

Quality Performance Measurement and Monitoring Meetings: Summary Document

Emerging Issues and Themes During COVID-19

Q4 2019/20 Discussions | June 2020

Repurposing Q4 19/20 QPMM to Discuss COVID-19 and Current State

The purpose of the Quality Performance Measurement and Monitoring (QPMM) meetings are usually dedicated to discuss the CorHealth QPMM Quality Scorecard, however, due to COVID-19, the meetings were repurposed to discuss the current impact of COVID-19 and to allow programs an opportunity to connect with the MOH, CorHealth, and LHIN representatives. Although these meetings were considered optional given potential resource constraints, all 20 cardiac programs attended their respective calls.

Discussions were framed around the following questions regarding the effect of COVID-19 on Cardiac Programs:

1. What challenges is your program experiencing, or that you foresee will experience, as you try and ramp up cardiac activity to address the backlog of procedures?
2. Did you use the Weekly Cardiac COVID-19 Activity reports to help in your planning exercises, and if so, how? Is there anything additional you think CorHealth should be addressing through our reporting?
3. Is there additional information CorHealth should be providing that we have missed to help support you as you look to ramp up cardiac activity to address the backlog of procedures?

The purpose of this document is to summarize the information shared with CorHealth regarding the effect of COVID-19 on Cardiac Programs (question #1 above) during these meetings and highlight the emerging issues and themes from across the province. Please note, this is not an exhaustive list as it only highlights what the hospitals chose to share and discuss during the QPMM call.

Next Steps

The next QPMM meetings are planned for October 2020. The STEMI Indicators in the QPMM Quality Scorecard and the Consolidated Cardiac Outcomes Report will be the focus of discussion. Although we will ensure that those meetings are in place, we may need to be adaptable with changes to the agenda based on the effects of the pandemic at any given time. Final agenda decisions will be communicated closer to the date. For the short term, discussions on COVID-19 and supporting our cardiac stakeholders will continue at the regularly scheduled Stakeholder Forums.

Key Words: Q4 19/20 Discussions regarding COVID-19

To summarize the discussions at a high level, key phrases and meeting notes were compiled and added to a word cloud generator. A word cloud is a visual representation of text data, used to depict key words used during discussions or free form text. The importance of each key word is shown by size – the bigger the word, the more times it was repeated during all the discussions.



Figure 1. Word Cloud Key Words: Q4 19/20 Discussions

Provincial Emerging Issues and Themes

Aligned with [A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic](#)

*“A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic”, released on May 7, 2020 by Ontario Health, identifies criteria for reintroducing scheduled surgical and procedural work for all hospitals across the province. This document provides direction to complete a feasibility assessment to assess nine criteria identified in the *COVID-19 Surgical and Procedural Feasibility Assessment for Hospitals*. Emerging issues and themes from the QPMM discussions have been mapped to these criteria at a high level, to ensure alignment of *The Measured Approach to Planning* document and to support programs in their feasibility assessments. Emerging issues and themes are also presented according to the five Interim regions across Ontario (Figure 3, page 6).*

Emerging issues and themes across the province are the following:

- COVID-19 Disease Burden, Cases, and Testing
- PPE and Medication Supply
- Inpatient and Critical Care Capacity
- Health Human Resources
- Care Outside of the Hospital
- Waitlist Management and Resumption of Services

COVID-19 Disease Burden, Cases, and Testing

- Variation across the province of burden of cases at hospitals
- Sites were not specifically discussing testing as a concern; some unknowns over testing patients as resumption of services occurs (e.g. testing policies and procedures for patients using acute care/outpatient hospital services)

“Low volume of COVID in the community, and no cases in hospital”

“We have had cases but not a lot”

“Cases have been high but manageable”

PPE and Medication Supply

- Variation across the province in terms of shortages and concerns over availability of PPE and medication, including time ranges across the province in the prediction of PPE and medication availability over the next short term

- Resumption of services posing concern as demand on PPE and medication increases across the board and availability is unknown or more difficult to predict
 - "There are shortages and taking that into consideration. We are looking into other alternatives to manage critical care patients to manage the shortage"*
 - "Struggling with supply chain issues"*
 - "At this moment we're stable with PPE supplies"*

Inpatient and Critical Care Capacity

- Variation in access to physical space for cardiac patients and staff; including CICU capacity/recovery rooms limited as areas refitted and beds converted to support COVID needs; and concerns over physical space and social distancing requirements
- Variation in the number of Cath labs available given current state pre-COVID, i.e. capital projects impacting Cath Labs
- Care delivery models may need to change
 - "Trying to make room for COVID patients"*
 - "How to maintain social distancing, stretchers are all close proximity"*
 - "CICU has been split for COVID patients"*
 - "Ramp up concerns on maintaining safe distances in the Cath Lab"*
 - "Significantly challenging to catch up with only one Cath Lab"*

Health Human Resources

- Some staff redeployed to support COVID related activities in the hospital resulting in decreased staff availability; including nursing shortages to support cardiology (diverted to ICU)
- Access to data and resources, challenging as we monitor resumption of services – data submission to contribute to reporting may be affected during this time
- Variation in the demand on staff; some staff greatly impacted, others less so
 - "We need to think of how we redeploy staff back from critical care"*
 - "Hospitals need to make sure they have the staff who are healthy and available – could have burnt out staff taking time in the summer or we could risk losing them all together"*
 - "Concern whether facilities right now have dedicated data clerks keeping up with data entry"*
 - "Resources will cause some challenges"*

Care Outside of the Hospital

- Patients are cautious to seek necessary healthcare/come to hospital, even when symptoms occur and persist – seeing worsening of patient conditions
- Uncertainty over long term effects of limited access to cardiac pre-testing
- Concerns over lack of access to cardiac rehab and follow-up care
- Essential to leverage virtual care models

“Uneasy feeling about the acute complexity of those patients waiting in the community”

“Patients resistant to come in even if they’re urgent”

“Stress testing is not happening, we’re doing consults virtually, no quantitative referrals”

“The rehab community is working hard. In general, it is not really happening, but there is an increase in virtual rehab and strategies for rehab in the home”

“Everyone is seeing the sudden utilization of virtual care”

Waitlist Management and Resumption of Services

- Many programs ready and preparing for resumption of services, aligning with hospital senior tables on COVID and provincial recommendations, i.e. maintaining an 15% COVID surge capacity
- Leveraging CorHealth reports to stay apprised of current situation across the province and inform senior tables at the hospital; and information sharing at Forums providing excellent examples to build on
- Health and wellness checks on waitlist patients to stay apprised of status of patients where possible
- Strong desire for a provincially coordinated resumption of services, as referring hospitals begin to contribute to increased volumes for procedures with existing waitlist

“Need for a coordinated ramp up – need to ensure capacity, and the other way, community has the ability to ramp up diagnostic testing”

“We may have to look into additional strategies, like extending hours or working weekends, to manage the growing waitlist”

“Reports are very useful; they’re discussed daily and very helpful to compare across the province”

“At 75% pre-COVID capacity, we have no ability to address the wait list that has built up”

Ontario Interim Regions and Emerging Issues and Themes

Discussions have been summarized within the five regions to better support regional interpretation of provincial themes in *Figure 3*. regions are aligned with the current Ontario Interim Regions; see *Figure 2* for a list of Cardiac Programs within each region.



Figure 2: Ontario Interim Regions and Cardiac Programs

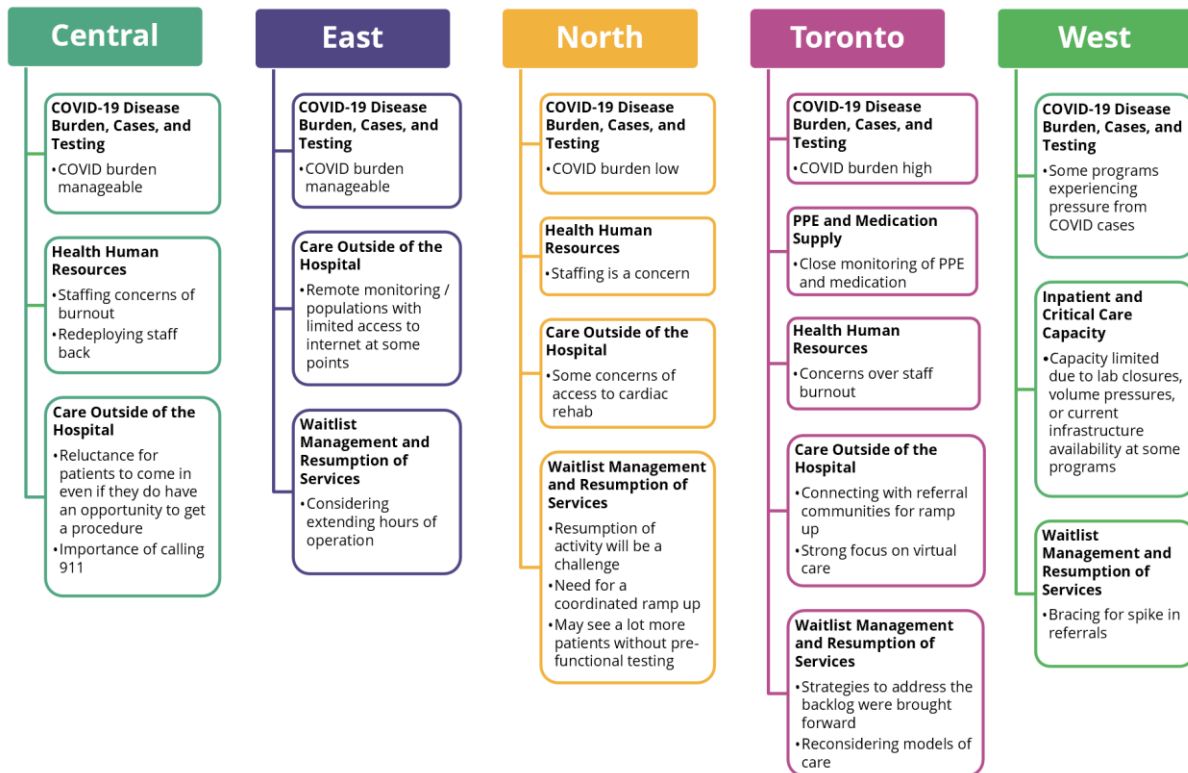


Figure 3: Regional Highlights from QPMM Discussions Q4 2019