

# **COVID-19 Combined Stakeholder Forum**

**DATE:** May 19, 2021, 4:00-5:00 PM

**GROUPS REPRESENTED:** Over 110 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:**

- Dr. Howard Ovens, Staff Emergency Physician and Chief Medical Strategy Officer, Sinai Health System; Medical Advisor, Sinai Health Foundation; Professor, DFCM; Sr. Fellow, IHPME, University of Toronto; ON Provincial Lead for Emergency Medicine
- Dr. Chris Simpson, Executive Vice President, Medical, Ontario Health
- Dr. Shaun Visser, Emergency Lead East, Ontario Health
- Deanna Wu, Director, Analytics & Reporting, CorHealth Ontario
- Dr. David Zelt, Incident Commander, COVID-19 Regional IMS Table (East)

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**

- As COVID-19 numbers in ICU are seemingly on the decline, CMOH has announced the
  revocation of Directive #2 for hospitals that are able to meet the criteria outlined by Ontario
  Health (see below Memo #1). Update from Dr. Chris Simpson included a high-level approach
  to ramping up, recognizing regional inequities due to challenges to be faced by areas hardest
  hit by COVID-19.
  - Memo #1 from Ontario Health on the gradual resumption of non-emergent and nonurgent surgeries and procedures has been released to support the rescinded directive. This is the first of multiple memos to be released over the coming weeks providing guidance to the healthcare sector.
- Regional IMS Table (East) update provided an overview of work occurring to maximize
  efficiencies in the east region to support patient safety, ensure data collection to support
  transfer and capacity, and work to address concerns such as distance, consent, and
  managing transfers of critically ill patients.
- Data showing number of patients going to the Emergency Department (ED) dropped sharply during the initial months of COVID-19 (Wave 1) with subsequent trends slowly starting to approach normal rates in Wave 3.
- Vascular Activity Highlights from CorHealth data showed a current state of reduced vascular
  activity but not as much as wave 1, with Toronto maintaining the greatest reduction in
  volumes. Additionally, eCTAS data shows a recent uptick in cardiac presentations in the
  Toronto Region. Stroke presentations have remained approximately the same as prepandemic.

### **KEY ISSUES/ACTIONS**

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	Overview of Issue	Action/Consideration	
1.	Asymmetric Ramp-Up with Revocation of Directive 2	CorHealth to	
	Anticipated asymmetric ramp-up across the province due to	continue to align	
	regional differences in COVID-19 impacts; hardest hit areas will	with Ontario	
	require additional support.	Health and provide	
	Current IMS structures will stay in place for the near-term future as	feedback from	
	transfers will continue to be a part of reality.	stakeholders on	



	<ul> <li>Ramping up given known HHR issues (redeployed staff and/or burnout) a considerable challenge.</li> </ul>	ramp-up activities
2.	<ul> <li>Repatriation of patients</li> <li>Currently not actively repatriating patients that have been transferred by IMS structures.</li> <li>Receiving hospitals remain accountable for discharge planning.</li> <li>Some regions beginning to develop plans to safely move patients back to their home communities rather than to hospital; working with other provincial groups (e.g. Rehab Care Alliance) to ensure that patients continue to receive the post-acute care they will need.</li> <li>Ensuring transfer of patients is equitable within regions to ensure surgical access as ramp-up continues.</li> <li>Concerns and struggles with patients who have no family physician; consideration for clinics to support patients getting outpatient care.</li> </ul>	CorHealth to provide feedback as available to OH for inclusion in future memos
3.	<ul> <li>Changes in Emergency Department Presentations</li> <li>Notable initial decrease in patients presenting to ED, especially during lockdowns.</li> <li>Ensuring messaging remains to public that ED's are safe places to seek care.</li> <li>Adoption of virtual care.</li> <li>Considerations for reduction in ED utilization includes seasonal and behaviour modifications during COVID-19 restrictions, such as low flu season, no/less contact sport, less socialization with alcohol consumption and associated injury, less travel related ED utilization.</li> <li>Some commentary from stakeholders in Forum noted a decrease in stroke presentation numbers, reinforcing the need for regional level data.</li> </ul>	<ul> <li>Continue to support partners in public messaging on seeking medical care for cardiovascular and stroke emergencies</li> <li>Continue to monitor ECTAS data</li> <li>CorHealth to provide regional level data</li> </ul>

## **Next Steps and Wrap Up**

- Next meeting of the group will be held on Wednesday May 26, 2021 from 4:00 5:00 pm
- If group members have any questions or comments, please email to <u>Emma.Jowett@corhealthontario.ca</u>

## Links

- CMOH Memo Revocation of Chief Medical Officer of Health Directive #2 and the Resumption of non-urgent and non-emergent surgeries and procedures (May 19, 2021): https://www.corhealthontario.ca/CMOH-Memorandum-Directive-2-19May2021.pdf
- OH Memo Gradual resumption of non-emergent and non-urgent surgeries and procedures (May 19, 2021): <a href="https://www.corhealthontario.ca/OH-Memo-Gradual-resumption-of-non-emergent-and-non-urgent-surgeries-and-procedures-19May2021.pdf">https://www.corhealthontario.ca/OH-Memo-Gradual-resumption-of-non-emergent-and-non-urgent-surgeries-and-procedures-19May2021.pdf</a>