

# Recovery Planning Decisions at Holland Bloorview

We have begun the planning to ramp-up onsite activities while continuing with the important gains we have made in offering virtual services to clients for appropriate appointments. This document will include all the decisions being made to support the different phases of the ramp-up.

## Phase 1

- June 05, 2020 - [Day respite programming for children and youth 2-18 years old with disabilities](#)
- June 12, 2020 - [Inpatient care; ambulatory appointments; and research, teaching and learning](#)
- June 12, 2020 - [Bloorview Research Institute and Teaching and Learning Institute](#)

**June 05, 2020 - Day respite programming for children and youth 2-18 years old with disabilities**

<b>Summary</b>	From June 8 -30, Holland Bloorview will be opening up day respite programming for children and youth 2-18 years old with disabilities.
<b>Details</b>	<ul style="list-style-type: none"> <li>• Begin on Monday, June 8. End on Tuesday, June 30</li> <li>• 5 days/week for 4 hours per day (1:00-5:00pm) with six clients per day</li> <li>• Maximum of 5 sessions per individual client</li> <li>• Eligibility: 2-18 years, any disability, initially targeting previous users of Holland Bloorview respite services</li> <li>• Program locations: school classrooms and garden</li> </ul> <p>*The use of these locations will have no impact on screening, inpatient family window visits, or other programming</p>
<b>Rationale</b>	<ul style="list-style-type: none"> <li>• Children and families to be served have multiple complexities (medical, financial, caregiver)</li> <li>• Severe lack of respite programming in Toronto due to pandemic</li> <li>• Evidence shows clear benefit of respite services to alleviate mental and physical stress</li> <li>• Decrease client social isolation and stress, increase client connection</li> <li>• Delivering respite services in a defined time window will deliver insights that will drive additional summer programming</li> </ul>
<b>PPE</b>	<ul style="list-style-type: none"> <li>• Minimal impact to overall PPE stores</li> </ul>
<b>Staffing</b>	<p>Holland Bloorview team to be deployed to support:</p> <ul style="list-style-type: none"> <li>• Client Service Assistants employed in Weekend Respite program</li> <li>• BIRT has identified a nurse with capacity to support program needs</li> </ul>
<b>Infection prevention and control measures</b>	<ul style="list-style-type: none"> <li>• Enhanced cleaning of surfaces</li> <li>• Physical distancing of 2+ meters where possible + masking for staff</li> <li>• No cross-over with inpatient clients</li> <li>• All clients will be screened via phone prior to attending the program in order to establish base line of COVID-19 precautions (travel, contact, symptoms, etc.)</li> <li>• Clients, staff and caregivers will be screened at the main door where clients and families enter</li> <li>• Hand-over from family-caregiver to clinician to occur prior to screening (when possible) in order to avoid additional use of PPE</li> </ul>
<b>Budget</b>	<ul style="list-style-type: none"> <li>• No incremental budget costs. Funded through Ministry of Children, Community and Social Services and Family Support fund</li> </ul>
<b>Ethical review and other considerations</b>	<ul style="list-style-type: none"> <li>• Bioethical review conducted, considered 10 ethical principles including equity, trust and inclusiveness</li> <li>• Does not impact other ambulatory care ramp up processes</li> <li>• During pandemic, we have been able to provide onsite care for urgent</li> </ul>

	<p>medical needs in areas such as dental, orthotics and psychopharmacology, accounting for approximately 10% of on-site activity. Unfortunately, there have been no equivalent options for families that urgently need respite due to closing of schools, daycares and children's treatment centres</p>
<b>Key contact</b>	<ul style="list-style-type: none"> <li>Lindsey Crawford, senior director, ambulatory care</li> </ul>

**June 12, 2020 - Inpatient care; ambulatory appointments; and research, teaching and learning**

<b>Summary</b>	<p>Beginning the week of June 15, we will be gradually increasing hospital activity in the areas of inpatient care; ambulatory appointments; and research, teaching and learning. During the peak of phase one, on average, an additional 200-250 people will be onsite Monday-Friday. This number includes staff, clients and caregivers.</p>
<b>Details</b>	<p><b>Inpatient:</b> Our current census is approximately 40 clients. Over the next month, we will gradually increase this to 50 to 57, in conjunction with and to support client flow from acute care partners like SickKids. Urgent sleep studies will also begin as soon as possible.</p> <p><b>Ambulatory:</b> Over the coming weeks, we will gradually increase access to various health discipline appointments. We are prioritizing those on wait lists that have long-term health risks if not seen in a timely way. Examples: dental appointments, prosthetics and orthotics, neuromotor, autism, feeding and seating clinics.</p> <p><b>Research, teaching and learning:</b> We will activate research that does not occur in inpatient or clinical areas. Phase 1 will include regulated clinical trials, COVID-19 related research and urgent research requiring on-site equipment. Learners will also be re-integrated gradually starting July 6.</p>
<b>Rationale</b>	<ul style="list-style-type: none"> <li><b>In-patient populations</b> have been kept low as part of a broader system capacity plan to account for high levels of COVID-19 within the acute care system. With Ontario numbers relatively stable and trending downward, we can now plan for greater in-patient activity.</li> <li><b>Ambulatory appointments</b> have been taking place virtually throughout the pandemic where possible. Unfortunately, for many clients, virtual appointments are not possible and wait-lists have grown. We've prioritized the highest needs clients where health risks are greatest.</li> <li><b>Research, teaching and learning</b> must continue as part of Holland Bloorview's academic mission in childhood disability. The ongoing risks to research programs and learners education can be mitigated by restarting scholarly activities now in concert with hospital and academic partners.</li> </ul>
<b>PPE</b>	<ul style="list-style-type: none"> <li>Detailed projections show <u>sufficient PPE levels</u> within a four week horizon. The team will continue to monitor this daily and adjust hospital activity if necessary.</li> <li>PPE conservation practices continue to be essential for everyone</li> </ul>

	on site.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• <b>Inpatient and ambulatory:</b> redeployed ambulatory care staff will be returned to their home positions.</li> <li>• <b>Research:</b> most staff have been working from home. A gradual ramp up of onsite presence will take place over the next 4 weeks. No more than 25% of research staff will be onsite during this phase.</li> <li>• <b>Teaching and Learning:</b> staff who have been redeployed to other activities are coming back to their TLI roles. Onsite work arrangements in TLI will meet physical distancing requirements.</li> </ul>
<b>Infection prevention and control measures</b>	<ul style="list-style-type: none"> <li>• Screening, masking, physical distancing, enhanced cleaning of surfaces and workstations</li> <li>• Other considerations to be determined: <ul style="list-style-type: none"> <li>○ Cleaning and sanitization of rooms between appointments</li> <li>○ PPE considerations in shared in-patient rooms</li> <li>○ Solution for staff workspaces, such as ‘pod’ areas, where physical distancing not possible and Plexiglass barriers not available</li> </ul> </li> </ul>
<b>Ethical review and other considerations</b>	<ul style="list-style-type: none"> <li>• Full review conducted with attention to ethical concepts of relevance, transparency, revision, inclusiveness, accountability, solidarity, equity and trust.</li> </ul> <p>Considerations still under review and to be resolved:</p> <ul style="list-style-type: none"> <li>• Opening up playroom to support siblings of ambulatory clients</li> <li>• Flow of people through atrium to ensure physical distancing</li> <li>• Eventual opening of Kindercircle daycare</li> <li>• Possibility of summer camps (onsite and virtual environment)</li> </ul>
<b>Key contacts</b>	<p><b>Inpatient</b></p> <ul style="list-style-type: none"> <li>• Elaine Widgett, senior director, inpatient rehabilitation and complex continuing care</li> <li>• Peter Rumney, physician director</li> <li>• Marilyn Ballantyne, chief nursing executive</li> </ul> <p><b>Ambulatory</b></p> <ul style="list-style-type: none"> <li>• Mazen Almaoui, senior director, programs and services</li> <li>• Lindsey Crawford, senior director, ambulatory care</li> <li>• C.J. Curran, director, transitions strategy</li> </ul> <p><b>Research, teaching and learning</b></p> <ul style="list-style-type: none"> <li>• Mani Kang, director of Research Operations, BRI</li> <li>• Kathryn Parker, senior director, Academic Affairs and Simulation Lead, TLI</li> </ul>

	<p><b>Process Support Resources</b></p> <ul style="list-style-type: none"> <li>• Mazen Almaoui, senior director, programs and services</li> <li>• Carmen Tan, manager, decision support</li> <li>• Amy Hu, project manager, quality improvement and process innovation</li> </ul>
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**June 12, 2020 - Bloorview Research Institute and Teaching and Learning Institute**

<b>Summary</b>	<p>The BRI will begin to resume its operations and research in a gradual and flexible manner. The institute will begin Phase 1 of its ramp-up on <b>June 15</b> with <b>12.5%</b> of its staff, researchers and scientists returning to work onsite within a two-week period. We plan to welcome <b>25%</b> of our staff back onsite starting <b>June 29</b>.</p> <p>The TLI will begin to re-integrate our clinical learners in a gradual and flexible manner. The TLI is collaborating with our clinical programs to welcome approximately 8 learners back on <b>July 6</b>.</p>
<b>Details</b>	<p><b>BRI Phase 1:</b></p> <ul style="list-style-type: none"> <li>• Activate research that does not occur in inpatient or clinical areas. Phase 1 will include regulated clinical trials, COVID-19 related research and urgent research requiring on-site equipment.</li> <li>• All research participants and vendors to go through the same screening process as visitors do at the main entrance prior to meeting with research staff.</li> <li>• A maximum of 12.5% of staff onsite from <b>June 15 to 27</b> to ensure appropriate social distancing measures in place.</li> <li>• Use When I Work App to schedule and track number of staff onsite to ensure the 12.5% threshold is maintained.</li> <li>• Managers to track research activity and staff onsite.</li> <li>• By the week of <b>June 29</b>, anticipate 25% of staff back onsite.</li> </ul> <p><b>TLI Phase 1:</b></p> <ul style="list-style-type: none"> <li>• During this phase, learners' educational activities may be restricted based on recovery of clinical and operational activities. Virtual learning opportunities should continue to be scaled and maximized, where possible.</li> <li>• We will maximize hospital-based simulation activities as modified placements to achieve clinical competencies, where possible.</li> <li>• The Hospital will monitor for readiness using the Reintegration to Clinical Environments Framework to determine preparedness for phase 2.</li> </ul>
<b>Rationale</b>	<p><b>Research, teaching and learning</b> must continue as part of Holland Bloorview's academic mission in childhood disability. The ongoing risks to research programs and learner education can be mitigated by restarting scholarly activities now in concert with hospital and academic partners.</p>

	<p><b>In addition, TLI will:</b></p> <ul style="list-style-type: none"> <li>• Welcome our learners (upper-year students) who require placements in order to complete their academic programs and graduate on time, and where their eligibility for licensure may be impacted.</li> <li>• Welcome individuals who are advanced health professional learners. They will add value and optimize clinical care and/or operational/corporate areas that are beginning to recover.</li> </ul> <p><i>Note: medical learners have been continuing their work during the COVID-19 global pandemic and are being financially compensated.</i></p>
<b>PPE (both BRI and TLI)</b>	<ul style="list-style-type: none"> <li>• Detailed projections show <u>sufficient PPE levels</u> over a four-week horizon. The team will continue to monitor this daily and adjust hospital activity if necessary.</li> </ul>
<b>Staffing</b>	<p>BRI team to support:</p> <ul style="list-style-type: none"> <li>• Ongoing research studies to be carried out onsite that are permitted during Phase 1</li> <li>• Commercialization, REB</li> <li>• TLI team to support: <ul style="list-style-type: none"> <li>○ Ongoing support for learners during phase 1</li> <li>○ Ongoing support for clinical supervisors</li> <li>○ Simulation opportunities as needed</li> <li>○ Student-Led Services as needed</li> <li>○ Inter-professional education opportunities</li> <li>○ Evidence-to-Care initiatives</li> </ul> </li> </ul>
<b>Infection prevention and control measures</b>	<ul style="list-style-type: none"> <li>• Enhanced cleaning of surfaces and workstations</li> <li>• Physical distancing of 2+ meters where possible + masking for staff, researchers, study participants</li> <li>• Screening of all researchers, staff, research participants, vendors upon entry</li> <li>• Abide by directives from provincial and federal health ministries</li> </ul>
<b>Ethical review and other considerations</b>	<ul style="list-style-type: none"> <li>• Use ethical principles to guide and operationalize decisions including relevance, transparency, inclusiveness, accountability, solidarity, equity and trust.</li> <li>• BRI &amp; TLI: Align with the broader TAHSN-academic recovery plan.</li> </ul>
<b>Key contacts</b>	<ul style="list-style-type: none"> <li>• Mani Kang, director of Research Operations, BRI</li> <li>• Kathryn Parker, senior director, Academic Affairs and Simulation</li> <li>• Lead, TLI</li> </ul>