



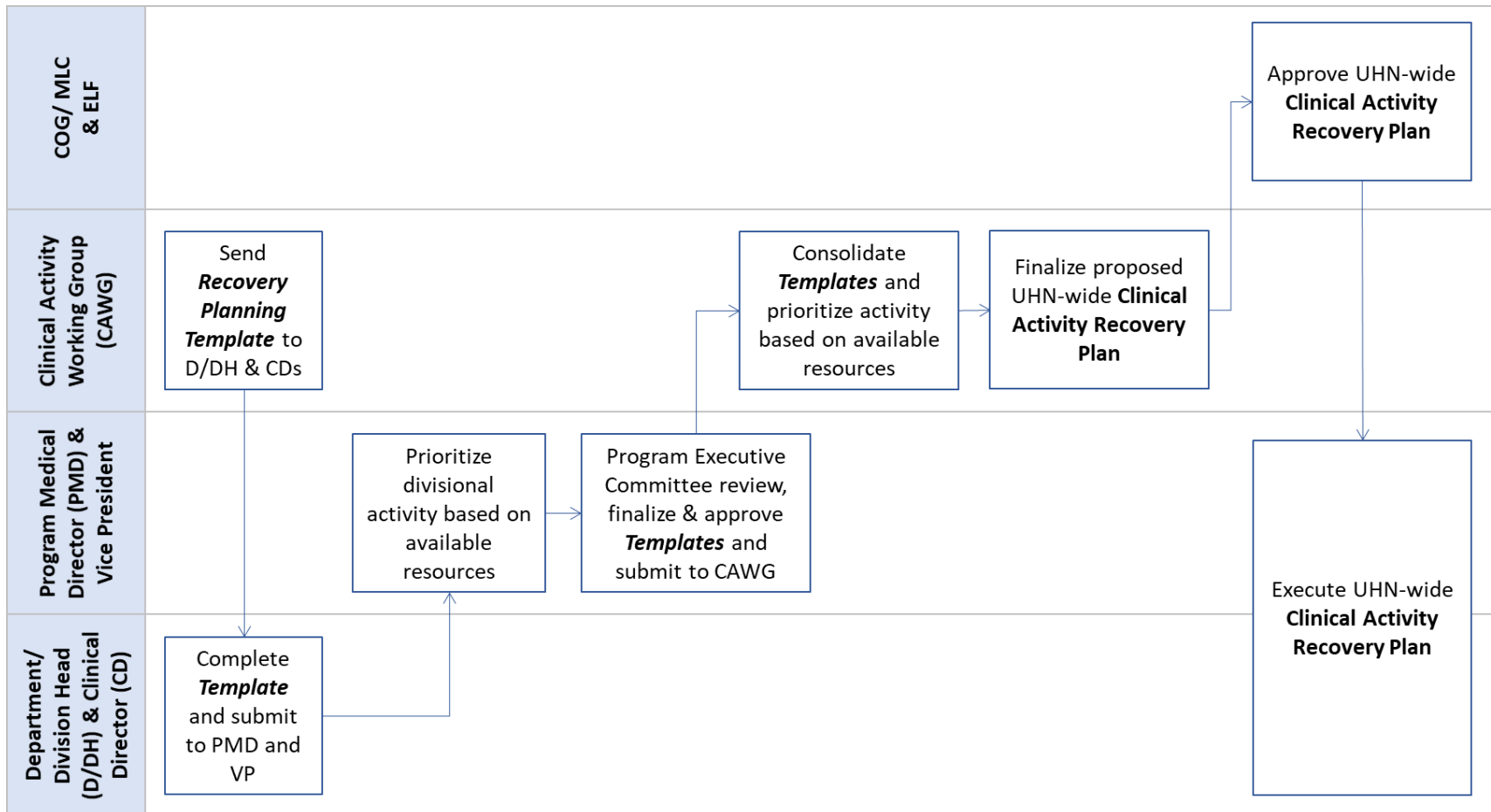
# **UHN Recovery Planning for Programs: Principles and Checklist**

*Clinical Activity Working Group*

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*Co-Chairs: Terri-Stuart McEwan, Barry Rubin*

## Process to develop a UHN-wide Clinical Activity Recovery Plan



**Table 1. Elements Program’s must consider when planning to increase clinical activity.**

Element	Consideration(s)
Staff	<ul style="list-style-type: none"> <li>• Does the program have the staff required to meet your proposed increase in activity? Consider: nursing, allied health, pharmacy, technicians/technologists, perfusionists, clerical and physician’s availability.</li> <li>• Can the staff manage the proposed increase in activity, from both a physical and a mental health perspective?</li> <li>• Is the required staff currently redeployed? What is the risk of existing staff being redeployed going forward? <i>Consult with the redeployment centre as required</i></li> <li>• Are there individuals with unique skill sets that are required to increase activity, and are they available?</li> <li>• Do staff need to learn or put into place new procedures / processes?</li> </ul>
PPE & Drug Supply	<ul style="list-style-type: none"> <li>• What is the dependency on PPE / drugs for the proposed increase in activity?</li> <li>• Will your proposed activity draw on the same supplies as those required to manage Covid+ patients? <i>e.g. use of anesthetic agents</i></li> </ul>
In-patient & ICU Capacity	<ul style="list-style-type: none"> <li>• What is the expected in-patient and ICU capacity needed to support your proposed activity?</li> <li>• Have you quantified and documented your projected in-patient and ICU capacity requirements with leaders in those areas? <i>e.g. Nurse Manager, Clinical Director, &amp; Physician Lead</i></li> </ul>
Physical Distancing & Evolving IPAC standards	<ul style="list-style-type: none"> <li>• Can you achieve the activity that you are proposing while adhering to physical distancing requirements, given the existing infrastructure in your programs? <i>e.g. how many people can your waiting rooms accommodate, and how many patients can flow through the post-operative care unit if the chairs and beds are 6 feet apart?</i></li> <li>• Will efficiency be impacted by adhering to physical distancing and evolving IPAC requirements <i>e.g. additional donning and doffing?</i></li> <li>• Is your proposed activity dependent on the availability of housekeeping, and will the activity result in increased cleaning requirements?</li> <li>• Will your proposed activity be impacted by changing standards for screening patients and staff for COVID-19?</li> <li>• Has the proposed increase in activity been reviewed with IPAC?</li> </ul>
Pre-procedure evaluation, diagnostics, and post-procedure care	<ul style="list-style-type: none"> <li>• What will the impact of the planned increase in activity be on pre-treatment assessment, medical imaging, laboratory medicine and post-procedure care? <i>e.g. rehabilitation medicine</i></li> <li>• Do consulting services (e.g. Medicine, Psychiatry) have the bandwidth to support the planned increase in activity?</li> </ul>
Ethics	<ul style="list-style-type: none"> <li>• Have you used an ethical framework<sup>1,2</sup> in the process of deciding which activities to increase, and which patients will have priority to receive care / treatment?</li> <li>• Does your proposal optimize quality of care, resources, and relationships?</li> <li>• Is your decision-making process guided by transparency, fairness, consistency, inclusiveness, accountability, and trust?</li> <li>• Have you considered a balance between utility and equity when prioritizing activity for each phase in your activity recovery plan?</li> </ul>
Epidemiology	<ul style="list-style-type: none"> <li>• Have current local, regional, national, and international trends in COVID-19 infection rates been considered when planning increases in activity?</li> <li>• Has your risk assessment / prioritization considered whether the patient population is at increased risk for COVID-19? <i>e.g. hypertension, obesity</i></li> </ul>

<sup>1</sup> University of Toronto Joint Centre for Bioethics. “Ethical Framework for Resource Allocation During the Drug Supply Shortage.” March 2012



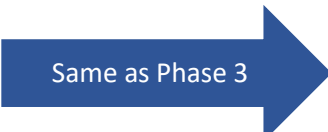

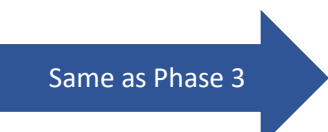
<sup>2</sup> Ontario Bioethics Table. “Ethics Framework for Ramping Down Elective Surgeries and Other Non-Emergent Activities during the COVID-19 Pandemic.” March 2020.

**Table 2. Consequences that result from increasing clinical activity.**

Element	Consideration(s)
Impact on Patients, Families, and Caregivers	<ul style="list-style-type: none"> <li>• Have you put in place the measures required to support patients and family / caregivers as new procedures / processes are implemented?</li> <li>• Are educational materials / scripts required to support patients, families / caregivers to help them adapt to the new hospital environment?</li> <li>• Does the planned increase in activity align with UHN’s Declaration of Values?</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Do you have a plan to communicate the proposed increase in activity throughout your program?</li> <li>• Do you have a plan to communicate changes in care plans to patients and their family / caregivers?</li> <li>• Do you have mechanisms in place to address concerns that individual patients and family / caregivers may have regarding the scheduling of planned care?</li> </ul>
Models of Care	<ul style="list-style-type: none"> <li>• Have you augmented models of care so that they support proposed future activity? <i>e.g. utilization of nurse practitioners</i></li> <li>• Does the increase in activity leverage positive changes in care delivery that have been realized during the pandemic, including an increase in remote patient monitoring, and virtual assessment and follow up care?</li> </ul>
Maintenance of Virtual Care	<ul style="list-style-type: none"> <li>• First consultations to be completed virtually, when safe to do so</li> <li>• After initial treatment is completed, prioritize virtual visits except in instances when in-person examination is required for the safety of the patient</li> <li>• Implement remote patient monitoring where possible</li> </ul>
Financial	<ul style="list-style-type: none"> <li>• Have you considered the funding and cost of the proposed increased activity?</li> <li>• Is the proposed increase in activity within the current funding envelop of your Program?</li> </ul>
Academic	<ul style="list-style-type: none"> <li>• Will the proposed change in activity impact educational opportunities for trainees, especially if UHN migrates to more specialized care?</li> <li>• Will the proposed change in activity, in addition to changes in hospital environment impact the ability to carry out clinical research?</li> </ul>
Alignment with Priorities / Equity	<ul style="list-style-type: none"> <li>• Does the planned increase in activity align with UHN priorities?</li> <li>• Is the proposed activity in alignment with priorities established by Ontario Health?</li> <li>• Does the planned increase in activity maintain equitable access to care at the regional and provincial level?</li> </ul>
Future State	<ul style="list-style-type: none"> <li>• What are the priorities of your program / department / division in 12 – 18 months? Your recovery plan should aim to actualize your priorities and minimize activity that would compete for time / resources.</li> <li>• What gains / improvements have been achieved in the pandemic period? How can these be maintained throughout your intermediate and long-term recovery plan?</li> <li>• Are there opportunities for regional coordination? Can some of the activity that was reduced during the pandemic period be delivered at different sites or organizations?</li> </ul>

### Recovery Phases and Thresholds

The below thresholds will support UHN’s decision-making in incrementally phasing the increase of clinical activity. The thresholds used for increasing activity will be the same for any potential required decreases in activity. Please consider how these constraints will impact the activity you propose for each recovery phase.

Recovery Phase	Pandemic Period: as of Mar 13, 2020	Recovery Phase 1	Recovery Phase 2	Recovery Phase 3	Future State: “New Normal”
		<i>Essential Care Only</i>	<i>Time sensitive procedure if delayed more than 90 days; or priority program (e.g. UHN only provider in Ontario)<sup>1</sup></i>	<i>Prioritize activity where UHN is one of a few providers of specialty care in Ontario<sup>1</sup></i>	<i>Prioritize based on impact on quality of life and disease outcomes<sup>1, 2</sup></i>
Staff	Staff not required to manage essential care remain available for redeployment	Staff not required to manage time-sensitive cases should remain available for redeployment	Less than <b>30%**</b> of staff is currently or may be redeployed	Less than <b>10%</b> of staff is currently or may be redeployed	Staff redeployment centre closed
PPE & Drug Supply	Activity should minimize to the greatest extent possible use of PPE and drugs required for management of Covid+ patients		UHN has greater than <b>30-days</b> supply of PPE and drugs required for the management of Covid+ patients in addition to increased activity	UHN has greater than <b>60-days</b> supply of PPE and drugs required for the management of Covid+ patients in addition to increased activity	No constraints on PPE or drug supply
Inpatient & ICU Capacity	Activity should minimize to the greatest extent possible reliance on inpatient and ICU capacity		Less than <b>30%</b> of inpatient / ICU capacity is being used by Covid+ patients	Less than <b>10%</b> inpatient / ICU capacity being used by Covid+ patients	
Physical Distancing & Evolving IPAC standards	Activity should minimize to the greatest extent possible the number of patients who come on-site			Activity should maintain physical distancing recommendations (e.g. maintaining 2-meters between patients in waiting rooms, recovery)	

<sup>1</sup> May also include procedures at low risk for admission to hospital (e.g. Endoscopy, Cystoscopy, Arthroscopy, Diagnostic Cardiac Cath, Ophthalmology)

<sup>2</sup> This may require adjudication of proposed increases in activity by the Clinical Activities Working Group in each program, as available Hospital resources may limit the ability for all increases in activity to proceed simultaneously.

**Recovery Planning Template (to be completed by Department / Area)**

Please complete the below template to indicate the activity you propose resuming in each recovery phase. Ensure that you have considered all elements lists in the “Elements to Consider When Deciding How/Where to Increase Activity” section of this document (pg. 3)

<b>Proposed Activity*</b>	<b>Recovery Phase 1</b>	<b>Recovery Phase 2</b>	<b>Recovery Phase 3</b>	<b>Future State: “New Normal”</b>
	<i>Management of time-sensitive cases: prioritize activity where UHN is the only provider in Ontario</i>	<i>Prioritize activity where UHN is one of the few providers in Ontario</i>	<i>Prioritize based on risk of irreversible harm or death if treatment further delayed*</i>	<i>Approximately 12~18 months from Phase 1</i>
<b>Ambulatory: On-site</b>				
<b>Ambulatory: Virtual</b>				
<b>Procedural</b>				
<b>Surgical</b>				

\*Please specify intended location of activity (e.g. TG, TW, PM, TRI)

**Note:** patient must pass Covid screening in order to move forward with on-site care