

CorHealth COVID-19 Heart Failure Stakeholder Forum #4

MEETING SUMMARY NOTES

DATE: April 22, 2020, 6:00 – 7:00 PM

GROUPS REPRESENTED: Approximately 40 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.

HIGHLIGHTS

Recap of April 8th 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](#)

Bumetanide Update

- Provided an update on request for timely access to Bumetanide (usual 4-6 weeks); in the setting of COVID-19, Exceptional Access Program (EAP) applications for patients with HF will be treated as Priority 1, with a turn around time of 3 days

COVID-19: Update on Current Data

- Dr. Ross provided an overview of the current global and provincial landscape of COVID-19, referencing: <https://ourworldindata.org/coronavirus>
- Highlighted the increasing growth rates of COVID-19 cases in Russia and India, with total confirmed cases globally reaching just over 2.5 million
- Data is indicating that Canada is beginning to bend the curve (case fatality ratio just over 4%, across Ontario overall number of patients presenting to the ICUs is stable)
- Note, without mass testing, it is difficult to ever know the denominator; concern still remains for LTC facilities
- Summary of cases of Covid-19 in Ontario: Number tested (184,531); Number of cases (12,245); Test done previous day (10,361); Resolved (6221); Deceased (659); In-Hospital (879)

Learning from Clinical Cases

- Dr. Ross reviewed a clinical COVID-19 case, and reviewed a recently published *Nature Medicine* publication, which described the temporal patterns of COVID-19 viral shedding
- Key findings: ‘peak’ infectivity as when symptoms first begin and suggest that almost half (44%) of all traceable cases of COVID-19 transmission occurred *before* the index case became symptomatic, typically within the preceding 2-3 days.
- Dr. Ross also reviewed some of the current treatment strategies being studied (e.g., Remdesivir, Lopinavir/Ritonavir, Interferon beta-1a, Chloroquine, Hydroxychloroquine), noting that there is currently no proven effective therapies for this virus. Multiple studies ongoing.

Access to Care Beyond the Surge – Looking Ahead: Transplant Activity

- Dr. Ross re-introduced UHN’s Guiding Principles for ‘ramping-down’ and noted that the ‘matrix’ for ramping back up would need to be extremely cautious and take into consideration multiple variables (e.g. PPE for staff, screening prior to appointments, volume of patients, room cleaning, etc.).
- Dr. Stuart Smith reviewed the provincial guidance to a phased approach for adult cardiac transplant ramp down and restart as per the Trillium Gift of Life.

Open Forum Discussion

- *How is your hospital reacting to the cautious optimism towards potentially opening up/ramping back up over the next few weeks?*
 - There is concern that once the system opens back up, we will be faced with patients that are sicker (e.g., the volume of patients coming in with heart attacks, or appendicitis, for example, have decreased during COVID)
 - Ramping up/opening up will need to factor in the public’s comfort with coming into the hospital – many of the patients that need to be seen now (e.g., high risk, recent discharges) do not want to come into the hospital
 - There is the need for a consistent and unified message to the public regarding opening up/ramp-up
 - In Oakville, the hospital has sent out a letter to Family Physicians in the region to let them know that they are available for advice and phone calls, to unburden them and given them a direct contact; we should not be underestimating the usefulness of telephone visits during this time.
 - In Ottawa, coordinated messaging from the hospital to address public concerns of seeking care when needed due to COVID fears
- *What is the general consensus from a swabbing perspective for ACS or HF patients?*
 - There is not yet a recommendation for universal testing of HF patients admitted to hospital (regardless of screening outcome). Depend on local

testing resources as well. At UHN they have ramped up to 2400 tests/day. The question still remains of who should be tested.

- *Should we think about cohorting patients towards the hospital where there is appropriate PPE, as opposed to small office clinics?*
 - No right answer right now; but, any ambulatory practice in this COVID-10 era should only be opening if they are maintaining IPAC recommendations for PPE, cleaning, etc.
 - This should be considered in the matrix for ramping-up
- *We have heard concerns and challenges related to a decrease in community services (e.g., PSWs), and patients end up back in hospital; we have also had challenge with patients referred to HF clinic and refusing to be swabbed – how do we deal with this?*
 - If the patient is screened to have testing and this is refused, it would be difficult to see the patient and potentially put other members of staff at risk; if the patient is not overtly symptomatic, consider putting a mask on the patient to avoid exposure to others.
- Noted that there is no intention of opening up past very acute issues over the next week – this needs to occur very slowly and cautiously to avoid another surge of COVID-19.

NEXT STEPS

CorHealth to:

- Post / distribute meeting summary notes
- Update the CorHealth COVID-19 Resource Centre
- Schedule the next Heart Failure Forum Meeting for May 6th (6 - 7 PM)
- Potential topics for future discussion
 - What does 'opening back up' look like in an ongoing COVID environment (following Dr. Chris Simpson's recommendations)

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**