Recovery Planning Decisions at Holland Bloorview

We have begun the planning to ramp-up <u>onsite</u> 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 <u>Day respite programming for children and youth 2-18 years old with disabilities</u>
- June 12, 2020 Inpatient care; ambulatory appointments; and research, teaching and learning
- June 12, 2020 Bloorview Research Institute and Teaching and Learning Institute
- July 9,2020 Kindercircle Day Care Re-opening
- July 13, 2020 Spiral Garden summer camp
- July 23, 2020 Weekend Passes and Leaves of Absence for inpatients

Holland Blcorview Kids Rehabilitation Hospital

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

Summary	From June 8 -30, Holland Bloorview will be opening up day respite
Guinnary	programming for children and youth 2-18 years old with disabilities.
Details	Begin on Monday, June 8. End on Tuesday, June 30
	 5 days/week for 4 hours per day (1:00-5:00pm) with six clients per day
	 Maximum of 5 sessions per individual client
	 Eligibility: 2-18 years, any disability, initially targeting previous users of
	Holland Bloorview respite services
	 Program locations: school classrooms and garden
	*The use of these locations will have no impact on screening, inpatient family
	window visits, or other programming
Rationale	Children and families to be served have multiple complexities (medical,
	financial, caregiver)
	Severe lack of respite programming in Toronto due to pandemic
	• Evidence shows clear benefit of respite services to alleviate mental and
	physical stress
	Decrease client social isolation and stress, increase client connection
	• Delivering respite services in a defined time window will deliver insights
	that will drive additional summer programming
PPE	Minimal impact to overall PPE stores
Staffing	Holland Bloorview team to be deployed to support:
	Client Service Assistants employed in Weekend Respite program
	BIRT has identified a nurse with capacity to support program needs
Infection	Enhanced cleaning of surfaces
prevention	Physical distancing of 2+ meters where possible + masking for staff
and control	No cross-over with inpatient clients
measures	• 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.)
	Clients, staff and caregivers will be screened at the main door where
	clients and families enter
	Hand-over from family-caregiver to clinician to occur prior to screening
	(when possible) in order to avoid additional use of PPE
Budget	 No incremental budget costs. Funded through Ministry of Children,
	Community and Social Services and Family Support fund
Ethical review	Bioethical review conducted, considered 10 ethical principles including
and other	equity, trust and inclusiveness
considerations	Does not impact other ambulatory care ramp up processes

During pandemic, we have been able to provide onsite care for urgent 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
 Key contact
 Lindsey Crawford, senior director, ambulatory care

Holland Bloorview Kids Rehabilitation Hospital

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

Summary	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.
Details	Inpatient: 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.
	Ambulatory: 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.
	Research, teaching and learning: 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.
Rationale	 In-patient populations 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. Ambulatory appointments 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. Research, teaching and learning 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.
PPE	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.

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	 PPE conservation practices continue to be essential for everyone on site.
Staffing	 Inpatient and ambulatory: redeployed ambulatory care staff will be returned to their home positions. Research: 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. Teaching and Learning: 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.
Infection prevention and control measures	 Screening, masking, physical distancing, enhanced cleaning of surfaces and workstations Other considerations to be determined: Cleaning and sanitization of rooms between appointments PPE considerations in shared in-patient rooms Solution for staff workspaces, such as 'pod' areas, where physical distancing not possible and Plexiglass barriers not available
Ethical review and other considerations	 Full review conducted with attention to ethical concepts of relevance, transparency, revision, inclusiveness, accountability, solidarity, equity and trust. Considerations still under review and to be resolved:
	 Opening up playroom to support siblings of ambulatory clients Flow of people through atrium to ensure physical distancing Eventual opening of Kindercircle daycare Possibility of summer camps (onsite and virtual environment)
Key contacts	Inpatient
	 Elaine Widgett, senior director, inpatient rehabilitation and complex continuing care Peter Rumney, physician director Marilyn Ballantyne, chief nursing executive
	Ambulatory
	 Mazen Almaoui, senior director, programs and services Lindsey Crawford, senior director, ambulatory care C.J. Curran, director, transitions strategy
	Research, teaching and learning
	Mani Kang, director of Research Operations, BRI

 Kathryn Parker, senior director, Academic Affairs and Simulation Lead, TLI
Process Support Resources
 Mazen Almaoui, senior director, programs and services Carmen Tan, manager, decision support Amy Hu, project manager, quality improvement and process innovation

June 12, 2020 - Bloorview Research Institute and Teaching and Learning Institute

Summary	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 June 15 with 12.5% of its staff, researchers and scientists returning to work onsite within a two-week period. We plan to welcome 25% of our staff back onsite starting June 29 . 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 July 6 .
Details	 BRI Phase 1: 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. 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. A maximum of 12.5% of staff onsite from June 15 to 27 to ensure appropriate social distancing measures in place. Use When I Work App to schedule and track number of staff onsite to ensure the 12.5% threshold is maintained. Managers to track research activity and staff onsite. By the week of June 29, anticipate 25% of staff back onsite. TLI Phase 1: 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. We will maximize hospital-based simulation activities as modified placements to achieve clinical competencies, where possible. The Hospital will monitor for readiness using the Reintegration to Clinical Environments Framework to determine preparedness for phase 2.

Rationale	 Research, teaching and learning 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. In addition, TLI will: 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. 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.
	Note: medical learners have been continuing their work during the COVID- 19 global pandemic and are being financially compensated.
PPE (both BRI and TLI)	 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.
Staffing	 BRI team to support: Ongoing research studies to be carried out onsite that are permitted during Phase 1 Commercialization, REB TLI team to support: Ongoing support for learners during phase 1 Ongoing support for clinical supervisors Simulation opportunities as needed Student-Led Services as needed Inter-professional education opportunities Evidence-to-Care initiatives
Infection prevention and control measures	 Enhanced cleaning of surfaces and workstations Physical distancing of 2+ meters where possible + masking for staff, researchers, study participants Screening of all researchers, staff, research participants, vendors upon entry Abide by directives from provincial and federal health ministries
Ethical review and other considerations	 Use ethical principles to guide and operationalize decisions including relevance, transparency, inclusiveness, accountability, solidarity, equity and trust. BRI & TLI: Align with the broader TAHSN-academic recovery plan.

Key contacts	 Mani Kang, director of Research Operations, BRI Kathryn Parker, senior director, Academic Affairs and Simulation Lead, TLI

July 9, 2020 – Kindercircle Day Care Re-opening

Summary	On July 13, Holland Bloorview's Kindercircle Day Care will re-open for children of Holland Bloorview staff and surrounding healthcare facilities as well as children from the local community between the ages of three and 30 months.
Details	 Service will be offered Monday-Friday, 8 a.m 5 p.m. at Kindercircle, located on the second floor of the East wing. Families have the choice to return upon opening or be added to a waiting list for re-admission. Current cohort sizes and ratios in classes: Infant cohort: 6 children and 4 staff Toddler cohort: 7 children and 3 staff Each group will stay together throughout the day and will not mix with other groups.
	 Parents can drop off their children between 8-9 a.m. Screening Everyone enrolled in Kindercircle, <u>including employees of Holland Bloorview</u>, will have to use the main entrance where a separate screening area will be dedicated to Kindercircle families. To aid in the screening process, all Holland Bloorview and Kindercircle employees must wear their Holland Bloorview ID badge at all times. As a Ministry of Education requirement, children will have their temperature taken at screening. One parent/caregiver will be permitted to accompany their child to the daycare and will be given a mask.
	 Getting to the daycare Once screening has been completed, the parent/caregiver will proceed to the daycare using the East elevator or stairs when possible. A teacher will then greet the child and parent/caregiver outside the daycare entrance, take the child into their respective cohort, and complete the mandatory hand washing routine. In the event that a family is denied entry for failing screening, they must call the daycare to report that they have been turned away at the door and list the symptoms they are experiencing. Parents will not be allowed into the daycare area. A teacher will greet children at the daycare entrance where parents/caregivers and children will say their goodbyes.

	 Pick-up Parents/caregivers will pickup their kids from the daycare entrance. Those coming from outside the building will need to be re-screened and given a mask to re-enter the building. If a family member arrives to pick up their child from Kindercircle and is turned away at screening for health reasons, they must call the daycare to arrange for pickup.
Rationale	 The Province is allowing childcare centres to re-open with additional health and safety measures in place. Provides much needed support for Holland Bloorview staff, neighbouring healthcare workers and the local community as more parents head back to work onsite.
PPE	 Kindercircle will secure and sustain an amount of PPE and cleaning supplies that can support current and ongoing operations in consultation with Holland Bloorview. Minimal impact to overall PPE supply at Holland Bloorview.
Staffing	 Staff will only be allowed to work at one location. Supervisors and/or designates will limit their movement between rooms, doing so only when absolutely necessary. Supply/replacement staff will be assigned to specific cohorts Scheduling will be in place to ensure Kindercircle has the required number of qualified staff All staff have been trained on policies and procedures with respect to enhanced health and safety protocols and proper use of PPE prior to re-opening.
Infection prevention and control measures	 Abide by Ontario Health guidelines and Holland Bloorview policies and procedures Ministry staff will conduct in-person monitoring and licensing inspections of childcare centres where necessary. Environmental Services have stripped and waxed all the floors in the daycare area in preparation of the re-opening. All surfaces have been sanitized throughout the daycare, and all area carpets have been steam cleaned. High-touch surfaces and items in common areas (e.g., doorknobs, light switches, handles, toilets, sinks, water faucets, counter tops) will be sanitized each day between 12:30 and1:30 p.m., and at closing in preparation for the next day. Toys, indoor and outdoor play equipment will be disinfected after each use. Physical distancing of 2+ meters where possible Staff will wear appropriate PPE (masks, goggles, gloves, gowns, etc.)
Budget	 No incremental budget impact on Holland Bloorview. Funded through parent fees, Ministry of Education and City of Toronto
Ethical review	- Bioethical review conducted, considered 10 ethical principles including
and other considerations	 equity, trust and inclusiveness. Kindercircle has created a <i>Guide to Re-opening</i> that has been approved by the Ministry of Education's Early Years and Child Care division,

	Kindercircle's board executive and Holland Bloorview. The guide has
	been sent to all families enrolled and can also be found here.
Key contact	- Kenna Paul, Executive Director, Kindercircle Day Care

July 13, 2020 - Spiral Garden summer camp

Summary	Starting July 20 and running until September 4, Holland Bloorview will be offering a modified Spiral Garden summer day camp for children and youth living with disabilities.
Details	 Begin on Monday, July 20. End on September 4 5 days/week for 4 hours per day (9:00-1:00) with 4-6 clients per day Maximum of one week per individual Eligibility: 6 to 18 years of age, any disability, targeting clients who have registered for the 2020 summer camp Program locations: Spiral Garden, art therapy room and conference centre in bad weather. *The use of these locations will have no impact on screening, inpatient family window visits, or other programming
Rationale	 Children and families to be served have multiple complexities (medical, financial, caregiver) Severe lack of accessible programming in Toronto due to pandemic Decrease client social isolation and stress, increase client connection
PPE	 The recovery leadership team and working groups are carefully monitoring use and inventory of personal protective equipment through all phase 1 recovery activities including opening of Spiral Garden. Holland Bloorview's inventory of PPE remains in very good shape.
Staffing	Programming will be run by permanent and casual employees in the Music and Arts program, including 1:1 support of program participants.
Infection	- All measures align with the COVID-19 Guidance: Summer Day Camps developed
prevention	by the Ministry of Health
and control measures	 Enhanced cleaning of surfaces when indoors and outdoors Physical distancing of 2 meters where possible + masking for staff; masking of clients whenever possible No cross-over with inpatient clients
	 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.) All clients, staff and caregivers will also be subject to daily screening before proceeding into the hospital. Restricted use of washrooms by main hospital exit (on east side of pool) during day camp hours
Budget	 No incremental budget costs. Funded through fees charged to families (subsidized by a Holland Bloorview Kids Rehabilitation Hospital Foundation

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	grant). Individual families with financial need may apply to the Family Support
	Fund for assistance with fees.
Ethical review	- Bioethical review conducted, considered 10 ethical principles including equity,
and other	trust and inclusiveness
considerations	- Does not impact other ambulatory care ramp up processes
	- During pandemic, we have been able to provide onsite care for urgent 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
Key contact	- Andrea Macdonald, operations manager, ambulatory services

July 23, 2020 - Weekend Passes and Leaves of Absence for inpatients

Summary	Last weekend, Holland Bloorview began offering weekend passes for clients
	as part of their rehabilitation journey, in preparation for their imminent
	discharge.
Details	- Began the weekend of Friday, July 17 - Sunday, July 19
	- Will offer to a weekly cohort of about 40-60% of inpatient census
	- Eligibility: Clients who are deemed medically stable by their physician or nurse
	practitioner; clients 2-4 weeks from discharge who need to learn new routines in
	the community
Rationale	 Weekend passes to be used in a therapeutic manner to bring about benefits to the client and minimize harm
	 Support the client's and family's mental and emotional well-being; decrease client social isolation and stress
	 Support safe transition back into the community through practical, hands on experience in the community with medication, equipment and other resources
PPE	- The recovery leadership team and working groups are carefully monitoring use and inventory of personal protective equipment through all phase 1 recovery activities including welcoming clients and caregivers back after a weekend pass. Holland Bloorview's inventory of PPE remains in very good shape.
Staffing	 Referrals need to be made to LHIN services to coordinate home assessments.
Infection	- Families are to ensure that there are no sick/ill family members at home
prevention	prior to leaving the hospital
and control	- We ask all families to keep their social bubble to the same group of 10
measures	people or less as per the recommendations by the Ministry of Health

	 If community providers are coming into a client's home, we ask they ensure those entering are wearing masks and applying hand sanitizer before entering and during the visit as needed If going out into the community, we ask that clients and their caregivers wear a mask if unable to keep 2 meters (6 feet) away from others All clients will be screened via phone prior to their return, at the screening desks when they enter the hospital and once again with the nursing staff on their unit
Budget	 Families requiring support with travel costs to and from the community can inquire about our Emergency Transit Fund and how it can help.
Ethical review	- Bioethical review conducted, considered 10 ethical principles including
and other	solidarity, beneficence and respect for emerging autonomy.
considerations	- Solidarity: Internal (e.g. Pharmacy, Equipment) and external dependencies
	(e.g. LHIN services) considered, process map and new timelines required
	to prepare for each client's safe LOA determined
	- Beneficence: benefit to client/family to support preparation for safe
	discharge home (and well-being)
	- Respect for emerging autonomy: timely and responsive to client/family
	voiced requests for re-introduction of LOA
Key contacts	- Elaine Widgett, senior director, inpatient rehabilitation and complex
	continuing care
	- Marilyn Ballantyne, chief nursing executive & clinician investigator
	- Dr. Peter Rumney, physician director, rehab and complex continuing care