



CorHealth COVID-19 Stroke Stakeholder Forum Meeting #9

October 1, 2020 | 12:00 pm – 1:00 pm

Teleconference: (647) 951-8467 or Long Distance: 1 (844) 304 - 8099

Conference ID: 587933395#

Agenda

Time	Description	Purpose	Presenter / Facilitator
12:00	1. Welcome <ul style="list-style-type: none"> Meeting Objectives 	Information	Sheila Jarvis
12:05	2. CorHealth and Other Updates <ul style="list-style-type: none"> Heart & Stroke COVID-19 Impact Survey CorHealth Virtual Care Initiative 	Information	Dr. Patrice Lindsay Alex Iverson
12:15	3. Program Sharing – Community Stroke Rehabilitation Program <ul style="list-style-type: none"> <i>Theresa Grant and Jeanne Bonnell, Champlain LHIN</i> Q&A 	Information/ Discussion	Theresa Grant and Jeanne Bonnell
12:35	4. Optimizing Care Through COVID-19 Pandemic Transmission Scenarios <ul style="list-style-type: none"> <i>Sudha Kutty, Interim VP Quality Improvement, Ontario Health</i> Open Forum Discussion 	Information/ Discussion	Sudha Kutty
12:55	5. Next Steps	Information	Dr. Leanne Casaubon



Welcome

SHEILA JARVIS

Meeting Objectives

- To provide updates on Virtual Care initiatives including the Heart & Stroke Foundation's Patient & PWLE virtual care survey and CorHealth's virtual care initiative
- To share experiences and facilitate dialogue on current activities and models of delivery for community (home-based) stroke rehabilitation
- To review and discuss the upcoming report from Dr. Chris Simpson's committee regarding maintaining care throughout the phases of COVID-19

Housekeeping Reminders:

- *Please ensure that you are on mute, not on hold, when you are not speaking on the call*
- *Please be aware that when the call is put on hold, we often hear hold music or persistent beeping*



CorHealth and Other Updates

Dr. PATRICE LINDSAY, HEART AND STROKE FOUNDATION

ALEX IVERSON, CORHEALTH ONTARIO

Virtual Care Updates

- Heart and Stroke COVID-19 Impact Survey
- CorHealth Virtual Care Initiative Update



Supporting Access to Virtual Care

Key Deliverables & Products

Virtual Care in Cardiac, Stroke & Vascular: A Summary Report of Strategies & Resources in Ontario

A succinct & use-oriented document that summarizes the needs, barriers, gaps and opportunities in Virtual Care, and *shares innovative strategies & resources to promote knowledge sharing, spread and uptake* across clinical programs & providers.

FALL 2020

Strategies, Resources & Tools to be vetted through key experts/stakeholders

Focused Clinical Practice Considerations for Virtual Care

Clinical practice considerations around patient populations where virtual care may / may not work well in focused areas of clinical practice, to support equitable access to patients & providers across the province, and beyond COVID-19

WINTER 2021

Clinical practice considerations to be vetted through key experts/stakeholders

Virtual Care Measurement & Reporting Framework

An approach to measure the impacts of virtual care on quality and outcomes in cardiac, stroke, and vascular care. This is critical to guide our collective understanding of the impact of this transition in care modality.

WINTER 2021



Program Sharing: Community Stroke Rehabilitation Program – Champlain LHIN

THERESA GRANT, CLINICAL MANAGER, COMMUNITY STROKE REHAB PROGRAM

JEANNE BONNELL, DIRECTOR, HOME AND COMMUNITY CARE



Optimizing Care Through COVID-19 Pandemic Transmission Scenarios

SUDHA KUTTY, INTERIM VP QUALITY IMPROVEMENT, ONTARIO HEALTH

Today' Objectives

- Provide a brief overview of the draft document 'Optimizing Care Through COVID-19 Pandemic Transmission Scenarios'
- Answer questions and gather feedback

Committee Objectives

- Provide health care providers and organizations with a principle-based set of recommendations that draw from lessons learned in wave 1 of the pandemic:
 - Ensure continued care for all patients in future waves
 - Ensure care partner participation in future waves
- Provide one document in order to advance the goal of an integrated health system across acute care, outpatient care, primary care, and home and community care
- Adapt the WHO's COVID-19 transmission scenarios to frame key recommendations for each transmission scenario








Planning Assumptions

- In any future pandemic wave, care will continue to be provided to all types of patients/clients, including those who have COVID-19 and those who do not
- Across all sectors: emergency, urgent, and time-sensitive care should not be deferred
- Equitable and patient-centred approach, ensuring patients/clients are supported and care partners/caregivers remain an integral part of the care team
- Protecting the health and safety of patients/clients, health care workers, and the community remains paramount
- A heightened level of regional/sub-regional oversight, coordination, and flexibility for the foreseeable future
- Changes to care activities (including increasing and decreasing activity) will be asymmetrical between organizations and regions based on their local context
- The different sectors of the health care system are interdependent, and a change in one part of the care continuum may affect the delivery of care in others. Increased collaboration across health care, social services, municipal and provincial services is needed to address social determinants of health
- Health care organizations and providers will act as good stewards of available resources, including PPE
- Testing, contact tracing, and isolation (when indicated) continue appropriately
- Health equity considerations and the need to protect vulnerable populations will be addressed

Document Outline

- Regional/sub-regional approach with recommendations to COVID-19 regional/sub-regional steering committees
- High-level recommendations to all sectors and sector-specific strategies relevant to five COVID-19 transmission scenarios (adapted from [WHO](#)):
 1. No cases
 2. Sporadic cases
 3. Cluster of cases
 4. Community transmission
 - A. Moderate community transmission
 - B. Widespread community transmission
- In support of learning/sharing, includes examples from organizations across Ontario (e.g., regional collaboration, partnerships, virtual care, and innovations to optimize capacity)

DRAFT Optimizing Care Through COVID-19 Transmission Scenarios

	Plan	Ready	Implement	Scale Up	Intensify
	 Scenario 1: No Cases	 Scenario 2: Sporadic Cases	 Scenario 3: Clusters of Cases	 Scenario 4A: Moderate Community Transmission	 Scenario 4B: Widespread Community Transmission
Optimizing Care Goals	<ul style="list-style-type: none"> Resume/accelerate health care services 	<ul style="list-style-type: none"> Resume/accelerate health care services 	<ul style="list-style-type: none"> Maintain health care services Resume/accelerate if there is adequate system capacity and resources 	<ul style="list-style-type: none"> Reduce scheduled acute inpatient services in proportion to COVID-19 cases Maintain/resume/accelerate other care to ensure adequate capacity for COVID-19 patients 	<ul style="list-style-type: none"> Defer scheduled acute inpatient services in proportion to COVID-19 cases Maintain/resume/accelerate other care to create capacity for COVID-19 patients
Regional or Sub-Regional Steering Committees	<ul style="list-style-type: none"> Determine COVID-19 transmission scenario Monitor health system metrics Coordinate with health care organizations, providers, and sectors outside of health care to: <ul style="list-style-type: none"> Optimize capacity and maintain care services; Optimize health workforce across the region; Protect vulnerable populations; Reinforce immunization programs; Support consistent communication 				
All Sectors	<ul style="list-style-type: none"> Resume/accelerate scheduled care Strengthen partnerships Prepare surge plans (to optimize capacity and health workforce, protect vulnerable populations and refresh visitor presence guidelines) for all transmission scenarios Reinforce immunization programs 	<ul style="list-style-type: none"> Resume/accelerate scheduled care Ready surge plans Manage COVID-19 Reinforce immunization programs 	<ul style="list-style-type: none"> Maintain/accelerate scheduled care Implement and enhance surge plans Manage COVID-19 Reinforce immunization programs 	<ul style="list-style-type: none"> Prioritize time sensitive scheduled care Scale up surge plans 	<ul style="list-style-type: none"> Consider deferring scheduled care Intensify surge plans
	<ul style="list-style-type: none"> Use virtual care 		<ul style="list-style-type: none"> Monitor health system metrics 	<ul style="list-style-type: none"> Support care partner participation 	<ul style="list-style-type: none"> Communicate consistently
Hospital-Based Care	<ul style="list-style-type: none"> Review and reprioritize wait lists Address time-urgent care backlog Review surge plans Plan for COVID-protected wards, where feasible Refresh visitor policy Review evidence-based practices to reduce unnecessary tests and treatments 		<ul style="list-style-type: none"> Create capacity Collaborate with home and community care, and primary care 	<ul style="list-style-type: none"> Prioritize time sensitive surgeries and procedures Consider deferring non-time sensitive scheduled surgeries and procedures Implement COVID-protected wards, where feasible 	
Primary Care & Out of Hospital Ambulatory Care	<ul style="list-style-type: none"> Determine services to prioritize for in-person care Review evidence-based practices to reduce unnecessary tests and treatments 		<ul style="list-style-type: none"> Assess capacity and set appropriate priorities of care Collaborate with hospitals and home and community care 	<ul style="list-style-type: none"> Assess capacity and set appropriate priorities of care Collaborate with hospitals and home and community care 	
Home and Community Care	<ul style="list-style-type: none"> Identify required resources to support services in each scenario 		<ul style="list-style-type: none"> Ensure services continue Cohort care teams 	<ul style="list-style-type: none"> Ensure services continue 	

Discussion

- Do these recommendations for each transmission scenario resonate?
- We welcome questions or feedback on the draft recommendations

Next Steps

- Finalize the document with additional input from regional leadership and other system leaders
- Release date: Mid to late September



Thank You

Committee Membership List (1/2)

MEMBER	ROLE/ORGANIZATION
Chris Simpson (Chair)	Vice-Dean (Clinical), School of Medicine, Queen's University
Jason Bartell	Clinical Lead/Nurse Practitioner, Chatham-Kent Family Health Team
Subi Bhandari	Patient and Public Representative, Ontario Quality Standards Committee
Mary Burnett	CEO, Alzheimer Society Brant, Haldimand Norfolk, Hamilton Halton
Connie Clerici	Executive Chair, Closing the Gap Health Care
Julian Dobranowski	Chief, Diagnostic Imaging, Provincial Lead, Niagara Health, OH (Cancer Care Ontario)
Paula Doering	Senior Vice-President Clinical Programs, Chief Nursing Executive and Allied Health, Bruyère Continuing Care
Jennifer Everson	Vice-President, Clinical, Ontario Health (West)
Lee Fairclough	President, St. Mary's Hospital
Neva Fantham-Tremblay	Medical Director of Surgery, Obstetrician Gynecologist, North Bay Regional Health Centre
Karli Farrow	Executive Vice-President, Patient Care Services & Chief Operating Officer, Trillium Health Partners
Gary Garber	Medical Director, Infection Prevention and Control, Public Health Ontario
Michael Gardam	Infectious Diseases Consultant; Medical Director, Infection Prevention and Control, Women's College Hospital; Medical Director, Tuberculosis Clinic, Toronto Western Hospital; Associate Professor of Medicine, University of Toronto; Program Director, Schulich Executive Education Centre, York University
Dianne Godkin	Senior Ethicist, Trillium Health Partners
Wendy Hansson	President & CEO, Sault Area Hospital
Mike Heenan	Assistant Deputy Minister (Hospitals and Capital), Ministry of Health
Jonathan Irish	Provincial Head, Surgical Oncology & Provincial Clinical Lead, Access to Care-Surgery, OH (Cancer Care Ontario)

Committee Membership List (2/2)

MEMBER	ROLE/ORGANIZATION
Steven Jackson	VP Medical Planning and Chief of Staff, General Surgeon, Mackenzie Health
Joan Ludwig	VP Clinical Services and CNE, Timmins and District Hospital
Danielle Martin	Executive VP & Chief Medical Executive, Women's College Hospital
Derek McNally	Executive VP, Clinical Services & Chief Nursing Executive, Niagara Health
Sarah Newbery	Family Physician, Chief of Staff, Wilson Memorial General Hospital; Associate Professor, Northern Ontario School of Medicine
Howard Ovens	Chief Medical Strategy Officer, Sinai Health System; Ontario Provincial Lead for Emergency Medicine
David Pichora	President & CEO, Kingston Health Sciences Centre
Paul Preston	Vice President, Clinical, Ontario Health (North)
Dhenuka Radhakrishnan	Pediatric Respiriologist, Children's Hospital of Eastern Ontario (CHEO)
Shirlee Sharkey	President and CEO, SE Health
Kristin Taylor	Director, Ministry of Health
Hsiu-Li Wang	Commissioner and Acting CMOH, Region of Waterloo Public Health and Emergency Services
Harindra Wijeyesundera	Vice-President, Medical Devices and Clinical Interventions, Canadian Agency for Drugs and Technologies in Health; Interventional Cardiologist, Sunnybrook Health Sciences Center, Senior Scientist, Sunnybrook Research Institute
Kimberly Wintemute	Primary Care Lead, Choosing Wisely Canada, Assistant Professor, University of Toronto

Ontario Health Secretariat: Sudha Kutty, Tricia Beath, Jonathan Lam, Jacqueline Ezezika, Juliana Yi

Care Partner

- In this document, care partners or family caregivers, are family, friends, neighbours, colleagues, or community members who provide critical and often ongoing personal, social, psychological and physical support, assistance and care, for people in need of support due to frailty, illness, degenerative disease, physical/cognitive/mental disability, or end of life circumstances. Care partners are distinct from casual visitors

Ontario Hospital Association. Care partner presence policies during COVID-19 [Internet]: The Association; 2020 Jun [cited 2020 Aug 18]. Available from: <https://www.oha.com/Documents/Care%20Partner%20Presence%20Policies%20During%20COVID-19.pdf>

Canadian Foundation for Healthcare Improvement. Re-integration of family caregivers as essential partners in care in a time of COVID-19 [Internet]. Ottawa (ON): The Foundation; 2020 Jul 8 [cited 2020 Aug 24]. Available from: <https://www.cfhi-fcass.ca/about/news-and-stories/news-detail/2020/07/08/re-integration-of-family-caregivers-as-essential-partners-in-care-in-a-time-of-covid-19>

The Change Foundation. Caregiver ID: A program to help re-integrate caregivers during COVID-19 [Internet]. Toronto (ON): The Foundation; 2020 [cited 2020 Aug 24]. Available from: <https://changefoundation.ca/caregiver-id-a-program-to-help-re-integrate-caregivers-during-covid-19/>

Contingency Planning – Update

CorHealth COVID-19 Memo #6

RECOMMENDATIONS FOR DESIGNATED STROKE HOSPITALS WHEN DEVELOPING REGIONAL CONTINGENCY PLANS FOR ACUTE STROKE CARE

- Circulated to Regional and District Advisory Committee and Regional Medical Directors on September 29th, 2020



Next Steps

DR. LEANNE CASAUBON

Next Steps and Wrap Up

- Next COVID-19 Stroke Forum Meeting: November (tbd)
 - Address data requests related to data presentation from September forum
 - Access to treatment, mortality, stroke type, stroke unit access
 - Presentations on Virtual Care (CorHealth and Partner Organization Initiatives)
 - Are there any other items that you would like to raise or see addressed at future COVID-19 Stroke Forums?
- Please email shelley.sharp@corhealthontario.ca if you are interested in sharing your experience implementing hybrid/virtual care models at our upcoming forums