

Tab A

Notes:

* 2020 Ambulatory Clinic visit counts include cancellations and no shows as the no shows were a result of services being cancelled due to COVID

** May and June Ambulatory Clinic PEDS cancellations are less due to virtual clinics being offered by more services as well as many service providers do not book patients more than a few months in advance

Surgical Procedures Pediatrics:

Month	2019	2020
March	23	8
April	17	0
May	22	0
June	12	0

Surgical Procedures Women’s Health:

Month	2019	2020
March	15	2
April	12	0
May	10	0
June	7	0

Ambulatory Clinic Visits Pediatrics:

Month	2019	2020
March	744	3458
April	414	4302
May	0	
June	0	

Ambulatory Clinic Visits Women’s Health:		FERTILITY	
Month	2019	2020	
March	92	365	
April	109	468	
May	116	492	
June	78	145	

Ambulatory Clinic Visits Women’s Health:		WOMEN'S HEALTH	
Month	2019 from CWS	2020 from Tracy (Clinical Clerk)	
March	130	542	
April	80	1374	
May	0	1480	
June	0	551	

Tab B

Cardiology and Critical Care Program
COVID-19 ATIPPA Request
June 19th, 2020

Health Procedures	# Of cancellations since March 16th, 2020	Total # of patients on waitlist as of March 16 th , 2020
Cardiac Catheterizations	43	413 ¹
Electrophysiology Studies	N/A ²	321

Health Procedure	# Of Cancellations Since March 16th, 2020	# of referrals waiting to be scheduled as of March 16 th , 2020
Cardiac Diagnostics - Holter Monitoring - Exercised Stress Test	2171	1550
Cardiac Related Clinic Consultations - Cardiac Genetics Clinic - Heart Failure Clinic ³ - Cardiac Devices Clinic ⁴	50	60 ⁵

Health Procedures	# Of cancellations since March 16th, 2020	Total # of patients on waitlist as of March 16 th , 2020
Echocardiography ⁶	1601 ⁷	550

¹ No significant change in waitlist for cardiac catheterizations as there has been a decrease in new referrals.

² All EP studies have been rebooked and completed since March 19th, 2020.

³ Heart Failure Clinic in person appointment cancellations have been rescheduled and completed using virtual/telephone consults/remote patient monitoring (RPM).

⁴ Cardiac Devices Clinic appointments account for 800 cancellations however most were monitored through the RPM program or seen as urgent referrals as needed.

⁵ Excludes waitlist for Cardiac Genetics Clinic as this is currently unavailable.

⁶ Excludes echocardiography services in Burin Peninsula Health Centre, Carbonear General Hospital and Dr. G.B. Cross Memorial Hospital. This service in rural is captured by the Medical Imaging Program.

⁷ Cardiac Echo Lab has rebooked and completed some cancellations.

Tab C

COVID 19 Medicine Program Recovery Plan
April 2020

On March 16th, 2020, our facilities at Eastern Health were given the direction to cancel all non- urgent procedures and appointments by the Department of Health as a result of the COVID19 pandemic.

This resulted in approximately __11,560__ appointments and procedures being displaced within the Regional Medicine Program of Eastern Health.

After 5 weeks of reduced services and projected long term COVID crisis management, we must develop a strategic plan on how to provide services to our communities while continuing to implement advised strategies to flatten the curve of transmission within regional health authority.

As a program beginning to resume services, we must take into consideration the following:

1. COVID19 safety measures:

Social distancing within shared waiting rooms,

Social distancing for dictation centers within clinic space,

Walk through with IPAC and manager to identify correct set up for protocols

Infection control for invasive procedures (endoscopy)

Increased need for PPE (masks, N95 for certain procedures, gowns)

Patient Accompaniment Restrictions (no extra people within the facilities;

(people waiting in cars for the patients)

A template of physical and virtual visit appointments to limit the number of people in clinics and waiting rooms at the same time.

Continue to see as many virtual visits as possible.

2. Potential worsening of patient conditions:

A review of referrals/ waitlists by the physicians to determine the order of booking.

Prioritize what clinics would start up first based on need

3. Calling Back Redeployed Staff

In order for services to increase, redeployed staff will need to be recalled to certain areas.

This may impact delivery of services in other areas.

4. Work commitments of the Physician Group:

This would take into consideration that when doctors start seeing their patients again , there will be a smaller pool of physicians for the COVID Team

5. Consideration of Temporarily Increasing Services:

Extended hours from Monday to Friday

Weekend Clinics

This would involve union agreements, support staff, EVS services

6. Patient Calls and Protocols prior to visiting the facilities:

Clerical team to call patient, explain social distancing protocols, accompaniment of family restrictions (waiting in cars),

COVID screening protocols (asking questions re symptoms, contacts, etc)

Swab screening 48 hours prior to scheduled high risk procedures such as bronchoscopy.

As part of the development of a recovery plan for the medicine program, each department manager will review and devise a plan for their individual clinics in collaboration and approval with services such as IPAC, Human Resources, Program Managers, Department Heads/Chiefs, and EH Executive.

The following is high level overview of each service in regard to current measures in place, anticipated proposals and needs to increase services within each department of our Program:

Manager	Services	# of appts affected	Current visits	Staged opening of service	Full Capacity and catch up	Potential costs	Div Managers notes
Jeannie Harding	Endoscopy, Pulmonary Function	1750-city 470-carbonear	a. Emergent /Urgent endoscopy and bronchoscopy b. Urgent pulmonary fxn tests	Proposal submitted for Chief's input	Extended hours weekends	Overtime, union agreement	Detailed proposal available
Christina Walsh	HSC ATU, Chemo unit, Hematology/Oncology/Internal Medicine/stem cell	HSC ATU-78	Chemo treatments ongoing Urgent appts and Virtual visits ongoing	Triaging for most urgent , social distancing , IPAC protocols	Extended hours	Overtime. Extra staff, support services,	Discussion with Ted Downey re shared clinics
Bill Cochrane	Medicine/ER/LTC Placentia						
Michelle Cantu	Endo Clareville	225	Following city plan				Detailed proposal available
Kelli Davis	ATU/Chemo/Medicine/GB Cross	Total-269	Virtual visits/ chemo ongoing/ urgent appointments seen	Ongoing triaging and virtual visits combined with some physical visits	Extended hours	Overtime and increased clerical needs	

Doreen Spencer	Allied Health Penn.						
Norine Molloy	Endo Burin	139	Following city plan				Detailed proposal available
Steve Rogers	ER/outpt clinic Burin	Combined with Janelle's number					
Michele Guy	Medicine/ER/Ambulatory/Protective Care Bonavista						
Tara Rose	Respirology/Nephrology /Respiratory Diseases Clinic /Adult CF		CF- virtual visits currently keeping up with demand	None	None	None	
Tonya Lane	Neuro Clinics/Endocrine Clinics	Neuro-275 Endocr-9	Virtual visits	See attached proposal	Potential extended hours	Overtime, union agreement	
Ron Corcoran	HIV clinics ATU	318 + DI	Virtual visits	Increase number of visits via social distancing/ IPAC recommendations	Potential weekend clinics	Overtime/ union agreement	
Leona Ough	Genetics, Diabetes, Dermatology, stroke program/ thrombosis clinics	Derm-999 Wound clinic -68 Neuro physiology -20 Genetics-	Virtual visits	Increase available bloodwork access to increase virtual visits/ slowly increase	Extended hours/ weekends/ call back of redeployed staff/support services	Increase need for PPE/ shared waiting room is small and will be a challenge to set up with social	Numerous staff/ physician involvement to roll out each clinic

				patient visits based on greatest need/ pt urgency		distancing protocols/ overtime/ union agreements	
Susan Dohey	ATU Carbonear	413					
Jenelle Hodge	Med/Surg/Chemo Burin	83	Chemo ongoing				
Jackie Brockerville	Rheumatology	31	Virtual visits	Increase pt visits as per protocols for covid	Review of list, potential extra clinics	Overtime,	
Shannon Perry	Dialysis services	171	Ongoing services				

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Level 3 Pandemic Planning

As we review and consider Level 3 Pandemic planning, the following guidelines must be taken into consideration (Department of Health guidelines for Level 3 alert):

- Private Health care clinics can reopen in accordance with their specific guidelines
- Regional health authorities will allow some services to resume
- All visitor restrictions for health care remain in place as well as home care and assisted living facilities restrictions
- Social distancing continues to be incorporated in all planning and implementation of any delivered services.
- With these considerations, we can safely move to increase endoscopy services another 20%. This would be reviewed on a week by week basis. Physicians continue to review their lists and prioritize P2 cases. PPE usage would increase 20% as well.
- In reviewing other clinics within our program, current recovery plans would be for a level 3 alert opening. The recovery proposal previously submitted to the Research team indicates level of PPE usage as well as potential impact to other services and ICU beds.
- In particular, the Neurology and Endocrinology clinic plans are currently underway for potential opening within the week. We will review on a weekly basis to ascertain if we can increase in person services. As of now, we will have 2 physicians on 1 day using 2 available rooms. Patients will register and be brought directly to a room. Appointment times will be staggered to allow for social distancing and proper donning, doffing, and cleaning protocols. Physicians will complete virtual visits alternating with in person visits to allow for an efficient use of clinic day. Currently working on editing the booking template for these services within CWS.
- Waiting rooms in this area are shared, endocrinology will use the waiting room for 1 patient but direct to room for other patient. This set up will give flexibility should clinic times run over and we need to place a patient either in a separate room or socially distances within the waiting area. . A weekly review to assess if we can increase service and efficiencies will be put in place.

In response to the Number of cases for endoscopy services between May 11-22 in the years 2019 and 2020, please see table below. It is broken down by region:

Endoscopy Procedures 2019/2020

<i>Hospital</i>	2019 (May 13 – May 24)	Avg. Patients Seen between weeks May 13-May 17 and May 20 – May 24 2019	2020 (May 11 – May 22)	Avg. Patients seen between weeks May 11 – May 15 and May 18 – May 22 2020
<i>Health Science Center</i>	207	104	73	37
<i>St. Clare's Mercy Hospital</i>	226	113	123	62
<i>Carbonear General Hospital</i>	125	63	10	5
<i>GB Cross</i>	90	45	30	15
<i>Burin Pen Health Care Centre</i>	49	25	7	4

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Background

COVID-19 has had a significant impact on the delivery of outpatient services in Eastern Health. Urgent and emergent outpatient clinics and procedures are being delivered both in person, and virtually where possible. Appointments are occurring with the highest priority patients being seen first. Outpatient services have been adhering to social distancing requirements, pre-screening of patients and appropriate use of PPE.

Resumption Planning

Since beginning Phase 3, resumption planning has been a priority to ensure clinics are resumed while maintaining safety for patients and staff. Virtual care is still being provided wherever possible.

Planning for appropriate increase in services is underway in all outpatient departments within and is being reassessed each week. The areas with the most significant impact in terms of resumption of services include Endoscopy, Neurology Clinics and Pulmonary Function Labs.

Outpatient departments within the Program that are ***not included*** fall under one of 3 scenarios

1. Low volumes during normal operations with anticipation of catch up during Phase 2.
2. Ongoing virtual care and follow ups have allowed reasonable resumption in services with no significant impact on backlog of patients.
3. Outpatient areas that see urgent patients and have been able to resume while ensuring the safety of patients and staff, e.g. Ambulatory Treatment Units.

Outpatient departments that have experienced significant impact to backlog of volumes and/or waitlist implications:

Outpatient Service	Cancelled since March 16	Attended since March 16	Current Waitlist
Endoscopy (including rural)	2392	1435	25,178
Neurology Clinics	534	719 <i>*significant increase in virtual visits</i>	3002 <i>*not including rechecks (2225 pending)</i>
Pulmonary Function Lab procedures	1844	248	2171

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Virtual Visits during Covid Restrictions

Since the implementation of covid 19 restrictions on March 16th, 2020, there has been just over 11560 appointments displaced throughout the medicine program. However, a number of our services have been set up to deliver care via virtual visits/ telephone visits.

Here is a breakdown of how many visits/procedures that have been delivered within our Regional Medicine Program since March 16, 2020:

ATP HEMATOLOGY ONCOLOGY - HC	472
BURIN ENDOSCOPY CLINIC	33
BURIN INTERNAL MEDICINE CLINIC	12
CARBONEAR DIABETIC CLINIC	4
CARBONEAR DIABETIC CLNC PHONE	118
DERM. CLINIC - SCM	2
DERMATOLOGY TREATMENT CTR-MP	257
DIABETES CENTRE PHONE CONSULT	26
DIABETIC CENTRE-HSC	4
DIABETIC CENTRE-HSC PHONE CONS	70
DIABETIC CENTRE-MP	24
EEG	14
EMG	4
ENDOCRINOLOGY CLINIC-HSC	4
ENDOCRINOLOGY SPECIAL CLI -HSC	24
ENDOSCOPY - SCM	128
GASTROINTESTINAL CLINIC-HSC	27
GB CROSS DIABETES EDUCATION	4
GB CROSS INTERNAL MEDICINE CLI	25
GB CROSS RESPIRATORY THERAPHY	4
GENETICS PROGRAM PHONE CON HSC	78
GENETICS PROGRAM-HSC	94
GENETICS/TELEHEALTH	1
GI UNIT-HSC	102
HEMATOLOGY CLINIC HSC PHONE CO	81
HEMATOLOGY CLINIC-HSC	354
INFECTIOUS DISEASE CLINIC-HSC	3
INFECTIOUS DISEASES CLI - SCM	30
MEDICINE CLINIC - SCM	18
MEDICINE CLINIC HSC PHONE CONS	77
MEDICINE CLINIC PHONE - SCM	234
MEDICINE CLINIC-HSC	93
NEPHROLOGY CLINIC - MPS	14
NEUROLOGY CLINIC-HSC	56
NEUROLOGY SPECIALITY CLINIC HS	55
NEUROSURGERY CLINIC-HSC	58
PLACENTIA DIABETES EDUCATION	3

PULMONARY FUNCTION LAB	51
PULMONARY FUNCTION LAB - SCM	22
RESPIRATORY PROVIDER OFFICE-HS	4
RESPIROLOGY CLINIC-HSC	4
RHEUMATOLOGY SERVICES - SC	43
TELEHEALTH (GENETICS) - HSC	2
TELEHEALTH ENDOCRINOLOGY -HSC	3
TELEHEALTH INTERNAL MED - SC	4
THROMBOSIS SERVICE PHONE CON-H	31
THROMBOSIS SERVICES CLINIC - H	30
THROMBOSIS SERVICES PHONE CONS	34
UROLOGY CLINIC-HSC	185
WM NEWHOOK DIABETES EDUCATION	54
Total	3074

11560-3074= 8486 appointments that have been delayed/cancelled.

Tab D

ATIPPA Request
Regional Surgical Services
June 19, 2020

While there has been a significant reduction in elective surgeries, the number of cancelled surgeries is not reflective of this. The Provincial definition of surgical cancellation includes an elective surgery procedure which is cancelled and removed from the approved operating room and/or main operating room schedule after 2:00 p.m. on the previous business day. Because elective surgeries are not being scheduled at this time, they are not captured in data related to cancelled surgeries. Since March there have been 2 surgeries cancelled directly related to the Covid-19 Pandemic.

In Alert Level 3, ORs are now operating at approximately 50% of normal utilization. Over the course of the Pandemic, overall, we operated at approximately 30% of normal operation. Our care teams continue to review and prioritize patient lists on a regular basis to identify and to complete critical and emergent appointments and surgeries while we continue to put plans in place as we manage through COVID-19. The reduced OR utilization due to Covid has impacted our ability to complete surgeries. For example, since the Pandemic began, there have been 1477 surgeries completed in the Adult ORs. In comparison, last year in this same time frame we completed 5262.

The validated Adult Waitlist for the City Hospitals as of June 16, 2020 is summarized below by Priority. This is not fully complete at this time as we are working closely with our physicians to get all patients waiting for Surgery updated in the Waitlist.

Reassessed Waitlist - Jun 16 2020							
	Priority						
	CI	CII	CIII	CIV	CV	CVI	
HSC	8	68	170	137	147	68	795
JCH		20	12	12	5		80
SCM	1	43	121	340	207	29	951
Total	9	131	303	489	359	97	1826

The Surgical Day Care at the HSC performs minor procedures. The method of booking is much more predictable as lists are generally set at a specific number of procedures. Consequently, we can estimate the number of procedures that could have been done if there had not been a Pandemic.

As of June 7, 2020, there were 1007 minor procedures completed in Surgical Day Care. Estimated number of procedure slots that were not filled since the Pandemic began:

Service	Estimated Number of Minor Procedures Slots Not Filled
Urology	1974

Plastic Surgery	518
General Surgery	155
Pain Services	191
ESWL	187
Total	3025

Clinics within Surgical Services

Data collected recently includes a comparison with last years number of visits by week.

Date	Ophthalmology Clinic	TJAC Clinic	Vascular lab
May 27 - June 2, 2019	320	27	89
May 25 - May 31, 2020	147	0	22
June 3 - June 9, 2019	276	24	72
June 1 - June 7, 2020	157	0	25
June 10 - June 16, 2019	279	25	83
June 8 - June 14, 2020	173	0	24

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Reassessed Waitlist - Jun 16 2020	Completed					On Grid (Jun16 on)			Waiting Status						Total
2		CI	CII	CIII	CIV	CV	CI	CII	CIII	CI	CII	CIII	CIV	CV	CVI	
3	HSC	48	87	32	1		5	15	9	8	68	170	137	147	68	795
4	JCH	8	12	7			1	1	2		20	12	12	5		80
5	SCM	35	120	21	1	1	2	22	8	1	43	121	340	207	29	951
6	Total	91	219	60	2	1	8	38	19	9	131	303	489	359	97	1826

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MEMORANDUM

TO: EASTERN HEALTH SURGEONS (ADULT ELECTIVE HSC, SCM)

FROM: Dawn Mercer, Wait Times Manager, Clinical Efficiency
on behalf of the Adult **Surgery Oversight Committee** (Pandemic Recovery)

DATE: June 2, 2020

RE: **Validation of Waitlisted Patients with Priority 3-6**

In accordance with the wait listing surgery process for the adult elective pandemic recovery plan in Eastern Health, which previously has been focused on Priority 1 & 2 patients, surgeons are now asked to submit/resubmit priority 3-6 patients on their waitlist for elective surgery. Please see your wait list attached. This process will provide a current master list of patients from which the leadership can assign an OR time in a transparent and equitable manner as the recovery pandemic alert levels progress. Please note that emergency cases will follow the pre-pandemic emergency perioperative booking process.

We ask that you validate the attached waitlist to confirm if the non "C" priority patients are still actively waiting for their surgery and also to re-evaluate their assigned priorities. Once reviewed or, if you have new patients requiring surgery please fax the front page of the booking package (form Ch-0178) to the Wait List Office (777-5327). Refaxing of a currently waitlisted patient's request form with any update to their request, including priority assignment, or any pertinent information (e.g. patient unavailability, sleep apnea, possible cancer, ICU or blood products required) is sufficient.

Please note that section 1 of the booking package front page must be fully completed to be entered on the waitlist in the elective operating room computer system. **Incomplete front booking pages will be returned to the submitting office with a request for completion**, and then entered into the wait list when the completed page is received.

If you have any questions please do not hesitate to contact me as per the below or the wait List Office (777-5871) .Thank you.

Dawn Mercer, B.N., R.N., Wait Time Manager, Clinical Efficiency

Phone: 777-5833, Email: dawn.mercer@easternhealth.ca

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MEMORANDUM

TO: SURGEON OFFICES (Adult)

FROM: Dawn Mercer, Wait Times Manager, Clinical Efficiency on behalf of the **Adult Surgery Oversight Committee** (Pandemic Recovery)

DATE: May 14, 2020

RE: **Re Classification/ Validation of Patient Priorities on the Wait List**

In accordance with the wait listing surgery process for the adult surgery pandemic recovery plan in Eastern Health, surgeons have been asked to submit/resubmit patients on their waitlist for surgery.

In a review of your waitlist it was noted that there are priority 1-3 patients listed that have not been resubmitted. We have attached your wait list and ask that you please validate that the patients are still actively waiting, and reevaluate their assigned priorities. Once reviewed please fax the front sheet of the patient's booking package to the Wait List Office (777-5327). Refaxing of the patient's front page with an updated priority assignment and any pertinent information (e.g. possible cancer, ICU or blood products required) is sufficient.

Please note that the front sheet must be fully completed to be entered on the waitlist in the elective adult operating room program. Incomplete front pages will be returned to the submitting office with a request for completion, and then entered into the wait list when the completed front page is received.

These patients will be added to a surgery service waitlist for each service to review and prioritize each Monday for possible O.R. slots. For example, patients' wait listed May 3-9, will be sent to the service chief for review with their surgical group Monday, May 11 for possible surgery slots the week of May 18-22. The chief then sends the list of prioritized patients to their O.R. Manager the next day, Tuesday, 12th of May in this example. The formulated O.R. lists are reviewed by the Oversight Committee each Wednesday morning, then sent to senior executive for final approval the same day. Please note that emergency cases will follow the pre-pandemic emergency perioperative booking process.

If you have any questions please do not hesitate to contact me. Thank you.

Dawn Mercer, B.N., R.N.

Wait Time Manager, Clinical Efficiency

Phone: 777-5833, Email: dawn.mercer@easternhealth.ca

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Week (Sunday-Saturday)	# elective cases	# of Emergency cases (excludes C sections)	# scheduled emergencies	Total
May 4-8th				
HSC	19	19	7	45
SCM	13	13	7	32
Carbonear	3	2		5
Clareville	2	5		7
Burin	1	1		2
				RSS Total: 91
Janeway				CWH Total: 6
May 10- 16th				
HSC	21	26	7	54
SCM	23	15	2	40
Carbonear	4	1		5
Clareville	3	1		4
Burin	2	3		5
				RSS TOTAL: 108
Janeway				CWH Total: 22
May 17-23th				
HSC	24	39	4	67
SCM	13	21	8	42
Carbonear	1	2		3
Clareville	4	1		5
Burin	0	0		0

				RSS TOTAL: 119
Janeway				CWH Total: 14
May 24-30				
HSC	34	36	9	79
SCM	26	27	2	55
Carbonear	6	0		6
Clareville	4	0		4
Burin	1			1
				RSS TOTAL: 145
Janeway	15	3	8	CWH Total: 26
june 1- June 7				
HSC	32	38	7	77
SCM	32	25	4	61
Carbonear	4	2		6
Clareville				9
Burin	2	1		3
				RSS TOTAL: 156
Janeway				CWH Total: 34
June 8- 14, 2020				
HSC	37	35	16	88
SCM	24	14	5	43
Carbonear	4	1		5
Clareville	4	2		6
Burin	1	0		1
				RSS TOTAL: 143
Janeway				CWH Total: 40
June 15-21, 2020				

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	Column1	UROLOGY	PLASTICS	GENERAL SX	ESWL	GYNE	PAIN CLINIC	Missed Procedures	Column4	Column3	Column32	Column33	Column34
March 16th-21st	Normal OR lists	16 (1/2 DAY)	8 (1/2 DAY)	3.5(1/2 DAY)	4(1/2 DAY)	0.5	0.5	U 128 P 20					
	Average # patients	204	59	13	20	Varies ? 3	15	GS 7, ESWL 14					
	Emergency cases done	76	39	6	6	3	0	PAIN 15					
March 22nd-28th	Normal OR lists	16(1/2 DAY)	8.5(1/2 DAY)	3(1/2 DAY)	4(1/2 DAY)	0.5	0.5	U 161 , P 54					
	Average # patients	204	59	13	20	3	15	GS 13, ESWL 18					
	Emergency cases done	43	9	0	2	1	0	PAIN 15					
March 29th-April 4th	Normal OR lists	16 (1/2 DAY)	8(1/2 DAY)	3.5(1/2 DAY)	4(1/2 DAY)	0.5	0.5	U 165, P 54					
	Average # patients	204	59	13	20	3	15	GS 13 , ESWL 20					
	Emergency cases done	39	5	3	0	0	0	PAIN 15					
April 5th-11th	Normal OR lists	16 (1/2 DAY)	8.5(1/2 DAY)	3(1/2 DAY)	4(1/2 DAY)	0.5	0.5	U 185 P 53					
(Good Friday 10th)	Average # patients	204	59	13	20	3	15	GS 13, ESWL 20					
	Emergency cases done	19	6	0	0	0	0	PAIN 15					
April 12th-18th	Normal OR lists	16 (1/2 DAY)	8(1/2 DAY)	3.5(1/2 DAY)	4(1/2 DAY)	0.5	0.5	U 163 , P 53					
	Average # patients	204	59	13	20	3	15	GS 13 , ESWL 19					
U- 19.5%, P 19.3%,	Emergency cases done	41	6	0	1	0	0	PAIN 15					
April 19th-25th	Normal OR lists	16 (1/2 DAY)	8 (1/2 DAY)	3.5 (1/2 DAY)	4 (1/2 DAY)	0.5	0.5	U 144 , P40					
	Average # patients	204	59	13	20	Varies ? 3	15	GS 11 , ESWL 18					
	Emergency cases done	60	19	2	2	0	0	PAIN 15					
April 26th-May 2nd	Normal OR lists	16 (1/2) Days	8 (1/2)Days	3.5 (1/2)Days	4 (1/2)Days	0.5	0.5	U 163 , P 56					
	Average # patients	204	59	13	20	3	15	GS 12 , ESWL 16					
	Emergency cases done	41	3	1	4	0	0	PAIN 15					
May 3rd- May 9th	Normal OR lists	16 (1/2)Days	8 (1/2)Days	3.5 (1/2) Days	4 (1/2)Days	0.5	0.5	U 152 , P 42					
	Average # patients	204	59	13	20	3	15	GS 12, ESWL 16					
	Emergency cases done	52	17	1	3	1	0	PAIN 15					
MAY 10-MAY 16	Normal OR lists	16 (1/2) Days	8 (1/2)Days	3.5 (1/2) Days	4(1/2) Days	.5 day	0.5 day	U 149 , P34					
	Average # patients	204	59	13	20	3	15	GS 12 , ESWL 16					
	Emergency cases done	55	25	1	4	0	0	PAIN 15					
May 17th-May 23rd	Normal OR lists	16 (1/2 days)	8 (1/2 days)	3.5 (1/2 days)	4 (1/2 days)	.5 day	.5 day	U161-, P 24					
	Average # patients	204	59	13	20	3	15	PAIN 15					
	Emergency cases done	43	35	0	4	0	0	GS 13 , ESWL 16					
May 24- 29	Normal OR lists	16 (1/2 days)	8 (1/2 days)	3.5 (1/2 days)	4 (1/2 days)	.5 day	.5 day	U 149- , P 31					
	Average # patients	204	59	13	20	3	15	GS 12 , ESWL 18					
	Emergency cases done	55	37	1	7	0	0	PAIN 15					
June 1- 5	Normal OR lists	16 (1/2 days)	8 (1/2 days)	3.5 (1/2 days)	4 (1/2 days)	.5 day	.5 day	U 144- , P 31					
	Average # patients	204	59	13	20	3	15	GS- 12 , ESWL 17					
	Emergency cases done	60	28	3	2	0	0	PAIN 15					
	Normal OR lists	16 (1/2 days)	8 (1/2 days)	3.5 (1/2 days)	4 (1/2 days)	.5 day	.5 day	U 110- , P 26					
	Average # patients	204	59	13	20	3	15	GS 12, ESWL 17					
Total	Emergency cases done	94	33	1	3	1	4	PAIN 15					
									Missed Totals	Missed Totals			
									Total Urology- 1974	Total Pain-191			
									Total plasticS- 518	Total ESWL -187			
									Total GS -155	Total SDC -3025	Total COMPLETE		1007
	total	678	262	19	38	6	4						

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Adult Process Classification/ Validation of Patient and Priorities on the Wait List

(May 5, 2020)

In accordance with direction from Senior Executive and the Department of Health, wait listing for the adult surgery pandemic recovery requires a collaborative, transparent and equitable standardized wait list process. The following process will occur each week while pandemic measures are in place:

- All Surgeons have been asked to review their current waitlist and submit/resubmit patients, for surgery in order to produce a current and updated wait list. This wait list will be used by the leadership to assign urgent cases to the available O.R. slots available each week. Once reviewed please fax the front sheet of the patient's booking package to the Wait List Office (777-5327). Refaxing of the patient's front page with an updated priority assignment and any pertinent information (e.g. possible cancer, ICU or blood products required) is sufficient.
- Please note that the front sheet must be fully completed to be waitlisted and if incomplete, it will be returned to the submitting office with a request for completion, and then entered into the wait list when the completed page is received.
- These patients will be added to a surgery service waitlist for each surgical service to review and prioritize the most urgent each Monday for possible O.R. slots. For example, patients' wait listed May 3-9, will be sent to the service chief for review with their surgical group Monday, May 11th for possible surgery slots the week of May 18-22nd. The chief then sends the list of prioritized patients to their O.R. Nursing Manager the next day, Tuesday, 12th of May in this example. The formulated O.R lists including justification notation are then reviewed by the Oversight Committee each Wednesday morning. Once all present are in agreement the O.R schedule is forward to Senior Executive for final approval the same day.
- Please note that emergency cases will follow the pre-pandemic emergency perioperative booking process.
- Surgeons will be notified by Thursday if their case is on the OR schedule for the next week. Completed booking packages can be sent to the O.R. booking clerk at that time.
- As a quality assurance measure the Wait List Office will forward the waitlists in the O.R. system to those surgeons of which we have not yet received a wait list request

after the first week. We will request they validate and resubmit/submit their patients to be entered into the recovery plan wait list for their service. For example; "In a review of your waitlist it was noted that there are priority 1-3 patients listed that have not been resubmitted for the recovery plan waitlist. We have attached your wait list and ask that you please validate that the patients are still actively waiting, and reevaluate their assigned priorities."

If you have any questions please do not hesitate to contact me. Thank you.

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