

# COVID-19 Combined Stakeholder Forum

**DATE:** May 12, 2021, 4:00-5:00 PM

**GROUPS REPRESENTED:** Over 120 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:**

- Deanna Wu, Director, Analytics & Reporting, CorHealth Ontario
- Judy Linton, Chief Nursing Executive and Clinical Institutes and Quality Programs Executive, Ontario Health
- Dr. Chris Simpson, Executive Vice President, Medical, Ontario Health
- Christine Moon, Manager of Communications & Client Relations, CitiCall Ontario
- Dr. Charles de Mestral, Vascular Surgeon, St. Michael's Hospital, and Assistant Professor, University of Toronto

**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

- April COVID-19 cardiac and stroke activity summary: cardiac ramp-down varying across all regions – most notably in Toronto – as well as varying across procedures; stroke presentations to Emergency Department continue.
- COVID-19 Current State signaled preparation for rescinding Directive 2 and ramping up activity; approach anticipating an asymmetrical recovery across regions.
  - Enthusiasm to use disruption of the pandemic to recover to a transformed state; opportunity to address historical health inequities including geography, racism, and socioeconomic barriers to accessing care.
  - Ontario Health HHR update on volunteering staff across hospitals to support COVID included: small amount of volunteers from hospitals agreeing to be redeployed to support efforts in other programs; redeployed out of province/federal support using a centralized table to direct support where most needed; staff exhaustion.
- CitiCall Ontario provided an update on work done to date to support IMS directive through repatriation and patient transfers.
- Impact of COVID on chronic limb-threatening ischemia (CLTI) in Ontario modeling uses real world data extrapolating the impact on delayed revascularization. Necessary urgent care for patients with CLTI continued through Waves 1 and 2. System seems to be managing patients reasonably well under extraordinary conditions.

## KEY ISSUES/ACTIONS

	Overview of Issue	Action/Consideration
1.	<p><b>HHR Barriers to Ramp-Up and Recovery</b></p> <ul style="list-style-type: none"> <li>• Ramp-up efforts may be hindered by a fatigued work force.</li> <li>• Staff are experiencing increased stress related to overtime, discomfort working under an expanded scope of practice, capacity to deliver care 24/7 care.</li> <li>• Many staff without vacations for over a year, expecting summer slow down. System will need to pace recovery to accommodate.</li> <li>• It was recognized that pace and timing of recovery will need to consider health care worker exhaustion and burnout.</li> </ul>	<ul style="list-style-type: none"> <li>• OH noted stakeholder comments.</li> <li>• CorHealth to provide stakeholder feedback to OH as they develop appropriate ramp-up strategies.</li> </ul>

<p><b>2.</b></p>	<p><b>Continue Concern re: Regional Ramp-Down Variation</b></p> <ul style="list-style-type: none"> <li>• Some regions more pronounced in their level of ramp down than others.</li> <li>• Shift in language from “elective” to “non-urgent / non-emergent” in Directive 2.</li> <li>• Variation in local interpretation of non-urgent/non-emergent care.</li> <li>• Evolving pandemic with requirements to balance patient management and appropriate care.</li> </ul>	<ul style="list-style-type: none"> <li>• CorHealth Memo providing guidance for prioritization of cardiac, stroke, and vascular patients available <a href="#">here on the Resource Centre</a></li> </ul>
<p><b>3.</b></p>	<p><b>Variation in Backlog Considerations</b></p> <ul style="list-style-type: none"> <li>• Working to balance the perception of large backlog shown from Science Table with reality of backlog differences across procedures – degree will vary specialty by specialty.</li> <li>• Effect of not only procedures (i.e. surgery), but also unmet needs in the community accessing key services (i.e. rehabilitation post-stroke, or screening by primary care providers).</li> <li>• Will require a nuanced understanding of the impacts of care delays on long-term health outcomes and services required to meet those needs in the future.</li> <li>• Reinforcing need to think critically around patient prioritization, identification of patients upstream via primary care and referral management.</li> </ul>	<ul style="list-style-type: none"> <li>• CorHealth to continue to monitor and bring back data to Forums.</li> <li>• CorHealth to alert OH of these considerations as recovery planning continues using the <i>Restore, Transform, and Sustain</i> model.</li> </ul>

**Next Steps and Wrap Up**

- Next meeting of the group will be held on Wednesday May 19, 2021 from 4:00 – 5:00 pm
- If group members have any questions or comments, please email to [Emma.Lowett@corhealthontario.ca](mailto:Emma.Lowett@corhealthontario.ca)