



CorHealth COVID-19 Stakeholder Forum Meeting

May 19, 2021 | 4:00-5:00 pm

Teleconference: (647) 951-8467 or Long Distance: 1 (844) 304 -7492

Conference ID: 976 522 06#

Agenda

TIME	DISCUSSION	ACTION REQUIRED	LEAD
4:00	Welcome & Meeting Objectives	Information	Dr. Tom Forbes
4:05	Update on Revocation of Directive #2 a. Regional IMS Table (East) Update	Information/ Discussion	Dr. Chris Simpson Dr. David Zelt
4:20	COVID-19 and Ontario's Emergency Departments	Information/ Discussion	Dr. Howard Ovens & Dr. Shaun Visser
4:35	Vascular Activity Highlights	Information/ Discussion	Deanna Wu
4:40	Other Updates & Next Steps	Information	Dr. Tom Forbes



Welcome

Dr. Tom Forbes, Chair, CorHealth Clinical Advisory Committee

Meeting Objectives

- Provide current, consistent information about COVID-19 to CorHealth's cardiac, stroke, and vascular stakeholders:
 - Revocation of Directive #2 and the resumption of non-urgent and non-emergent surgeries and procedures
 - COVID-19 and Ontario's Emergency Department
 - Most recent available data for Vascular Activity
- Identify issues and recommendations to escalate to provincial COVID-19 IMS tables
- Provide an opportunity to discuss implications of Wave 3

Housekeeping Reminders:

- *Please ensure that you are on mute, not on hold, when you are not speaking on the call*
- *To unmute on your computer, click the mute/unmute button in the Teams meeting. To unmute on your phone, please press *6*



Update on Revocation of Directive #2

Dr. Chris Simpson, Executive Vice President, Medical, Ontario Health

Gradual Resumption of Non-emergent and Non-urgent Surgeries & Procedures

- The Chief Medical Officer of Health has rescinded Directive #2 as of May 19, 2021 enabling hospitals, that meet the criteria published by OH, to perform non-emergent and non-urgent surgeries and procedures
 - The full memo can be found here: [CMOH Memo](#)
- OH memo outlines criteria required to gradually resume of services
 - The full memo can be found here: [OH Memo](#)



Revocation of Directive #2: Regional IMS Table (East) Update

Dr. David Zelt, Incident Commander, COVID-19 Regional IMS Table (East)

The COVID-19 Pandemic and ON's ED's

Howard Ovens and Shaun Visser on behalf of
The Emergency Services Advisory Ctte ("ESAC")

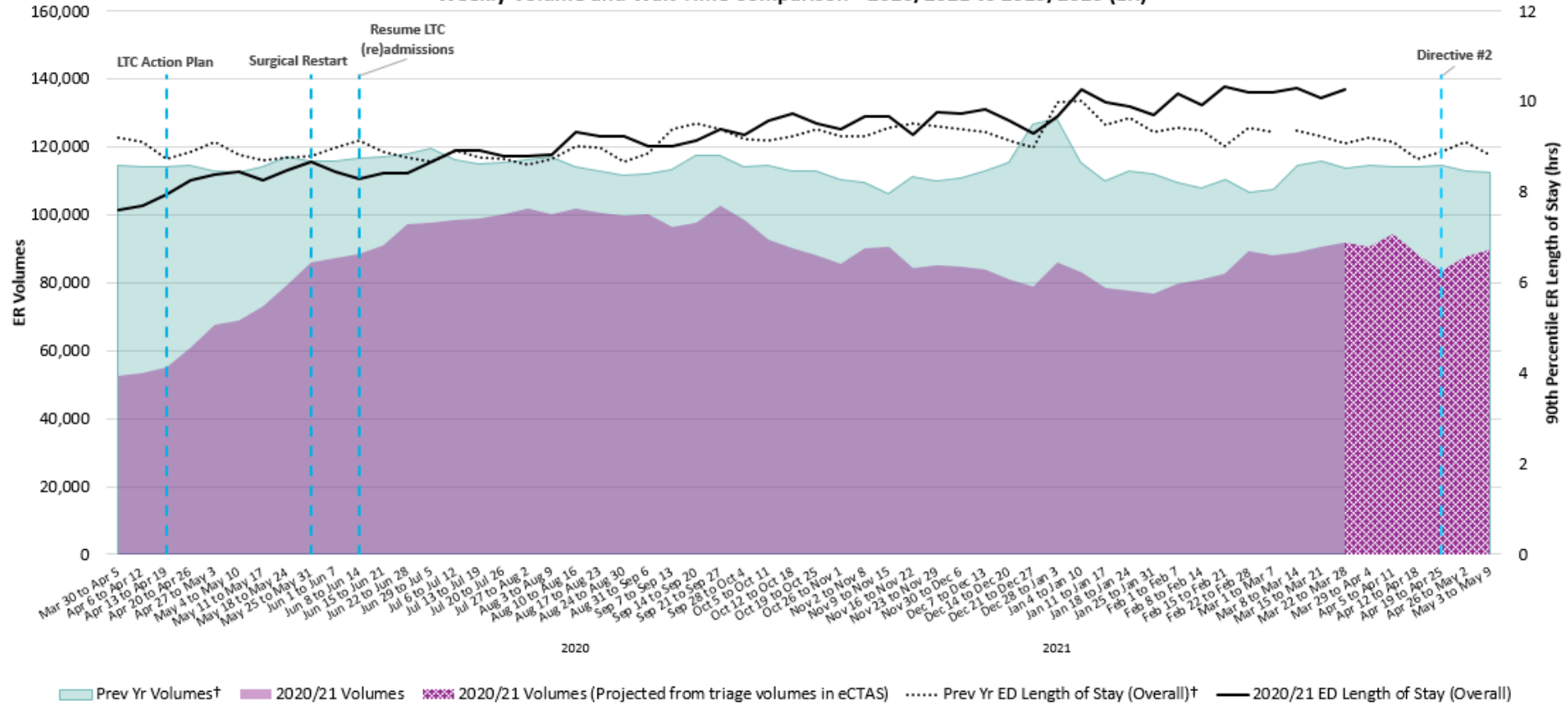
howard.ovens@utoronto.ca

shaunvisser@me.com

Overview

- Volume and length of stay performance across 3 waves
- Regional variations
- Presentations with stroke like symptoms or cardiac like chest pain
- Some concluding thoughts
- Discussion

Weekly Volume and Wait Time Comparison - 2020/2021 vs 2019/2020 (ER)



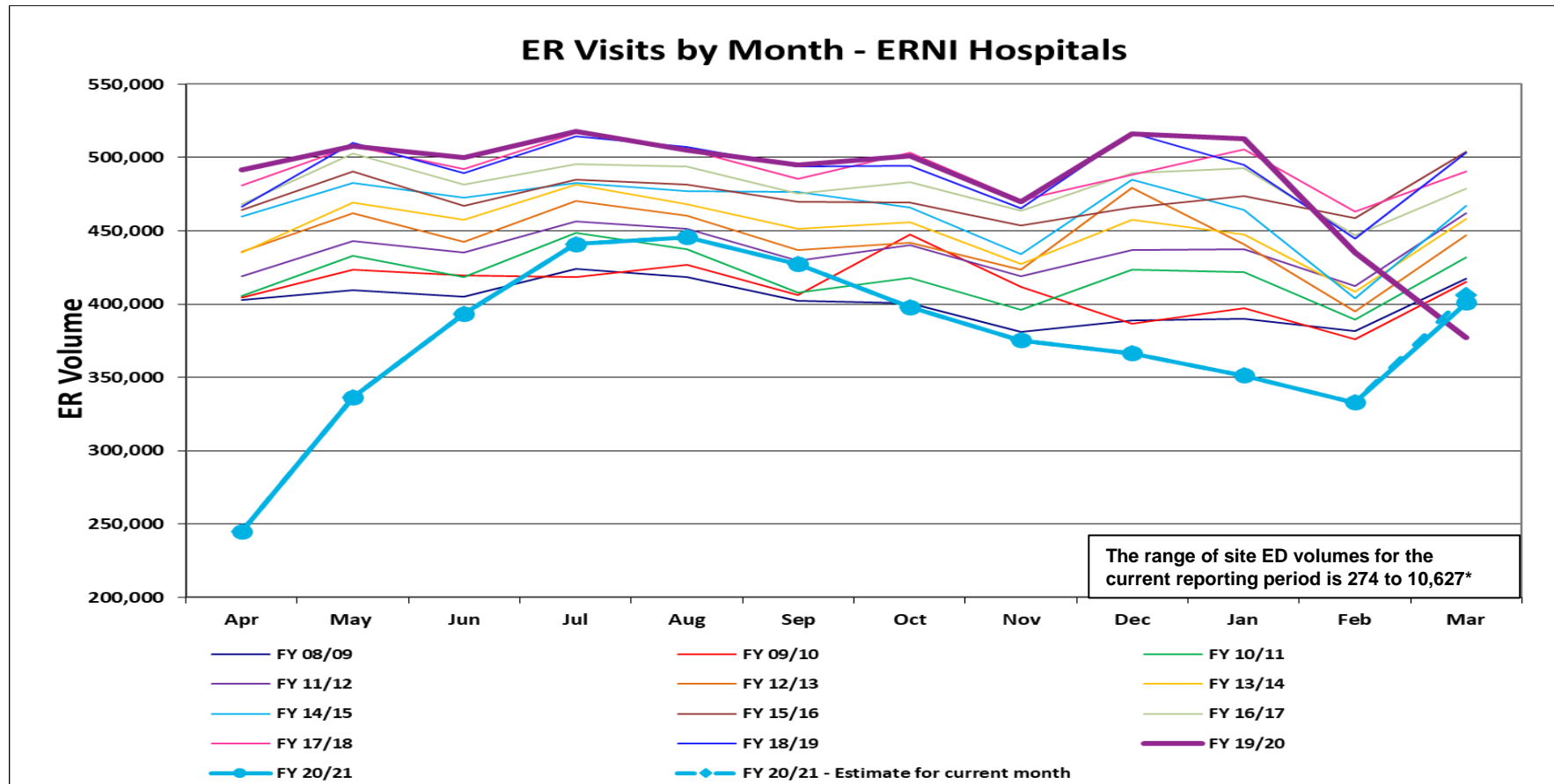
Data Source: CIHI NACRS Level 1 and 3 data received in April 2021
eCTAS data cut as of May 10

Notes:

- ER volumes (projected from eCTAS triage volumes) were 20.2% below 2019 levels
- COVID zone colour is as of May 09

† As of the week of March 8, 2021, the comparator year was rolled back to 2019 to ensure the baseline for comparison continues to be pre-pandemic data

ED Volume Trend: March 2021 (since Baseline April 2008)

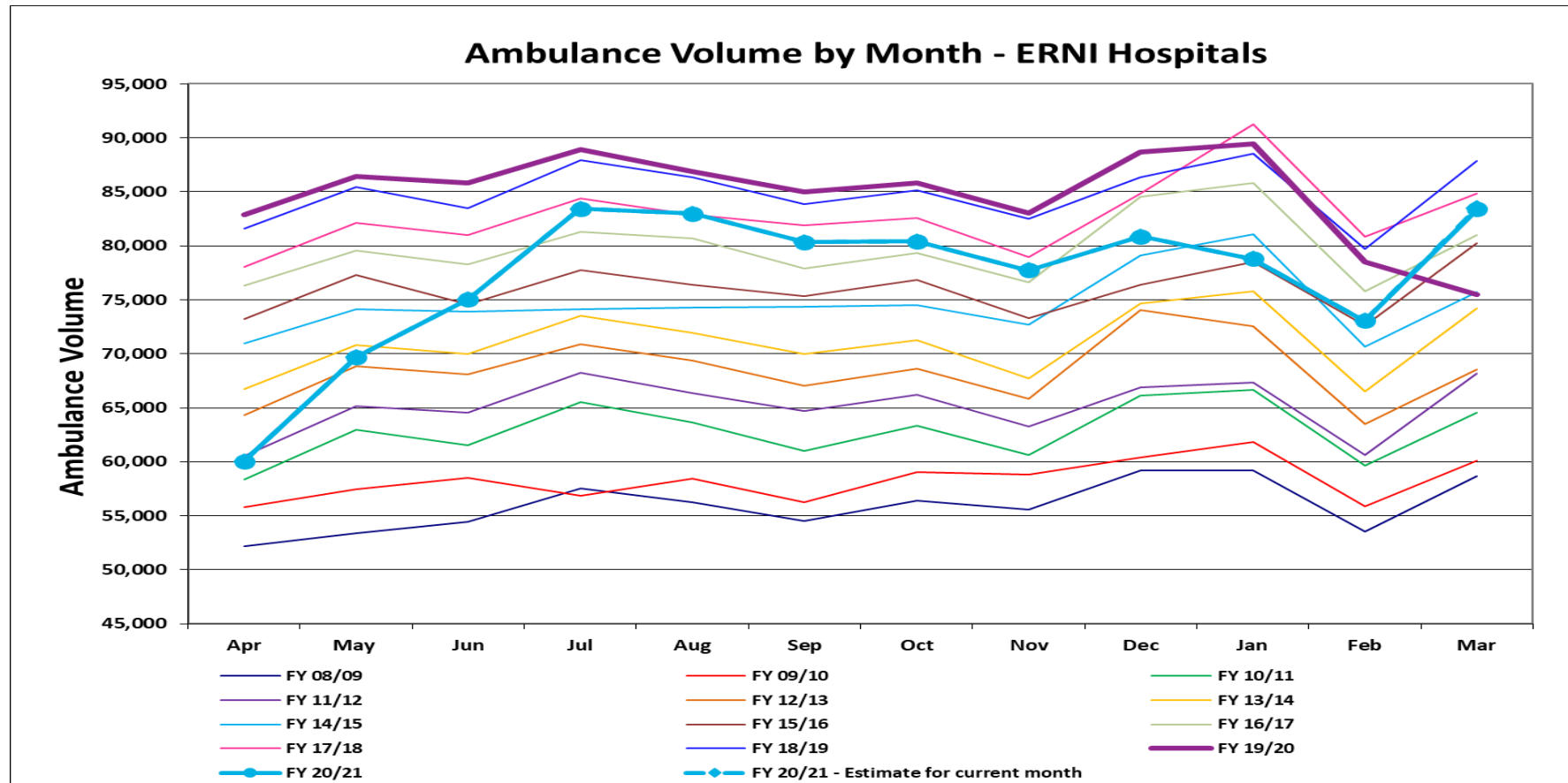


Record high for the month

Note: March 2012, 2016 and 2020 were 29 days long (leap year). In order to ensure comparability with previous March data, the volume was adjusted to reflect 28 days of data (i.e., the daily average volume was subtracted from the reported March 2012 volume of 29 days.)

*ED volume range presented for sites that submitted data by the 10th business day

ED Ambulance Volume Trend: March 2021 (since Baseline April 2008)



○ Record high for the month

Note: March 2012, 2016 and 2020 were 29 days long (leap year). In order to ensure comparability with previous March data, the volume was adjusted to reflect 28 days of data (i.e., the daily average volume was subtracted from the reported March 2012 volume of 29 days.)

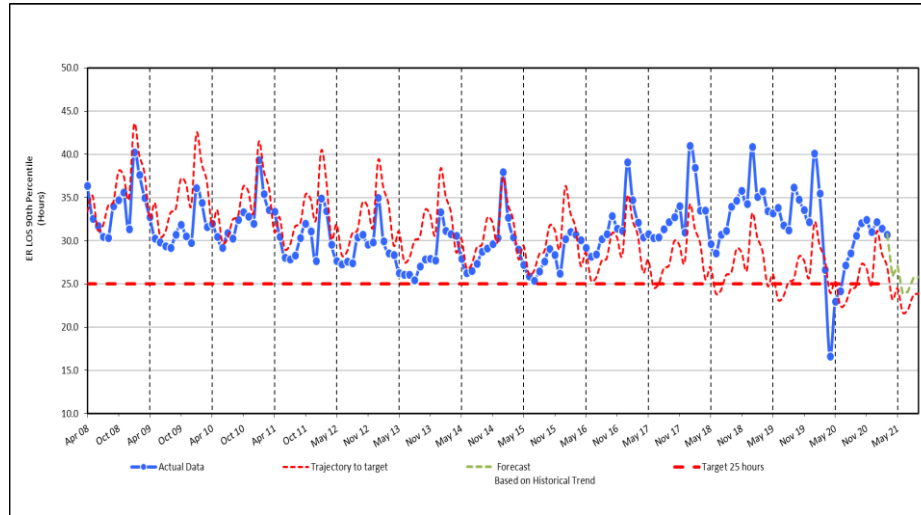
ED LOS Detailed Volume Analysis: March 2021

Type of ED Visits	ED Volume (Total Unscheduled Visits)			% Change	
	March 2019	March 2020	March 2021 Current Month	Current Month vs March 2019	Current Month vs March 2020
Total	503,185	376,971	400,971	-20.3%	6.4%
Complex Conditions	370,269	283,157	313,431	-15.4%	10.7%
Admitted Patients	54,026	44,134	52,615	-2.6%	19.2%
Non-Admitted, High Acuity (CTAS I,II,III) Patients	316,243	239,023	260,816	-17.5%	9.1%
Minor or Uncomplicated Conditions	131,710	92,708	86,594	-34.3%	-6.6%
Non-Admitted, Low Acuity (CTAS IV,V) Patients					
Visit by Ambulance	87,867	75,475	83,380	-5.1%	10.5%

ED LOS Trend and Trajectory Analysis

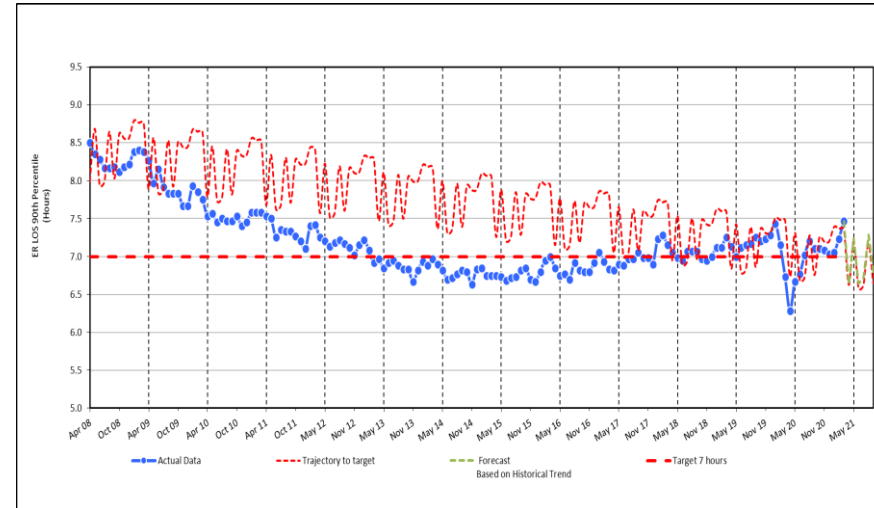
Admitted ED Visits

Trajectory based on a 25 hour September 2021 internal target



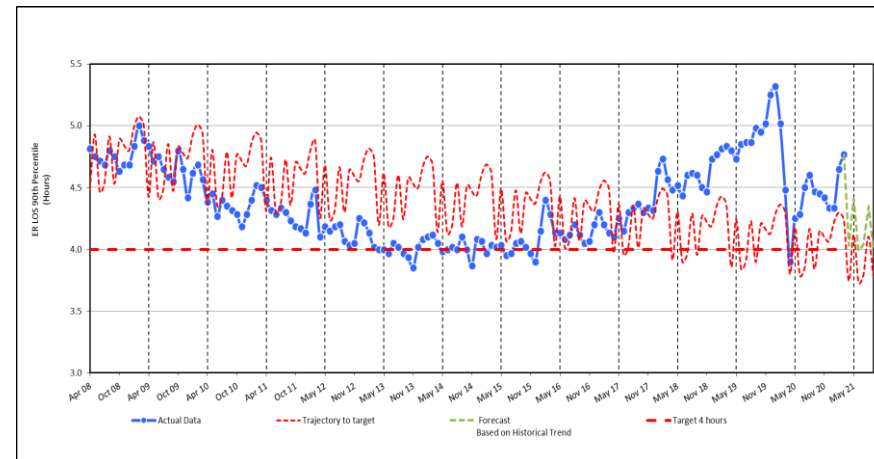
Non-Admitted, High Acuity ED Visits

Trajectory based on a 7 hour September 2021 internal target



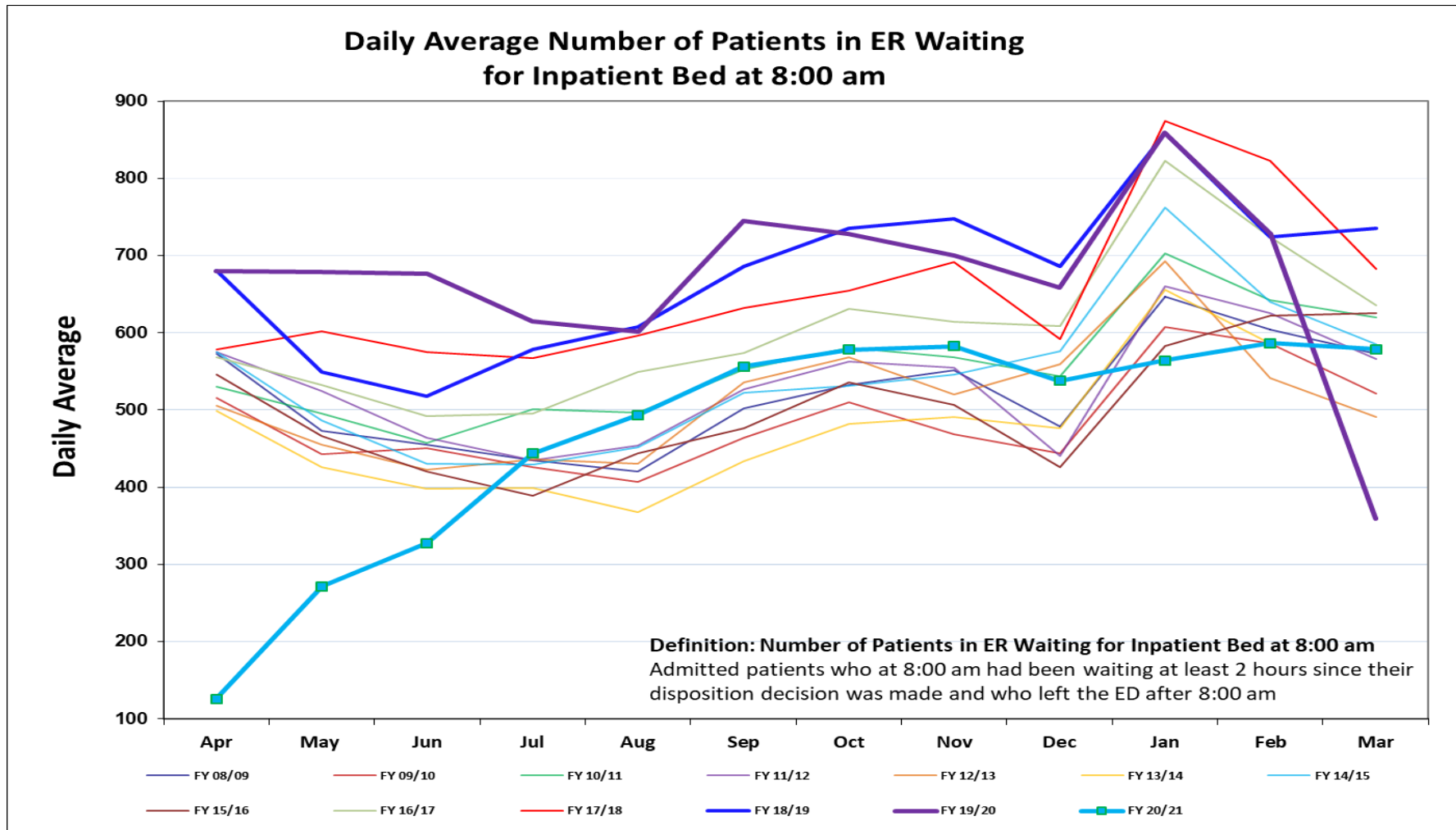
Non-Admitted, Low Acuity ED Visits

Trajectory based on a 4 hour September 2021 internal target

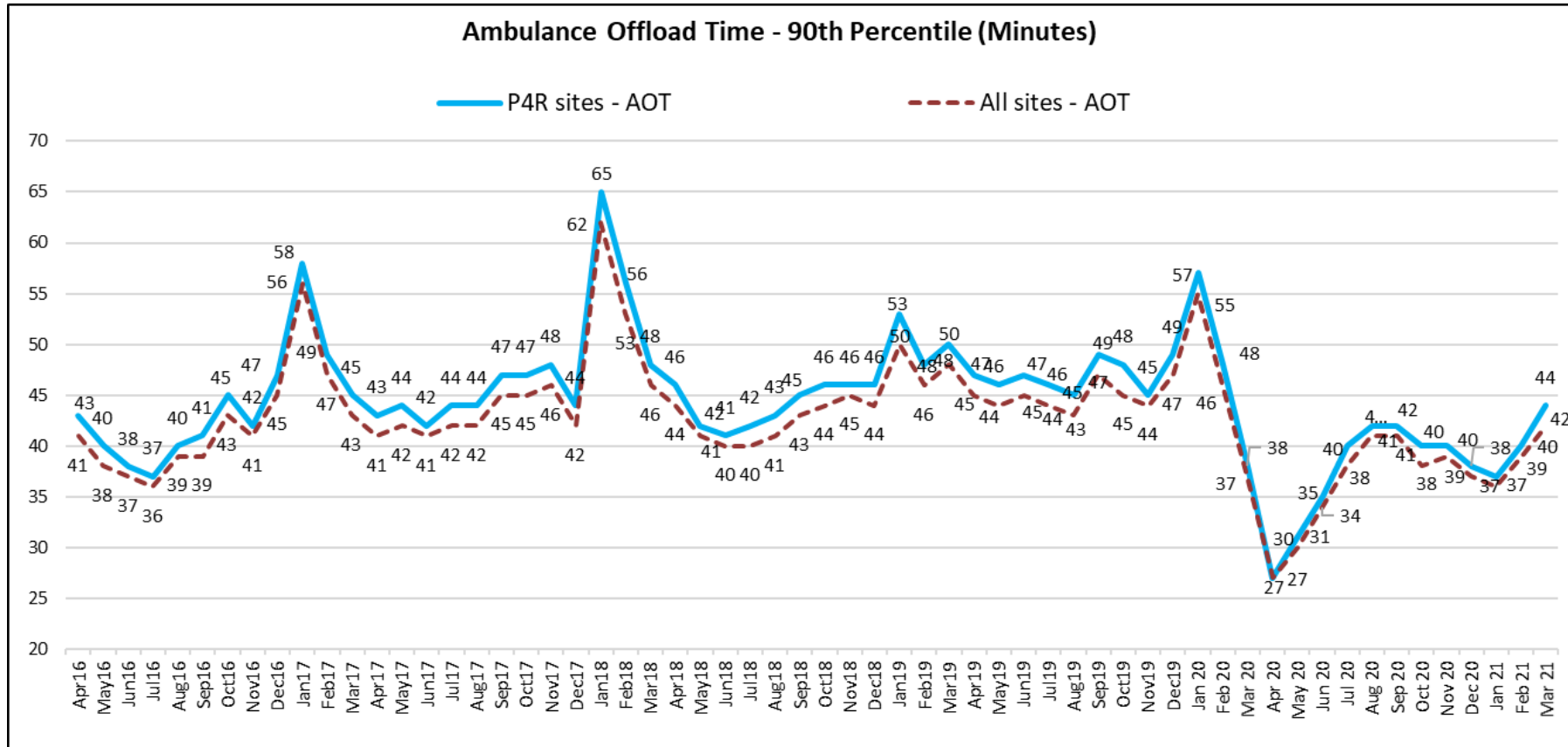


- March 2021 ED LOS for **admitted ED visits** (30.8 hours) decreased by 40 minutes compared to February 2021; March 2021 ED LOS was five hours and 45 minutes above the internal target of 25 hours.
- March 2021 ED LOS for **non-admitted, high acuity ED visits** (7.5 hours) increased by 14 minutes compared to February 2021; March 2021 ED LOS was 28 minutes above the internal target of 7 hours.
- March 2021 ED LOS for **non-admitted, low acuity ED visits** (4.8 hours) increased by seven minutes compared to February 2021; March 2021 ED LOS was 46 minutes above the internal target of 4 hours.

Daily Average Number of Patients in ED Waiting for Inpatient Bed at 8:00 am

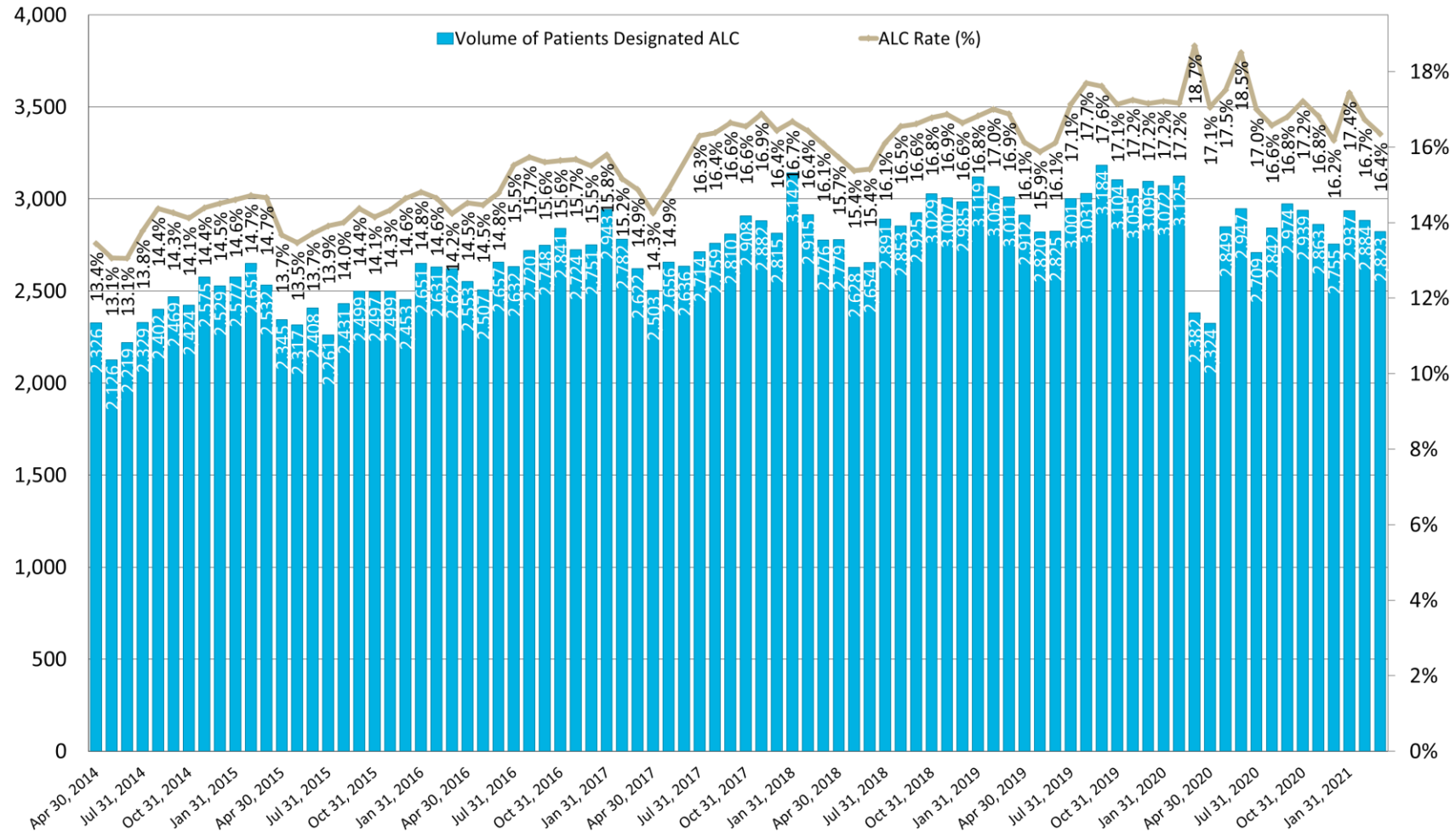


Provincial Performance – Ambulance Offload Time: (April 2016 – March 2021)

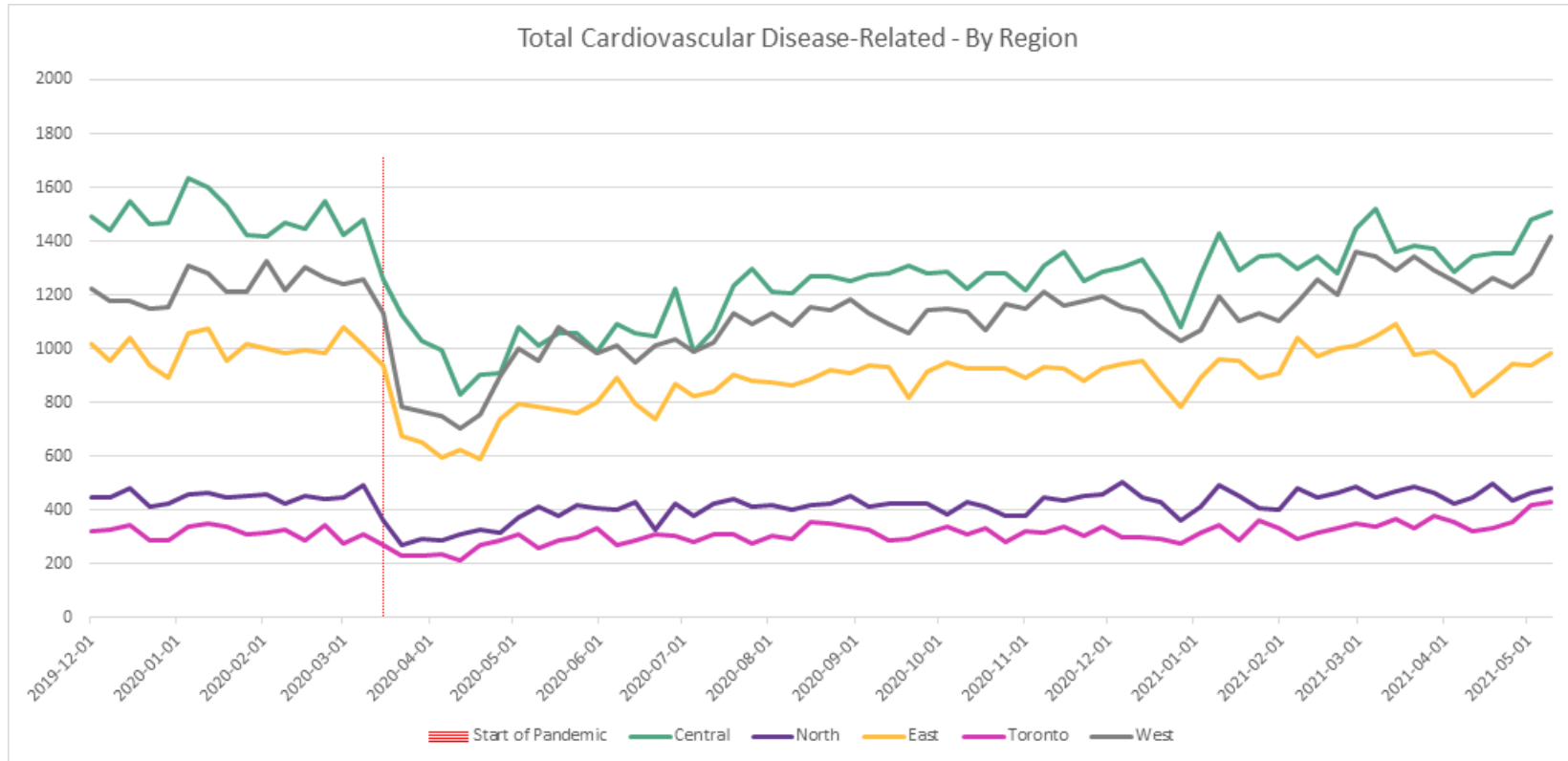


	FY1011	FY1112	FY1213	FY1314	FY1415	FY1516	FY1617	FY1718	FY1819	FY1920
P4R sites - AOT	59	54	46	41	46	42	43	48	46	47
All sites - AOT	55	51	44	39	43	40	42	45	44	45

Monthly Trend of Provincial ALC Rate and Volume of Patients Designated ALC on the Waitlist in Acute Care: April 2014 to March 2021

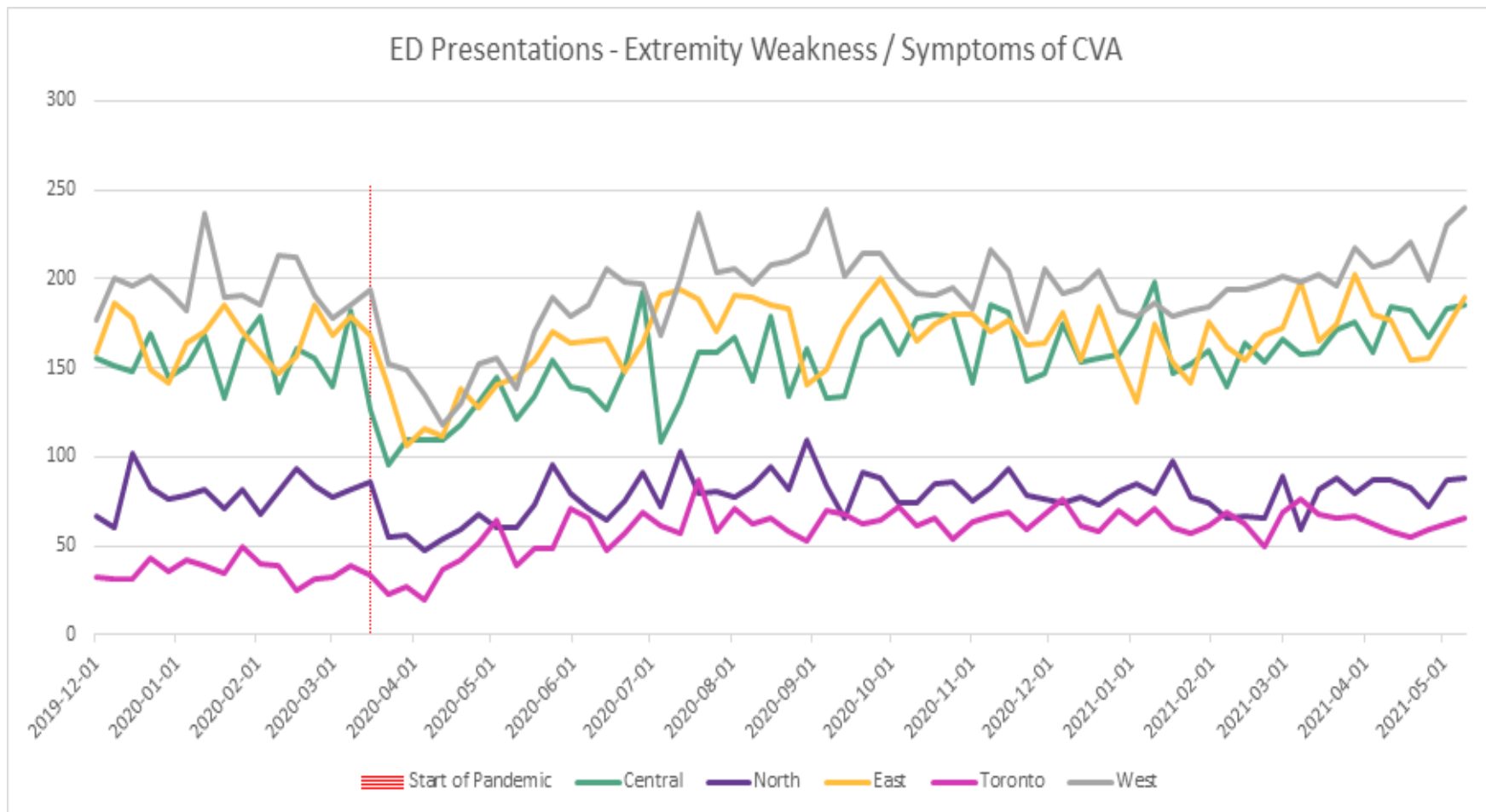


Data Source: Numerator: Wait Time Information System (WTIS); ALC Data cut on April 12, 2021; Denominator: Bed Census Summary (BCS) data as of April 12, 2021 cut.



eCTAS data source – ATC/OH

Total Cardiovascular Disease includes presenting complaints – Chest Pain/Cardiac arrest



eCTAS data – ATC/OH

So – Where did all the patients go?

- Fear of exposure- so wait, consult FD/WIC or even ED by VC;
 - Most acute illness and injury is self-limited and will resolve!
 - BUT some cases will progress and become more complicated/acute leading to delayed presentation of MI, stroke, surgical emergencies etc...anecdotes but little hard data so far
- But also;
 - Less competitive sports – less injury
 - Less travel so less travel related presentations
 - Amazing reduction in flu/URI cases
 - Less “partying” and social drinking presentations

Way forward?

- Better messaging around safety of ED's
- Best model for virtual care access? OTN pilots etc..
- Other suggestions?

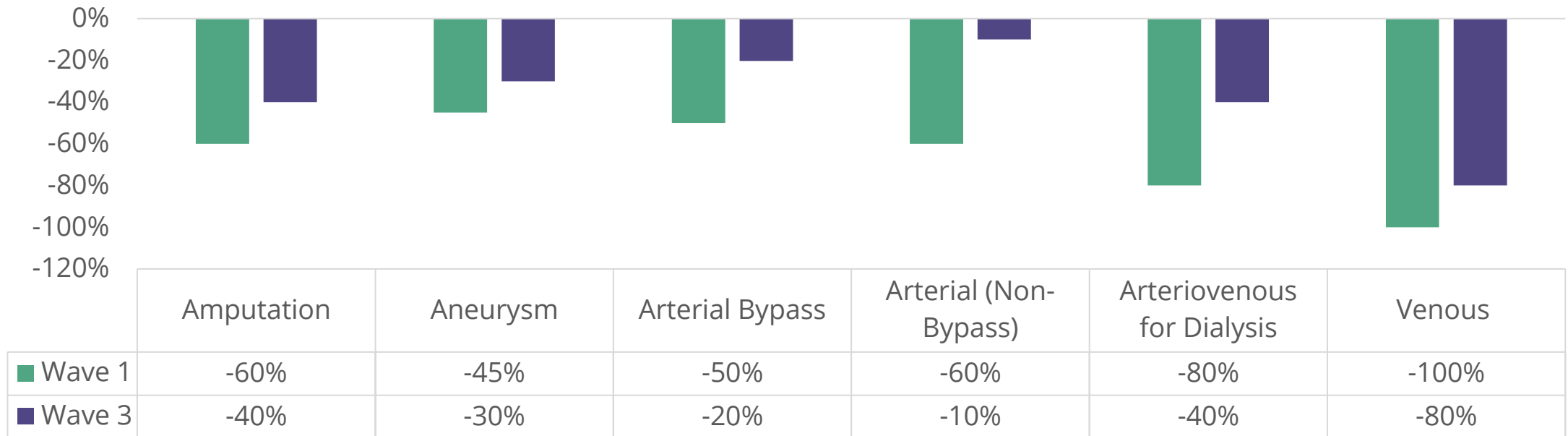


Vascular Activity Highlights

Deanna Wu, Director, Analytics & Reporting, CorHealth Ontario

Vascular Activity Update

- Vascular volumes have been reduced, but not as much as in the peak of Wave 1



- Variation in regional ramp down in May is similar to what was seen in April: Toronto Region has ramped down the most, followed by Central Region



Other Updates and Next Steps

Dr. Tom Forbes, Chair, CorHealth Clinical Advisory Committee

Other Updates and Next Steps

- We will continue holding a combined COVID-19 Stakeholder Forums (cardiac, stroke, and vascular stakeholders) weekly for half an hour, as necessary
- If group members would like to share or suggest any future agenda items, please email Emma Jowett (emma.jowett@corhealthontario.ca)
- Forum Summary Notes and Presentations can be found at the CorHealth COVID-19 Resource Centre (<https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/covid19/forum>)



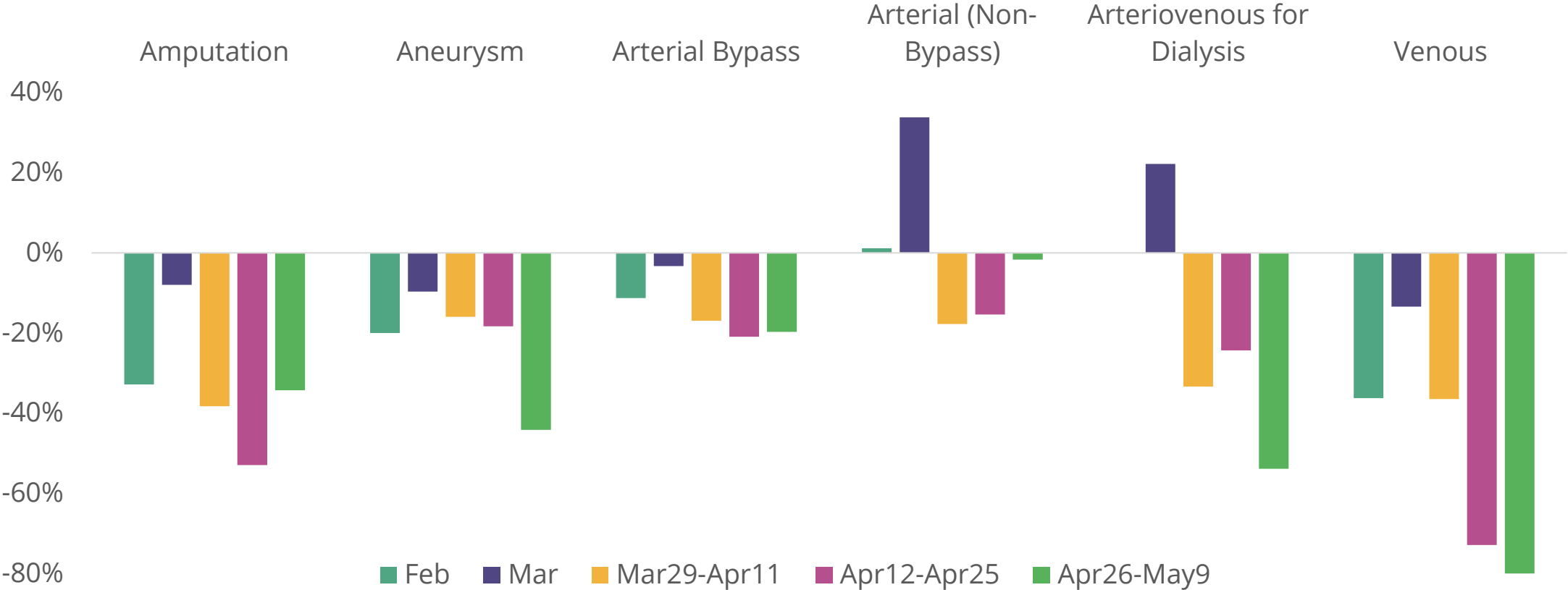
Appendix



Appendix: Vascular Activity Update

Data from Ontario Health Access to Care Wait Times Information System

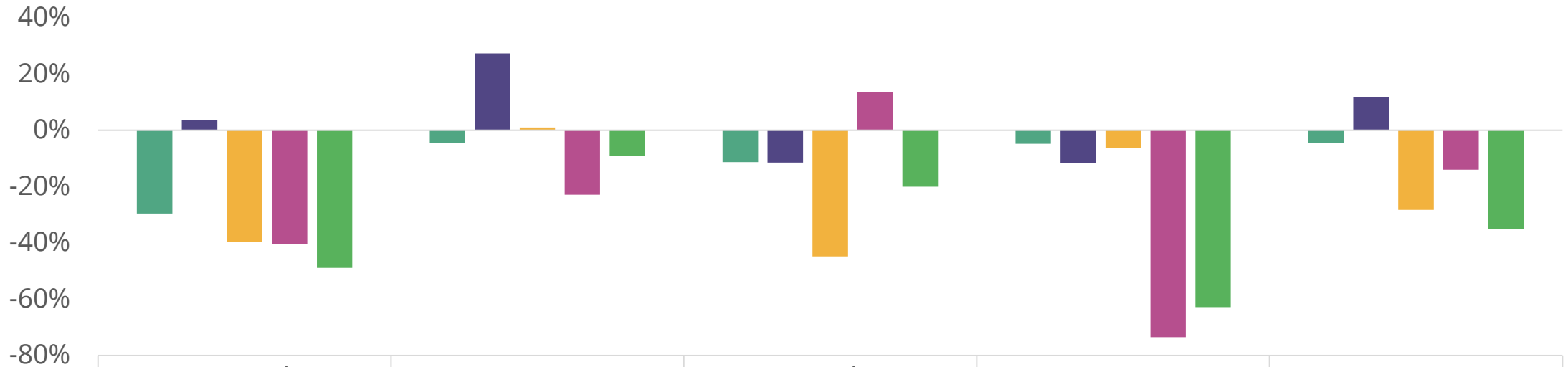
Vascular Activity COVID-19 Wave 3 Compared to Baseline



Baseline = 2020 for February; 2019 for March and April



Vascular Activity COVID-19 Wave 3 Compared to Baseline



	Central	East	North	Toronto	West
■ Feb	-30%	-4%	-11%	-5%	-5%
■ Mar	4%	27%	-11%	-12%	12%
■ Mar29-Apr11	-40%	1%	-45%	-6%	-28%
■ Apr12-Apr25	-40%	-23%	14%	-73%	-14%
■ Apr26-May9	-49%	-9%	-20%	-63%	-35%

■ Feb ■ Mar ■ Mar29-Apr11 ■ Apr12-Apr25 ■ Apr26-May9



Baseline = 2020 for February; 2019 for March and April