

# **Plan to Stay Open Webinar**

**October 3, 2022**

**Welcome &  
Opening Comments**

# Land Acknowledgement

We recognize that the work of the Alliance for Healthier Communities and Alliance members takes place across what is now called Ontario on traditional territories of the Indigenous people who have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories and needs, as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding responsibilities to all who now live on these lands, the land itself and the resources that make our lives possible.

# Agenda

- Moderator: Zahra Ismail, Senior Director, Primary Care and Social Determinants, Ontario Health
- Speaker: Dr Sacha Bhatia, Population Health and Value Based Health Systems Executive, Ontario Health
- Panelists:
  - Dr Liz Muggah, Senior Clinical Advisor, Primary Care, Ontario Health
  - Nadia Surani, Director, Primary Health Care, Ministry of Health

# A Plan to Stay Open: Health System Stability and Recovery

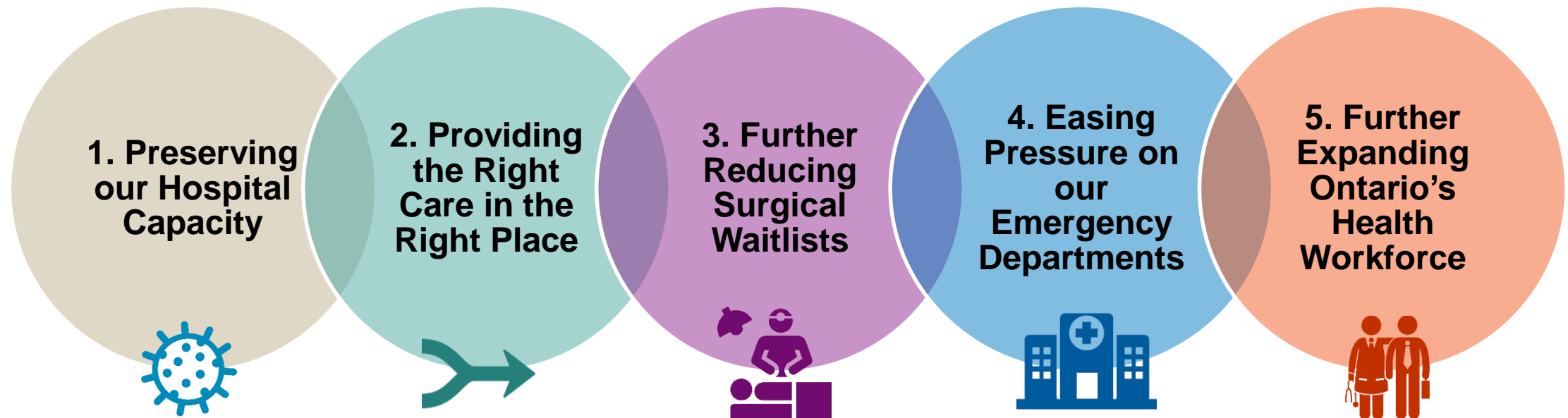
3 October 2022

Dr Sacha Bhatia, Population Health and Value Based Health Systems Executive, Ontario Health



# Aligning Strategies To Support Stabilization

- The Ministry of Health, in partnership with the Ministry of Long-Term Care and Ontario Health, has taken a number of actions to address the following 5 strategic goals to support health system stabilization for the fall.





# 1. Preserving our Hospital Capacity-Fall

## Initiatives

### Actions

#### **Continue offering doses of COVID-19 vaccine + flu vaccine rollout**

Planning for rollout of the new bivalent COVID-19 vaccine, anticipated to be approved by Health Canada this fall

#### **Continued provision of rapid antigen tests (RATs)**

#### **Ongoing PCR testing for high-risk populations**

#### **Continued provision of Paxlovid and Evusheld therapies for eligible patients**

- Expand eligibility for Evusheld in the coming weeks

#### **Ongoing vaccine rollout for 6 month to under 5-year-old cohort**

**Extend temporary COVID-19 physician funding initiatives to enable hospital and community flexibility** in responding to health system pressures at a local level

#### ***Only if required*, masking requirements for indoor settings**

- Reintroduce masking on transit, in congregate settings, and other crowded indoor spaces, if required



## Fall Initiatives

### Actions

**Right-sizing LTC capacity held for isolation purposes** based on current community demand and COVID-19 risk levels

**Remove ability to wait in hospital for LTC** - legislative amendment that, if passed, would enable ALC patients to be placed in temporary care arrangements in LTC homes

**Use vacant LTC beds as hospital-operated transitional or convalescent care beds** based on regional availability

**Re-activate LTC respite care programs** for high-needs seniors in the community to prevent potential hospitalization

**Expand specialized supports/services for LTC residents** to support movement and prevent potential hospitalization

**Enable community partnerships to provide more supplies, equipment, and diagnostic testing in LTC homes** to prevent potential hospitalization



### Fall Initiatives (continued)

Actions
<p><b>Maximize LTC home capacity to facilitate flow</b> by transitioning long-stay beds in underutilized homes to short-stay, rehab or convalescent care beds to optimize capacity, and transitioning long-stay beds in underutilized homes to Transitional Care</p>
<p>Support the continuation of <b>over 3,500 hospital beds</b> opened since the beginning of the pandemic</p>
<p><b>Admission diversion initiatives including</b> Adult Day Programs, Respite, Nurses, and Community Paramedicine in specific communities</p>
<p><b>Support Regional Discharge Initiatives</b> including Assisted Living and Behavioural Supports and At-Home Programs</p>
<p><b>Additional Local Strategies</b> Work with local communities to find appropriate strategies, such as additional Alternative Health Facilities and Transitional Care Units</p>
<p><b>Expand and continue to implement 9-1-1 models of care</b> (including enabling paramedics to treat patients and have them stay at home, take them somewhere else, or treat and refer them to another care provider) for eligible 9-1-1 patients to support ED diversion and protect ED capacity</p>
<p><b>Fund 20 more hospice spaces and home and community care programs</b>, including expanding the High Intensity Supports at Home program</p>





## Initiatives

### Actions

#### **Leverage recovery funding to drive volumes**

- Surgical premiums to support completion of over 200,000 surgeries and procedures
- Targeting additional surgical volumes to the top 100 procedures with highest impact on patients waiting too long for surgery
- Funding to Pediatric Hospitals
- Over 150,000 additional MRI/CT operating hours
- Additional 2,100 publicly-funded surgeries delivered at Private Hospitals

**Initiatives to improve efficiency** (e.g., load sharing for high volume specialties, regional coordination of wait lists, staff training program, monitor/update surgical innovation fund)

**Consider options for further increasing surgical capacity** by maximizing the number of OHIP-covered minor surgical procedures at private clinics that are independent health facilities

# 4. Easing Pressure on our Emergency

## Departments - Fall Initiatives

### Actions

**Increasing access to the Family Health Organization model of primary care**, which will lead to reduced demand for ED care

**Modify the Community Commitment Program for Nurses** to allow for hospitals to hire nurse practitioners and nurses at multiple hospitals

### Supports for HHR in EDs

- Fund provincial ED peer-to-peer program through on-call ED doctor support
- Work with College of Physicians and Surgeons of Ontario to enable rapid or priority registration option for locum (i.e., contract) doctors, including out-of-province physicians
- Extend COVID-19 Temporary Summer Locum Program to March 31, 2023
- Implement program to provide additional supports to physician residents with locums in northern and rural EDs

**Balancing hospital service volumes by** moving from one site to another and between hospitals to avoid overcrowding and hallway health care in hospitals and to ensure patient and provider safety

**Supporting increased emergency department physician coverage** to provide hospitals with the flexibility to manage emergency department physician coverage as needed



### Initiatives

#### Actions

##### **Bring more internationally-educated workers into the system**

- Create PSW Return of Service Program for internationally educated home care and long-term care providers
- Direct College of Nurses of Ontario and work with them to accelerate internationally educated nurses (IEN) registration, with a focus on long-term care and home and community care
- Direct the College of Physicians and Surgeons of Ontario and work with them to accelerate the registration of internationally educated physicians
- Work with the College of Physicians and Surgeons of Ontario to create alternative pathways to practice in Ontario for qualified internationally educated physicians

##### **Increase health care worker retention across the province**

- **Create program to transition mid-to-late career or retired nurses** into supporting learners, leadership roles while providing frontline care
- **Explore temporary reimbursement of examination, application, and registration fees for internationally-educated and retired nurses** through a partnership with the College of Nurses of Ontario

##### **Support recruitment and retention in LTC**

- **Increase the number of nurse practitioners (NPs) working in LTC** to help ensure residents are supported by safe, high-quality care
- **Enable “Earn as you Learn” PSW training pilot (Humber College)**, a PSW education model targeted to allied professionals already working in long-term care, with potential for future expansion
- **Support clinical placements in LTC** through year 2 of the Preceptor Resource and Education Program in LTC

## Initiatives (continued)

### Actions

#### Continuation of Critical Care HHR Programs

- Provide health care professionals in training with opportunities to work as Externs in selected high-need hospitals
- Enable screened and trained non-health care professionals to support hospital staffing capacity
- Support critical care capacity by re-deploying medical residents within hospitals
- Continue to work with the College of Nurses of Ontario to accelerate nursing registration of IENs employed in hospitals
- Increase mentorship and preceptorship by optimizing existing nurses as clinical preceptors



# Questions