

Date:	March 24, 2020
To:	All Medical Staff and Northern Health Clinical Leadership
From:	Dr Ronald Chapman, VP Medicine, Northern Health Lead, Cardiac Services Direction Dr. Firas Mansour Medical Lead, Cardiac Care Yaser Ahmed, lead, Chronic Disease Strategic Initiatives, Cardiac and Stroke
CC	Penny Anguish, NI Chief Operating Officer Angela De Smit, NE Chief Operating Officer Ciro Panessa, NW Chief Operating Officer NH EOC
Re:	COVID-19 Outbreak Response – Cardiac Services Update

British Columbia's health authorities have been directed to move all hospitals within the province to Outbreak Response Phase 2. This mandates shifting all hospitals towards prioritizing only urgent and emergent cardiac procedures, diagnostic testing and clinic outpatient visits. All non-urgent scheduled cardiac procedures, diagnostic testing or appointments will be postponed. Further, Northern Health cardiac program has developed an operational plan to serve as guiding policy for Cardiac Services across the Northern Health region, in alignment with recent Canadian Cardiovascular Society recommendations and the outbreak response phase.

Phase 2 – Postponement of All Elective Patients, Prioritize Urgent and Emergent Patients

Target: Phase 2 to begin Thursday March 26th at end of business day

Diagnostic Cardiac Services

- **ECG, Holter Monitor, Exercise treadmill, Exercise and Persantine MIBI, Echocardiography (TTE)**
 - Cancel all elective appointments.
 - Limit diagnostic capacity to patients who are deemed high risk with clear reason for urgent evaluation and testing is reasonably expected to inform patient management in the short term.
 - Further triage requisitions by Cardiac lab and Medical staff.
 - Predetermine capacity for diagnostic testing to slow potential spread of the virus.
 - Screen patients for COVID-19 symptoms and cancel tests for patients with suspected COVID-19 symptoms and inform requesting physician.
 - Inpatients with suspected or proven COVID-19 requiring TTE must be approved by the medical lead to determine appropriateness and urgency.
- **Heart Rhythm Device Clinic**
 - All Patients with remote monitoring capacity should be followed up through remote monitoring system.
 - Routine clinic follow up visits should be deferred (rescheduled) if the device was found to be functioning well during previous routine visit less than 2 years ago in low risk patients.
 - Higher risk patients who are not on remote monitoring should be seen according to usual clinic guidelines.
 - All outreach clinics will be cancelled and rescheduled at a later date, with priority to see higher risk patients first.

- Any request to evaluate the device of any patient with suspected or proven COVID-19 (inpatients and outpatients) must be approved by the medical lead first to determine the appropriateness and the urgency

Changes to Cardiac Patient Transfers outside Northern Health

- Beginning March 20th, Vancouver General Hospital (VGH) and St. Paul Hospital (SPH) require **all Northern Health Cardiac Patient Transfers** to undergo triage for higher level of Cardiovascular Care supported by Patient Transfer Network (PTN) and carried out by **the SPH/VGH CICU Attending on-call**. While capacity at tertiary cardiac centres is anticipated to be under significant challenges, VGH/SPH cardiologists are willing to offer real-time advice for healthcare practitioners through existing communication mechanism (e.g., PTN, RACE), to ensure patients can be safely managed closer to home thereby mitigating the need for transfer. *For more information regarding the updated policy for cardiac patient transfer to VGH/SPH, please visit the NH website: <https://bit.ly/2QCDJt5>*
- NH Physicians do not need to change their referring practice to the other three tertiary cardiac centres until further notice.

For further information or questions, please contact the Medical Lead Dr. Firas Mansour through Yaser Ahmed, Regional Lead, Cardiac and Stroke (Yaser.ahmed@northernhealth.ca)