CorHealth Ontario
Advancing cardiac, stroke and vascular care

COVID-19 Cardiac Stakeholder Forum #15

MEETING SUMMARY NOTES

DATE: July 9, 2020 | 8:00 – 9:00 AM

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 70 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.

HIGHLIGHTS

CORE Cardiac Submodule Modelling (Dr. Harindra Wijeysundera)

- Dr. Wijeysundera provided an update on the cardiac submodule of CORE work related to validation work and the impact of referral pattern on time to clear backlog
- It was noted that the time to clear the backlog is quite substantial due to the incremental referral rate, and for some areas it is not possible, assuming a baseline efficiency and referral rate as before (i.e., device procedures, ablations, TAVI)
- During COVID-19, around week 1-2 of March, we saw a decrease in referrals for procedures; the active waitlist also decreased, despite a reduction in procedural activity. This suggests that there is a 'referral' backlog upstream:
    - Two possibilities: (1) Catch-up phenomena: non-discretionary procedures; (2) Selection bias – no longer need the procedure (i.e., discretionary)
- In this new reality, some care is *discretionary* and provides flexibility in the system to deal with non-discretionary care; focusing on each sub-specialty in isolation does not acknowledge the shared resources across cardiac care. Therefore, principles are required to assist with difficult resource allocation decisions (i.e., fair process, utility, proportionality)
- Next steps for mid-end July include a validation of deaths on wait-list with Corhealth data linked to Registered Persons Database at IC/ES

Cardiac Activity Update (Garth Oakes)

- Garth Oakes provided an update on CorHealth's Cardiac Activity Report data

- It was noted that most cardiac lines are still decreased compared to 2019 (20-30% range), with some back to normal and surpassing last year's activity
- For valve surgery (all valve surgeries), for the past 3 weeks, activity has been back up to 2019 levels, and in some cases has exceeded 2019 activity
- Similarly, current provincial TAVI activity compared to last year, has exceeded last year's activity
- Electrophysiology activity ramped down the most during the peak of the COVID-19 pandemic; however, this activity has gone back up to 10-20% of normal activity over the past month
- The group noted that these reports and procedural volumes should now be reported in two week blocks
- It was also noted that post-infarction complication rates should be included when looking at mortality and event rates

Resumption of Services Planning: Heart and Vascular Program Response to COVID-19; Unity Health (Ms. Desa Hobbs)

- Ms. Desa Hobbs provided an overview of Resumption of Services Planning at Unity Health from a Heart & Vascular Program
- An overview of the structures enabling a swift ramp-down during COVID-19 were detailed (e.g., very regular communication, shifts in OR blocks, ambulatory clinic consolidation)
- Their 3-Phase Clinical Services Recovery plan includes: (1) Phase 1 – 50-60% of 19/20 baseline activity (virtual and in-person); (2) Phase 2 – 60-75% of 19/20 baseline activity (virtual and in-person); (3) Phase 3 - >1100% of 19/20 baseline activity (virtual and in-person)
- Key considerations for ramping up included, PPE, patient flow, space, and staffing
- Strategies were employed to manage and balance staff burnout and clinical requirements (e.g., managing vacation), as well as a strong emphasis and support for staff wellness (i.e., Code Lavender – a compassionate response that any staff, leader, physician or team can request when a stressful event occurs)
    - Key post-COVID-19 considerations for the future in clinic activity include: How much care will stay virtual; How will referrals pick up; and how does this affect wait lists for procedures?

CORE PPE Estimator: Estimating Demand for PPE for Ontario Acute Care Hospitals During the COVID-19 Pandemic (Dr. Beate Sander)

- Dr. Beate Sander provided an overview of the CORE PPE Estimator for forecasting PPE demand for Ontario acute care hospitals during COVID-19
- This was a provincial level study based on provincial PPE recommendations to forecast PPE demand for the near term (up to 60 days)
- The development of the estimator took into account COVID-19 epidemic trajectories,

and modelled the acute care pathway for COVID-19 patients
- The key principles of the PPE estimator include: understanding the complexities of infectious disease and health system modelling; understanding of health care culture, health care worker practice, and PPE usage patterns and other human factors; based on empirical data; and the need for ongoing updates and validation
- CORE PPE Estimator can be found here: https://www.covid-19-mc.ca/interactive-models/ppe-estimator

OTHER UPDATES AND NEXT STEPS

- This week's cardiac report was circulated to Forum members; cardiac activity reports will continue on a bi-weekly basis over the summer months
- Next meeting of the group will be held Thursday, July 23rd, 2020, from 8:00 – 9:00 am
- If group members have any questions or comments, please email to Jana.Jeffrey@corhealthontario.ca, and they will be included for discussion at future meeting