

# CorHealth COVID-19 Heart Failure Stakeholder Forum #3

## MEETING SUMMARY NOTES

**DATE:** April 8, 2020, 6:00 – 7:00 PM

**GROUPS REPRESENTED:** Approximately 50 participants, including centers and programs providing outpatient care in Heart Failure (typically in a heart failure clinic, across Ontario), system partners (e.g., eHealth Center of Excellence, Heart & Stroke Foundation, Home Care, Ministry of Health)

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.

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## HIGHLIGHTS

### Recap of April 1<sup>st</sup> COVID-19 Heart Failure Stakeholder Forum

- All meeting materials and related resources continue to be posted and updated on the [CorHealth COVID-19 Resource Centre](#)
- CorHealth COVID-19 Heart Failure Memo #1 was released on CorHealth's COVID-19 Resource Center, and can be found here: <https://www.corhealthontario.ca/CorHealth-COVID-19-Heart-Failure-Memo1-Recommendations-for-Managing-Heart-Failure-During-Covid-19.pdf>

### COVID-19: Provincial & Global Context

- Dr. Ross provided an overview of the current global and provincial landscape of COVID-19, referencing: <https://ourworldindata.org/coronavirus>
- It was noted that just under 350,000 Canadians have been tested for COVID-19, and just under 18,000 have tested positive
- There are data suggesting some flattening of the curve; the doubling time of the cumulative number of reported COVID-19 cases appears to be getting longer; patients in the ICU per day: comparison of ON confirmed versus ON predicted number of patients in ICU per day
- It is critical that we continue to be prepared for the potential hazard that may come in 2-4 weeks from now, given the ~2 week timeframe following symptoms

### Virtual Care & Heart Failure: Medly Information Session Follow-Up

- The Medly team is working to put together a few options around rapid deployment of Medly, as well as a costing plan. We will continue to update this group on any additional follow-up items regarding Medly.

### Virtual Care & Heart Failure: Ottawa Experience

- Erika MacPhee, VP Clinical Operations at UOHI, provided an overview of the Cardiac Virtual Care Program in Ottawa
- The Telehome Monitoring Program provides nursing support for cardiac patients who require assistance with medication management, fluid volume regulation, vital sign monitoring and patient education  
The typical case load for one nurse is about 30 patients on home monitoring, and patients are typically called 3x/week, and followed through a dashboard with pre-set parameters. All nurses have medical directives to titrate medications and order blood work and communicate regularly with physicians. The patient typically needs to stay on the program 3-4 months. Published data shows a decreased in readmission rate for HF by 54%.
- The Interactive Voice Response (IVR) uses the telephone system to deliver a set of automated questions to patients, dependent on the disease program they are enrolled in (e.g., HF, TAVI); these responses are added to a database that may trigger the need for nurse follow-up/intervention.
- There is the opportunity to offer the IVR system to additional patients/sites beyond Ottawa during COVID-19. Erika MacPhee is the main contact person for those interested in learning more.

### Home IV Lasix

- Morgan Krauter, NP at Southlake Regional Health Centre, provided information on providing ambulatory IV Lasix
- The discussion included information on: patient selection for IV Lasix, setting for starting IV Lasix, as well as other considerations (e.g, initiating inpatient vs. outpatient setting, method, access, housekeeping issues)
- It was noted that in the current COVID-19 setting, there should more caution for slowly titrating patients off IV Lasix to oral diuretics, rather than rapidly cutting off.
- **Question:** *Any experience with converting patients from IV Lasix to Bumetanide?*
  - You need to know the patient and how they respond to the PO Lasix; acknowledge the extent of disease, and cardiorenal dysfunction
  - Also consider the addition of Metolazone to Bumetanide
- **Question:** *How are you maintaining this in the current situation, with a potential decrease in the availability of home care nurses, and the cost of blood work?*
  - Have yet to experience a drop off in home care nurses; in terms of costs, typically, if the blood work is ordered through home care and LHIN, there is no cost incurred by the patient.

### Questions / Open Discussion

- The CCS COVID-19 Rapid Response Team has released guidance on the management of referral, triage, waitlist and reassessment of cardiac patients during, and has provided suggested sentences that can be used when a patient referral is received during COVID-19:

[https://www.ccs.ca/images/Images\\_2020/Refer\\_Triage\\_Wait\\_Mgmt\\_07Apr20.pdf](https://www.ccs.ca/images/Images_2020/Refer_Triage_Wait_Mgmt_07Apr20.pdf)

- *Issues with drug shortages (i.e., Bumex)*
  - This issue has been escalated to, and is being explored by the MOH with regards to needing to understand the supply, and investigating coverage
  - Other shortages were noted: Midazolam, Mexiletine
- *Potential for testing every HF patient for COVID-19*
  - Provincially, there is a general strategy to increasing testing overall
  - In alignment with the CCS guidance, we should be observing whether the patient's symptoms are atypical of that patient; this may indicate COVID.
  - To date, the data appears to show that the group with the highest risk for bad outcomes is the hypertensive group, while HF patients in general are at higher risk
- *Feedback / comments regarding changes in referral criteria, management of new referrals, supporting post-hospital discharge of high-risk HF patients, early discharge initiatives? (Open Forum)*
  - Have liberalized the ability to get to Heart Failure clinic, for those patients that need to; also noted that their clinic is at a different location than the hospital, so less worried about COVID in this setting
  - There is some concern that colleagues tend to be sending patients to the hospital quicker than usual
  - Expect to be inundated with a great deal of patients with follow-up post-COVID, and that several physicians may have some level of PTSD that will require a great deal of support after all of this
  - UHN has worked to put an additional 110 patients on Medly, in order to continue to manage high risk patients virtually

### NEXT STEPS

CorHealth to:

- Post / distribute meeting summary notes
- Update the CorHealth COVID-19 Resource Centre
- Schedule the next Heart Failure Forum Meeting for April 22<sup>nd</sup> (6 - 7 PM)
- Potential topics for future discussion
  - Post-COVID-19, prioritization of patients
  - E-based counselling for front line healthcare workers (e.g., Dr. Rob Nolan)

Forum Participants:

- **Please submit your requests for discussion topics, questions and concerns for inclusion in the next forum. Submissions can be sent to Karen Harkness at [karen.harkness@corhealthontario.ca](mailto:karen.harkness@corhealthontario.ca)**