

Quality Performance Measurement and Monitoring Meetings: Summary Document

Emerging Issues and Themes: Impacts of COVID-19

Q4 May 2020/21 Discussions | Document Distributed July 2021

Introduction

The Quality Performance Measurement and Monitoring (QPMM) meetings are dedicated to discussing the QPMM Quality Scorecard. Due to the impact of COVID-19 Wave 3 on cardiac programs, the conversations pivoted this quarter to 30-minute optional meetings discussing the effects and impacts of the pandemic on cardiac programs with CorHealth, Ministry of Health (MOH), and Ontario Health Regional representatives. Additionally, the release of the Q4 scorecard was delayed due to time pressures at each hospital that may restrict review of non-COVID related data; the scorecard will be distributed alongside the Q1 scorecard and this document in July 2021.

Purpose

The purpose of this document is to highlight emerging issues and themes shared during the Q4 20/21 meetings. The agenda of the meetings included the following items for discussion:

- Questions from the programs for the MOH, CorHealth, or LHINs
- Discussion on the effect of COVID-19 Wave 3 on Cardiac Centres

Future QPMM Meetings

The next QPMM meetings are planned for November 2021 (Q2). Final agenda decisions will be communicated closer to the date as we continue to be adaptable based on the effects of the pandemic. The projected purpose of the Q2 QPMM calls in 2021 will be to discuss volume projections with the MOH and STEMI Indicators on the QPMM Quality Scorecard.

Key Words: Q4 20/21 Discussions regarding Impacts of COVID-19

To summarize the discussions at a high level, key phrases and meeting notes were compiled and added to a word cloud generator (see Figure 1: Q4 20/21 Word Cloud). 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: Q4 20/21 Word Cloud



Provincial Emerging Issues and Themes

Following all QPMM discussions, CorHealth summarizes key findings and distributes these summaries to all stakeholders who attended the calls to support sharing learnings across the province. Past summaries can be accessed on the [CorHealth Website](#). Notable issues and themes that emerged from this QPMM discussions are included below.

HHR and Staff Burnout

A common theme from these discussions continues to be capacity and burn out of Human Health Resources (HHR). Many programs are finding significant HHR pressures across surgical, CATH, critical care, and other hospital-wide areas, and are actively recruiting for nursing and allied health staff.

Wellness Checks for Waitlist Management

Many hospitals are utilizing virtual wellness checks to support patients on the waitlist to ensure patients who require care receive it, answer any questions, and stay in close contact to ensure stability. Some examples include virtual ward clinics reaching out to high-risk frail seniors, and telephone check-ins with patients on a waitlist. While these additional checks add additional burden on coordinators, they are beneficial for managing patients on a waitlist.

Procedure Changes to Support Sustainability

Some programs are developing procedure changes to sustain availability of resources going forwards. Some efficiencies have been found in the following areas: increasing same day or early second day discharge for PCI and TAVI where possible, earlier repatriation of patients to hospitals with availability and education support, finding efficiencies in telemetry utilization, clinic optimization through preregistration, reducing usage of Level 3 beds unless required, PCI follow up phone calls, and redirecting TAVI post procedural care to a short stay unit.

Higher Acuity of Patients

Many programs shared an observation that patients are delaying care, are coming in sicker, and are more complex. Programs noted increased rates of STEMIs, increased pacemaker rates in some hospitals, abnormal numbers of acute care demands, returning levels of ED admission rates, and rising emergent volumes.

Variation Across the Province

There was variation across the province of programs experiencing the effect of COVID-19 Wave 3, with the GTA programs bearing the brunt of this effect. Additionally, there is variation across the province compared to pre-COVID referral levels. Reduced access to primary care and specialist care were highlighted as potential barriers to referrals. Reduction was noted as not being as significant as what was seen in Wave 1. Some programs are also experiencing increasing backlog and growing waitlists.

Hybrid Rehabilitation Models

Many programs with access to outpatient hospital rehabilitation programs discussed the impact of moving rehabilitation virtual, with some programs noting greater uptake and enrollment in participation, especially amongst women. There is intention across some hospitals to continue offering a hybrid model with hopes to expand Telerehabilitation and use of various different platforms and services, including online lectures and social work led/peer group support.