

COVID- 19 Combined Stakeholder Forum

DATE: April 21, 2021, 8:00-9:00 AM

GROUPS REPRESENTED: Over 255 participants joined the call with representation from CorHealth Ontario and its Cardiac, Stroke, Vascular, Rehabilitation, Heart Failure clinical and administrative stakeholders, the Ontario Hospital Association, and the GTA Hospital COVID-19 IMS.

CHAIR:

- Dr. Tom Forbes, Co-Chair, CorHealth Clinical Advisory Committee

SPEAKERS:

- Michelle DiEmanuele, Sponsor, GTA COVID-19 Incident Management Table
- Imtiaz Daniel, Chief Research Analyst, Ontario Hospital Association
- Kirk LeMessurier, Chief, Strategic Communications, Ontario Hospital Association
- Deanna Wu, Director, Analytics & Reporting, CorHealth Ontario

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the Forum and is NOT general guidance.

KEY HIGHLIGHTS

- Critical care bed situation is very fluid and fluctuations in ICU capacity are changing rapidly. Notable fluctuations have been seen within the GTA in the last few days.
- Many hospitals are operating at over capacity; data does not reflect staffed beds but rather physical ICU bed availability.
- Many options being discussed at various tables and government to create capacity: transfer of patients, moving targeted number of ALC patients to long term care, opening non-traditional ICU settings (i.e., paediatric hospitals), expanding capacity of nursing graduates and interprovincial HHR.
- Barriers to creation of additional capacity within the system continue to be health human resources (HHR), especially considering the higher staffing ratio required for patients in the ICU and transport.
 - Capacity for interfacility transportation of patients continues to be stretched and needs to be accounted for when considering system changes.
- Understanding thresholds for prioritization and triaging in relation to COVID and non-COVID patients is a priority.

KEY ISSUES/ACTIONS

Overview of Issue	Action/ Consideration
1. Preservation of Urgent/Emergent Care <ul style="list-style-type: none"> • Provincial coordination to facilitate access to some specialized services (e.g. specialized hospitals to provide pre-specified surgeries and procedures) • Mitigation of negative downstream effects of HHR & capacity issues on patients (e.g. ensuring stroke patients still have access to stroke unit care) • Conversely, limiting access to surgery to only a couple of centres could negatively impact delivery of care in emergent situations • Consideration of transport delays for critical care and specialty procedure/surgery hospitals 	<ul style="list-style-type: none"> • CorHealth to alert: <ul style="list-style-type: none"> • Ontario Health (OH) • Ontario Critical Care Command Table • GTA Hospital IMS Table • Ontario Hospital Association (OHA)

2.	<p>HHR issues</p> <ul style="list-style-type: none"> • Need confirmation/clarification that ICU capacity data reflects staffed beds • ICU capacity may be misrepresented as HHR may not not reflected in critical care bed data – there may be ICU beds available but it may not be able to be staffed – this needs to be reflected to show the true picture of available staffed beds. <ul style="list-style-type: none"> ◦ OHA is in the process of surveying members to get this data • Lack of consistency of staffing in regular ICU as well as surge beds • Suggestion to bring in the military/Red Cross to help with transfers or other HHR needs (staffing - redeployment and relief) • Many HHRs are still not fully vaccinated and there are concerns about being redeployed without full vaccination). Full vaccination of front-line healthcare workers should be a priority to protect this limited resource. 	<ul style="list-style-type: none"> • CorHealth to alert/follow-up with: <ul style="list-style-type: none"> • OH • OHA
3.	<p>Patient education</p> <ul style="list-style-type: none"> • May be lack of understanding for fully vaccinated patients as to delays in care 	<ul style="list-style-type: none"> • CorHealth to alert: <ul style="list-style-type: none"> • OH
4.	<p>Prioritization of patients and procedures</p> <ul style="list-style-type: none"> • Understanding thresholds for prioritization and triaging in relation to COVID and non-COVID patients • CorHealth can provide direction with prioritization of patients and procedures 	<ul style="list-style-type: none"> • CorHealth to alert: <ul style="list-style-type: none"> • OH • Reminder to refer to CorHealth Guidance Memos
5.	<p>Navigation of COVID-19 Command structure and information</p> <ul style="list-style-type: none"> • Need to understand the flow of information and increase access to COVID-19 data 	<ul style="list-style-type: none"> • CorHealth to alert: <ul style="list-style-type: none"> • OH • Ontario Critical Care Command Table • GTA Hospital IMS Table • OHA
6.	<p>Ramp down</p> <ul style="list-style-type: none"> • Directive 2 has been reissued by the MOH with revisions. • It is critical that everyone ramps down as per the new MOH directive as there is less flexibility in this wave as compared to previous waves. 	<ul style="list-style-type: none"> • CorHealth to continue to monitor cardiac, stroke, and vascular activity and report back at future Forums

Next Steps and Wrap Up

- CorHealth to follow up with its partners & provincial tables on key issues, concerns and advice raised by stakeholders.
- CorHealth to schedule weekly half-hour Forums to address fluid situation and will bring back information as available on issues and concerns raised.
- Next meeting of the group will be held on Wednesday April 28th at 4pm.



- If group members have any questions or comments, please email to Emma.Jowett@corhealthontario.ca