

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 June 18

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## COVID-19 RECOVERY PLANNING: RETURN TO OPERATIONS

### **Recommendation**

*It is recommended that Report No. 008-20GC re: “COVID-19 Recovery Planning: Return to Operations” be received for information.*

### **Key Points**

- COVID-19 recovery planning was initiated at the beginning of May, with five key areas of focus, including return to operations.
- Any return to operations (RTO) is fully contingent on COVID-19 requirements in Middlesex-London. The ongoing variability in the COVID-19 situation requires a dynamic and responsive RTO approach.
- Information has been gathered and an interactive dashboard created to support efficient and effective decision-making related to return to operations.

### **Background**

In May 2020, COVID-19 recovery planning was initiated. The following five objectives were identified, with along with associated key deliverables, existing areas of work to leverage, stakeholder groups for consultation, and timelines.

- 1) To create clear, feasible, prioritized, and phased plans for return to operations (RTO) for both public health interventions and organizational functions, while maintaining the ability to respond to ongoing COVID -19 demands.
- 2) To consider strengths and successes in MLHU’s pandemic response as well as to identify opportunities for growth, to position MLHU for future pandemics and, in particular, for a potential COVID-19 ‘second wave’.
- 3) To support employees to achieve optimal physical, mental, emotional, and social health post-pandemic and to facilitate organizational wellness during and after MLHU’s pandemic response.
- 4) To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.
- 5) To assess and/or anticipate community impacts and emerging public health issues and needs post-pandemic and develop concrete plans for public health strategies and activities to address these issues and needs.

A verbal update on recovery planning was provided to the Board of Health on May 21, 2020. A decision-making dashboard tool for return to operations has been created for objective #1, work on objectives #2 and #3 are well underway, and efforts on objectives #4 and #5 have recently been initiated.

## **Return to Operations Planning**

Any return to operations (RTO) is fully contingent on COVID-19 requirements in Middlesex-London, and as the COVID-19 requirements change, so will return to operations. It is anticipated that RTO may fluctuate over the next 12 months. Within this context, creating one predetermined RTO plan is not adequate; the ongoing variability in the COVID-19 situation requires a dynamic and responsive RTO approach.

Information was gathered from and validated by managers and directors for all 297 interventions included in MLHU's Annual Service Plan. The current status of every intervention was confirmed as modified, on hold, or status quo. With consideration of criteria used for the Program and Budget Marginal Analysis (PBMA) process, every 'modified' or 'on hold' intervention was given one of three ratings for return to operations – high, moderate, or low. Factors influencing RTO for 'modified' and 'on hold' interventions were described, including government or regulatory body directives, school status, external and internal partner status and capacity, seasonality, technological needs, orientation needs, and requirements for process modification or development. Program modifications were outlined, with recommendations regarding ongoing implementation of each modification. RTO phasing considerations and timelines were provided as needed. Staffing assignments to programs and interventions were identified, and current staff deployments were confirmed. Staff needs for return to operations and anticipated post-COVID program demand were estimated.

RTO planning process, assumptions, and parameters are included, along with some key metrics, in an infographic (see [Appendix A](#)).

## **Return to Operations Dashboard**

An interactive dashboard has been created to support efficient and responsive decision-making. The decision-making process incorporates automated steps to create efficiency, as well as manual decision-points to allow additional complexities to be taken into account (see [Appendix B](#)). With the dashboard, interventions which have been sorted by status and rating are assessed against various dependencies, resulting in lists of interventions recommended for return to operations. These interventions are then compared to regular and current staff assignments to determine staff availability. With all these components taken into consideration, appropriate decisions regarding which program interventions should return to operations and when can be made.

## **Conclusion**

This dashboard will be utilized over the next several months to guide return to operations and will be updated regularly and enhanced as needed. The remaining four areas of recovery planning will continue, and the BOH will be provided with updates as these other areas of planning progress.

This report was submitted by the Chief Nursing Officer.



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