Operational Direction: Priorities for Spring/Summer 2024

ISSUED TO: Health System Partners

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RELEASE DATE: April 22, 2024

Thanks to your leadership and the efforts of your teams, we maintained performance in key areas such as surgical performance and primary care over the fall and winter respiratory season.

We are grateful for your many contributions and for working in collaboration with your Ontario Health region and local partners to address shared system priorities.

This shared and collective effort and approach to system optimization remains central to achieving 2024 spring and summer health system goals. The health system is interdependent; we recognize the importance of every element of the system and the need for a collective and coordinated approach to support continued progress. Our central goal in the coming months is to advance key access and capacity measures and lay important groundwork for the fall/winter respiratory season. This operational direction outlines priority actions and targets to guide you in working toward this goal with your Ontario Health region. Priorities are interdependent and include:

- Ongoing health human resource (HHR) efforts across the system
- Alternate level of care (ALC) reduction
- Primary care expansion and supports
- Access to home and community care services and long-term care in order to improve community access while reducing ALC
- Access to mental health and addictions care
- Improving access and flow in emergency departments
- Optimizing surgical care with a focus on surgical and diagnostic waitlists

We ask that you work with your Ontario Health region and local partners to implement these actions. As always, please reach out to your Ontario Health region for questions and support.

Operational Direction

All sectors:

- Ensure internal monitoring, communication protocols and mitigation strategies are in place to identify risks associated with HHR shortages.
- Maximize the use of available regional and provincial HHR supports, including recruitment and retention incentives, educational/training funding, staffing supports, and other HHR initiatives.
- Leverage innovative workforce approaches wherever possible such as alternate service providers and models of care to mitigate HHR challenges and stabilize staffing.
- Support regional HHR stabilization through collaboration with local partners and engagement in regional planning initiatives.
- Prioritize ALC reduction with a target to maintain ALC throughput >1 (i.e., more patients designated ALC are discharged than newly added), including prompt implementation of funded initiatives to maximize capacity, support discharges to all destinations, and support admission diversion.
- Work with your Ontario Health region and Home and Community Care Support Services (HCCSS) to ensure there is a clear understanding of local capacity and barriers to discharge, and a clear process for early identification and integrated discharge planning.
- Continue to ensure available capacity is immediately identified as it becomes available through monitoring processes and also directly to your Ontario Health region.
- Do not ramp down funded ALC initiatives over the spring/summer months without discussion with your Ontario Health region. Regional teams will continue to work with health service providers to ensure initiatives are having the greatest impact. This may require a re-allocation of investments. Your regional team will discuss this with you as appropriate.

Ontario Health Teams (OHTs):

- Continue to implement guidance from the Path Forward and engage primary care to establish Primary Care Networks.
- Work with your Ontario Health region and local partners to connect and standardize care in the community, focused on keeping, returning and supporting people at home.

Primary care:

- Engage with your local OHT to become involved in a Primary Care Network. The goal of Primary Care Networks is to connect, integrate, and support primary care to enable the delivery and coordination of care for patients in the community.
    - Refer to the guidance on primary care networks in OHTs.
    - Reach out to your Ontario Health region if you need contact information for your local OHT.
- Continue to play a key role in measles prevention and management, including through immunization and testing.
    - Review resources from Public Health Ontario and the recent memo from the Chief Medical Officer of Health on infection prevention and control, vaccination, and identification and management of individuals suspected to have measles.

    - Review the Ontario College of Family Physicans' measles resources for the latest information and tools for primary care providers.
- Support COVID-19 vaccination in accordance with the most recent COVID-19 Vaccine Guidance (updated April 8, 2024), which includes information specific to the Ontario Spring COVID-19 vaccine campaign.
- For practices that have received notification of funding for new and expanded interprofessional primary care teams, continue to work with your Ontario Health region on implementation planning.
- Connect with your Ontaro Health region to discuss local and regional opportunities related to primary care.

All hospitals:

- Continue to implement ALC Leading Practices, working with your Ontario Health region for specific focus areas in alignment with local and regional plans.
- Ensure that ALC reporting, coding, and data collection is reflective of clinical reality and application of ALC guidance for clinical scenarios.
- Actively monitor key ALC metrics such as ALC days and ALC rates, and process measures such as % of patients designated ALC waiting for home care or long-term care who do not yet have a HCCSS referral within CHRIS.
- Focus on collaborative discharge planning that follows patient-centered approaches and aligns with standardized assessment practices (i.e., discussions across the interprofessional care team to determine the full breadth of discharge destination options).
    - In particular, ensure home care services are explored with HCCSS and the patient/family before considering a long-term care referral, in alignment with the home first philosophy. An InterRAI assessment is required to determine appropriateness of care in the community; this must take place before establishing a discharge destination of long-term care.
- Ramp up surgeries where possible. Do not ramp down surgical volumes over the spring/summer months without discussion with your Ontario Health region.
- Ensure that the number of patients waiting beyond clinical access targets for surgeries and procedures ("long waiters") is declining and that surgical throughput is >1 (i.e., more surgeries are performed than are added to the wait list). Regional teams will work with hospitals to maximize capacity through ongoing reviews and re-allocations of volumes.
- For hospitals with alternate health facility sites, implement the requirements outlined in the memos from the Ministry of Health released March 1 and March 4, respectively.
- Utilize supports and resources provided by the Ontario Caregiver Organization (the Essential Care Partner Support Hub) to ensure that caregivers are identified, included, and supported as essential care partners.

Hospitals with emergency departments:

- Continue to plan ahead to ensure adequate staffing over the summer season, leveraging supports from Ontario Health where appropriate (locum programs, education opportunities) and working with your Ontario Health region on stability planning and averting closure risks.
    - Follow the Emergency Department Mitigation and Closure Protocol for reporting potential and confirmed closures.

- Utilize the training opportunities and grants available through the Emergency Department Nursing Education, Retention and Workforce Program, which provides access to training for nurses working in emergency departments.
- Leverage the P4R funding as reflected in action plans to improve performance on P4R metrics directly, including:
    - targeting a 20% reduction in no-bed admits, including via a real-time and continuous process for active management (e.g., daily huddles)
    - targeting to maintain 90th percentile time to physician initial assessment below 4 hours
    - targeting ambulance offload time below 1 hour
- Continue to ensure robust surge plans are in place for triage, registration and coordination of flow within the ED and hospital overall, including a plan to assess patients promptly at peak hours.
- Participate in the Provincial Emergency Services Community of Practice.

Pediatric specialty hospitals and community hospitals with pediatric programs:

- Ensure that the number of patients waiting beyond clinical access targets for surgeries and procedures ("long waiters") is declining and that surgical throughput is >1 (i.e., more surgeries are performed than are added to the wait list).
- Continue to develop and enhance hub and spoke models to allow more patients to receive surgical care closer to home.
- Continue to implement newly funded initiatives and share progress with your Ontario Health region.

Rehabilitation and complex continuing care:

- Continue to implement the Operational Direction on Rehabilitation and Complex Continuing Care Capacity and Flow (released July 12, 2023), including working towards and maintaining a target occupancy rate of 95% and implementing a 7-day-a-week discharge and admissions process.
- For acute sites with rehabilitation and complex continuing care capacity, reduce off servicing medicine patients in post-acute capacity to enable access to these specialty services and ensure patient flow across the system.

Long-term care homes:

- Communicate with your Ontario Health region, the Ministry of Long-Term Care, and HCCSS regarding occupancy and any changes in capacity, including:
    - Capacity and availability of short-stay beds (e.g., respite and convalescent care beds)
    - Bed closures for any reason (both temporary and permanent) and bed openings
- Reduce transfers to the emergency department through provision of best-practice on-site nursing care, ensuring access to primary care, and leveraging in-house or community-based diagnostic resources.
- Review and respond to applications within five business days of receiving application, as outlined in O. Reg. 246/22, to support applicants in better understanding the status of their long-term care applications.

- Utilize supports and resources provided by the Ontario Caregiver Organization (the Essential Care Partner Support Hub) to ensure caregivers are identified, included, and supported as essential care partners.

Community support services providers:

- Participate in regional tables and structures (e.g., access and flow tables) to foster collaboration and increase awareness of supports available.
- Ensure local partners, including hospitals and HCCSS, are aware of existing capacity.

Mental health and addictions service providers:

- Work with your Ontario Health region and other local partners (particularly primary care) to continue to increase awareness of and referrals to the Ontario Structured Psychotherapy program for clients with depression and anxiety-related disorders.
- Begin to submit the Mental Health and Addictions Provincial Data set to enable improved understanding of need and access within the community mental health and addictions sector.
    - Contact MHADDI@ontariohealth.ca for more information.
- Work with your Ontario Health region and the provincial coordinated access partner/lead health service provider to ensure that your services are included in the development and implementation of mental health and addictions coordinated access.

Home and community care providers:

- Work with your Ontario Health region and local OHTs to establish home and community care (HCCSS, service provider organization, and health service provider) surge plans in time for September, including:
    - Regional and local plans to increase discharge from hospital to home care and reduce open volume of ALC waiting for home and community care services; and
    - Regional and local plans to achieve wait times targets for home care clients who receive nursing and personal support (for clients with complex needs) within a minimum of 5 days from the date they were authorized for nursing or personal support services.
- The above plans will include scaling of Ontario Health-approved models of care and standards.