‘Never Let a Good Crisis Go to Waste’ – Lessons from a pandemic

Longwoods Breakfast Series
April 12, 2022
Dr. Kevin Smith
President & CEO, University Health Network

UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Michener Institute

About UHN

Leadership Role in Health Care

- Most acute hospital in Canada: *cares for the sickest patients and our local community*
- Specialized provider of key health care services: *cancer, transplant, cardiac, neurological, arthritis*
- National leader in the implementation of population health strategies
- National and international recognition

#4 in the World

Toronto General Hospital

#1 in Canada

Research and Commercialization

International Gold Winner

Green Hospital

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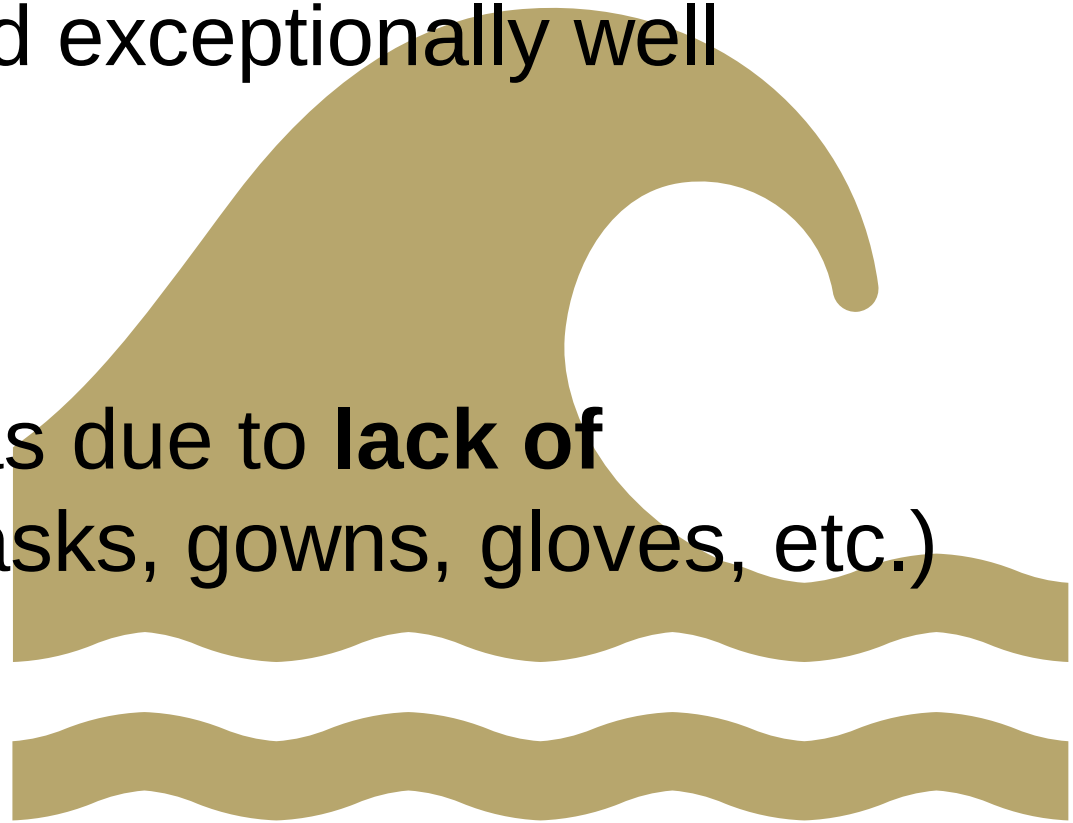
Looking back

- March of 2020, several questions jumped out:
  - How dangerous is this disease?
  - Where is this disease going to take us?
  - How will the system and people function with a new, serious disease?
  - How do we support the system / society around us?
- People were looking for **certainty**
- People were expecting **answers – in real time**
- **Confusion** over who makes the rules

Everyone did the best they could with what they had

Reflecting on the early waves

- **3 levels of government** worked exceptionally well together
- Incredibly **dedicated staff**
- Most of what was frustrating was due to **lack of accessible resources** (e.g. masks, gowns, gloves, etc.)



Answering the call: LTC

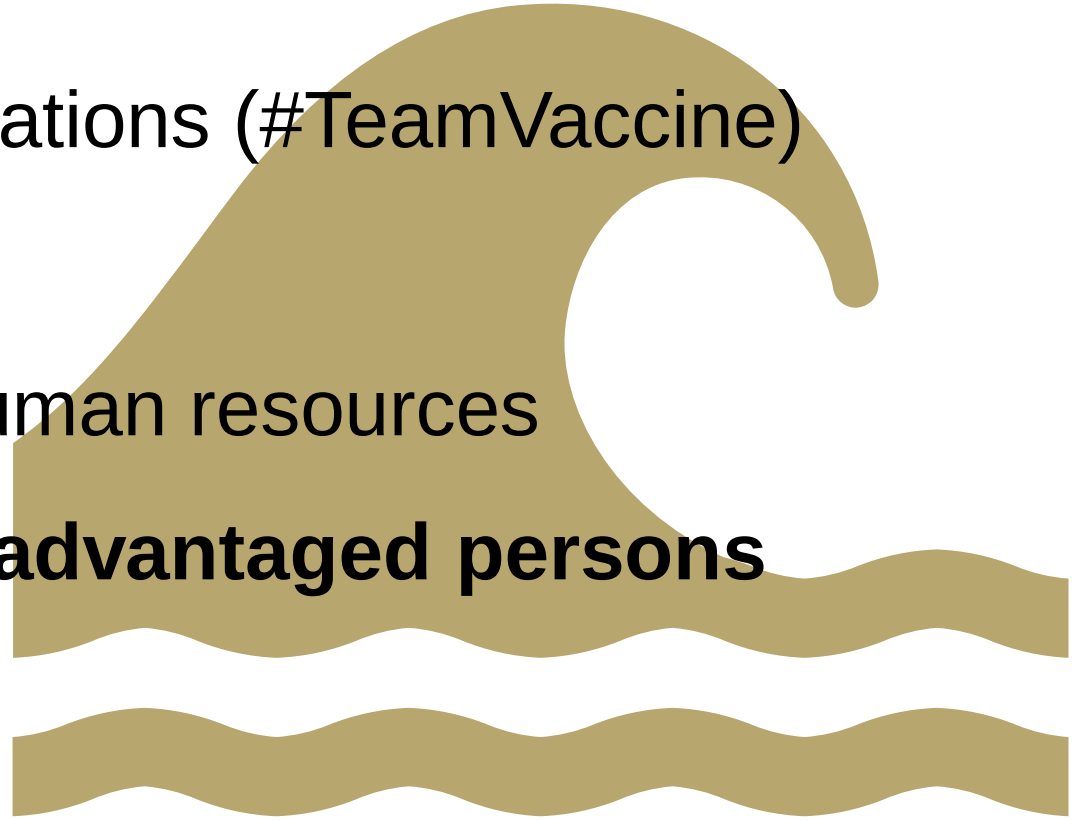
More than 70 members of TeamUHN took a shift at Rekai Centres. (Photo: UHN)

Expedited system transformation

- **Accelerated virtual care** – another potential silver lining (from 250 visits per week to 10,000 visits per week)
- **‘Virtual emergency department’**
- **Connected COVID Care** virtual clinic
- Michener’s **COVIDCareLearning.ca**
- **Integrated care** pathways

Later waves

- Incredible collaboration on vaccinations (#TeamVaccine)
- Inspiring generosity
- Immense challenges on health human resources
- **Highest risk groups = most disadvantaged persons**



Top Challenges

Inter-related challenges exacerbated by the pandemic

COVID-19 Recovery

People & Culture

- ! Staff rest and recovery - burnout / wellness
- ! Retention and recruitment

- ✓ Mental health supports and benefits enhancement
- ✓ Rest & Recovery Strategy
- ✓ Clinician Workforce Planning

Clinical Activity

- ! Surgical/procedural backlog
- ! Critical care capacity

- ✓ Clinical Activity Recovery Team (CART) - Recovery and Ramp Down Plans

Fiscal Constraints

- ! Investments to address staffing and clinical backlog
- ! Reimbursement of COVID-related expenditures
- ! Funding that does not account for inflation

- ✓ Funding Advocacy
- ✓ Special Funding Initiatives, e.g. surgical innovation fund

Education

- ! Capital/infrastructure investments to support enrolment and program expansions

- ✓ Leveraging Michener Institute to develop new programs for in-demand professions
- ✓ Partnerships with other education institutions and regulatory colleges

International Competitiveness

- ! Resources to retain and attract top talent, including scientists
- ! Resources to enable innovative new drugs and therapies

- ✓ Retain and attract brightest and best

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‘Nine Lessons Learned From the COVID-19 Pandemic for Improving Hospital Care and Health Care Delivery,’ JAMA Intern Medicine (2021)

1. Prepare for unexpected increases in demand for services
2. Maintain line of sight
3. Mind the air
4. Emotionally support health care workers
5. Masks forever (at least for some)
6. Use technologies to connect families near and far
7. Maintain caches of supplies and diversify supply chains
8. Reduce the burden of unnecessary documentation
9. Address persistent racial and ethnic disparities in health

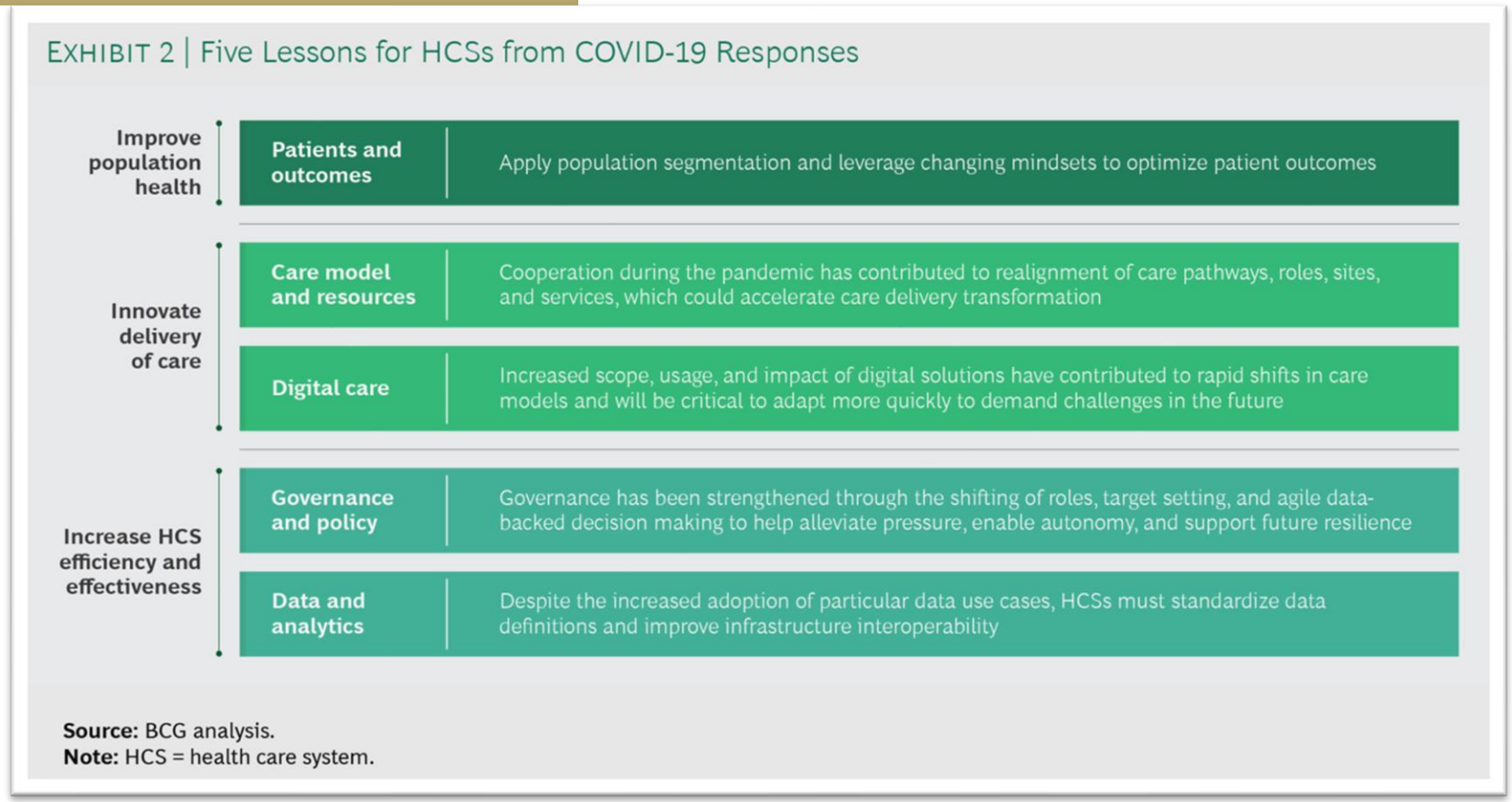
Wei, Erik et. al. (2021). “Nine Lessons Learned from the COVID-19 Pandemic for Improving Hospital Care and Health Care Delivery.” *JAMA Intern. Medicine,* 181(9):1161-1163. doi:10.1001/jamainternmed.2021.4237

‘How Can Health Systems Better Prepare for the Next Pandemic? Lessons Learned from the Management of COVID-19 in Quebec (Canada),’ *Frontiers in Public Health (2021)*

- Pandemic exposed preparedness **‘hardware’ and ‘software’ issues**
- **‘Hardware’ issues:**
  - Surveillance
  - Workforce
  - Infrastructure and medical supplies
  - Communications mechanisms
- **‘Software’ issues:**
  - Governance
  - Trust

Alami, Hassane et. al. (2021). “How Can Health Systems Better Prepare for the Next Pandemic? Lessons Learned from the Management of COVID-19 in Quebec (Canada).” *Frontiers in Public Health,* June 18, 2021. doi: 10.3389/fpubh.2021.671833

‘Five Lessons from the Pandemic for Health Care Systems,’ *Boston Consulting Group*



Chandran, Priya et. al. (2020). “Five Lessons from the Pandemic for Health Care Systems.” *Boston Consulting Group,* Dec. 3, 2020. doi: https://www.bcg.com/publications/2020/five-lessons-for-health-care-systems-covid-19

‘Lessons from COVID-19: Leveraging Integrated Care During Ontario’s COVID-19 Response,’ McMaster Health Forum (2021)

1. Protecting vulnerable requires wider focus
2. Patients and families must be at the table
3. Understand value and limits of digital care
4. Centralized leadership and local knowledge both critical
5. Facilitating integrated care requires activities at multiple levels
6. Build stability into integrated funding packages, flexibility into rules

Evans, Cara et. al (2021). “Lessons from COVID-19: Leveraging Integrated Care During Ontario’s COVID-19 Response,” *McMaster Health Forum,* March 26, 2021. Doi: https://www.mcmasterforum.org/docs/default-source/product-documents/rapid-responses/lessons-from-covid-19--leveraging-integrated-care-during-ontario-s-covid-19-response.pdf?sfvrsn=3ea91109_6

12 Key Points – A Reflection on Hospital Capacity

In response to a recent article in the Globe and Mail by Robyn Doolittle regarding hospital capacity post-pandemic, I outlined 12 key points to reflect on:

- ✓ We get the system we incent
- ✓ Better value for the big investment
- ✓ Universal access and private capital can co-exist
- ✓ Scope of practice & extenders can be reconciled
- ✓ Integrated care requires integrated fund holder
- ✓ Experimentation without soul-crushing oversight
- ✓ Burnout/mental health are at crisis levels
- ✓ Capacity across the system must be addressed
- ✓ Digital/ technology a big part of the solution
- ✓ Health care is in deep need of consumer culture
- ✓ Action on elder care
- ✓ No one wants to offer less than a great system

Thoughts for the future – We Can Change Quickly!

- HHR across the system – primary care, home care, long-term care, hospitals, etc.
- Public Health Agency of Canada, Ontario Ministry of Health, Local Public Health – can it be more than **a loose association?**
- **True Incident Management Structures** to support planning and response efforts
- **Equity, Diversity and Inclusion** as a **central lens and strategy** for pandemic management/risk
- **Real Digital Health** solutions
- Stratification of care sites: Rethinking where/how/who **delivers care**
- Health care facilities design **– Airborne Strategy**
- **Target elimination of low value of care** (ABC's, Imagining, Restart/Do Not Restart, i.e. Choosing Wisely)
- **True payer reform!**

Sorenson, Corinna et. al. "Building A Better Health Care System Post-Covid-19: Steps for Reducing Low-Value and Wasteful Care." *NEJM,* August 21, 2020. Doi: 10.1056/CAT.20.0368

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