

1. Did you restrict or alter heart transplant activity at your institution during the pandemic

- Yes
- No

2. If YES to Q1, how was your heart transplant activity restricted

- Status 4 and 4 S only
- Status 4 only
- Hospitalized patients only
- Case by Case basis
- Other (please specify)

3. If YES to Q1, when were these restrictions in place

- 1st wave
- 2nd wave
- 3rd wave
- If specific dates, please specific
- 4th wave
- Specific dates

4. Was there more than 1 time period of restricted transplant activity

- Yes
- No
- If yes, specify dates/time periods

- None of the above

5. What were the top 3 factors that influenced the restrictions/alterations of transplant activity

#1	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>

6. In institutions with adult and paediatric programs, were restrictions/alterations consistent and uniform between programs OR program specific

- Consistent between adult/peds
- Different for adult/peds and each program made their own decisions
- Other (please specify)

7. In Ontario and Quebec, were restrictions/alterations institution based or informed by all programs

- Institution specific
- Informed by all programs with consistent approach
- Other (please specify)

8. How was transplant activity restriction/alteration overseen

- Managed and overseen primarily by ODO
- Managed and overseen by institution/clinical transplant program
- Other (please specify)

9. Were there challenges in organ procurement

- Yes
- No

10. If YES to Q9, select all that are appropriate

- Donor hospital restricting external teams on site
- Restrictions with or access challenges in ground transportation
- Restrictions with or access challenges in air transportation
- Recipient hospital travel policy restrictions
- Other (please specify)

11. Was US retrieval possible

- Yes
- No

12. Did COVID impact your durable LVAD implant activity

- Yes
- No
- Other (please specify)

13. If yes to Q12, list in short form the reasons (i.e ICU capacity, recipient risk , staff availability, hospital policy, etc)

#1

#2

#3

#4

#5

#6

#7

14. Does your center require COVID vaccination as a mandatory requirement for heart transplant eligibility

- Yes
- No
- Other (please specify)

15. If yes to Q14, when did you institute this policy (month/year)

16. Did your program alter the process for new transplant assessments (restricting, limiting, ceasing, virtual, etc)

- Yes
- No

17. If yes to Q16, how (select all that apply at any point during the pandemic)

- Limited to urgent in hospital only (no outpatient assessment)
- Limited to urgent outpatient and urgent inpatient assessment
- Utilized virtual assessment
- Ceased all assessment for transplant
- Other (please specify)

18. How did your program alter post transplant follow up (select all that apply)

- We did not make any changes to our post transplant care
- Reduced surveillance biopsy schedule
- Reduced lab work
- Special arrangements with labs for transplant patient access
- Reduced clinic follow up schedule (virtual or in person)
- Virtual care only
- Other (please specify)
- Predominantly virtual with small numbers of in person
- All in person, business as usual
- We did not do major transitions in immunosuppression treatments (i.e transition to PSI from CNI)
- We did not do routine angiograms
- We did not do routine non-invasive CAV screening

19. Does your center utilize Allomap +/- Allosure for noninvasive monitoring

- Yes
- No
- Other (please specify)

20. Did your center investigate the feasibility of acquiring Allomap +/- Allosure during the pandemic

- Yes
- No
- Other (please specify)

21. Were there actual or perceived barriers to access to specialists required for completion of transplant assessments

- Yes
- No
- If yes, briefly explain