

COVID- 19 Combined Stakeholder Forum

DATE: April 28, 2021, 4:00-5:00 PM

GROUPS REPRESENTED: Over 190 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. Andrew Baker, COVID-19 Incident Management Tables & Structures
- Mike Sanderson, Transportation & Transfers During COVID-19

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

- Recognition of impact of delaying non-urgent or non-emergent, scheduled procedures within cardiac and vascular care.
- Paramedic transportation practices and procedures in place work to ensure smooth and efficient transfers of patients by leveraging three key roles of paramedic services: interfacility transfers, emergency response, and community paramedicine.
 - Staffing, resources, and capacity are critical considerations for balancing the use of paramedic services for COVID-19 response and in keeping patients away from the hospitals where possible.
 - Health human resources challenges, including physical and mental health, attrition, certification delays, and self-isolation requirements, place extra demands on paramedic services and can potentially impact care delivery.
- The Critical Care and Regional Incident Management Tables & Structures provide centralized oversight to ensure the effective transfer of patients from acute care and ICUs in an effort to maintain the functional integrity of ICUs across the province.
 - This structure, in place since March 2020, makes decision based on data provided by the Science Table and strives to remain 1 week ahead projections to support the system, as required.
- Cardiac and Vascular pathways for referrals and existing network structures provide a strong support to the operational requirements of the transfer of patients and should be continuously leveraged where possible by the provincial IMS tables.

KEY ISSUES/ACTIONS

	Overview of Issue	Action/Consideration
1.	<p>Maintain System Flexibility and Capacity</p> <ul style="list-style-type: none"> • There is continued importance placed on maintaining hospital capacity by ensuring ramp down of non-urgent and non-emergent procedures (Directive #2). • COVID-19 IMS Table decisions based on projections from the Science Table which is critical for effective patient transfers from hardest hit areas, as well as managing ICU and Acute Care numbers. 	<ul style="list-style-type: none"> • CorHealth to continue to monitor ramp down activity across the province.

<p>2.</p>	<p>Supporting Smooth Transfer of Patients</p> <ul style="list-style-type: none"> • There are significant Human Health Resources constraints. • To support effective utilization where the case is not urgent, schedule transfers in advance and ensure timely adherence to transfer times where possible. • Some interhospital transfers to tertiary sites for ongoing care require a hospital staff escort. • Significant time constraints on vehicle transfer of patients where intubation or oxygen is required and use of air-transfer for these patients is critical. • Leverage existing referral and network structures. • Critical to maintain strong partnerships and communication channels . 	<ul style="list-style-type: none"> • CorHealth provide regional structural data to key stakeholders to support effective transport as required
<p>3.</p>	<p>Supporting Stakeholders in Clinical Decision Making</p> <ul style="list-style-type: none"> • Finding balance between cardiac, stroke, and vascular care and ensuring ICU capacity for COVID-19 patients continues to be a focus. • Though difficult, setting guidelines to support clinician’s decision making on delayable vs. non-delayable care. • Find innovative ways to redesign models of care to maintain safety and build capacity. 	<ul style="list-style-type: none"> • Clinical Guidance Memos available on the CorHealth Resource Centre remain relevant.

Next Steps and Wrap Up

- Next meeting of the group will be held on Wednesday April 30, 2021 from 8:00 – 9:00 am
- If group members have any questions or comments, please email to Emma.Jowett@corhealthontario.ca