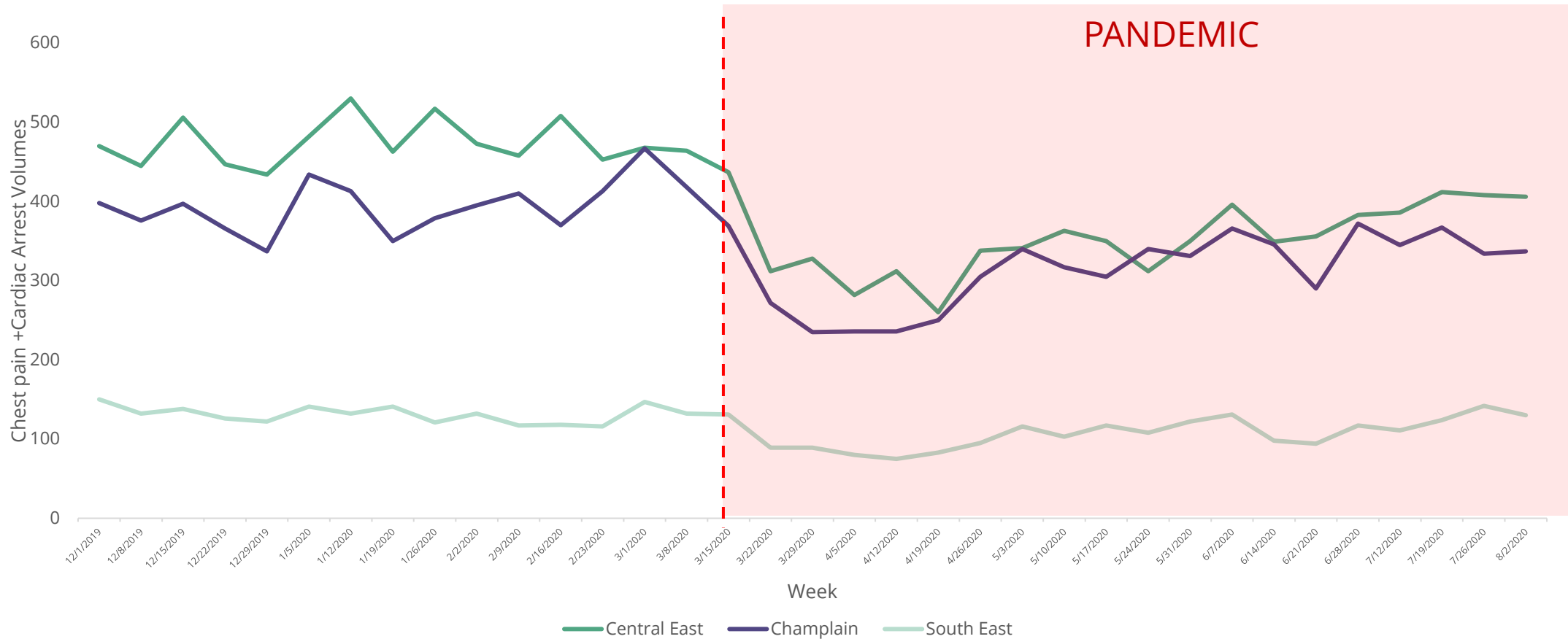
Data Source: eCTAS

North Region - Chest pain + Cardiac arrest



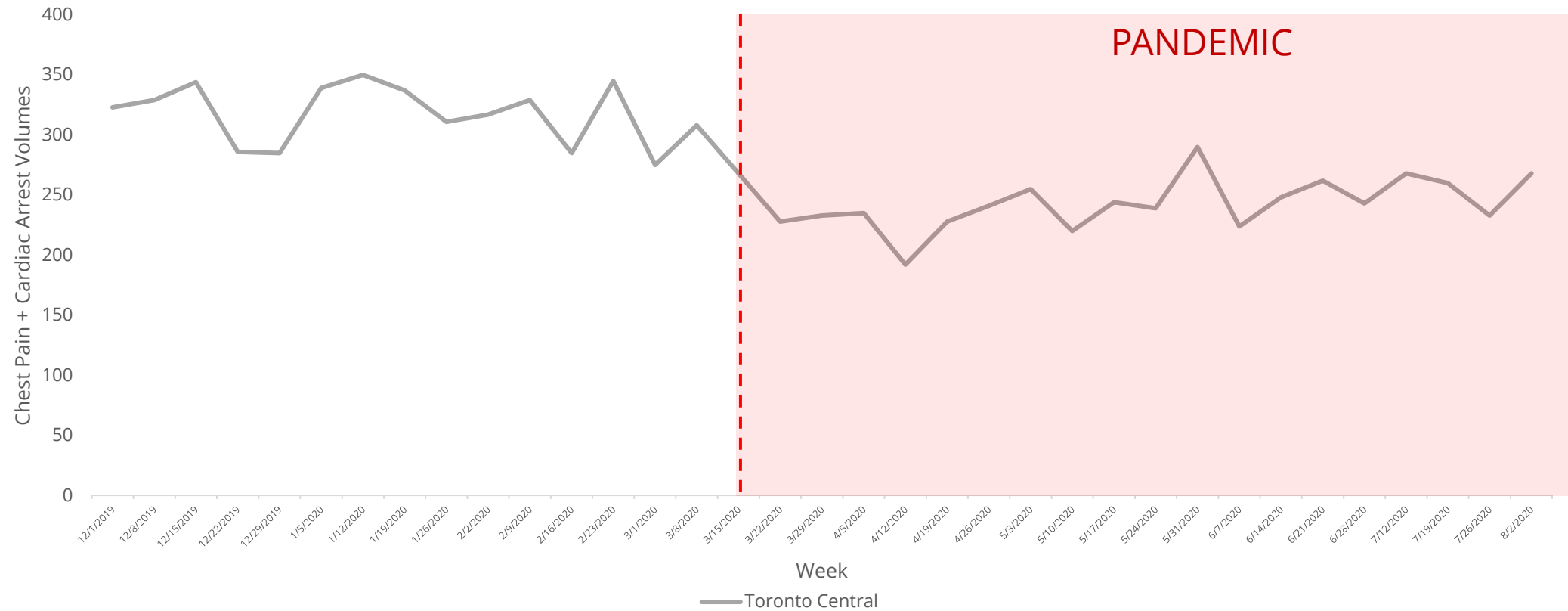
Data Source: eCTAS

East Region – Chest pain + Cardiac arrest



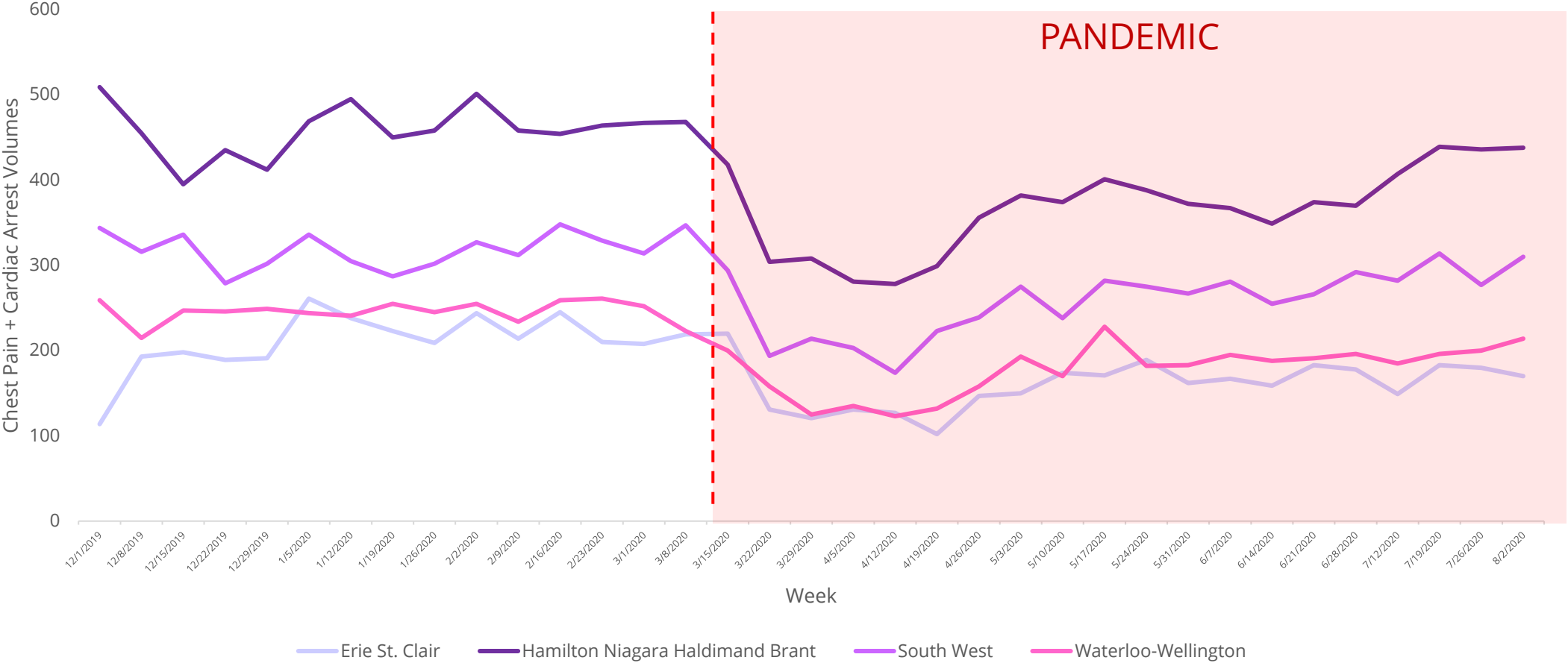
Data Source: eCTAS

Toronto Region – Chest pain + Cardiac arrest



Data Source: eCTAS

West Region – Chest pain + Cardiac arrest



Data Source: eCTAS



Other Updates and Next Steps

JANA JEFFREY

Other Updates and Next Steps

- **Hospice Palliative Care Organization (HPCO) Person Centred Decision Making (PCDM) Workshop (August 31, 2020)**
 - *HPCO is offering a free PCDM skills building workshop on Engaging Patients in Advanced Care Planning and Goals of Care Conversations ([See attached PDF for details](#))*
- **Next COVID-19 Cardiac Forum Meeting #18 – Thursday, Aug 27th, 8:00 – 9:00 AM**
 - *Focus of Meeting #18 - Validating the Cardiac Virtual Care Stakeholder Engagement Findings*
- *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