Summary Status Table in Response to the Report of the Auditor General of Ontario

[*Cardiac Disease and Stroke Treatment]*
[2021 Annual Report of the Auditor General]
[Ministry of Health]

Auditor's Recommendation	Completed undertaking	Outstanding undertaking (including timeline)
1. To improve wait-time reporting and provide patients with timelier cardiac disease procedures, we recommend that the Ministry of Health direct CorHealth Ontario to: 1.1. develop separate wait-time targets for urgent and emergency procedures and separately track and report performance against these targets; 1.2. evaluate cardiac procedures with no treatment time targets to determine whether timely delivery of care can impact patient outcomes; 1.3. set treatment-time targets for identified procedures, and publicly report performance against these targets; 1.4. regularly assess performance of hospitals against all treatment-time targets for cardiac procedures and work with hospitals to take the necessary actions to move toward widespread achievement of these targets; and 1.5. analyze hospitals' practices of managing wait lists for cardiac procedures to understand the reasons of growing wait lists and identify corrective actions.	1.1. The Ministry regularly reviews OH-CorHealth Ontario quality data on cardiac services, including wait times, and sets policy direction accordingly. The Ministry attends quarterly check-in meetings with cardiac programs and OH-CorHealth during which performance data is shared and discussed. 1.2. OH-CorHealth Ontario (OH-CorHealth)'s Atrial Fibrillation Initiative conducted research to better understand the current state with respect to barriers affecting timely access to ablation. 1.4. OH-CorHealth's FY 21/22 Measurement & Reporting Initiative: • regularly monitored key quality metrics for cardiac services through quarterly discussions with MOH and hospitals; • supported individual hospitals to identify barriers and opportunities for improvement; • wait-times for cardiac services are reported as part of the Annual Cardiac Outcome reports. 1.5. OH-CorHealth held stakeholder forums to better understand issues facing hospitals including growing wait lists and to promote dialogue on opportunities for recovery post COVID.	1.3. The Ministry and OH-CorHealth will continue to work on setting treatment targets for those procedures that do not already have targets and continue regular assessment of existing benchmarks. *December 31, 2026*

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Auditor's Recommendation	Completed undertaking	Outstanding undertaking (including timeline)
2. To allow for patients with aortic valve stenosis, a type of cardiac disease, to receive more effective care and to reduce their length of stay in hospital, we recommend that the Ministry of Health: 2.1. Assess the number of transcatheter aortic valve implantation (TAVI) procedures needed to cover all patients who are eligible, and adjust funding accordingly; and 2.2. Direct CorHealth to develop a standard for delivery of TAVI, and work with hospitals to confirm compliance with the standard to ensure TAVI can be performed cost-effectively	2.1. The Ministry acted upon the OHTAC recommendation for expanded eligibility for TAVI and has increased TAVI funding accordingly. In 2021-22, the Ministry expanded eligibility to include patients at low surgical risk, and increased TAVI funding by $16,185,000. The Budget for 2022/23 has not been announced, but the Ministry remains committed to ensuring access to this life-saving procedure. 2.1. OH-CorHealth's Cardiac Program Operations - Volume Allocation: • performed analyses and provided recommendations to support MOH funding and allocation of 2021/22 and 2022/23 volumes of TAVI procedures that align with revised OHTAC recommendation for intermediate and low risk populations; • supported MOH as needed in quarterly conversations (QPMM) with cardiac centres to understand adjustments required. 2.2. OH-CorHealth's AVI Initiative: • developed an AVI model of care to ensure all patients with aortic stenosis receive evidence-based care, including timely and equitable access to AVI treatments (including TAVI); • planned for MPSC provincial value-based procurement.	2.2. OH-CorHealth continues work on their Aortic Valve Implantation initiative, which was paused due to the COVID-19 pandemic. *December 31, 2024*

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Auditor's Recommendation	Completed undertaking	Outstanding undertaking (including timeline)
3. To allow patients with heart failure to receive high quality of care in the community and reduce emergency department visits and hospitalizations, we recommend that the Ministry of Health: 3.1. Direct CorHealth to collect data to formally evaluate the Integrated Heart Failure Care Initiative in regions where it was adopted to determine what factors contributed to the success of the initiative; and 3.2. develop and implement a plan to expand the Initiative to all appropriate regions	3.1. The Ministry has commenced work with OH-CorHealth to explore potential solutions to support integrated care for all Ontarians living with heart failure. To that end, the Ministry and Ontario Health have developed a demonstration project to advance heart failure care through Ontario Health Teams (OHTs), which has been announced to the hospital and community sectors. It is expected to run through 2022/23 and 2023/24 to test and assess opportunities to integrate the service delivery model for heart failure patients including primary care, community-based and hospital care, starting with five demonstration sites across the province. OH-CorHealth's Advance Integrated Heart Failure Care Initiative developed a Monitoring and Evaluation Framework that included the selection of key performance metrics and monitoring program success and the impact of implementing the funding model on desired outcomes at the system and program level.	3.2. Information from this demonstration project may be used to inform future decisions regarding the service delivery model for heart failure patients as well as provide insights into the broader development of integrated funding models for OHTs. This initiative is planned to continue through to the end of 2023-24. *December 31, 2024*

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Auditor's Recommendation	Completed undertaking	Outstanding undertaking (including timeline)
4. To allow patients throughout the province with cardiac disease to receive more effective care in a consistent manner, we recommend the Ministry of Health: 41. Direct CorHealth to develop and implement standards for remote monitoring and work with hospitals to implement this provincially; 4.2. perform a reassessment of the quality-based procedures for patients with congestive heart failure to determine whether funding for remote monitoring should be included; 4.3. identify regions that could benefit from rapid assessment clinics and work with hospitals to ensure these clinics operate in a consistent manner; and 4.4. identify patient groups that have benefited most from hospitals currently using an integrated comprehensive care model and work with hospitals and community providers to implement integrated care groups provincially where deemed appropriate	4. The Ministry has commenced work with OH-CorHealth to explore potential solutions to support integrated care for all Ontarians living with heart failure. To that end, the Ministry and Ontario Health have developed a demonstration project to advance heart failure care through Ontario Health Teams (OHTs), which has been announced to the hospital and community sectors. It is expected to run through 2022/23 and 2023/24 to test and assess opportunities to integrate the service delivery model for heart failure patients including primary care, community-based and hospital care, starting with five demonstration sites across the province. OH-CorHealth's Advance Integrated Heart Failure Care Initiative developed a Monitoring and Evaluation Framework that included the selection of key performance metrics and monitoring program success and the impact of implementing the funding model on desired outcomes at the system and program level. The Advance Integrated Heart Failure Care initiative has established PREMS and PROMS and patient engagement mandatory requirements for demonstration sites.	4. Information from this demonstration project may be used to inform future decisions regarding the service delivery model for heart failure patients as well as provide insights into the broader development of integrated funding models for OHTs. This initiative is planned to continue through to the end of 2023-24. For sites selected to participate in the Advance Integrated Heart Failure Care, a 'no-loss provision' will be applied to their CHF QBP funding allocation for two consecutive fiscal years (2022/23 – 2023/24). The no-loss provision will help to ensure that sites which are successful in reducing hospital admissions will not be subject to recoveries for CHF QBP volumes not performed. *December 31, 2024*

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5. To expand the use of cost-effective diagnostic testing that can reduce the need for more invasive testing to diagnose coronary artery diseases, we recommend the Ministry of Health: 5.1. work with stakeholders (including CorHealth Ontario and Ontario Health) to determine whether computerized tomography coronary angiogram (CT-Angiogram) should be recommended as the primary diagnostic test for certain cardiac patients, such as non-urgent chest pain patients, to help diagnose coronary artery disease; 5.2. work with hospitals to support the full adoption of CT-Angiogram where deemed appropriate.	5.1. OH-CorHealth liaised with a clinical team at Hamilton Health Sciences to keep updated on progress of their project that will focus on gaining an understanding of the current wait-times and utilization of CCTA for the detection of CAD in Ontario.	5.1. The Ministry will work with OH-CorHealth per the timelines provided previously. *December 31, 2024*

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Auditor's Recommendation	Completed undertaking	Outstanding undertaking (including timeline)
6. To provide patients with cardiac disease with access to the appropriate amount and the type of rehabilitation that will best meet their needs, we recommend that the Ministry of Health: 6.1. Develop and implement a data strategy to begin collecting information on outpatient cardiac rehabilitation to assess why patients with cardiac disease are not completing rehabilitation programs they have been referred to, and take corrective action to increase the adherence rate by raising awareness and understanding through an effective communications strategy.	6.1. OH-CorHealth Ontario recently conducted a three-month pilot with 39 programs (87 sites) to inform feasibility and future approaches to regular data collection for cardiac rehabilitation and established a task group to identify critical areas for initial measurement and reporting of cardiac rehabilitation data in Ontario.	6.1. The Ministry participates in the Cardiovascular Rehab Forum and monitors data from the Cardiovascular Rehabilitation Measurement Reporting Initiative. OH-CorHealth Ontario has decided to extend data collection regarding cardiac rehabilitation. The Ministry will continue to monitor data on this matter in order to inform policy and funding decisions. *December 31, 2023*

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7. To provide emergency care to stroke patients in a timely manner, we recommend that the Ministry of Health: 7.1. Direct CorHealth to analyze the critical success factors, and identify the best practices, of hospitals that routinely perform better than the provincial average for the administration of tissue plasminogen activator (tPA) and the performance of endovascular thrombectomy (EVT); and 7.2. Require other hospitals to implement the identified best practices from above where possible, and monitor performance to determine whether these practices are being effectively implemented.	7.1. The Ministry continues to engage with OH-CorHealth's on tPA and EVT-related initiatives, including the planned scoping work done via the Stroke Unit Task Group to increasing patient access to the best possible acute stroke care to improve patient outcomes, among other things. The Ministry also receives reporting from OH-CorHealth on performance measurement for stroke hospitals and participates in quarterly calls that OH-CorHealth leads with QBP-funded stroke programs to discuss volume and quality management. During the Maturing the Hyperacute System of Stroke, OH-CorHealth: • completed 2 x 11 EVT site engagements on performance to understand contributors to performance and focus for QI. • developed a summary document with links to resources/strategies to promote sharing between sites. • reviewed EVT report indicators and identification of supplementary analysis that will reflect nuances influencing performance (e.g., transfers, Stroke symptom onset, etc) • released inaugural Telestroke Report (19/20 and 20/21 data) and conducted an Audit to assess data quality. • held Telestroke Knowledge exchanges to allow sites doing well on key processes to share their approach to improvement (e.g., Guelph, Quinte Healthcare)	7.2. The Ministry recognizes the importance of implementing critical success factors to inform clinical care pathways that will improve quality of care for stroke patients. The Ministry will continue to engage with OH-CorHealth in the relevant activities, participate in the required data analysis, and subsequently implement the identified best practices across the province, where appropriate. *December 31, 2023*

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8. To allow for all stroke patients to receive appropriate care in a timely manner, we recommend that the Ministry of Health:
8.1. direct CorHealth to identify the barriers and initiatives to increase the percentage of stroke patients receiving tissue plasminogen activator (tPA) and endovascular thrombectomy (EVT) across the province and implement a plan to achieve the target rates
8.2. work with CorHealth to develop or provide supports to initiatives or programs (such as funding the FAST campaign run by Heart & Stroke) that increase public awareness of stroke symptoms and appropriate actions (such as the need to call an ambulance) if symptoms of a stroke are occurring
8.3. evaluate what additional changes (if necessary) are needed to achieve the target percentage of stroke patients treated on stroke units and implement those actions; and
8.4. work with stakeholders, including CorHealth and stroke neurologists, to identify any changes needed, such as changes to the stipend offered to neurologists, to encourage more stroke neurologists to participate in Telestroke.
	8. The Ministry continues to work with OH-CorHealth and other sector partners on solutions to provide high quality stroke care across the province. The Ministry participates in various fora with OH-CorHealth (e.g., Ontario Hyperacute Stroke Care Steering Committee, the Stroke Unit Task Group), where the relevant information and access to stroke care is discussed and reviewed. Please see item 7 for additional information.
	
	8.1. During the Maturing the Hyperacute System of Stroke, OH-CorHealth:
	• developed transport maps and volume impact estimates for 'Mothership vs. Drip and Ship' for select regions;
	• implemented screening and patient selection supports to enable expansion to 24h treatment window for EVT;
	• expanded role/ function of the ON Telestroke Program (OTP) and support for Telestroke sites
	  ○ developed provincial referral tools
	  ○ explored patient referral/selection challenges with TS neurologist and sites
	  ○ developed and implemented a provincial feedback mechanism to support QI;
	• developed a provincial stroke repatriation guidance document to support provincial and regional access and flow to specialized care;
	• engaged with EVT programs to review performance and QI activities;
	• reviewed status of implementation of LVO screening (ACT FAST) within non tPA hospitals across regions;
	• engaged with Mohawk Medbuy Plexxus Sourcing Collaborative to negotiate a provincial price for
		8.2. The Ministry of Health has reviewed the recommendations of the 2021 OAGO Report on Cardiac and Stroke and agrees to work with our partners to determine the most appropriate way to increase awareness of stroke symptoms and appropriate actions if symptoms of a stroke are occurring.
		
		8.4. The Ontario Telestroke Program, which conducts over 3,000 hyperacute stroke consultations annually, providing invaluable, emergent, life-saving care to under-serviced populations across the province. Telestroke provides immediate, 24/7 access to Stroke Neurologists using a province-wide centralized system. The program has been highly successful, and it continues to grow year after year.
		
		HSN Criticall: In November 2021, the HSN EVT Program expanded to become a 24/7 service, and is expected to more than double the number of procedures performed by the end of 2022/23. The expansion will enable HSN to better serve northeastern Ontario with access to acute stroke services.
		
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	automated CTP software that if purchased by sites, will inform patient selection. 8.4. Our Government values the significant contribution of Ontario's doctors in providing safe, effective, and quality care to people and families across the province. The Ministry of Health and the Ontario Medical Association (OMA) have been engaging in negotiations to establish a new Physician Services Agreement and have reached a proposed mediated settlement. The agreement has just recently been ratified.	

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9.To provide stroke patients with timely access to diagnostic testing that will allow them to receive the most appropriate type of care, we recommend that the Ministry of Health direct CorHealth to: 9.1. Complete its procurement of computerized tomography perfusion (CT-Perfusion) imaging technology for all eligible hospitals and provide support to identify and address any barriers that prevent hospitals from using or accessing CT-Perfusion; and 9.2. Continue to monitor the need for CT-Perfusion among other hospitals provincially and work with the hospitals to obtain the CT-Perfusion technology.	9.1. During the Maturing the Hyperacute System of Stroke, OH-CorHealth: • engaged with MPSC to develop a provincial procurement price contract for automated CT-perfusion imaging technology with vendor; • supported MPSC in finalizing its contract within OH; • collaborated with MPSC and an implementation support group to develop a Playbook to be used by stroke regions to promote interest and adoption of the software. 9.2. During the Maturing the Hyperacute System of Stroke, OH-CorHealth engaged RDAC and Hyperacute Stroke Care Steering Committee to understand regional and local needs with respect to CT-Perfusion.	

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10. To provide stroke patients with access to appropriate amounts and types of rehabilitation that will best meet their health needs, we recommend that the Ministry of Health: 10.1. Work with stakeholders, including CorHealth and rehabilitation providers, to understand challenges in meeting the best practice of providing 180 minutes of inpatient rehabilitation per day; 10.2. Take the appropriate action to address these identified challenges; and 10.3 Fund physiotherapy services for all stroke patients who need it, regardless of age	10.1. Regional stroke networks leverage CorHealth's annual stroke report to facilitate improvement. Resourcing/HHR for therapists was identified as a primary barrier.	10. The Ministry is committed to improving gaps in the rehabilitation of patient post-stroke/cardiac care. We are working with OH to identify gaps. *December 31, 2025*

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11. To give cardiac and stroke patients cost-effective and appropriate care once they no longer require hospitalization, we recommend that the Ministry of Health, in collaboration with Ontario Health: 11.1 require hospitals to report on which type of facility patients deemed Alternate Level of Care (ALC) are waiting to be admitted to; and 11.2 analyze this information to determine, by region, the need for additional beds in other types of facilities and to identify opportunities for improving co-ordination among hospitals and other facilities.		11.1 The Ministry, in partnership with Ontario Health, will review the feasibility and value of collecting ALC data by patient type (such as cardiac and stroke patients) to help identify the need for additional beds in other types of facilities. Currently, hospitals do report the intended discharge destination for patients deemed ALC to Ontario Health. The information includes the various facility types/ locations that patients are waiting for (e.g., long-term care, rehabilitation, complex continuing care, home with home and community care support services, etc.). OH-CorHealth recognizes the importance of initiatives that ensure patients move through the health-care system to allow for cost-effective and appropriate care. OH-CorHealth will work with the Ministry as requested to support any new reporting activities related to alternate level of care data for cardiac and stroke patients. 11.2 ALC data is provided to the Ministry in regular monthly performance report and is used by the Ministry in various analyses (planning for specific programs, identifying additional resources required, etc.). *December 31, 2023*

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12. To allow for more fulsome oversight and improvement of the entire cardiac disease and stroke care system, we recommend that the Ministry of Health, in collaboration with Ontario Health: 12.1. Provide CorHealth the ability to allocate and adjust funding to hospitals and other service providers based on provider performance against established performance targets; 12.2. Modify CorHealth's role to oversee additional aspects of cardiac disease and stroke care, including prevention and non-hospital care, such as recovery and rehabilitation, with the expectation to set standards and to carry out performance monitoring for the entire system; 12.3. Centralize co-ordination and oversight of provincial pediatric cardiac disease and stroke care that has funding, priorities, and deliverables distinct from adult cardiac disease and stroke care; and 12.4. Establish and execute a plan to implement the recommendations in CorHealth's Cardiac, Stroke and Vascular Rehabilitation Call-to-Action report.	12.4. OH-CorHealth's Cardiovascular Rehabilitation Measurement reporting Initiative: • established a task group to identify critical areas for initial measurement and reporting of CR data in Ontario; • conducted a 3-month pilot with x # CR sites to inform feasibility and future approaches to regular data collection. To address gaps in performance measurement of the stroke system, OH-CorHealth • established a partnership with Heart and Stroke Foundation to assist in supporting rehabilitation; • provided MOH with briefing documents regarding critical need to invest in this area.	12. The Ministry will work with OH-CorHealth and other sector stakeholders, as required, to develop strategies and standards for rehabilitation for cardiovascular and stroke patients, which CorHealth recommended in its Call to Action. *December 31, 2024*

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13. To procure necessary cardiac and stroke supplies, devices and equipment in a cost-effective manner, we recommend that the Ministry of Health, in collaboration with Ontario Health: 13.1. Collect cost information on cardiac and stroke equipment and supplies from hospitals, and identify those items where savings can be achieved through group procurement, or direct Supply Ontario to do this; and 13.2. Develop and regularly update a schedule, mindful of the need to consider the terms of existing hospital contracts with suppliers, to conduct all identified group procurements in a timely manner, with an aim to co-ordinate with other organizations, including CorHealth, Supply Ontario, and Ontario's existing shared service organizations, as necessary	13.1. OH-CorHealth's Maturing Hyperacute Stroke System of Care: • engaged with MPSC to develop a provincial procurement price contract for automated CT-perfusion imaging software; • in collaboration with MPSC, determined best processes for coordinating and supporting potential uptake of the pricing model for RAPID software by referral sites including development of a playbook to support implementation.	13.2. The Ministry appreciates the recommendation and will work on next steps of collecting cost information on cardiac and stroke equipment and supplies from hospitals, and conducting group procurement of those items where savings can be achieved. *December 31, 2023*

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14. To better match funding to the hospital care needs of cardiac disease and stroke patients, we recommend that the Ministry of Health, in collaboration with Ontario Health: 14.1. Develop and implement a process to update funding rates for cardiac procedures on a regular basis; and 14.2. Assess quality-based procedure funding criteria for stroke patients to determine whether the criteria should be expanded to cover treatment costs for more patients, including patients treated through surgical interventions and patients who experience a stroke in hospital.	14. In 2020-21, the definition for Stroke (Endovascular Treatment) has been updated to include cases with a post-admission complication (type 2 diagnosis) that is ischemic stroke or unable to determine stroke type (not specified as haemorrhagic or ischemic). 14.1 The Ministry, in collaboration with OH-CorHealth Ontario, developed a modernized funding model for advanced cardiac services. The new model creates greater accountability and flexibility to respond more easily to changes in practice and new technologies. The first phase of the cardiac rate update is slated to be implemented retroactively in 2021-22. During the Cardiac Funding Update, OH-CorHealth worked collaboratively with the Ministry to: • review and reconcile the results from the cardiac rate update work done in 2018, update them with the most recent data, incorporate further refinements as needed, and design implementation strategy; • partially implement the first phase of new cardiac funding model in-year 2020/21, developed knowledge transfer products and participated in the knowledge transfer sessions that the MOH held with cardiac hospitals in January of 2022. 14.2. In 2020-21, the definition for Stroke (Endovascular Treatment) was updated to include cases with a post-admission complication (type 2 diagnosis) that is ischemic stroke or unable to determine stroke type (not specified as haemorrhagic or ischemic).	14.1. Work on updating the cardiac funding model is projected to continue until the end of 2023-24. The updated funding rates and model will fund hospitals more accurately for the services they provide resulting in better patient care. The Ministry will also review potential updates to the definitions for other stroke QBP sub-groups. *March 31, 2024*

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15 To address the impact of COVID-19 on the provision of cardiac and stroke care, we recommend that the Ministry of Health work with CorHealth Ontario and Ontario Health to: 15.1. Assess the prevalence of unidentified cardiac and stroke conditions as a result of the COVID-19 pandemic and determine the impact of these patients on the cardiac disease and stroke system going forward in order to identify additional funding or initiatives that may be needed to address these patient's health care needs; and 15.2. Monitor the impact of the surgical recovery plan by periodically measuring and publicly reporting the cardiac procedure backlog and provide the necessary resources to help hospitals achieve this plan	15.2. OH-CorHealth's COVID-19 Ad Hoc Response & Activities: • regularly produced reports on volumes, wait lists, and wait times throughout the pandemic; • regularly engaged with Cardiac Stakeholders (COVID-19 forums, leadership councils) to share data, analyses and support dialogue around impact and solutions to addressing backlog.	15.1. The Ministry, in partnership with Ontario Health, will continue to monitor for the prevalence of unidentified cardiac and stroke conditions as a result of the COVID-19 pandemic and determine the impact of these patients on the cardiac disease and stroke system going forward in order to identify additional funding or initiatives that may be needed to address these patient's health care needs. *December 31, 2023*