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CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #9

May 14, 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
08:00	**1. Welcome** • Meeting Objective	Sheila Jarvis
08:05	**2. Ontario Health Memo: A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic** • Information Sharing and Q&A	Dr. Chris Simpson *Vice-Dean (Clinical) in the Faculty of Health Sciences at Queens University and Chair, Ontario Health COVID-19 Health System Response Oversight Table*
08:35	**3. Cardiac Work Streams Update** • Cardiac Rehab • Heart Failure	Dr. Madhu Natarajan Dr. Paul Oh Dr. Heather Ross
08:45	**4. CorHealth Cardiac Quality Performance Measurement and Monitoring (QPMM) calls – emerging issues and themes**	Jana Jeffrey Garth Oakes
08:55	**5. Other Updates and Next Steps** • Cardiac Report Weekly Update	Jana Jeffrey Garth Oakes

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Welcome

SHEILA JARVIS

Meeting Objectives

1. To provide an overview and have a discussion around the Ontario Health Memo: A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic
2. To share updates on the cardiac workstreams (focused on Cardiac Rehab and Heart Failure)
3. To provide an overview and have a discussion around the themes and issues related to COVID-19 that have emerged during CorHealth's latest QPMM calls with hospitals
4. To share latest updates and observations related to the CorHealth Cardiac Weekly Report

A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic

MAY 14, 2020

Ontario Health

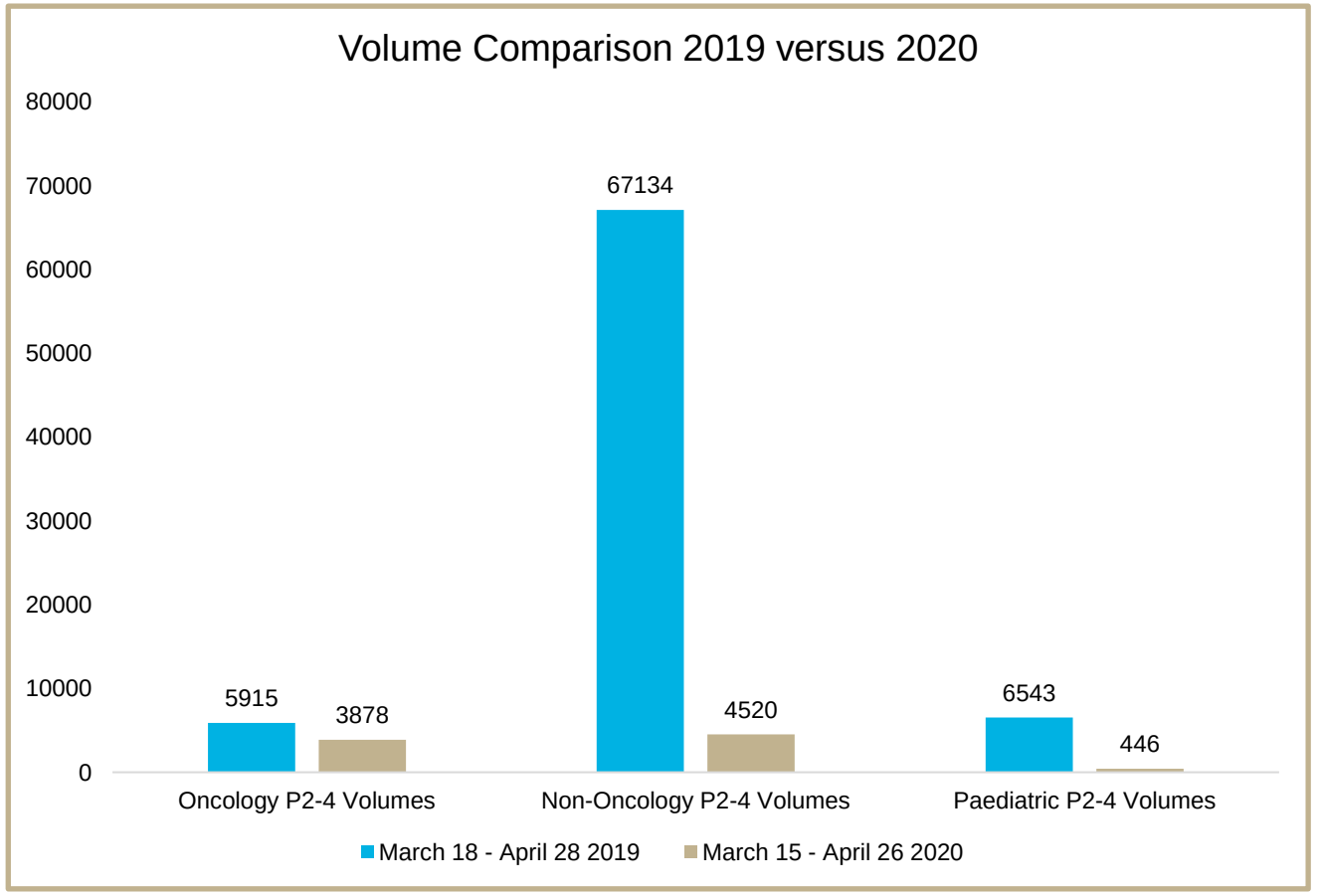
Background

- On March 15, 2020, following the release of a memorandum from the Ministry of Health and then Directive #2 by the Chief Medical Officer of Health, hospitals began to significantly decrease scheduled surgical and procedural work to create capacity to care for patients with COVID-19
- Not only are surgeries and procedures delayed, but also many other services such as diagnostic imaging, laboratory services, and anesthesia services
- As the COVID-19 pandemic evolves, it is important to consider the impact of deferred care and develop a plan to resume services while maintaining COVID-19 preparedness

Context: Surgeries Completed Since March 15, 2020

The cumulative impact to patients from delayed care is growing. Fewer surgeries were completed in this time period in 2020 compared to 2019. For example:

- 3,878 adult oncology surgeries (34% fewer)
- 4,520 adult non-oncology surgeries (e.g., hip and knee replacement, eye, and hernia surgeries) (93% fewer)
- 446 paediatric surgeries (93% fewer)



Source: Ontario Health – CCO Wait Time Information System (WTIS) for March 18 to April 28, 2019 (42 days) and March 15 to April 26, 2020 (43 days)

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A Measured Approach

- "**A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic**" identifies criteria for safely reintroducing scheduled surgical and procedural care
- While the spread of COVID-19 continues to be a challenge for residents in long-term care and other group living facilities, it may now be possible for hospitals to begin planning for the gradual resumption of surgeries and procedures that have been postponed, as long as plans are executed to assist with the situation in long-term care
- Although Ontario may be very slowly gaining the upper hand in this pandemic, there is an ongoing risk of local, rolling mini-surges in either community or congregate settings
- A pre-condition for increasing surgical and procedural activity is the requirement that *regional or sub-regional COVID-19 Steering Committees* and hospitals **jointly sign-off** on the hospital's plan to resume elective surgeries and procedures and this plan is reviewed and reconfirmed on a weekly basis by the hospital and region/sub-region
- In addition, this is about **planning for resumption**. While Directive #2 is still in effect, **no hospital should be resuming scheduled surgery and procedural care**

Core Assumptions

- The pandemic and its impacts in Ontario may last many months to years
- Emergent surgical and procedural care has been continuing during the pandemic
- Urgent surgical and procedural care has been continuing at reduced volumes during the pandemic
- Capacity has been appropriately created in hospitals during the acceleration phase of the pandemic, and this capacity should be considered for use when planning to increase surgical and procedural activity if we ensure ongoing capacity to care for patients with COVID-19
- Changes to surgical and procedural activity (including increasing and decreasing activity) will be asymmetrical between organizations and regions based on their local context
- Hospitals may have staff redeployed to other settings and this may impact planning to increase surgical and procedural activity
- The need for emergent or urgent surgery or procedures for patients with COVID-19 is determined on a case-by-case basis, weighing the risk of further delay of treatment against the risk of proceeding and the risk of virus transmission
- Plans for increasing surgical and procedural care includes existing backlog and delays since March 15, 2020

Expectation of Hospitals

- Reserve 15% of acute care capacity (i.e., 85% occupancy or ability to immediately create an additional 15% capacity when needed), subject to any alternate agreement at the regional or sub-regional tables for securing sufficient regional capacity
- Attain sign off from the Regional COVID-19 Steering Committee on planned resumption
- Planning for the resumption of elective surgeries and procedures at any hospital must consider:
  - Conventional in-patient space is available for care, and this space is evaluated in the context of physical distancing for both patient flow and outpatient activity. This space cannot include care in hallways
  - Confirmed critical supplies, including PPE, swabs, reagents, and medications, exceed both current usage and projected requirements for elective surgical and procedural work. **There should be no dependence on emergency escalation to source any of the above while providing elective care**. Stock of critical supplies needs to be confirmed with your regional or sub-regional table weekly. The target for PPE is a rolling 30-day stock on-hand, that includes the current usage rate plus forecasted additional requirements
  - Health human resources that are available for urgent and emergent care are not unduly impacted. This includes consideration of overall workforce availability, as well as health human resources being directed to support long-term care

Expectation of Regions/Sub-Regions

- A regional or sub-regional approach is taken for managing surge capacity *and* the resumption of elective surgeries and procedures:
  - Maintain an aggregate 15% percent of acute care capacity
  - Take a regional or sub-regional approach for managing surge capacity **and** the resumption of elective surgeries and procedures
  - Collaborate across hospitals to arrive at coordinated and committed plans
  - Ensure the hospital remains committed in their plan to support long-term care
  - Monitor surgical and procedural activity across their territories, working to balance:
    - Wait lists
    - Equitable access to care
    - Regional resource availability in primary care, home and community care and rehabilitation with a view to virtual care options

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Objectives of the Recommendations

- To ensure an equitable, measured, and responsive approach to planning decisions for expanding and contracting surgical and procedural care, while continuing to reserve capacity for any COVID-19 surge

The recommendations recognize:

- The priority of the health, well-being, and safety of both patients and health care workers
- The need to weigh the therapeutic benefit of treatment against the potential risk for COVID-19 transmission to both health care workers and patients
- The importance of following guiding ethical principles (i.e., proportionality, non-maleficence, equity, and reciprocity) when making decisions

Recommendations

1. Use the **existing regional or sub-regional COVID-19 steering committee** to provide oversight in partnership with an **organizational (hospital) surgical and procedural oversight committee**
2. Conduct a **feasibility assessment at the hospital level** and communicate results to regional leadership before increasing surgical or procedural activity
3. **Attain joint sign-off** from both the regional or sub-regional COVID-19 steering committee and hospital surgical and procedural oversight committee
4. **Review and re-conduct the feasibility assessment on a weekly basis** to identify changes in the assessment and recognize when a change in direction is required
5. Follow a **fair process for case prioritization** that is grounded by a set of ethical principles as a part of the implementation plan
6. Consider how to **leverage opportunities to redesign care**

Feasibility Assessment Decision Criteria

1. The community has a manageable level of disease burden or has exhibited a sustained decline in the rate of COVID-19 cases over the past 14 days
2. The organization has a stable rate of COVID-19 cases
3. The organization and region have a stable supply of PPE
4. The organization and region have a stable supply of medications
5. The organization and region have adequate capacity of inpatient and ICU beds
6. The organization and region have adequate capacity of health human resources
7. The organization has a plan for addressing pre-operative COVID-19 diagnostic testing (where appropriate, in consultation with local IPAC)
8. The organization has confirmed the availability of post-acute care outside the hospital that would be required to support patients after discharge (e.g., home care, primary care, rehabilitation)
9. The organization and region have a wait list management mechanism in place to support ethical prioritization

Process for Case Prioritization

- Follow ethical principles to guide a fair process
- Criteria for surgical and procedural case prioritization include:
  - Patient factors (e.g., condition, co-morbidities)
  - Disease factors (e.g., non-operative treatment options, risk of surgery delay)
  - Procedure factors (e.g., inpatient vs. outpatient or day procedures, operating room time, length of stay, anticipated blood loss, intubation probability)
  - Use of resources (e.g., PPE, medications, ICU and other postoperative care needs)
  - COVID-19 exposure/virus transmission risk
- In the context of resource constraints, consider a staged or stepwise approach to begin the resumption of services gradually
  - A hospital may choose to begin by offering services that require none, or a minimal amount, of a constrained resource e.g., a hospital may choose to begin with outpatient procedures, followed by day surgeries, followed by inpatient surgeries as resources become available

Implementation Considerations

- Consider the interdependence of our health care system and assess and monitor health care utilization impacts to ensure there are no unintended community-wide consequences
- Ensure continuous communication and follow-up with patients
- Leverage opportunities to improve care
  - What do we want to keep doing?
  - What do we want to stop doing?
  - What we are leaving behind?

Opportunities to Improve Care Delivery for Scheduled Surgical and Procedural Care

- Use services that reduce patient time spent in acute care settings
  - Virtual care, post-op remote monitoring programs, care in the community, outpatient care
- Ensure the appropriate use of tests, treatments, and procedures
  - Choosing Wisely Canada recommendations, e-consults services, virtual medical assessments and triaging
- Consider redesign of care
  - Designate hospitals/units for surgical and procedural care (COVID-protected sites)
  - Centralize waitlists for surgeries and procedures, if feasible
  - Extend operating room schedules
  - Organize the pre- and post-operative care pathway, leveraging virtual care solutions

Conclusion

- This is about a measured approach to planning for resumption of scheduled surgeries and procedures
- This planning must take place at a hospital level in collaboration with and sign off by the already established Regional COVID-19 Steering Committee
- Due to many of the pre-conditions required, resumption of services may be asymmetrical due to local context
- No actual activity should start until such time that Directive #2 is revoked or amended

Appendix

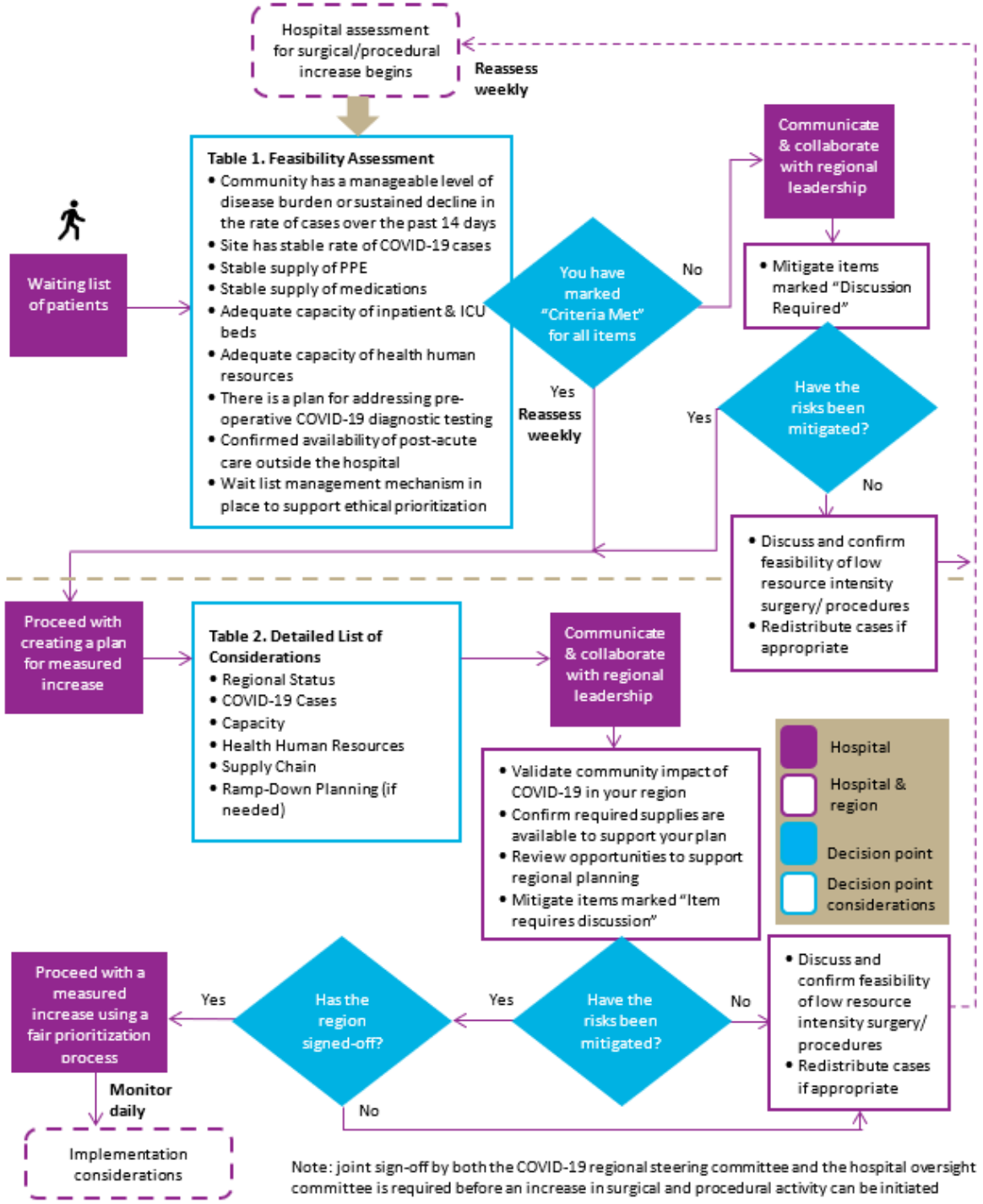
Surgical and Procedural Planning Committee

Name	Title(s) and Institution(s)
Chris Simpson (Chair), BSc, MD, FRCPC, FACC, FHRS, FCCS, FCAHS	Vice-Dean (Clinical), School of Medicine, Queen's University
Connie Clerici, RN, BScN	Executive Chair, Closing the Gap Healthcare
David Musyj	President & CEO, Windsor Regional Hospital
David Pichora, MD, FRCSC	President & CEO, Kingston Health Sciences Centre
Derek McNally, RN, MM	Executive VP Clinical Services and Chief Nursing Executive, Niagara Health
Garth Matheson, MBA	Interim President & CEO, Ontario Health (Cancer Care Ontario)
Howard Ovens, MD, FCFP(EM)	Chief Medical Strategy Officer, Sinai Health System Professor, Department of Family and Community Medicine, University of Toronto and Sr. Fellow, IHPME Ontario Provincial Lead for Emergency Medicine
Janet Van Vlymen, MD, FRCPC	Anesthesiologist, Program Medical Director, Perioperative Services, Kingston Health Sciences Centre Associate Professor, Department of Anesthesiology and Pain Medicine, Queen's University
Janice Skot, MHSc, CHE	President & CEO, Royal Victoria Regional Health Centre
Jennifer Everson, BScN, MD, CCFP, FCFP	Vice-President, Clinical, Ontario Health (West)
Jim Rutka, MD, PhD, FRCSC	R.S. McLaughlin Professor and Chair, Department of Surgery, University of Toronto Director, Arthur and Sonia Labatt Brain Tumour Research Centre, The Hospital for Sick Children

Surgical and Procedural Planning Committee

Name	Title(s) and Institution(s)
Jonathan Irish, MD, MSc, FRCSC, FACS	Provincial Head, Surgical Oncology, Ontario Health (Cancer Care Ontario) Clinical Lead, Access to Care, Ontario Health (Cancer Care Ontario)
Julian Dobranowski, MD, FRCPC	Chief, Diagnostic Imaging, Provincial Lead, Niagara Health, Ontario Health (Cancer Care Ontario)
Karen Devon, MD, FRCSC	Assistant Professor, Department of Surgery and Joint Centre for Bioethics, University of Toronto Endocrine Surgeon, Women's College Hospital and University Health Network
Michael Gardam, MSc, MD, CM, MSc, FRCPC	Chief of Staff, Humber River Hospital
Mike Heenan	Assistant Deputy Minister (Hospitals and Capital), Ministry of Health
Neva Fantham-Tremblay, MD, FRCSC	Medical Director of Surgery and Head of Obstetrics and Gynecology, North Bay Regional Health Centre
R. Sacha Bhatia, MD, MBA, FRCPC	Chief Medical Innovation Officer, Women’s College Hospital
Sarah Downey	President & CEO, Michael Garron Hospital
Shaf Keshavjee, MD, MSc, FRCSC, FACS	Surgeon-in-Chief, Program Medical Director, Surgery, Anaesthesia, and Critical Care, University Health Network Director, Toronto Lung Transplant Program
Tim Jackson, BSc, MD, MPH, FRCSC, FACS	General Surgeon, University Health Network Provincial Surgical Lead, Ontario Health (Quality) President, Ontario Association of General Surgeons
Wendy Hansson, BSc, MHA, CHE	President & CEO, Sault Area Hospital

A Measured Approach to Planning for Surgeries and Procedures during the COVID-19 Pandemic Flow Chart



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Cardiac Workstreams Update

DR. MADHU NATARAJAN | DR. PAUL OH | DR. HEATHER ROSS

Cardiovascular Rehab: Update

Identification of a need for provincial guidance along the care continuum

- Guidance on how the delivery of CR can strive to meet the Standards for the Provision of Cardiovascular Rehabilitation in Ontario (CR Standards) in a virtual environment during the COVID-19 pandemic.
- 3 working group meetings led by Dr. Paul Oh with the support of CorHealth
- May 8th- First Provincial Forum (90 participants) presented draft of Guidance memo
- Cardiac Memo #12 – Recommendations for an Approach to the Provision of Cardiovascular Rehabilitation during COVID-19 in Ontario was released on May 12th, and is available on the CorHealth Resource Center Website: https://www.corhealthontario.ca/CorHealth-COVID-19-Memo12-Cardiovascular-Rehab-(May-12-2020).pdf
- Other activities to support cardiovascular rehabilitation during COVID-19:
  - National survey of CR programs (led by UHN team)
  - National document to be released by the CCS Rapid Response Team (date TBD)

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Heart Failure: Update

Forum #5- May 13, 2020 led by Dr. Heather Ross

Agenda items:

- Ambulatory heart failure data:
  - Initial modelling results
  - Results of HF clinic survey in Ontario
- Ambulatory heart failure care:
  - IPCAC guidelines and planning for resuming face-to-face care

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CorHealth Cardiac QPMM Calls

Emerging issues and themes during COVID-19

JANA JEFFREY | GARTH OAKES

Cardiac QPMM Q4 Calls: Overview

- The purpose of these meetings are usually dedicated to discuss the CorHealth QPMM Quality Scorecard, however, due to the current situation of COVID-19, we will be repurposing these meetings to discuss the current state given COVID-19, to allow programs an opportunity to connect with the MOH, CorHealth, and LHIN representatives.
- 14/20 calls attended so far
- Questions for Q4 2019-20 QPMM Meetings Regarding Effect of COVID-19 on Cardiac Centres
  - What challenges is your program experiencing, or that foresee will experience, as you try and ramp up cardiac activity to address the backlog of procedures?
  - Did you use the Weekly Cardiac COVID-19 Activity reports to help in your planning exercises, and if so, how? Is there anything additional you think CorHealth should be addressing through our reporting?
  - Is there additional information CorHealth should be providing that we have missed to help support you as you look to ramp up cardiac activity to address the backlog of procedures?

Emerging Issues and Themes

Aligned with COVID-19 Surgical and Procedural Feasibility Assessment for Hospitals

- COVID-19 Disease Burden, Cases, and Testing
  - Variation across the province of burden of cases at hospitals
  - Sites were not specifically discussing testing as a concern; some unknowns over testing patients as resumption of services occurs
- PPE and Medication Supply
  - Variation across the province in terms of shortages and concerns over PPE and medication, including time ranges across the province in the prediction of PPE and medication availability over the next short term
  - Resumption of services posing concern as demand on PPE and medication increases across the board and availability is unknown/harder to predict

Emerging Issues and Themes

Aligned with COVID-19 Surgical and Procedural Feasibility Assessment for Hospitals

- Inpatient and Critical Care Capacity
  - Variation in access to physical space for cardiac patients and staff; including CICU capacity/recovery rooms limited as areas refitted and beds converted to support COVID needs; and concerns over physical space and social distancing requirements
  - Variation in the number of Cath labs available given current state pre-COVID, i.e. capital projects impacting Cath Labs
  - Care delivery models may need to change
- Health Human Resources
  - Some staff redeployed to support COVID related activities in the hospital resulting in decreased staff availability; including nursing shortages to support cardiology (diverted to ICU)
  - Access to data and resources, challenging as we monitor resumption of services – may affect ability to report
  - Variation in the demand on staff; some staff greatly impacted, others less so

Emerging Issues and Themes

Aligned with COVID-19 Surgical and Procedural Feasibility Assessment for Hospitals

- Care Outside of the Hospital
  - Patients are cautious to approach healthcare/come to hospital, even when symptoms occur and persist – seeing worsening of patient conditions
  - Uncertainty over long term effects of limited access to cardiac pre-testing
  - Concerns over lack of access to cardiac rehab and follow-up care
  - Essential to leverage virtual care models
- Waitlist Management and Resumption of Services
  - Many programs ready and preparing for resumption of services, aligning with hospital senior tables on COVID and provincial recommendations, i.e. maintaining an 15% COVID surge capacity
  - Leveraging CorHealth reports to stay appraised of current situation across the province and inform senior tables at the hospital; and information sharing at Forums providing excellent examples to build on
  - Health and wellness checks on waitlist patients to stay appraised of status of patients where possible
  - Strong desire for a provincially coordinated resumption of services, as feeder hospitals begin to contribute increased volumes for procedures with existing waitlist

Next Steps

- Following the QPMM Discussions, CorHealth summarizes key themes and findings across the province with a summary document
- This 19/20 Q4 QPMM Discussions summary document will be focused on local and regional issues and themes to provide all programs the opportunity to understand the current state across the province

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Other Updates and Next Steps

JANA JEFFREY

Cardiac Report Weekly Update: Percentage Reduction/Increase in Activity

Procedure	May 4 – May 10, 2020 Compared to 2019	May 4 - May 10 (this week), Compared to Apr 27 – May 3 (last week)
CATH	-51%	-4%
PCI	-46%	-13%
CABG	-59%	-34%
Valve Surgery	-47%	-28%
CABG + Valve	-19%	120%
TAVI	-28%	-16%
Electrophysiology	-80%	-37%
Device Implants	-68%	-55%

Data are from the CorHealth Cardiac Registry
CATH data includes CATHs which were part of SSPCIs
Electrophysiology data includes EP Diagnostic Studies, and Standard and Complex Ablations
Device Implants data includes single chamber and dual chamber ICDs, CRT-ICDs and CRT-Pacemakers

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Other Updates and Next Steps

- CorHealth COVID-19 Forum Meeting Evaluation (Survey) will be circulated to all Forum members - stay tuned
- Survey of STEMI Activity during COVID-19 circulated to the Cath Lab Medical Directors at the 16 Hospitals with 24/7 PPCI across Ontario to better understand STEMI activity during COVID-19 – results will be shared at a future Forum meeting
- Next COVID-19 Cardiac Forum Meeting: Thursday, May 21, 2020; 8:00-9:00 am

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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

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