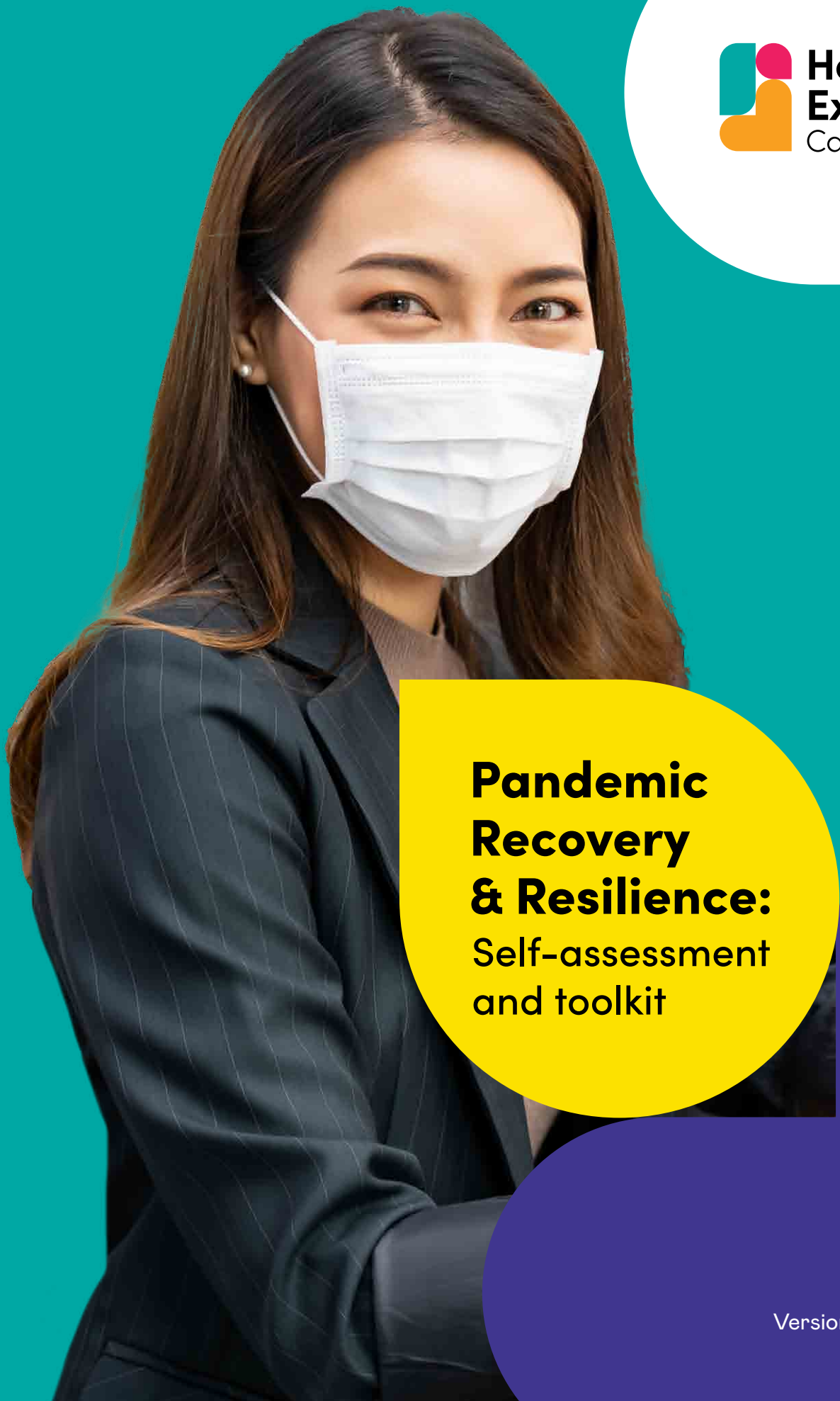
Healthcare Excellence Canada



Pandemic Recovery & Resilience:

Self-assessment and toolkit

Version 1.0 | April 2022

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) is an organization with a relentless focus on improving healthcare, with – and for – everyone in Canada. Launched in March 2021 from the amalgamation of the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, Healthcare Excellence Canada has greater capacity to support partners to turn proven innovations into widespread and lasting improvement in patient safety and all the dimensions of healthcare excellence. We believe in the power of people and evidence and know that by connecting them, we can achieve the best healthcare in the world. HEC is an independent, not-for-profit charity funded primarily by Health Canada.

The views expressed herein do not necessarily represent the views of Health Canada.

150 Kent Street, Suite 200
Ottawa, Ontario, K1P 0E4, Canada
613-728-2238 | communications@hec-esc.ca

Social Media

Twitter | LinkedIn | Instagram | Facebook

Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today. Learn more

Contents

Let's renew our health systems – together

Since it was first declared, the COVID-19 pandemic has profoundly affected people around the globe and wide swathes of our societies. No sector has been more impacted than healthcare – the people who provide and seek care. COVID-19's effects in the health system will be lasting. Just as some people are experiencing 'long COVID' after having been infected with the virus, so too will aspects of healthcare be affected for some time to come. The pandemic has tested capacity limits in most provinces and territories and has strained all sectors. Individuals and teams from across the country have worked hard to continue to deliver care in very challenging circumstances.

> That's why pandemic recovery and health system resilience is one of three focus areas in Healthcare Excellence Canada's 2021-26 strategy. While health systems have responded to the pandemic with tremendous innovation, COVID-19 has exposed gaps in both care and equity. Together, we can not only respond to evolving needs but also build more resilient, equitable and innovative ways of designing, funding and delivering care.

When we asked experts across the country about where we collectively need to focus to recover from the pandemic and build greater resilience, they identified nine priority areas. All nine priorities inform this self-assessment and toolkit. But this resource is just the beginning. Healthcare Excellence Canada is here to help health leaders in responding now and planning for the future. More in-depth work is planned in those areas that most align with our new strategy: care of older adults with health and social needs; care closer to home with safe transitions; lived experience; people in the workforce; value; culturally safe and equitable care; and First Nations, Inuit and Métis priorities.

In each of these areas, there is tremendous opportunity to expand the reach of proven innovations so that more people can benefit. One of the key lessons of the pandemic is the power and importance of collective action. That the steps we each take, small and large, affect each other.

We hope that you will join us and others across the country who share the belief that everyone in Canada wants and deserves excellence in healthcare. Use and share the self-assessment and toolkit. Help us find additional tools and innovations to add to this growing inventory. As we all move through the phases of the pandemic, we know that aligning our efforts to recover and build greater health system resilience will help us progress towards excellence.

Jennifer Zelmer, PhD
President and CEO

PREVIOUS
Table of contents

NEXT
Overview

Overview

The COVID-19 pandemic has served as a real-time test of the effectiveness of Canadian healthcare systems. It has highlighted areas where operational change and policy reform are critical, while also uncovering innovations and system resilience. Healthcare Excellence Canada (HEC) can contribute to pandemic recovery and resilience efforts by collecting and synthesizing hard-won lessons from across the country in this self-assessment questionnaire and toolkit for health leaders to plan for pandemic recovery and resilience.

During the summer of 2021, our staff and advisors collected information from across Canada's health systems about the challenges being faced 16–18 months into the COVID-19 pandemic. We conducted a rapid round of interviews with over 20 experts and leaders from across the country, through which we identified and validated issues. We tested ideas about the next stage of the pandemic and how Canadian health systems are balancing the ongoing pandemic response needs with the need to sustain the 'regular' operations. The goal was to identify challenges and present strategies to develop a more resilient health system moving forward.

Based on the feedback from health system leaders, nine themes were identified as a set of interconnected priorities requiring action to leverage the beneficial changes catalyzed by the pandemic and to revise structures and policies that may have had negative impacts. These impacts include those on patients, families, essential caregivers, healthcare providers, children, older adults, First Nations, Inuit and Métis, and others who experience inequities in care. Priorities identified by patients and essential care partners in earlier work on policies that support patient and caregiver partnership in care are reflected in the patient engagement and partnership sections of this document. As the toolkit and self-assessment took shape, HEC collaborated with several provincial and territorial ministries and health system leaders to pilot test, validate and refine this tool in early 2022.

The goal was to identify challenges and present strategies to develop a more resilient health system moving forward.

PREVIOUS
Let's renew our health systems – together

NEXT
Overview

Nine Challenges for Pandemic Recovery and Resilience

1. Health Human Resources

2. Backlog of Services

3. Regional Systems Integration

4. Ongoing Pandemic Response and Managing Surge Capacity

5. Equity in Population Health

6. Mental Health and Substance Use

7. Care of Older Adults

8. Virtual Care

9. Patient Partnership & Engagement

The nine key areas were informed through interviews with health system leaders, recent data illustrating the effects of the pandemic, reports from health-related associations, organizations, and governments, as well as validation through internal reviewers and health system partners. These are areas in which high-impact changes to both policy and practice can enable the health system to be redesigned for the future – while responding to the toll the pandemic has taken on those who deliver and receive care.

The Pandemic Recovery and Resilience Self-Assessment and Toolkit offers an ever-growing list of resources to aid health leaders, policymakers, practitioners, community organizations, patients, their families and essential care partners. The self-assessment allows policy-makers and health system leaders to assess their current state in the nine theme areas and contains two sections: one with assessment statements designed for federal, provincial and territorial ministries of health, and a second with assessment statements designed for health leaders in regional health authority or delivery systems. In addition, the toolkit offers options for moving ahead, highlighting innovative approaches that provide patient-focused solutions to the gaps and inequities exacerbated or exposed by the pandemic. It is hoped that the toolkit will serve as a key resource to enable health leaders and policymakers to renew a health system that can deliver high-quality and high-value care and better prepare for future health emergencies.

We welcome feedback from users of the self-assessment and toolkit, including promising practices or innovations to add to our next update in late-2022. Share them with us at innovations@hec-esc.ca. In the coming months, HEC will be offering further resources, support and in-depth opportunities to participate in learning events related to our strategy priority areas: health human resources, care of older adults, virtual care, patient partnership and engagement, and equity in population health. Join us as we move through the pandemic and look ahead to possibilities for renewing and strengthening our health systems.

PREVIOUS
Overview

NEXT
Overview

How to use the toolkit

The Pandemic Recovery and Resilience Self-Assessment and Toolkit has been designed to be used as an 'all in one' product, but the sections can also be explored separately.

If you have 15 minutes, consider:

- browsing one of the nine key priority sections of interest
- scanning the list of innovations for something inspiring
- downloading a self-assessment to complete at a later date
- sharing the link to the toolkit with your team

If you have 45 minutes, consider:

- reading the sections for the nine key priorities
- completing the relevant self-assessment for your organization
- diving into one section of the nine key priorities and exploring the innovations

If you have one to two hours, consider:

- completing the relevant self-assessment jointly with your team
- using the scores from your self-assessment to identify priorities with your team
- reviewing the nine priorities as they relate to your organization's status in pandemic recovery and resilience

We acknowledge that different language and terminology is used across the country. To provide greater clarity, throughout this document:

Blanket visitor restrictions refer to restrictions that extent to all 'visitors' entering a facility, often without exceptions, including essential care partners.

Essential care partners provide physical, psychological and emotional support, as deemed important by the patient. This care can include support in decision making, care coordination and continuity of care. Essential care partners are identified by the patient (or substitute decision-maker) and can include family members, close friends and other caregivers.

Patients includes residents and clients.

Patient partners include patients, residents, clients, families, caregivers and care partners, and others with lived experience who are working together in teams to improve the quality and safety of healthcare.

Health and care facilities refer to hospitals, long-term care/residential care/nursing homes and other congregate care settings as well as primary care and outpatient care settings.

Open family presence policies support the presence of essential care partners at patient bedside at any time and not restricted by 'visiting hours'.

Self-assessment

Health leaders planning for pandemic recovery are still managing through challenging times as they move through the phases of the pandemic. Though demand on the health system remains very high at the time of writing, our intention is to share lessons learned and recommendations from health experts in the areas that will contribute to future stabilization and ability to manage large-scale pressures.

HEC has developed two self-assessments: one for policy-makers in federal, provincial and territorial ministries of health; and another for health leaders in regional health authorities or delivery systems. The Pandemic Recovery and Resilience self-assessment tool can help you identify strengths and areas for improvement within your health system as you learn from and move through COVID-19. It is not designed to be 'pass/fail,' but rather to be a guide that supports critical conversations and informed decision making.

Federal, provincial and territorial policy-makers

Get started

Hospitals & regional health system leaders

Get started

What's next?

Subscribe to HEC's newsletter to hear about upcoming webinars, peer learning events and expert panels on pandemic-related topics.

Subscribe

Self-assessment for policy-makers in federal, provincial and territorial ministries of health

The assessment tool is designed to assess readiness in each of the nine theme areas that were identified by health leaders from across the country. We recommend that this assessment be filled out by provincial-territorial health leaders, with input from ministry staff and other partners (for example, direct care staff and management, community leaders, as well as patients, families and caregivers) as appropriate. Provinces and territories may also wish to look at self-assessments that have been completed by healthcare facilities and/or regional system leaders in their jurisdiction to help inform these discussions.

Instructions:

- Go through each section and complete the questions provided.
- Each question will ask you to assess readiness from '***not currently considered***' (0) to '***fully implemented***' (4). At the end of each section, add up your score.
- Once you have completed each section, you will be able to identify the areas with the lowest scores, and therefore the greatest need for action.
- You can then access the relevant theme areas in the toolkit for strategies and suggestions for action.

There are multiple ways of using this self-assessment. For example, to identify potential strengths and gaps in preparedness, a team can complete each section and use the scores (from 'not currently considered' to 'fully implemented') to highlight priorities for action. You can then access strategies and options for action in the relevant theme area of the toolkit. Another approach is to have multiple people complete the assessment independently and then come together for discussion. Comparing scores can help to identify areas where there is a shared understanding about preparedness and where perceptions differ. A focused discussion on the latter can help to identify risks and opportunities that may not be apparent to everyone.

PREVIOUS
Self-assessment

NEXT
Policy-makers

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Health Human Resources (HHR)

1.	Our province/territory works with other provinces/ territories, communities, health professions, and the federal government to understand current and future HHR needs in Canada, including inter-jurisdictional collaboration (for example, regarding needs in rural/ remote areas).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory works with other provinces/ territories, community-based organizations, health professions, and health training colleges/universities to ensure an adequate supply of HHR in our jurisdiction and across Canada.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory works with other provinces/ territories, colleges and universities to ensure consistent education and training policies across the health professions.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our province/territory works with other provinces/territories, Indigenous communities and organizations, and health professional regulators to explore national licensure and/or other policy changes to allow the redeployment of HHR across provincial/territorial boundaries in times of surge capacity need.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Health Human Resources (HHR)

5.	Our province/territory works with other provinces/ territories and the federal government to explore more efficient credentialing of foreign trained healthcare providers (from varying disciplines), which considers safety and competency, full utilization of skills and training, and cultural safety.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our province/territory works with other provinces/ territories and the federal government to streamline and support processes for the ethical and culturally safe recruitment of skilled health workers from other countries (for both regulated and unregulated health professions).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our province/territory is developing or supporting legislation, regulation, policy and/or programming that enables the use of evolving models of care which optimize HHR to meet population needs (for example, scope of practice, skill mix and staffing ratio optimization, etc.).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our province/territory is developing or supporting strategies to assess compensation models for HHR and support changes in areas of high scarcity and/or high stress.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9.	Our province/territory regularly reviews international best practice, to ensure that our strategies for HHR remain innovative.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Health Human Resources (HHR)

10. Our province/territory has a emergency response plan in place with strategies for the effective management of HHR in times of crisis. ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

11. Our province/territory enacts protections for the physical, psychological, and cultural health and safety of our HHR workforce and mitigate threats and violence against healthcare workers. ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total 0 **/44**

Health Human Resources
Strategies and suggestions for action.

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Backlog of Services

1.	Our province/territory has developed wait times targets and strategies to achieve those targets and publicly report on our progress.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory has a process in place to regularly communicate with patients who are waiting for services, including updating them on their status in the queue and options for sooner treatments (for example, in another nearby city, or with a different surgeon or provider).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our provincial/territorial waitlist(s) for procedures is accurate and up to date.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our province/territory understands the supply, demand and wait times at the population level in our province/territory including: w0: time to primary care, w0-s: time to screening, w1: time to specialist, w2: time to agreed treatment (for instance, surgery), and w3: time to aftercare.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Backlog of Services

5.	Our province/territory is aware of the current surgical capacity within our province/territory (such as operating rooms, post-anaesthesia care units, and in-patient surgical units); including physical and human resource capacity for inpatient-elective, emergency services, outpatient services, diagnostics and screening.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our province/territory regularly assesses backlogs and develops/deploys strategies to reduce waits, for instance: increased primary care resources, specialty and diagnostic staff and equipment, use of centralized waitlists and prioritization frameworks, and access to current best practice guidelines for ordering tests/ procedures.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our province/territory regularly assesses procedures of limited clinical value and/or potentially unnecessary testing and employ strategies to encourage more appropriate care.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our province/territory has a prioritization framework for centralized waitlists for specialties at high risk which is transparent and includes an appeals process.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9.	Our province/territory has a digital health strategy in place which supports the appropriate use of technology to help reduce wait times including virtual visits, digitized screening, e-referral and scheduling.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Total					0	**/36**

Backlog of Services
Strategies and suggestions for action.

PREVIOUS
Policy-makers

NEXT
Policy-makers

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Regional Systems Integration

1.	Our province/territory has plans to build on our pandemic incident command to address strategic system-wide planning for future large-scale public health challenges.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory has enabling legislation and supports to ensure the integration of Public Health into regional/provincial pandemic planning, preparedness and response as well as future planning and delivery.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory supports regional health system planning and operations in respect of patient flow (for example, emergency departments, critical care, medicine and surgery) and load balancing in respect of COVID patient surges and addressing backlogs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our province/territory has a plan in place to review international and national-peer leading practice and lessons learned from the pandemic to determine appropriate governance models for future population health management, planning and operations.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Regional Systems Integration

5. Our province/territory has a plan to review local population data including geographical, sector and workforce data to drive provincial and territorial strategic partnership working, decision making and optimal use of resources.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total	0	**/20**

Regional Systems Integration
Strategies and suggestions for action.

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Ongoing Pandemic Response and Managing Surge Capacity

1.	Our province/territory has developed future contingency emergency management plans, including procurement plans and stable supply chains for personal protective equipment and other emergency equipment, as well as governance and risk management plans. This includes 'lessons learned,' building emergency management competency (maturity assessments) and regular audits and testing of local processes and procedures.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory has a plan in place for ongoing assessment and dynamic refinement of pandemic planning and response governance, structures, roles and processes including managing surge capacity in terms of standard operating procedures and protocols.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory has plans to ensure ongoing role clarity, roles and accountabilities in respect of mass vaccinations (for example, children under age 12, booster shots, etc.)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Ongoing Pandemic Response and Managing Surge Capacity

4.	Our province/territory has a plan in place to undertake a review of pandemic planning and response in terms of lessons learned and planning/ response in relation to future pandemics.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our province/territory has a plan in place to regularly test/simulate pandemic/emergency plans to ensure ongoing pandemic/emergency preparedness.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our province/territory works with the other provinces/territories and the federal government to share pandemic/emergency plans, learn from the successes/challenges of other jurisdictions, and plan for potential joint emergency management in future incidents/crises.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our province/territory has a plan in place for pandemic recovery which includes strategies and targets for accountability.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Total					0	**/28**

Ongoing Pandemic Responce and Managing Surge Capacity
Strategies and suggestions for action.

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Equity in Population Health

1.	Our province/territory has strategies in place to include under-represented communities and the organizations that support them in all decisions regarding policy and health delivery programming (for instance, including them in decision-making committees).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory has a privacy-sensitive strategy to work in partnership with under-represented communities to source, collect, and share socio-demographic data that considers inequities across the determinants of health (including access to health services) and how they impact health outcomes.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory works with leaders and individuals from under-represented communities when interpreting data and planning approaches to address inequities accordingly.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Equity in Population Health

4.	Our province/territory uses data to anticipate future health needs of the population.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our province/territory has strategies in place for indigenous, Black, and other under-represented communities that reflect ownership, access, stewardship, and governance of data.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 **/20**

Equity in Population Health
Strategies and suggestions for action.

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Mental Health and Substance Use

1.	Our province/territory has data on the impact of COVID-19 on the mental health of our residents.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Waitlists for mental health services in our province/territory are up to date.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory has developed wait times targets and strategies to achieve those targets and will publicly report on our progress.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our province/territory has a strategy to ensure the appropriate health human resources capacity to meet the evolving mental health needs of people living in our province/territory.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our province/territory has a strategy in place to better integrate accessible, culturally safe mental health services and ensure continuity of care for people with mental health needs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our provincial/territorial mental health strategy has been reviewed and refreshed in light of the effects of the pandemic and evolving prevalence of mental health needs, including the cognitive and mental health effects of 'long COVID.'	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Mental Health and Substance Use

7.	Our province/territory understands the impact of the pandemic on the mental health of front-line workers and has plans in place to address their mental health needs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our province/territory is examining our model of mental healthcare delivery as to the effectiveness of integration with regional acute and primary care partners.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9.	Our province/territory works with the other provinces/territories, the federal government and international partners to understand how other jurisdictions are responding to pandemic mental health needs, share and learn from best practices to address those needs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10.	Our province/territory supports efforts to continue to destigmatize mental health through education regarding stigma, mental wellness **AND** healthy coping skills.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 **/40**

Mental Health and Substance Use
Strategies and suggestions for action.

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Care of Older Adults

1.	Our province/territory has standards and regular monitoring processes in place to ensure the safety of residents of long-term care homes, as well as older adults with health and social needs living in the community.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory has strategies in place to ensure that there are sufficient health human resources available to ensure the safety and positive outcomes for residents of long-term care homes, as well as older adults receiving care in the community.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory regularly monitors wait times for long-term care and has plans in place to monitor capacity and ensure flow from acute care as part of regional-level planning.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our province/territory regularly reviews infrastructure needs, including those that have been identified as a result of the pandemic.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our province/territory has a plan in place to recognize the value and contributions of essential care partners, as well as provide them with access to appropriate respite care, financial and other supports, and safe re-entry to facilities.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Care of Older Adults

6.	Our province/territory has a plan in place to refine/update our healthy aging strategy through engagement, co-design and implementation with the public, essential care partners, healthcare professionals and other stakeholders.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our province/territory has a plan to work with health regions, community partners, residential care settings and hospitals to protect, prioritize and shield older adults through future waves of the pandemic and beyond.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our province/territory works with First Nations, Inuit and Métis partners to ensure culturally safe care is accessible for residents of long-term care homes and older adults being cared for in the community.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9.	Our province/territory works with other provinces/territories and the federal government to review international best practices and how other jurisdictions are responding to the global impact of the pandemic on older adults. We integrate lessons learned into our planning.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 **/36**

Care of Older Adults
Strategies and suggestions for action.

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Virtual Care

1.	Our province/territory has a digital health strategy in place that considers privacy-sensitive connectivity of records across the patient journey, including better coordination of care for those with complex health needs, takes into account and supports access to broadband and other essential technologies at a community-level, encourages innovations in digital healthcare platforms, and interoperability for enhanced flow of service and digitized care information for patients and practitioners.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory has a framework in place to monitor the use and accessibility of virtual care in ambulatory, primary care and other settings. This framework enables the modality of care to be monitored (for instance, phone, video or asynchronous), as well as the quality of care that is provided.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory has developed an integrated digitization and data sharing strategy that underpins provincial/territorial planning and which is considered across the continuum of care.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Virtual Care

4.	Our province/territory has a governance process for virtual care which covers technology standards, policy, privacy and cybersecurity.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our province/territory works with other provinces/territories and the federal government to establish minimum standards governing use of patient data (such as how data is used by providers, specialists, public health, third parties, etc.)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our province/territory works with the regulatory bodies of the health professions and health professional associations to ensure that providers understand requirements for appropriate virtual care and are supported and monitored appropriately for professional practice.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our province/territory works with other provinces/territories, colleges and universities, and other stakeholders to develop/support curriculum for the appropriate use of virtual care by healthcare providers.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our province/territory works with the other provinces/territories and the federal government to revisit and refresh the Canada healthcare data governance landscape.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9.	Our province/territory has a strategy in place to facilitate patients' online access to their health information (such as via patient portals).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10.	Our province/territory has a funding model that enables patients to access the appropriate care modality of their choosing.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Virtual Care

11. Our province/territory regularly reviews provincial/territorial, national and international best practice to understand how to improve the delivery of virtual care in our jurisdiction.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total 0 **/44**

Virtual Care
Strategies and suggestions for action.

SELF-ASSESSMENT

FEDERAL, PROVINCIAL AND TERRITORIAL POLICYMAKERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Patient Partnership and Engagement

1.	Our province/territory has policies that recognize the critical role of essential care partners and support safe access to healthcare facilities/hospitals even during health emergencies.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our province/territory has a process to support the co-design of health policies and programs with patients, families, caregivers and communities, including strategies to ensure ongoing engagement as policies and programs are implemented, evaluated and revised.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our province/territory has a process in place to enable a shift in culture from 'what is the matter with you?' to 'what matters to you?'	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our province/territory works with colleges and universities to ensure that a commitment to patient partnership and engagement is included in all health provider education and training.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our province/territory works with the health regulatory colleges to ensure that a commitment to patient partnership and engagement is included in provider competency frameworks.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Policy-makers

NEXT
Policy-makers

Patient Partnership and Engagement

6. Our province/territory has a framework in place to measure and report on patient reported outcome measures (PROMs) and patient reported experience measures (PREMs). ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

7. Our province/territory is working with other provinces/territories and the federal government to enact strategies that facilitate patient access to health information and portability of this information across provinces/territories. ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total 0 **/28**

Patient Partnership and Engagement
Strategies and suggestions for action.

Self-assessment for health leaders in regional health authority or delivery systems

The self-assessment is designed to help you gauge readiness in each of the nine theme areas that were identified by health leaders from across the country. We recommend that this assessment be filled out by healthcare organizations/regional health leaders with input from patients/families and caregivers, care managers, and direct care staff. It is not designed to be 'pass/fail,' but rather be a reflection guide to support critical conversations and informed decision making.

Instructions:

- Go through each section and complete the questions provided.
- Each question will ask you to assess readiness from '***not currently considered***' (0) to '***fully implemented***' (4). At the end of each section, add up your score.
- Once you have completed each section, you will be able to assess the status of your organization's progress and identify priority areas.
- We have included a sample of innovative practices found in Canada and internationally to prompt creativity and inspire continuous learning in the Tools for Promoting Resilience sections under each theme.

There are multiple ways of using this self-assessment. For example, to identify potential strengths and gaps in preparedness, a team can complete each section and use the scores (from **'not currently considered – 0'** to **'fully implemented – 4'**) to highlight priorities for action. You can then access strategies and options for action in the relevant theme area of the toolkit. Another approach is to have multiple people complete the assessment independently and then come together for discussion. Comparing scores can help to identify areas where there is a shared understanding about preparedness and where perceptions differ. A focused discussion on the latter can help to identify risks and opportunities that may not be apparent to everyone.

PREVIOUS
Policy-makers

NEXT
Health System Leaders

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Health Human Resources

1.	Our health organization/region has a regional dashboard system created for monitoring health and care staff vacancies.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region has plans in place to work with local health provider colleges to ensure training placements and recruitment upon graduation.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region has a systematic and transparent process in place to evaluate pay levels of the different healthcare providers in our organization(s) and these are consistent across determined comparators (for example, sites, geographic areas, professions, etc.).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our health organization/region actively tests and evaluates models of care that optimize health human resources to meet the needs of our population (for instance, scope of practice, skill mix and staffing ratio optimization).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Health Human Resources

5.	Our health organization/region has an action plan in place to support and improve the psychological, cultural and physical health and safety of health workers and have included applicable federal or provincial/territorial legislation to the extent possible.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our health organization/region works with our province/territory to operationalize strategies and supports put forward as part of provincial/territorial HHR recruitment and retention planning.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our health organization/region works collaboratively with other hospitals, healthcare facilities and healthcare organizations in our region to optimize HHR.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our health organization/region has training plans and incentives in place to enable staff to up-skill and practice at the top of their license/scope of practice.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9.	Our health organization/region has plans to leverage online tools such as information and decision support at the point of care to enable increased 'time to care.'	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10.	Our health organization/region has an emergency response plan in place with strategies for the effective management of HHR in times of crisis.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 **/40**

Health Human Resources
Strategies and suggestions for action.

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Backlog of Services

1.	Our health organization/region's waitlists are accurate and up to date.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region is aware of the current diagnostic and surgical capacity within our organization/region (operating rooms, post-anaesthesia care units, in-patient surgical units), including physical and human resource capacity for inpatient-elective, emergency and outpatient services.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region has a process in place to regularly communicate with patients who are waiting for services, including updating them on their status in the queue and options for receiving care sooner (for instance, in another nearby city or with a different surgeon/provider).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our health organization/region actively works with our region and/or province/territory to assess demand and wait times and adjust resources as appropriate to reduce waits (such as, increased staff, diagnostic services, etc.).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Backlog of Services

5.	Our health organization/region works with other regions/organizations within our province/territory to manage waitlists and reduce overall backlogs in procedures.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our health organization/region regularly assesses procedures of limited clinical value and/or potentially unnecessary testing and employ strategies to encourage more appropriate care.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our health organization/region has a prioritization framework in place to manage the waitlist for specialties at risk that is transparent and includes an appeals process.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our health organization/region uses – where available, safe and appropriate – technology to support a reduction in wait times including virtual visits, digitized screening, e-referral and scheduling.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 **/32**

Backlog of Services
Strategies and suggestions for action.

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Regional Systems Integration

1.	Our health organization/region participates in regional health system planning and operations in respect of patient flow (including emergency departments, critical care, medicine, surgery and long-term care) and load balancing in respect of COVID patient surges and addressing service backlogs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region partners with our local public health authorities and other partners on pandemic planning, preparedness and response as well as future planning and delivery.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region actively works with local communities and partners and commits to accountability for health services resilience, recovery, outcomes, equity, and use of resources during and beyond the pandemic.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 /12

Regional Systems Integration
Strategies and suggestions for action.

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

ABOUT
SELF-ASSESSMENT
TOOLKIT

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Ongoing Pandemic Response and Managing Surge Capacity

1. Our health organization/region has developed future contingency emergency management plans, including procurement plans and stable supply chains for personal protective equipment, medications, and emergency equipment, as well as governance and risk management plans. This includes 'lessons learned,' building emergency management competency (maturity assessments) as well as regular audits and testing of local processes and procedures.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. Our health organization/region has a plan in place for ongoing assessment and dynamic refinement of pandemic planning and response governance, structures, roles and processes including managing surge capacity in terms of standard operating procedures and protocols.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3. Our health organization/region has plans to ensure ongoing role clarity, roles and accountabilities in respect of mass vaccinations (for instance, children under 12, potential booster shots, etc.).

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Ongoing Pandemic Response and Managing Surge Capacity

4.	Our health organization/region has a plan in place to undertake a review of pandemic planning and response in terms of lessons learned and planning/ response in relation to future large-scale public health challenges.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our health organization/region has a plan in place to regularly test pandemic/emergency plans to ensure ongoing pandemic/emergency preparedness.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our health organization/region works with other organizations and health regions to share pandemic/ emergency plans, learn from the successes/ challenges of other jurisdictions and plan for potential joint emergency management in future incidents/crises.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our health organization/region has a plan in place for pandemic resilience and recovery which includes strategies and targets for accountability.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
Total					0	**/28**

Ongoing Pandemic Responce and Managing Surge Capacity
Strategies and suggestions for action.

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Equity in Population Health

1.	Our health organization/region works with community stakeholders, partners and leaders that engage with under-represented populations to include them in decisions regarding policy and health delivery programming (for example, including people with these perspectives in decision-making committees).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region has created capacity to plan and implement strategies to address the inequities in access and outcomes that have been identified.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region works with community leaders, partners, and stakeholders when supporting the collection and sharing of socio-demographic data to address inequities across the determinants of health (including access to health services) and how they impact health outcomes.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Equity in Population Health

4. Our health organization/region has strategies in place regarding ownership, access, stewardship, possession and governance of personal health information that take into account and respond to the distinct perspectives and expectations of First Nations, Inuit, Métis, Black, and other communities.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total 0 **/16**

Equity in Population Health
Strategies and suggestions for action.

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Mental Health and Substance Use

1.	Our health organization/region works with our province/territory to ensure the appropriate health human resource capacity to meet the mental health and substance use services needs of people in our catchment area/region.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region examines navigation of the local mental health and substance use treatment system through a person-centred lens, streamlining access to information, culturally safe care, wayfinding and connection to treatment for people in need.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region has a strategy in place to better integrate mental health and substance use services across our system and ensure continuity of care among programs and providers for people with mental health and substance use needs, including culturally safe and relevant services.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our health organization/region examines data to determine the level of emergency response capacity required to meet mental health and substance use needs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Mental Health and Substance Use

5.	Our health organization/region is applying innovative evidence-informed models of care to leverage existing capacity such as stepped care or virtual care to increase access.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our health organization/region understands the impact of the pandemic on the mental health of front-line workers and has plans in place to address their mental health needs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our health organization/region supports efforts to continue to destigmatize mental health – 'its ok to be not ok.'	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 **/28**

Mental Health and Substance Use
Strategies and suggestions for action.

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Care of Older Adults

1.	Our health organization/region has a plan for regular monitoring of standards to ensure the safety of residents of long-term care homes (as applicable), as well as of older adults with health and social needs being cared for in the community.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region has strategies in place to ensure that there are sufficient health human resources available to ensure the safety and positive outcomes for residents of long-term care homes (as applicable), as well as older adults with health and social needs being cared for in the community.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region works with other organizations, providers, and communities in our region/province/territory to ensure the smooth transition of patients from acute care into the community or long-term care.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our health organization/region works with First Nations, Inuit and Métis partners to ensure culturally safe care is accessible for residents of long-term care homes and older adults with health and social needs being cared for in the community.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Care of Older Adults

5.	Our health organization/region has a plan to protect, prioritize and shield older adults at high risk through future waves of the pandemic or other infectious diseases or health emergencies that reflects the perspectives and priorities of older adults with health and social needs.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6.	Our health organization/region has a plan in place to ensure that older adults with health and social needs receive care in the best setting for their needs (for example, reducing the number of patients receiving alternate levels of care in hospitals).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7.	Our health organization/region recognizes the value, contributions and role of essential care partners.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8.	Our health organization/region works with community partners to prevent avoidable hospitalizations and ensure older adult patients who do need hospital care return to the community as quickly as is safely possible.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9.	Our health organization/region is committed to being age-friendly and has strategies to support older adults and reduce ageism and ableism in care decisions and treatments.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Total 0 **/36**

Care of Older Adults
Strategies and suggestions for action.

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Virtual Care

1.	Our health organization/region has a strategy to ensure that our measurement and data collection is consistent with applicable provincial/territorial action plans for monitoring the use and quality of virtual visits.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region fosters and enables appropriate use of virtual care, which considers technology standards, policy, privacy and cybersecurity.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region has a training program/curriculum to ensure our employees have the skills and capacity to provide appropriate virtual care and meet the requirements of relevant legislation such as privacy.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our health organization/region has a commitment to digitization of care, which includes strategies to consider local population needs for access and equity as identified for pandemic recovery and renewal.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Virtual Care

5. Our health organization/region regularly reviews provincial/territorial, national and international best practice to understand how to improve the delivery of virtual care and use of digital health in our organization, including improving safe and appropriate accessibility of virtual care in communities across Canada.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total	0 **/20**

Virtual Care
Strategies and suggestions for action.

SELF-ASSESSMENT

HOSPITALS & REGIONAL HEALTH SYSTEM LEADERS

Readiness Score

0	1	2	3	4
not currently considered	has been considered as a future priority	planned but not implemented	work in progress but incomplete	implemented

Patient Partnership and Engagement

1.	Our health organization/region has a process to support the co-design of policies and programs with patients, families, caregivers and our community.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2.	Our health organization/region has policy which recognizes the critical role of essential care partners and ensures they are enabled to safely access and provide care even during health emergencies such as the COVID pandemic.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3.	Our health organization/region has a process & supports in place to enable a shift in culture from 'what is the matter with you?' to 'what matters to you?'	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4.	Our health organization/region provides training to staff to ensure a commitment to patient partnership and engagement, including working with patients from under-represented communities.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5.	Our health organization/region has a framework in place to measure and report on patient reported outcome measures (PROMs) and patient reported experience measures (PREMs).	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

PREVIOUS
Health System Leaders

NEXT
Health System Leaders

Patient Partnership and Engagement

6. Our health organization/region supports patient and family partnerships in goal setting and treatment plans/decisions. ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Total	0 **/24**

Patient Partnership and Engagement
Strategies and suggestions for action.

Toolkit for system resilience and renewal

Following completion of a self-assessment, this toolkit offers a collection of potential policy and practice approaches in each of the nine priority areas that can contribute to improving the resilience and renewal of Canadian health systems.

The breadth of COVID-19's impact on the health system is unlike anything experienced in recent generations. Every sector of Canadian health systems is reacting and adapting during this very challenging time to maintain the safety and quality of care people want and deserve. And the pandemic provides a unique opportunity for reflection, adaptation and innovation to promote resiliency.

As healthcare systems continue to respond through each wave of the pandemic, the dedication of healthcare workers to providing care is significant. Systems have responded to the need for third and fourth vaccination booster campaigns and simultaneous child vaccination clinics, high hospitalization rates and infections among healthcare professionals impacting the ability to maintain staffing as needed. Health leaders, public health, communities, direct care staff and many others continue to work tirelessly to ensure that patients receive the best care possible. Communities are banding together to protect one another, health systems are sharing resources and collaborating across provincial and territorial borders, and across Canada, innovative vaccination programs have arisen. For example,

Nine Challenges for Pandemic Recovery and Resilience

1. Health Human Resources

2. Backlog of Services

3. Regional Systems Integration

4. Ongoing Pandemic Response and Managing Surge Capacity

5. Equity in Population Health

6. Mental Health and Substance Use

7. Care of Older Adults

8. Virtual Care

9. Patient Partnership & Engagement

First Nations, Inuit and Métis leadership are using innovative teams to curtail the spread of COVID-19 within remote and urban Indigenous communities.

However, despite these unwavering efforts, there were and continue to be decisions made that create unintended consequences or cause further inequities. Pre-existing systemic issues and structural challenges in Canadian healthcare compounded the impact of the pandemic. As a result, there continue to be policy areas in need of reform to modernize the health system to ensure excellent care for everyone in Canada.

The nine challenges identified have had urgent interim solutions put in place. The next opportunity is to sustain beneficial solutions, mitigate those that add additional burden and identify strategies to achieve a desired future state of our healthcare system. In addition, health systems face strategic policy challenges and dilemmas. System leaders need to balance various needs and be fully prepared to continuously meet the challenge of ongoing pandemic response while grappling with many operational challenges, including the impact on non-COVID-19 patients.

> **The longer the pandemic continues, the greater the effect on the health system, patients, caregivers, communities, clinicians and staff. It also means that recovery and resilience becomes more challenging in the current structures.**

PREVIOUS
Toolkit for system resilience and renewal

NEXT
Toolkit for system resilience and renewal

About the innovations in this toolkit

The innovations in this document are real-world examples selected based on web searches intending to match the nine priority areas. Innovations were selected based on the following criteria:

- posted from a health delivery organization within Canada (when possible)
- posted by a healthcare improvement organization within Canada (when possible).
- posted by a non-profit or non-commercial organization (where possible, to facilitate access and/or ease of reproduction)
- discussed in a peer-reviewed journal (where possible)
- discussed in grey literature but references a Canadian health delivery organization

Innovations in pandemic response and resilience happen across the world. We included examples from Canadian health systems, Canadian community-based organizations, international health organizations, and there is a mix of not-for-profit and commercial organizations, to serve as health system examples that can be integrated into present and future pandemic planning responses within Canada. International examples that are included in this document were identified via academic and grey literature web searches.

The innovations listed in each section are intended to support ideas, creative problem-solving and share work that is being undertaken on the topic. These innovations have not been assessed for effectiveness, value for money or ease of implementation and are presented for information only. HEC is not responsible for the information contained in links to third-party webpages.

The Pandemic Recovery and Resilience Self-assessment and Toolkit is an evergreen resource. HEC will collect additional innovations, including suggestions generated by our partners and periodically update this curated collection of tools for system renewal.

The innovations listed in each section are intended to support ideas, creative problem-solving and share work that is being undertaken on the topic.

PREVIOUS
Toolkit for system resilience and renewal

NEXT
Health Human Resources

Health Human Resources

Prior to the pandemic, there were health human resource (HHR) challenges in many provinces and territories. Given the prolonged exposure to high pressure and stress our healthcare workers have endured during the pandemic,

> HHR planning, retention, and well-being will continue to be key hurdles on Canada's pandemic journey. Having adequate levels of appropriately trained and supported staff is a key priority in delivering high-quality and safe care.

Tools for building resilience

1. Maintain timely, accurate and complete HHR-workforce data that allows for both tactical use as well as longer-term planning. This may take the form of a dashboard system providing information on the current workforce (such as years of service, years from retirement, special expertise, etc.) as well as vacancy data that shows patterns and recurrences informative to recruitment and retention efforts. A key priority is to generate a robust baseline, extrapolate population level and clinical data to forecast future demand, and identify and address gaps in HHR capacity and capability.

   See innovative examples here: Health workforce in Canada: Highlights of the impact of COVID-19; Canadian Health Workforce Network: Health Workforce Planning; US Workforce Projections; Australian integrated data tool and website.

2. Examine onboarding process and recruitment policies for new graduates and newly hired staff. Track student placements and follow up in a timely manner to maintain attachment.

   See innovative examples here: McMaster Health Sciences Recruitment; Nursing Clinical Extern Program developed at SickKids Hospital.

3. Review healthcare providers' pay structures and equity across sites within a jurisdiction.

   See innovative example here: Value-Based Health Care data repository (Conference Board of Canada).

PREVIOUS
Toolkit for system resilience and renewal

NEXT
Health Human Resources

4. At a system level, look 'upstream' to optimize care for patients in their homes and communities. Consider strategies to ultimately reduce demand for higher-acuity HHR capacity and increase the time to provide direct patient care through:

   - Investment in timely and accessible family practice and community services in HHR, especially in rural communities.
   - Greater investment in prevention and early intervention services linked with wider public and population health and wellbeing capability; and
   - More engaged, empowered and activated citizens taking greater control of their health and long-term chronic conditions, and social prescribing initiatives to reduce HHR demand.

   See innovative examples here: Links2Wellbeing Program; Social Prescribing Guidebook by Alliance for Healthier Communities; NHS England Social Prescribing; NHS England Health Systems Support Framework.

5. Drive innovative, digitally enabled care through:

   - Sustaining and scaling up virtual care services
   - Enhancing HHR through the integration of artificial intelligence and technological supports to drive clinical decision support, inform clinical research, development, and strategic decision-making, and accelerate innovation
   - Population health management to stratify across communities based on health risk. Population health is increasing in prominence through significant leaps in predictive analytics. Uses include identifying 'surges' in need and capacity to inform clinical and operational HHR demand management (right care in the right place).

   See innovative examples here: FQHC Telehealth Consortium; Optimizing Virtual Care (OVC) Grant; Canada Health Infoway – Clinician Change Management Project & Toolkit; HEC's Virtual Care Together.

6. Create novel, innovative and agile new HHR care models that are able to flex as surges in demand in a particular area are experienced. Bolstering these models with robust training, mentorship and applied practice opportunities will yield many benefits for practitioners as well as the system.

   See innovative examples here: Registered Nurses' Association of Ontario's COVID-19 VIANurse Program; Critical Care Ontario's Team Based Models of Care; NHS England Nursing Associate positions; Alberta Health Services' Advanced Technical Skills Simulation Lab.

7. Install innovative approaches to HHR benefits and flexible working patterns that will increase staff numbers and availability. For example, many health professions were given priority access to childcare centres that would remain open under certain extenuating conditions. This ensured HHR continued to provide care, even as schools and childcare centres had closed.

   See innovative examples here: Canadian Health Workforce Network Database of Health Workforce Strategies in Response to the COVID-19 Pandemic; Alberta College of Paramedics waiving Continuing Competence Training (CC) credit requirements; Flexible Work Initiative Amongst Staff in South African Training Hospital; Government of Northwest Territories Child Care Support for Essential Workers.

PREVIOUS
Health Human Resources

NEXT
Health Human Resources

8. Direct, repeated, and meaningful recognition by all levels of leadership to acknowledge the critical role played by frontline HHR professionals and wider public servants in maintaining essential services. Their dedication and professionalism is delivering the goals of Canada's COVID-19 pandemic response and recovery.

   See innovative examples here: Supporting Healthcare Workers During COVID-19; Canadian Nurses Association Mural to Celebrate Nurses.

9. Renew a commitment to safeguard the psychological and physical health of health practitioners through training and awareness, reporting policies, and updating facilities with safety enhancements.

   See innovative examples here: Canadian Psychological Association Referral Program; CMA Physician Wellness Hub; CMA Pandemic Wellness Toolkit.

10. Stabilize staffing in high-risk departments and facilities (for example, Intensive Care Units, Emergency Departments, long-term care settings, etc.) by preparing and publishing an emergency plan designed to support both staff and service provision in emergency circumstances.

    See innovative examples here: Implementing a pandemic 'roster'; Work team identification can reduce stress.

Backlog of services

The task of clearing the backlog of healthcare services that were disrupted during the pandemic will be one of the defining challenges facing Canada's healthcare systems in the years ahead. Effective partnership working at systems levels across provinces and territories will be critical to this effort.

Tools for building resilience

To tackle the exponential growth in elective and planned acute care backlog, health systems now find themselves in a very difficult balancing act. For example, health systems need to:

- restart non-COVID-19 urgent surgeries and catch up on diagnostic tests to reduce wait times to the minimum that is clinically acceptable
- maintain the current pandemic response and preparedness for potential future waves with ongoing HHR stresses
- scale up and industrialize new innovative digital ways of working that were successfully rolled out during the pandemic
- consider how changing healthcare professional and patient expectations, as well as needs and aspirations, influence long term delivery

Elements of a backlog reduction strategy include:

1. Establishing and maintaining waitlists that are accurate and up to date.

   See innovative examples here: Pooled referral approaches; Single-entry models to manage surgical services; Effects of single-entry approaches on outpatient W1 wait times.

2. Calculating both surgical capacity (accounting for the spectrum of care such as operating rooms, post-anesthesia care units, in-patient surgical units, etc.) and the necessary human resource capacity to furnish the surgical processes.

   See innovative examples here: Robotic technology (AI) in surgical environments during COVID-19; How hospitals can manage supply shortages as demand surges.

3. Assessing screening, diagnostic and surgical demand, wait times and adding inputs as appropriate, from increasing staffing, diagnostic services, etc.

   See innovative examples here: NHS England's Bringing Back Staff (BBS) Programme; Chatham-Kent Alliance: The Surgical Program.

4. Using partnerships with other regions or organizations to efficiently manage waitlists and reduce central backlogs.

   See innovative examples here: Saskatchewan Surgical initiative – Sooner, Safer, Smarter; The Ottawa Hospital: Innovative Partnership with Focus Eye Centre to solve Surgical Backlog.

5. Reviewing evidence for procedures of limited clinical value and partnering with patients to find acceptable solutions; adjust waitlists accordingly.

   See innovative examples here: 'Prehabilitation' Programs for Delayed Surgeries; Enhanced Recovery Canada.

6. Creating a prioritization framework that is transparent and includes an appeals process.

   See innovative example here: Medically Necessary Time-Sensitive (MeNTS) Prioritization.

7. Leveraging technology where feasible to reduce timelines in the care journey, including virtual visits, digitized screening and scheduling.

   See innovative examples here: ReSTART- Post-COVID Surgeries and Medical Procedures; Alberta Health Services ERAS Approach.

Regional systems integration

The COVID-19 pandemic has demonstrated the impact and value of working as a whole system – one that is interconnected and interdependent – and how it has been effective in strategic decision-making at scale. Continuing and enhancing work as an integrated system will be key to understanding and managing the full extent of the challenges in the future. Better systems integration could be a positive defining legacy of the pandemic.

Tools for building resilience

Formerly disparate areas of the health system came together in tactical mode to address pandemic needs. The interconnectedness of the entire system was shown when this pressure was applied. How can the future be constructed in a way that maintains valuable connections and weaves together the potential for flexible capacity?

1. Assess the social determinants of health for the population in a given community/region/province/territory.

   See innovative examples here: On-Site Vaccination of Naturally Occurring Retirement Communities by Neighbourhood Risk; Interlake-Eastern Regional Health Authority Community Health Assessment Surveys.

2. Commit to building on their pandemic incident command working to embrace strategic system planning on a permanent basis. This could:

   - Look three to five years and beyond, to coordinate recovery and reform.
   - Oversee the backlog of clinically prioritized elective work. This could, for example, include whole-system patient tracking waiting lists and Integrated Operational Centres to monitor demand, flow and surges.

   See innovative example here: Government of Ireland – Waiting List Action Plan.

3. Build effective and constructive partnerships with local public health units during times of pandemic planning/preparedness/response as well as future planning and recovery.

   See innovative examples here: Government of Ontario working with Public Health Units to run vaccine clinics in schools; WHO: How to enhance the integration of primary care and public health?

PREVIOUS
Backlog of services

NEXT
Regional system integration

4. Conduct regional health system planning and operational planning with respect to patient flow and load balancing possibilities.

   See innovative examples here: BC Health System Strategy Implementation; Eastern Ontario Patient Flow Strategy.

5. Transition to integrated care systems over the next three to five years via a roadmap to make progress and accelerate towards robust system partnership working, unlocking innovative ways of working and strengthening local relationships across services and communities. One key will be improved integration with public health and primary care/family practitioners.

   See innovative example here: North Western Toronto Ontario Health Team.

6. Develop systems governance to ensure greater accountability to local communities for COVID-19 recovery, outcomes, inequalities, equitable access and use of resources that clearly incentivize improvements in population healthcare and wellbeing/wellness.

   See innovative examples here: NYC COVID-19 Rapid Response Coalition; Resilient Healthcare Coalition; The Conference Board of Canada's Value-Based Healthcare Principles for Implementation and Measurement.

7. Respond with local approaches to population health challenges that will vary from province to province, reflecting the need for local decision making and inventions to address specific circumstances (such as need, geographic, culture, etc.)

   See innovative examples here: Auduze Mino Nesewinong; Mobile In-Home for Ontario Homebound Adults; Anishnawbe Health Toronto's Mobile Healing Unit.

PREVIOUS
Regional system integration

NEXT
Ongoing pandemic response and managing surge capacity

Ongoing pandemic response and managing surge capacity

Looking to the future, it is anticipated the moment of crisis will pass, but life for those in the healthcare system will involve constant vigilance and discipline to be prepared for the next mass casualty event, be it viral, environmental, or technological. Documenting and applying lessons learned cannot be a forgotten task as the world yearns to move on. The role of public health as a monitoring and early warning system must be maintained and sustained in a structural and meaningful way.

Tools for building resilience

Responsibility for ongoing pandemic response and managing surge capacity will be very challenging for leaders given the multi-faceted challenges healthcare systems face. It will require agility, timely quality data and integrated partnership decision-making working to maintain infection prevention measures, flu and COVID-19 vaccinations, lock in new ways of working and discontinue non-value add services.

This toolkit focuses on a number of key systems, operational and policy options aiming for system reform into 2024–25, divided into phases:

1. A short-term reset or renewing of commitment in the current phase. Important considerations include:

    a. Focusing on levers that will contribute to high COVID-19 vaccination coverage within the total population:

        i. continued vaccination promotion, education and coverage for those not vaccinated

    See innovative example here: Infectious Disease Working Group: Testing, Treatment and Vaccines; Government of Quebec Vaccination Campaign; Behaviourally Informed Strategies for a National COVID-19 Vaccine Program.

        ii. employer vaccine mandates for those working in healthcare or in a direct capacity with patients

    See innovative examples here: Government of Northwest Territories Employee online vaccine passport submission box; City of Ottawa: How to Guide on Creating Workplace Vaccine Policies.

PREVIOUS
Regional system integration

NEXT
Ongoing pandemic response and managing surge capacity

iii. effective access for children's vaccination programs

See innovative examples here: Sick Kids COVID-19 Vaccine Consult Service; Mass Vaccine Clinic for Children in the City of Toronto.

iv. pursuing knowledge translation and uptake of evidence-based treatments emerging for COVID-19 cases

See innovative examples here: COVID-19 Knowledge Translation Program; Northern Health: Knowledge Translation – Foundation, Vision, and Strategy; Amplifying the role of knowledge translation platforms in the COVID-19 pandemic response.

b. mitigating additional system stressors through simultaneous promotion and administration of seasonal influenza vaccination programs

See innovative examples here: Influenza vaccine strategies for 2020-21 in the context of COVID-19; Guidance for Influenza Vaccine Delivery in the Presence of COVID-19.

c. recalibrating emergency departments and downstream units to anticipate winter issues such as increased respiratory illnesses or elective care issues being driven back to acute care.

See innovative examples here: Emergency Department Adaptations to COVID-19; Development of a Canadian COVID-19 Emergency Department Rapid Response Network.

2. Looking to mid-long-term recovery:

a. monitor and continue to meet the needs of patients with 'long COVID' especially in areas such as mental health, cardiovascular, respiratory and neurological diseases. Consider the unique impacts and needs of healthcare workers experiencing 'long COVID.'

See innovative examples here: Long COVID Resources for Patients and Families; Post-COVID-19 Recovery Clinics in BC; BC Provincial Health Services Authority: Living with persistent post-Covid 19 symptoms.

b. systems could develop local pandemic playbooks that ensure lessons are learned and 'systems' agree on roles and responsibilities in future outbreaks/ pandemics preparedness. This can include acknowledging strengths and weaknesses and risk mitigation plans, and may take the form of tabletop exercises or simulations.

See innovative examples here: Kaiser Permanente Mitigation Phase COVID-19 Playbook; Osler: Lessons Learned from SARS – A Guide for Hospitals and Employers.

c. begin to determine which tactically applied changes will be operationalized permanently and set up administrative processes to that end. For example, rapidly accelerated decision making was a feature in many systems – where does it make sense to keep this agility and distributed authority? These changes will require leadership engagement and active participation in change management and culture change.

Equity in population health

The COVID-19 pandemic has disproportionately impacted certain at-risk communities across the social determinants of health, leading to poorer health outcomes among those who often have more limited access to healthcare services. While these inequities are not solely a pandemic issue, and have existed for years, the pandemic exacerbated health inequities. There is a risk that these disparities will continue or get worse as provinces and territories restart care that was delayed by the pandemic.

Many continue to experience the impacts of ongoing structural and historic issues impacting health outcomes and equitable access to healthcare and in First Nations, Inuit and Métis communities; in rural and hard to reach communities; and in Black, Asian and other under-represented communities. During the pandemic many of these communities experienced further short- and long-term disproportionate impacts including physical, mental, emotional, spiritual, financial, economic and social harms.

Population health approaches can enable provinces and territories to be more responsive for the healthcare and wellbeing needs of their local populations by ensuring that citizen and community engagement is built into system planning. Working within a population and public health planning approach enables the health priorities of Indigenous, Black, Asian, LGBTQIA2S+ and other under-represented communities to be integrated into HHR and demand planning. This will ensure the right primary care, community and acute resources are in the right place at the right time, while recognizing the diversity of needs across their communities.

PREVIOUS
Ongoing pandemic response and managing surge capacity

NEXT
Equity in population health

Tools for building resilience

The key principles behind an equitable population health approach are to know and understand the demographics under a region's responsibility and undertake programming to support the unique needs of various groups within the population. Specific strategies can include:

1. Work respectfully and collaboratively with communities when sourcing, collecting, and sharing data to better understand population health needs, inequities and differences in access to care and health outcomes. The data should be stewarded, owned and accessed by the communities.

   See innovative examples here: WeCountCOVID Database; Taking Action on the Social Determinants of Health.

2. Determine trends or population-based inequalities and address these needs strategically.

   See innovative examples here: City of Toronto's Confronting Anti-Black Racism Unit COVID-19 Response; In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care.

3. When planning population-based programming or interventions, consult and work with communities to ensure they are at the forefront of policy considerations and solution building.

   See innovative examples here: Manitoba First Nations Pandemic Response Co-ordination Team; Toronto's Black Community COVID-19 Response Plan.

Mental health and substance use

Though the physical impact of the COVID-19 virus has been evident for all to see, the impact of the pandemic on mental health has also been widespread and detrimental. Multiple factors have brought on increasing demand for services and treatment for mental health and substance use. Almost no one in Canada has been untouched by one or more issues of loneliness, isolation, job impacts, illness of self or loved ones, death of friends or family members, grieving the loss of the ability to socialize as before, financial stress, or struggling with substance use, among many day-to-day challenges and frustrations.

Tools for building resilience

At the regional or local level, the strategies for improvement largely centre on facilitating an efficient connection to care for the patient. In many systems, the burden of locating, arranging and attending care is on the patient. A responsive and reliable mental health system will contain many of these features:

1. A partnership with the province/territory/region to assess and match health human resource capacity to the needs of the area.

   See innovative example here: The City of Toronto – COVID-19: Mental Health Resources – 211 Central.

2. Strategies in place to integrate mental health services across the region and ensure continuity of care.

   See innovative examples here: CAMH Mental Health and Primary Care Policy Framework; AIMS Center: Collaborative Care Implementation Guide.

3. Assessment of wayfinding, access to information and resources to connect people in need with treatment options.

   See innovative examples here: UK's COVID-19 mental health and well-being recovery action plan; New Zealand's COVID-19 Psychosocial and mental wellbeing plan; Alberta Health Services Text4Hope Program.

4. Ongoing campaigns to normalize and de-stigmatize mental healthcare and treatment for substance use, with a focus on under-represented and under-served populations.

   See innovative examples here: The Promoting Life Together Collaborative; Addressing Stigma | CAMH.

PREVIOUS
Equity in population health

NEXT
Mental health and substance use

5. Examination of demand for emergency response capacity.

   See innovative examples here: Mental health services: addressing the care deficit; Addressing Emergency Department Wait Times and Enhancing Access to Community Mental Health and Addictions Services and Supports.

6. Application of models to enhance access and effectiveness, such as stepped care or virtual care options.

   See innovative examples here: MHCC – What is Stepped Care?; New Brunswick's Inter-Departmental Addiction and Mental Health Action Plan 2021-2021.

7. Programming and support for the mental health needs of front-line workers and health professionals is offered, encouraged and done in a manner that enables uptake.

   See innovative examples here: Declaration of commitment to physiological health and safety in healthcare; Quality Mental Health Care Network; Creating a Safe Space: Psychological safety of healthcare workers.

Care of older adults

Comprehensive care for older adults includes home modification, retirement homes, assisted living/ aging in place, home care, community nursing care, long-term care homes and personal care homes. This population is particularly vulnerable to the COVID-19 virus and additional systemic issues exist in this context. Challenges include:

- gaining and maintaining adequate staffing levels in care facilities (including recruitment, retention and rewarding), an issue that was known and underway pre-pandemic
- providing training, with respect to personal protective equipment function and use, plus infection prevention and control measures in the workplace
- at the facility level, enforcing minimum standards and addressing physical infrastructure deficiencies now known to exacerbate spread of airborne infection such as shared rooms and sub-optimal ventilation
- addressing policy barriers impacting service and data sharing and integration
- adopting a model of care for older adults that requires further maturation to fully include patient, family and caregiver participation in care planning and program design

Moving forward, Canada could address the culture surrounding aging and how care is provided for older adults – one that reinforces independence, cultural sensitivity, choice, dignity and self-determination. Currently, work is underway to increase the engagement and empowerment of patients/family members in planning as consumers and co-producers in improving their health outcomes. The contribution of this engagement is not insignificant, as evidence from international jurisdictions points to a significant opportunity to deliver a paradigm shift in 'think home' independence-based care models.

PREVIOUS
Mental health and substance use

NEXT
Care of older adults

Tools for building resilience

An older adults' strategy can be co-designed across all sector partners, with dedicated transformation investment to drive implementation that commits to aging well. Components of an aging well strategy can include:

1. Urgently protecting, prioritizing and shielding older adults from preventable illness during times of higher viral risk. This can include strategies to optimize uptake of influenza vaccinations and COVID booster programs.

   See innovative examples here: Public Health Ontario – Influenza Vaccines for 2021-22; Solutions to barriers to immunizing.

2. Support aging in place by providing care closer to an individual's home and community while supporting continuity of care and safe transitions.

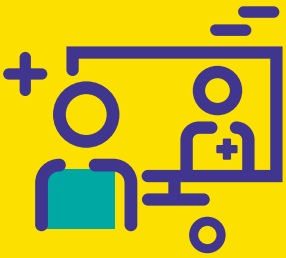
   See innovative examples here: AHS 'Go the Distance' virtual recreation therapy program; Mobile fresh food delivery for vulnerable communities; Culturally responsive programming for seniors; Telephone-based activities – Seniors' Centre Without Walls.

3. Recognizing the care journey of the older adult and interdependency among health services. Using data to connect health and care records and track patient 'flow' of older adults' care referrals and admissions/re-admissions.

   See innovative examples here: Prediction of hospital admissions; CIHI: Seniors in Transition: Exploring Pathways across the continuum; Hospital Care for Seniors: the 48/6 approach.

4. Transitioning from a long-term care bed dependency model to one of independence, choice and control, dignity and respect, cultural sensitivity, community connectivity and whole person holistic care. Jurisdictions can explore mechanisms supporting health in the community and encouraging autonomy and empowering citizens.

   See innovative examples: NHS' Think Home First and Where Best Next campaign; Alberta Health Services 'Home to Hospital to Home': Transitions Measures



Virtual care within a digital health strategy

In Wave One of the pandemic, Canada's healthcare systems moved quickly to expand the use of virtual care to limit in-person transmission of the COVID-19 virus. The possibilities of virtual care had been recognized for many years and by many authors and organizations. Some physicians and patient groups adapted very easily and welcomed this mode of care into the mainstream. Studies by the Canadian Medical Association, Canada Health Infoway and others reflect acceptance and excitement about improved virtual access.

There are four key areas to optimize use of virtual care:

1. Defining boundaries for 'appropriate' use of virtual care. This includes consideration of both patient and providers' capabilities and discussion of needs, preferences and care requirements.
2. Safety, including protocols for inquiring and meeting needs for social and cultural safety needs, and determining, in the absence of certain cues, the level of health literacy of the patient and ensuring clarity and understanding.
3. Growing awareness, capability and comfort in the use of virtual care technologies among all users.
4. Monitoring for inequitable health impacts or unintended consequences in user groups.

PREVIOUS
Care of older adults

NEXT
Virtual Care

Tools for building resilience

As health systems look to lock in the advantageous innovations presented by the pandemic and adjust what is not working well, health leaders are encouraged to affirm the presence of the following features of safe and appropriate virtual care in their jurisdictions:

- Having clearly outlined governance processes and accountability structures for virtual care plus strong processes to keep staff and health professionals up to date on privacy legislation and training and on how to fulfill their obligations to protect personal health information on an ongoing basis. It is strongly recommended all jurisdictions refresh and further develop their data governance and security training and resources to meet the ongoing need and changing landscape.
- Strong change management approaches to support the workforce to realize the benefits of technology to address clinical needs and goals, while also enabling safe care and more efficient work processes. This can include a strategy of measurement and evaluation against provincial or territorial standards of quality for virtual care.
- Processes to engage the perspectives of a variety of patient user groups (particularly sub-populations with vulnerabilities such as unreliable internet access, accessibility challenges, those with language barriers, cultural safety concerns, etc.) as well as provider groups who will be working with virtual care to ensure well-informed policy. Leverage expertise from outside the health sector as needed, such as change management, referring to best practices in the delivery of digital care and digital management of information.

See innovative examples: WIHV: Costs & impacts of virtual care on older adults; WIHV: Digital Health and Equity.

- Considering the patient journey and examining virtual care options along the care spectrum, from primary to specialty care. Facilitate not only the use of technology for services, but also communications mechanisms between patients and caregivers. It is paramount there is a level of consistency across the following:
  - Out of hospital services: robust and timely data sharing across primary, community and older adult care services. For example, integrated 'step up' and 'step down' data connectivity especially hospital admission and discharge.
  - Urgent and ED services, triage and incident command centers.

See innovative examples: CMA: Virtual Care in Canada; CMA: Recommendations for Scaling Up Virtual Medical Services; Optimizing Virtual Care in Alberta; Canada Health Infoway: Virtual Care; Health Canada: Summary Report of the F/P/T Virtual Care Summit; Renfrew County Virtual Triage & Assessment Centre.

PREVIOUS
Care of older adults

NEXT
Patient engagement and partnership

Patient engagement and partnership

Patient partnership and engagement have been shown to improve 'selfcare and self-management' especially for those with complex chronic conditions. In turn this can help reduce avoidable emergency department admissions and support the wider recovery. Patient engagement is fundamental to health system transformation that values both patient experience and outcomes of care.

Traditional models fail to systemically engage and empower patients in planning, and as consumers and coproducers of improved health outcomes. This in turn fails to leverage the important contribution patient activation can make to alleviating elective demand through greater ownership of chronic conditions.

Through recommendations to embed systems management and integrated care systems, the future looks to a process of co-design with patients, families and caregivers in health policy decision-making at the institutional, regional, provincial and territorial levels.

Tools for building resilience

There are now numerous supporting mechanisms for patient and family engagement in patient care, research, policy making, health professional education and health system improvement. Systems leaders are invited to commit to:

1. Working to acknowledge and address the power dynamic that exists between providers/patients, and then intentionally defining and enabling essential care partners as members of the care team.

   See innovative examples: HEC Essential Together Programming; Caregiver-Centered Care.

2. Including patients, family members, caregivers and community members as equal members in the co-design of policies and programs.

3. Shift care conversations to determine what matters to the patient and not simply provide treatment.

   See innovative example: What Matters to You? | Alberta Health Services.

PREVIOUS
Virtual care

NEXT
Patient engagement and partnership

4. Patient partnership in care design is new to some, and staff require support and training to ensure a mutually beneficial experience. Successful engagement requires activation of three levels of participants: patients, staff, and leadership in order to truly build a culture of good engagement.

   See innovative examples: BC Patient Voices Network: Creating Engagement-Capable Environments; HEC Engagement Capable Environments: Organizational Self-assessment Tool.

5. Measure, communicate, and respond to patient-reported outcome measures and patient-reported experience measures.

6. Support staff to appropriately advance the health literacy of their patients and meaningfully partner with them in goal-setting and treatment decisions. It is important that cultural safety and awareness underpins these discussions.

   See innovative examples here: Patient-Centered Care and Population Health Management at Scale; Population health management; Patient-Centered Measurement and Reporting in Canada: Launching the Discussion Toward a Future State.

Summary of innovative examples of tools for building resilience

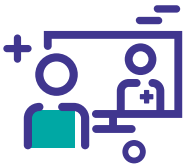
All examples of innovative tools for building resilience found throughout this toolkit are included in this summary. We welcome feedback from users of the self-assessment and toolkit, including promising practices or innovations to add to our next update in late-2022. Share them with us at innovations@hec-esc.ca. In the coming months, we will be offering further resources, support and in-depth opportunities to participate in learning events related to our strategy's priority areas: health human resources, care of older adults, virtual care, patient partnership and engagement, and equity in population health. Join us as we move through the pandemic and look ahead to possibilities for renewing and strengthening health systems.

Theme	Innovations (links to third-party websites)
 **Health Human Resources**	Health workforce in Canada: Highlights of the impact of COVID-19 Canadian Health Workforce Network Digital Research Initiative report US Workforce Projections Australian integrated data tool and website McMaster Health Sciences Recruitment Nursing Clinical Extern Program developed at SickKids Hospital Value-Based Health Care data repository (Conference Board of Canada) Links2Wellbeing Program Social Prescribing Guidebook by Alliance for Healthier Communities NHS England Social Prescribing NHS England Health Systems Support Framework Federally Qualified Health Centres Telehealth Consortium Optimizing Virtual Care (OVC) Grant Canada Health Infoway – Clinician Change Management Project & Toolkit HEC's Virtual Care Together Registered Nurses' Association of Ontario's COVID-19 VIANurse Program Critical Care Ontario's Team Based Models of Care NHS England Nursing Associate position; Alberta Health Services' Advanced Technical Skills Simulation Lab CWHN Database of Health Workforce Strategies in Response to the COVID-19 Pandemic Alberta College of Paramedics waiving Continuing Competence Training (CC) credit requirements

Theme	Innovations (links to third-party websites)
Health Human Resources Continued	Flexible Work Initiative Amongst Staff in South African Training Hospital Government of Northwest Territories Child Care Support for Essential Workers Supporting Healthcare Workers During COVID-19 Canadian Psychological Association Referral Program Canadian Medical Association Physician Wellness Hub CMA Pandemic Wellness Toolkit Implementing a pandemic 'roster' Work team identification can reduce stress
Backlog of services	Pooled referral approaches Single-entry models to manage surgical services Effects of single-entry approaches on outpatient W1 wait times Robotic technology (AI) in surgical environments during COVID-19 How hospitals can manage supply shortages as demand surges NHS England's Bringing Back Staff (BBS) Programme Chatham-Kent Alliance: The Surgical Program Saskatchewan Surgical initiative – Sooner, Safer, Smarter The Ottawa Hospital: Innovative Partnership with Focus Eye Centre to solve Surgical Backlog 'Prehabilitation' Programs for Delayed Surgeries Enhanced Recovery Canada. Medically Necessary Time-Sensitive (MeNTS) Prioritization ReSTART – Post-COVID Surgeries and Medical Procedures Alberta Health Services ERAS Approach.

Theme	Innovations (links to third-party websites)
 **Regional Systems Integration**	On-Site Vaccination of Naturally Occurring Retirement Communities by Neighbourhood Risk Interlake-Eastern Regional Health Authority Community Health Assessment Surveys Government of Ireland – Waiting List Action Plan Government of Ontario working with Public Health Units to run vaccine clinics in schools WHO: How to enhance the integration of primary care and public health? BC Health System Strategy Implementation Eastern Ontario Patient Flow Strategy North Western Toronto Ontario Health Team NYC COVID-19 Rapid Response Coalition Resilient Healthcare Coalition The Conference Board of Canada's Value-Based Healthcare Principles for Implementation and Measurement Auduze Mino Nesewinong Mobile In-Home for Ontario Homebound Adults Anishnawbe Health Toronto's Mobile Healing Unit
 **Ongoing Pandemic Response and Managing Surge Capacity**	Infectious Disease Working Group: Testing, Treatment and Vaccines Government of Quebec Vaccination Campaign Behaviourally Informed Strategies for a National COVID-19 Vaccine Program Government of Northwest Territories Employee online vaccine passport submission box City of Ottawa: How to Guide on Creating Workplace Vaccine Policies Sick Kids COVID-19 Vaccine Consult Service Mass Vaccine Clinic for Children in the City of Toronto COVID-19 Knowledge Translation Program Northern Health: Knowledge Translation- Foundation, Vision, and Strategy Amplifying the role of knowledge translation platforms in the COVID-19 pandemic response

Theme	Innovations (links to third-party websites)
Ongoing Pandemic Response and Managing Surge Capacity Continued	Influenza vaccine strategies for 2020-21 in the context of COVID-19 Guidance for Influenza Vaccine Delivery in the Presence of COVID-19 Emergency Department Adaptations to COVID-19 Development of a Canadian COVID-19 Emergency Department Rapid Response Network Long COVID Resources for Patients and Families Post-COVID-19 Recovery Clinics in BC Kaiser Permanente Mitigation Phase COVID-19 Playbook Osler: Lessons Learned from SARS-A Guide for Hospitals and Employers
 **Equity in Population Health**	WeCountCOVID Database Taking Action on the Social Determinants of Health City of Toronto's Confronting Anti-Black Racism Unit COVID-19 Response In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care Manitoba First Nations Pandemic Response Co-ordination Team Toronto's Black Community COVID-19 Response Plan
 **Mental Health and Substance Use**	The City of Toronto – COVID-19 Mental Health Resources – 211 Central CAMH Mental Health and Primary Care Policy Framework AIMS Center: Collaborative Care Implementation Guide UK's COVID-19 mental health and well-being recovery action plan New Zealand's COVID-19 Psychosocial and mental wellbeing plan Alberta Health Services Text4Hope Program The Promoting Life Together Collaborative Addressing Stigma | CAMH Mental health services: addressing the care deficit Addressing Emergency Department Wait Times and Enhancing Access to Community Mental Health and Addictions Services and Supports MHCC – What is Stepped Care? New Brunswick's Inter-Departmental Addiction and Mental Health Action Plan 2021-2021

Theme	Innovations (links to third-party websites)
Mental Health and Substance Use Continued	Declaration of commitment to physiological health and safety in healthcare Quality Mental Health Care Network Creating a Safe Space: Psychological safety of healthcare workers
 **Care of Older Adults**	Public Health Ontario- Influenza Vaccines for 2021-22 Solutions to barriers to immunizing AHS 'Go the Distance' virtual recreation therapy program Mobile fresh food delivery for vulnerable communities Culturally responsive programming for seniors Telephone-based activities – Seniors' Centre Without Walls Prediction of hospital admissions CIHI: Seniors in Transition: Exploring Pathways across the continuum Hospital Care for Seniors: the 48/6 approach NHS' Think Home First and Where Best Next campaign
 **Virtual Care within a Digital Health Strategy**	WIHV: Costs & impacts of virtual care on older adults WIHV: Digital Health and Equity Canadian Medical Association: Virtual Care in Canada CMA: Recommendations for Scaling Up Virtual Medical Services Optimizing Virtual Care in Alberta Canada Health Infoway: Virtual Care Health Canada: Summary Report of the F/P/T Virtual Care Summit Renfrew County Virtual Triage & Assessment Centre
 **Patient Engagement and Partnership**	HEC Essential Together Programming Caregiver Centered Care BC Patient Voices Network: Creating Engagement-Capable Environments HEC Engagement Capable Environments: Organizational Self-assessment Tool Patient-Centered Care and Population Health Management at Scale Population health management Patient-Centered Measurement and Reporting in Canada: Launching the Discussion Toward a Future State

PREVIOUS
Summary of innovative examples