Ontario Health

Memo

Date:
February 10, 2022

To:	Health System Partners
From:	Matthew Anderson, President and CEO, Ontario Health
CC:	Mark Walton, Senior Vice President, COVID-19 Pandemic Response Dr. Chris Simpson, Executive Vice President, Medical Anna Greenberg, Chief Regional Officer, Toronto and East Regions Brian Ktytor, Chief Regional Officer, North Region Susan deRyk, Chief Regional Officer, Central and West Regions
Re:	Gradual resumption of non-emergent and non-urgent surgeries and procedures

Over the past two months, the Omicron variant has led to significant challenges across all sectors of the health system. With record numbers of COVID-positive patients being hospitalized and positivity rates climbing, the Chief Medical Officer of Health issued Directive #2, on January 4, 2022, needing to preserve as much system capacity as possible. On January 14th this was followed up by Directive # 2.1 aimed at ensuring hospitals and providers maximize the use of provincial resources and support equitable access to care, by transferring patients among hospitals, as appropriate.

With the recent steady decline in COVID-19-related hospitalizations and ICU admissions as well as stabilizing health human resources in many organizations, Dr. Kieran Moore, Chief Medical Officer of Health, has revoked Directive #2 and signaled that operational guidance from Ontario Health was needed to enable a gradual and cautious re-start of non-emergent and non-urgent surgeries in public hospitals. This direction is provided in the attached document (Optimizing Care: Wave 5).

Following the approach that has guided the health system through previous waves, we must continue to work as a single integrated system to ensure that all communities in the province can appropriately access care. We know that COVID-19 has had a disproportionate impact on some of our communities and the responding health care organizations. As such, patient transfers will remain a key tool to mitigate disparities in ability to ramp up. To support an integrated system-wide approach, Ontario Health will actively monitor surgical volumes and acceptance of patient transfers to assess compliance with these directions and ensure equitable access to care for patients is maintained.

While the operational directions attached are focused on our hospital system, we know that all parts of the health system must be part of this recovery process if we are to ensure access and flow is prioritized for patients.

Going forward, we will need all partners to continue to work with their regions, either directly or through their OHTs, with a view to ensuring our system response to recovery is highly integrated. With this in mind, in addition to our hospital operational direction, we are requesting that our partners in primary care, community support services, long-term care and home and community care support this system focus by undertaking the following:

Primary care and Community Support Services:

- Continue to focus on urgent and emergent care to avoid unnecessary emergency visits
- Continue to optimize capacity to support flow and provide care at home, as appropriate
- Resume or continue preventative care (e.g., cancer screening)
- Undertake early identification and referral of patients who would benefit from covid therapeutics
- Continue to support vaccinations and remote monitoring of covid patients
- Ensure community support service organizations continue to participate and collaborate on regional response and recovery efforts

Home care and Long-Term Care:

- Continue to actively maintain COVID-19 and non-COVID-19 care in the community
- Work closely with hospital partners to facilitate flow, ensuring that home and community care is engaged early in the process
- Continue to partner effectively with hospitals to discharge patients' home or transfer to a long-term care facility as appropriate and in a timely manner
- Continue to partner regionally to ensure timely access to appropriate care for patients

While revoking Directive 2 is certainly a positive step towards recovery, we also recognize that parts of the health care system remain very challenged by the ongoing impact of COVID-19, particularly as it relates to health human resources. As a result, it is important that we work together to restart the system and that all sectors continue to engage with regional/sub-regional COVID-19 IMS/response structures and Chief Regional Officers to ensure our system efforts are coordinated, patient flow is prioritized, and we are able to achieve positive outcomes for patients.

Once again, thank you to you and your teams for all that you have done over the last two years. Your dedication and commitment to patient care has been and continues to be a source of pride for all Ontarians.

Matthew Anderson

Operational Direction for Optimizing Care: Wave 5

Last updated: February 10, 2022

Phased approach to resumption of surgical/procedural care

The resumption of surgical and procedural activity in hospitals will follow a gradual, cautious and balanced approach informed by a number of system indicators. These indicators include intensity of community transmission, medical/surgical hospital capacity, ICU capacity and health human resources capacity.

Given positive trending and projections, we are able to move beyond our current Phase 1 of restart (which involved revising Directive #2 to enable activity in independent health facilities and private hospitals, diagnostic imaging, cancer screening, pediatric hospitals, and scheduled ambulatory clinics). With the revoking of Directive #2 on February 10, 2022, hospitals will enter Phase 2 of restart and will follow the operational direction provided by Ontario Health to progress through Phases 2 through 4.

Specific phases and thresholds for each are outlined below.

Phase 2: Provincial return to 70% of 2019 volumes – initiate gradual resumption of surgical and procedural activity

Provincial thresholds:

- < 15% test positivity and in decline for one week
- Number of outbreaks in decline for one week
- < 2500 COVID-positive hospitalizations and stable or in decline for one week
- One week stable or declining medical/surgical occupancy
- < 550 patients with COVID-related critical illness (CRCI) in ICUs and stable or declining for one week
- One week stable or declining total ICU census
- Stable health human resource capacity, with more staff retuning to work than needing to be off sick or isolating.

Direction:

1. All hospitals may resume surgical and procedural activity up to 70% of 2019 volumes, with consideration for the following:

    a. Where possible, surgical and procedural activity that is not expected to have an inpatient footprint (e.g., same day procedures) should be considered first.

b. Increases in activity must not result in unsafe/unstable staffing in other areas of the hospital (e.g., medical/surgical wards, critical care).

c. Prioritization of resumed activity must take into consideration equitable access for hardest hit communities and vulnerable populations.

d. Some regions/sub-regions/hospitals may resume surgical and procedural activity up to 90% of 2019 volumes dependent on the following:

   i. A plan is confirmed to ensure capacity is preserved for patient transfers.

   ii. Increases in activity does not result in unsafe/unstable staffing.

   iii. Approval to proceed has been directed by the respective Chief Regional Officer.

2. Hospitals must remain ready to accept all transfers within 24 to 48 hours as directed by incident management system (IMS) or regional leadership tables/structures, with consideration for the following:

   a. Sub-regional, regional, inter-regional and intra-regional transfer decisions will aim to mitigate disparity in ability to ramp up, considering the differential capacity to achieve 70% activity that exists between organizations.

3. All hospitals must put in place a patient transfer policy which includes a requirement to seek patient consent to transfer upon admission to hospital (if such a policy is not already in place).

Phase 3: Provincial return to 90% of 2019 volumes – continued gradual resumption of surgical and procedural activity

Provincial thresholds:

- < 10% test positivity and in decline for one week
- Number of outbreaks in decline for one week
- < 1250 COVID-positive hospitalizations and stable or in decline for one week
- One week stable or declining medical/surgical occupancy
- < 300 CRCI in ICUs and stable or declining for one week
- One week stable or declining total ICU census
- Stable health human resource capacity

Direction:

1. All hospitals may resume surgical and procedural activity up to 90% of 2019 volumes, with consideration for the following:

   a. Increases in activity must not result in unsafe/unstable staffing in other areas of the hospital (e.g., medical/surgical wards, critical care).

b. Prioritization of resumed activity must take into consideration equitable access for hardest-hit communities and vulnerable populations.

c. Hospitals may not move beyond 90% activity until a provincial plan for recovery is defined, with consultation across sectors.

2. All hospitals must remain ready to accept transfers within 24 to 48 hours as directed by IMS or regional leadership tables/structures, with consideration for the following:

    a. Sub-regional, regional, inter-regional and intra-regional transfer decisions will aim to mitigate disparity in ability to ramp up, considering the differential capacity to achieve 90% activity that exists between organizations.

3. As required in Phase 2, all hospitals must put in place a patient transfer policy which includes a requirement to seek patient consent to transfer upon admission to hospital.

Phase 4: Recovery – resumption of full recovery planning and activity

Provincial thresholds:

- < 2.5% test positivity
- Low and stable number of outbreaks
- Stable or declining COVID-positive hospitalizations
- Stable medical/surgical occupancy
- Stable or declining CRCI in ICUs
- Stable total ICU census
- Stable health human resource capacity

Direction:

1. Health system partners will be encouraged to participate in the reactivated provincial and regional recovery tables.
2. Cross-sectoral work to address the care deficit across the system will be prioritized, ensuring appropriate flow of patients to more appropriate settings.
3. Prioritization of recovery activity must take into consideration hardest-hit communities and equitable access for vulnerable populations.

Appendix A. Patient Transfer Directive from the Chief Medical Officer of Health

The need for patient transfers will continue and is required to support ongoing balancing of the system. Hospital providers are reminded that Directive #2.1 issued by the Chief Medical Officer of Health on January 14, 2022 and revised on February 10, 2022, is still in effect. The Directive is as follows:

1. Every Hospital Care Provider, acting individually and collaboratively, shall, in accordance with applicable law, use best efforts to:

   (a) Transfer or support the transfer of patients, as appropriate, within a hospital to improve the treatment and expedite the flow of patients from admission to discharge for the purpose of increasing the capacity of that hospital to admit new patients;

   (b) Transfer or support the transfer of patients, as appropriate, to other hospitals which have the capacity to provide treatment to patients, in order to maximize the capacity of the hospital system to provide and maintain care to the greatest number of patients as possible;

   (c) Admit or take measures to support the admission of patients from other hospitals to relieve and support overall Ontario hospital system capacity and patient movement in the system where it is safe to do so;

   (d) Maximize the use of resources within hospitals and share resources between hospitals to maximize the capacity of Ontario's hospital system to provide and maintain quality care to as many patients as possible.

2. Hospital Care Providers shall participate in any system coordination and reporting processes that may be established by Ontario Health for the purpose of optimizing the capacity of Ontario's hospital system to provide quality services to the greatest number of patients as possible.

Appendix B. Principles for optimizing care for Wave 5

- All urgent and emergent health system activity should continue, ensuring time sensitive care is unimpeded.
- The health care system remains challenged given COVID-19 and its impact on health human resources.
- Communities and health care organizations within and across regions continue to be impacted asymmetrically.
- Health care organizations and providers must continue to work together as an integrated system, to support load balancing and to support access and flow to appropriate care settings.
- A gradual, cautious and balanced approach to restarting non-urgent and non-emergent surgeries and procedures is required, ensuring some capacity remains preserved while the system fully recovers from health human resource pressures.
  A focus on ensuring equitable access for hardest-hit communities and vulnerable populations will be maintained.