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CorHealth COVID-19 Cardiac Stakeholder Forum Meeting #12

June 11, 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 Objectives • COVID-19 System Planning Updates	**Sheila Jarvis**
8:05	**2. Analysis of Mortality on the Waitlist Data**	**Garth Oakes**
8:15	**3. Open Forum Discussion: Service Resumption Planning**	**Dr. Madhu Natarajan** **Dr. Dominic Raco** *MD, FRCPC FACC, Corporate Chief and Medical Director of Cardiovascular Health System* **Dr. Atul Verma** *MD, Head of Heart Rhythm Program at Southlake Regional Health Center, Associate Professor at University of Toronto, Adjunct Professor at McGill University, Associate Scientist at the Li Ka Shing Knowledge Institute*
8:35	**4. Virtual Care: Cardiac Opportunities** • Introducing Virtual Care • Discussion	**Dr. Madhu Natarajan / Jana Jeffrey** **Natalie Gierman** *Senior Manager, Health Systems, Research & Strategic Initiatives, Heart & Stroke*
08:55	**4. Other Updates and Next Steps** • Cardiac activity report	**Jana Jeffrey**

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Welcome

SHEILA JARVIS

Meeting Objectives

- Review & discuss mortality on the waitlist data and analyses
- Provide a facilitated discussion regarding service resumption planning and key opportunities to address challenges
- Discuss virtual care opportunities within cardiac care, and better understand the needs, priorities, barriers, and gaps related to virtual care

COVID-19 System Updates

- Ontario Health released ***Infection Prevention and Control (IPAC) for Scheduled Surgeries and Procedures During the COVID-19 Pandemic*** on June 8, 2020 that outlines recommendations for all hospital-based scheduled surgeries & procedures
  - All patients should be screened for COVID-19 before scheduled surgery and only those patients who pass screening/testing should proceed to the scheduled surgery; and, hospital PPE requirements continue to be in effect
  - Infection Prevention and Control (IPAC) for Scheduled Surgeries and Procedures During the COVID-19 Pandemic: https://www.corhealthontario.ca/COVID-19-Infection-Prevention-and-Control-for-Scheduled-Surgeries-and-Procedures_8June2020.pdf
- Also on June 8, 2020, Ontario Health released ***Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care***. Highlights include:
  - Maximizing virtual care services that appropriately reduce in-person visits
  - Taking a comprehensive approach to infection prevention and control where care is provided in-person, and ensuring appropriate PPE in available to all staff wherever there is risk of exposure to an infection
  - Assessing the health human resources required to increase care activity
  - Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care: https://www.corhealthontario.ca/Recommendations-for-Regional-Health-Care-Delivery-During-the-COVID-19-Pandemic-Outpatient-Care_Primary-Care_and_Home-and-Com.pdf

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Analysis of Mortality on the Waitlist Data

GARTH OAKES

Data Notes

- Removal of double counted deaths
  - In rare instances patients waited for multiple procedures and when they are offlisted as died on the waitlist from both wait lists, they get counted twice
  - Double counted mortality was removed from the analysis
- Some deaths on the waitlist occurred prior to the MOH directive
  - Some programs back date removal from the wait list to when the patient actually died, others remove them from the wait list the day the program learned they died
  - As a result there were several deaths on the wait list that occurred before the COVID-19 pandemic and have been highlighted in the analysis

Mortality on the Waitlist

Mortality Scenario	March 16 – May 31 2019	March 16 – May 31 2020
Patients who died prior to March 16	7	10
Patients with a wait time ≥ 1 day who exceeded their wait time target	6	9
Patients with a wait time ≥ 1 day who did not exceed their wait time target	8	12
Patients with a wait time ≥ 1 day waiting for a procedure with no wait time target	11	10
Emergent patients with a wait time of 0 days	3	4
Patients who were yet to be accepted for a procedure	23	26
Unaccepted patients - Less than a week from referral to death	7	9
Unaccepted patients - More than a week from referral to death	16	17
Total	**51**	**61**

For TAVI, Valve Surgery and Combined CABG + Valve surgery patients, wait time targets have not been adopted in Ontario. But for the sake of this analysis the total wait time (i.e. Time of Referral to Procedure) of 42 days, as recommended by the Wait Time Alliance was used as a target.

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Service Resumption Planning

OPEN FORUM DISCUSSION

Guiding Principles

1. Keeping front line health care providers healthy and patients protected is vital.
2. Minimizing the impact of COVID-19 on the mortality and morbidity of patients with cardiac disease is a priority.
3. Aligning with province- and hospital-specific infection prevention and control policies and protocols exist is important.
4. Promoting clinical activities aimed at preserving hospital resources (i.e., health care human resources, personal protective equipment, procedure rooms, intensive care units, emergency departments) while also delivering high-quality care, is a priority.

Recommendations for an Ontario Approach to Managing Referrals for Cardiac Services During COVID-19

Cardiac Memo #6 highlighted 4 key recommendations:

1. Communication to Referral Community
2. Linking Referral Community to Resources
3. Waitlist Management (ensuring there are processes & accountability in place)
4. Adverse Event Surveillance

- Cardiac Memo #6: Recommendations for an Ontario Approach to Managing Referrals for Cardiac Services during COVID-19: https://www.corhealthontario.ca/CorHealth-COVID-19-Cardiac-Memo6-Referrals-for-Cardiac-Services-During-COVID-19.pdf

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Service Resumption Planning

Hamilton - Niagara Experience

DR. MADHU NATARAJAN

Pre-COVID

- Integrated program with Niagara
- Central triage in Hamilton for both sites
- 4 labs in Hamilton; 1 lab in Niagara
- Structural cases – TAVI; Mitral Clip 6-8 days per month

Post-COVID

- Immediate ramp-down
- 2 labs/day in Hamilton
- 3 days per week in Niagara
- Dedicated STEMI room
- Centralized triage with physician oversight
- Structural cases prioritized with Cath/PCI
- Physicians alternate weeks
- Twice weekly Operations meetings

Triage

- **Priority 1** – MUST OCCUR
- **Priority 2** – COULD OCCUR
- **Priority 3** – CAN WAIT

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Triage

PRIORITY 1 - MUST OCCUR - patients in whom a delay for more than 2 weeks in procedure would be a threat to life or cardiac muscle
-recent hospitalization for unstable angina
-ongoing CCS 4 angina despite good medical therapy
-CCS 3 angina with very large ischaemic burden on stress testing/imaging
-ischaemic heart failure symptoms with LV dysfunction (EF <50%)
-angina and cardiac CT imaging shows significant 3VD or significant LM disease
-chest pain with dynamic changes (NOT STEMI) on resting ECG
-known multivessel disease with symptoms and with proximal LAD awaiting PCI
-severe aortic stenosis with symptoms and preserved LV function or asymptomatic with reduced LV function requiring angiography for SAVR
-severe aortic stenosis with symptoms and preserved LV function or asymptomatic with reduced LV function requiring TAVR
-severe mitral regurgitation with recent hospitalization for heart failure eligible for cardiac surgery or mitral clip with preserved LV function

PRIORITY 2 - COULD OCCUR - patients in whom a delay for than 6 weeks in procedure be a threat to life or cardiac muscle
-CCS 3 angina despite good medical therapy
-evidence of symptoms/ischaemia at low work load on exercise stress test
-high risk features on exercise stress test and/or stress imaging test
-staged PCI post STEMI
-severe mitral regurgitation with recent hospitalization for heart failure eligible for cardiac surgery or mitral clip with preserved LV function
-severe mitral stenosis with symptoms of heart failure or elevated PA pressures eligible for cardiac surgery or mitral valvuloplasty

PRIORITY 3 - CAN WAIT - patient who can safely wait but reasonably not more than 12 weeks
-stable angina with CTO requiring PCI
-stable angina CCS 1 or 2
-cryptogenic stroke with moderate of large PFO eligible for closure

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Last 2 Weeks – Signal for Slow Ramp-Up

- **Activity**
  - Increased activity by 10% in Hamilton
  - Weekly review with central procedures committee
  - Unable to increase activity in Niagara due to CCU in Cath Lab Area
  - Some flexibility around extended days
- **Triage**
  - Outpatient referrals low at present
  - Offering procedures to patients who have surpassed “wait time”

- **Ongoing Challenges**
  - Ongoing messaging related to PPE constraints
  - 25% of outpatients do not wish procedure until “COVID” ends
  - Different IPAC protocols
  - Delays in interhospital transfer
  - Delays in STEMI times
  - Families or caregivers unable to attend with patient
  - Summer plans unclear

Discussion Questions

1. How is your hospital responding to the amended Directive #2 regarding increasing hospital-based activity, and what are some of the **key challenges** that you face, and or will continue to face, associated with COVID-19?
2. Have you resumed in-person ambulatory clinic activity? What are some **key challenges** that you face, and or expect to face associated with COVID-19?

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Virtual Care: Cardiac Opportunities

DR. MADHU NATARAJAN / JANA JEFFREY

Virtual Care in Cardiac

- In response to the COVID-19 pandemic, we have begun to see:
  - An accelerated adoption of virtual care to support the delivery of cardiac care
  - Development of a guidance memo addressing the use of virtual care for cardiovascular rehabilitation
  - The Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care strongly emphasize the use of virtual care services to reduce in-person visits, **where appropriate**
- Across the three clinical domains, CorHealth stakeholders have identified virtual care as a key area of focus for the COVID-19 forums

Supporting Access to Virtual Care

- In response to this feedback, CorHealth is embarking on a new initiative to explore virtual care opportunities across its three clinical domains
- Through this work, we will continue to collaborate & align with our key partners and stakeholders, including alignment with Heart & Stroke, to incorporate the patient and caregiver perspective
- To support this work and the needs of our stakeholders, we would like to leverage today's forum to
  - Better understand your needs and priorities related to virtual care
  - Identify barriers, gaps and opportunities related to virtual care
- For the purposes of this discussion, we will adopt a broad definition of virtual care, to allow for a comprehensive discussion:

> ***"The delivery of health care services, where patients and providers are separated by distance" – World Health Organization***

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Recommendations: Outpatient Care, Primary Care, and Home and Community Care

Recommendations for Provision of Care

1. **A long-term strategy for virtual care (where applicable)**
2. Policy and procedures for IPAC
3. An adequate supply of PPE
4. Adequate health human resources
5. Collaborative relationships with local health service providers, other community supports, and patients/clients
6. Capacity to monitor rates of COVID-19 in the community
7. A strategy for communicating with patients/clients and caregivers
8. A strategy for ethical prioritization of patient/client care

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Heart & Stroke: Virtual Care - PWLE & Caregiver Surveys

NATALIE GIERMAN

Learning from PWLE and Caregivers

Goals:

- Provide trusted and timely information that is relevant to the most pertinent needs
- Increase connection and sense of community, while reducing feelings of isolation amongst our constituents
- To improve health outcomes of people with COVID-19 and our conditions
- Learn from and fully integrate patient experiences into program/ strat planning

Key Activities:

1. Outreach in online communities to acknowledge the crisis and enhance support given the COVID-19 context
2. E-mail/phone call outreach to people impacted by heart disease & stroke and invite to online communities
3. Promotion of communities via H&S social media
4. Ongoing polling communities regarding preference in knowledge translation methodology and content.
5. Making available a “living list” of FAQs related to COVID19
6. Offering suite of KT resources to support PWLE and caregivers
7. Field survey to understand patient and caregiver experience during COVID19 (March, April, May) inform future programs and policy asks

Surveys for 1) Patients and 2) Caregivers

Purpose:

To explore the impacts of COVID-19 and public health measures on people with lived experience (PWLE) and their caregivers in order to:

1. Gain broad understanding of needs, challenges and realities facing PWLE and their caregivers
2. Inform reports and publications developed by Heart & Stroke including media and public service messaging
3. Inform future knowledge translation, public information, advocacy, support and outreach activity

Target audience for survey completion:

•People living with heart conditions, stroke and vascular cognitive impairment

•Caregivers of people living with heart conditions, stroke and vascular cognitive impairment

Surveys cont…

Content:

- co-developed by H&S staff members, PWLE and caregivers
- approximately 20 questions in length and includes multiple choice and binary questions, a few demographic section and opportunity for open-ended qualitative comments.

Response rate:

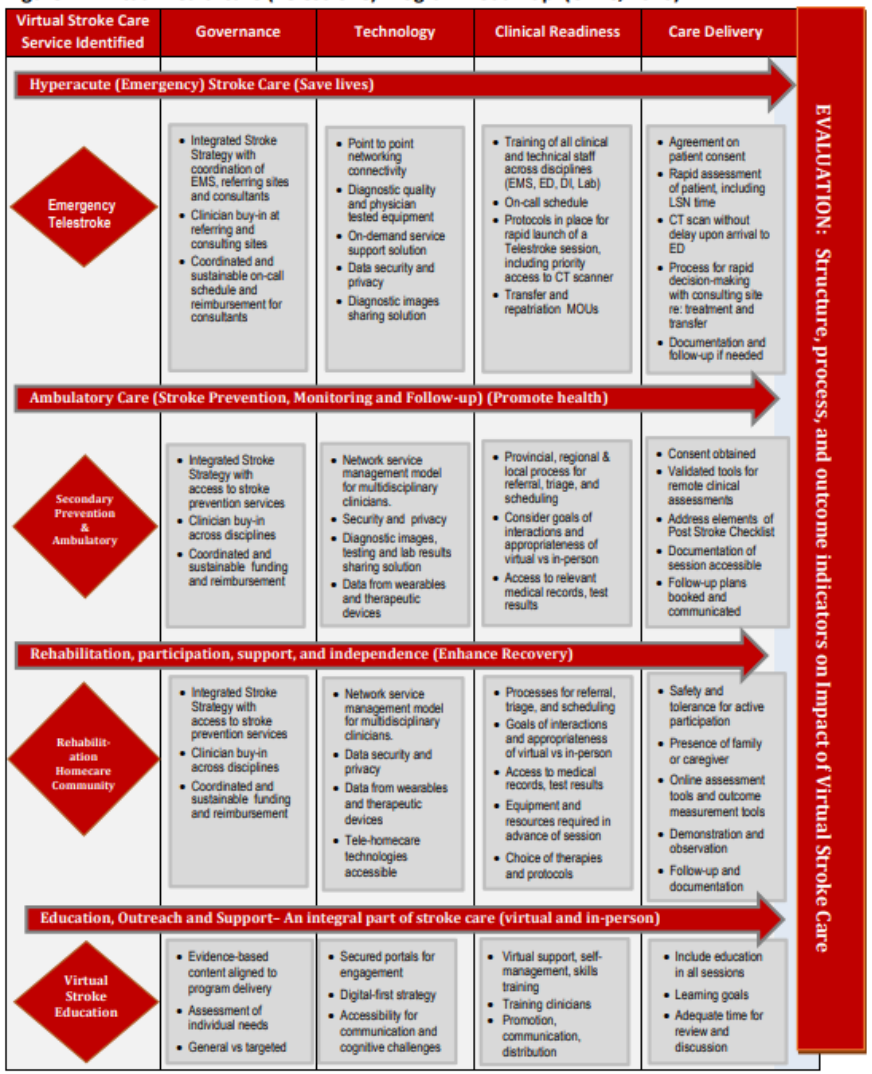
Deployed on May 8th - closed May 29th

- PWLE- 1657
- Caregivers - 998

Virtual Care Toolkit and Checklists

Canadian Stroke Best Practices

Figure 1: Virtual Healthcare (Telestroke) Program Roadmap (CTAC, 2020)



Canadian Stroke Best Practices

2020 Virtual healthcare checklist

Your guide to efficient and effective virtual healthcare sessions

Important

A heart attack, stroke or cardiac arrest is an emergency that requires immediate medical attention. **Call 9-1-1** if you or someone with you experiences signs of a heart attack, stroke or cardiac arrest.

There may be some situations where an in-person session is required to provide the care you need. Discuss your care with your healthcare provider.

Continue to follow public health measures to support physical distancing, as required.

For additional information:

Detailed virtual care information: 2020 Virtual Healthcare Implementation Toolkit.

Canadian Stroke Best Practices website to manage your stroke.

Definition: What is virtual care?

Virtual care is a healthcare session between a healthcare provider and a person with a health issue, which takes place with each person in a different location, like a home or clinic. It uses technology to connect them – such as by phone or computer with or without video-conferencing.

Goal

This checklist provides you, your famil to optimize your virtual sessions with a with lived experience of stroke, heart c impairment are experiencing an increa sessions. Use this checklist for an initia monitoring and rehabilitation therapy.

General tips: Preparing for a virtual healthcare session

- ☐ Ask your healthcare provider about your rights, privacy, and any confidentiality concerns.
- ☐ Consider your ability to participate in virtual healthcare sessions, such as physical abilities, technical abilities, communication challenges, language barriers, cognitive capacity.
- ☐ Ask your healthcare provider how much space you will need for your session.
- ☐ Plan your meeting space. Consider privacy and confidentiality, good lighting, minimal background noise and distractions (such as televisions, radio, pets). Ensure that the space is clear for you to safely move around for assessments and rehabilitation (e.g. remove tripping hazards such as loose rugs or cords).
- ☐ Have glasses, hearing aids, communication devices, or other accessibility devices with you.
- ☐ Have someone else available to pa if possible (e.g., family member, care safe physical distancing and public frequent handwashing).
- ☐ Gather information you will need fo current medication list, pharmacy n number, and health data such as re glucose levels.
- ☐ Write down your list of concerns an paper to make notes.
- ☐ Ask about reliable online resources manage your recovery and your da
- ☐ Have a plan in place for transport to becomes necessary. Ask about clir care you need.

Getting connected: Technology tips for a virtual healthcare session

- ☐ At time of booking, ask which applications or programs your healthcare provider will use and download them before your session.
- ☐ Ask if there is someone that you can contact for technical support, if needed.
- ☐ Know how to connect with your healthcare provider to cancel or reschedule the session or if the internet goes down.
- ☐ Test your microphones, speakers and webcam ahead of time. Request a test call, if available, to be sure everything is working.
- ☐ Ensure that your phone or computer is charged and that you have access to a reliable internet connection throughout your session.
- ☐ Be aware of your camera range. The healthcare provider can only see what your camera sees.

Tips for a successful virtual ambulatory care session (such as stroke prevention or heart failure clinic)

Before the session:

- ☐ Identify others who need or want to participate (e.g., family members, family physician, nurse) and determine whether it is appropriate and technically possible.
- ☐ Ask your healthcare provider if any bloodwork, imaging, or testing is required before the session, when it needs to be completed and where to get it done. Ask how to get the test requisitions.
- ☐ Book your appointment for your test when possible to avoid waiting in a public area. Follow safety precautions, such as physical distancing and hand washing, when accessing testing services.
- ☐ Ask your healthcare provider if you need any items or equipment during the session like a blood pressure device. If planning a neurological exam, you may be asked to have a toothpick and ice cube ready.

During the session:

- ☐ Participate in the virtual session to the best of your ability.
- ☐ During the session let the healthcare provider know if you feel unsafe, uncomfortable, unwell, or have any concerns with how the session is going. You can request to terminate the session at any time.
- ☐ Ask questions to make sure you understand all information, instructions, and any changes to your medications that you are given. Don't be afraid to repeat back and test your understanding.
- ☐ Speak to changes in your mood, energy levels, feelings of fatigue, or sleep patterns with your healthcare provider
- ☐ Note follow-up appointments, new referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- ☐ Request a follow-up session to receive education to help you manage on your own, if needed.

For additional information:

Heart & Stroke Community of Survivors and Care Supporters Community for online and peer support.

Heart & Stroke website for more information.

Heart&Stroke™

Tips for a successful virtual rehabilitation session

Before the session:

- ☐ Consider your ability to safely participate in a virtual rehabilitation session, such as physical abilities and cognitive capacity.
- ☐ Organize your space so you can safely participate in a rehabilitation session virtually.
- ☐ Ask what to expect during your session (e.g., assessments, what types of activities will you be doing, how much space you will need, length of the session).
- ☐ Ask what information and equipment you will need during your session, and where to obtain these items. Have these items ready.
- ☐ Have someone join you, such as a family member or caregiver. They can help with assessments and treatments, ensure safety, help support your affected limb for stroke rehabilitation, and take notes.
- ☐ Record details of your progress and changes (good and bad) in aspects of your recovery between sessions.

During the session:

It is important to let your healthcare provider know if you are feeling unwell, unsafe, or have new or worsening symptoms (such as shortness of breath, weakness, dizziness). Stop the activity right away, sit down, and discuss with them what you should do. You may be asked to visit the hospital or healthcare provider for further assessment and care.

- ☐ Wear comfortable clothes and non-slip footwear to walk or perform specific movements.
- ☐ Have a chair or table available for support during the session.
- ☐ Ask questions and concerns regarding your recovery, activities and therapies recommended for you, your daily routine or to monitor your progress. Don't be afraid to repeat back and test your understanding.
- ☐ Speak to changes in your mood, energy levels, feelings of fatigue, or sleep patterns with your healthcare provider.
- ☐ Note follow-up appointments, referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- ☐ Ask and record how to contact rehabilitation team members or community support teams as needed for your care.

Discussion

1. How are you currently using and/or planning to use virtual care?
2. What are your current needs/priorities with respect to virtual care?
3. What barriers have you experienced with respect to the implementation and/or delivery of virtual care

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Other Updates and Next Steps

JANA JEFFREY

Other Updates and Next Steps

- Next COVID-19 Cardiac Forum Meeting: Thursday, June 18, 2020; 8:00-9:00 am
- Virtual Care - We will continue to seek guidance and advise from our clinical and subject matter experts, and welcome anyone who has experience and interest in virtual care, to please reach out to us as we continue to move this work forward
- CT/Cardiac Imaging Guidance Memo – *In Progress*

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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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