To: Hospital CEOs

CC: Ontario Health Regional Leads

From: Matthew Anderson, President and CEO

Date: January 7, 2021

The number of patients with COVID-19 continues to increase in the community and in hospitals. Updated projections show that by January 24, 2021, the province will see more than 500 COVID-19 related critical illness patients in intensive care units and over 1,700 COVID-19 hospitalizations.

To meet these needs, we must continue to do more to work as a single, seamless hospital system. This includes accepting patients from other hospitals in and outside your regions, sharing resources, and prioritizing—so we can continue to provide safe, effective care to both COVID-19 and non-COVID-19 patients across the province.

Building on the memo sent by Ontario Health on December 15, 2020 that reflects the October 2020 evidence-based document *Optimizing Care through COVID-19 Transmission Scenarios*, today's memo provides additional actions that hospitals must take immediately to facilitate the work of the Ontario Critical Care COVID-19 Command Centre; to provide the necessary care for COVID-19 and non-COVID-19 patients:

- **Critical care capacity:**
    - **Hospitals with currently unoccupied adult ICU bed capacity** must reserve approximately one-third of that capacity for ICU transfers from hospitals that are exceeding their capacity
        - Ontario Health is working with the Ontario Critical Care COVID-19 Command Centre to get instructions out to hospitals on the beds that need to be reserved. This will include regular updates as the provincial situation and hospitals' individual situations change. Ontario Health is closely monitoring COVID-19 hospital utilization across the province and will be updating projections weekly
    - All hospitals are asked to review and standardize their critical care admission criteria in consultation with the Ontario Critical Care COVID-19 Command Centre
    - The process to transfer ICU patients between hospitals will continue to be managed by the Ontario Critical Care COVID-19 Command Centre

- **Overall hospital capacity:**
    - All hospitals must be ready to accept patient transfers when directed by their regional COVID-19 response structure or IMS

- **Hospitals in areas of community transmission should:**
    - Continue surgical, procedural, and other non-COVID-19 in-person care without delay if it is considered time-sensitive (i.e., emergent, urgent, or urgent-scheduled). For example, treatment for certain cancer diagnoses, acute abdominal pain, transplant, certain cardiac care, and certain neurological care
    - Ensure at least 10% to 15% surge capacity of staffed adult acute inpatient beds and/or, where appropriate, staffed repurposed beds (e.g., pediatrics, mental health) for COVID-19 and non-COVID-19 patients
    - Have a plan in place to appropriately defer non-time-sensitive care, if required
    - The actions for optimizing care provided in the December 15th memo have been updated and are attached for your reference

As we all know, our resources are provincial resources. We need to work as a provincial system at a level never required before. This means that no hospitals should feel they are on their own. We will maximize system capacity and protect equitable access to care for patients (COVID-19 and non-COVID-19) as best as possible by taking collective action.

What we do together in the next few days and weeks will set the stage for our ability to meet escalating and anticipated hospital capacity demands. Thank you for your commitment to this important and necessary province-wide work.

Matthew Anderson

Further Actions for Optimizing Care for All Patients

From memo dated January 7, 2021, take the following actions:

- **Critical care capacity:**
  - **Hospitals with currently unoccupied adult ICU bed capacity** must reserve approximately one-third of that capacity for ICU transfers from hospitals that are exceeding their capacity
    - Ontario Health is working with the Ontario Critical Care COVID-19 Command Centre to get instructions out to hospitals on the beds that need to be reserved. This will include regular updates as the provincial situation and hospitals' individual situations change. Ontario Health is closely monitoring COVID-19 hospital utilization across the province and will be updating projections weekly
  - All hospitals are asked to review and standardize their critical care admission criteria in consultation with the Ontario Critical Care COVID-19 Command Centre
  - The process to transfer ICU patients between hospitals will continue to be managed by the Ontario Critical Care COVID-19 Command Centre
- **Overall hospital capacity:**
  - All hospitals must be ready to accept patient transfers when directed by their regional COVID-19 response structure or IMS
- **Hospitals in areas of community transmission should:**
  - Continue surgical, procedural, and other non-COVID-19 in-person care without delay if it is considered time-sensitive (i.e., emergent, urgent, or urgent-scheduled). For example, treatment for certain cancer diagnoses, acute abdominal pain, transplant, certain cardiac care, and certain neurological care
  - Ensure at least 10% to 15% surge capacity of staffed adult acute inpatient beds and/or, where appropriate, staffed repurposed beds (e.g., pediatrics, mental health) for COVID-19 and non-COVID-19 patients
  - Have a plan in place to appropriately defer non-time-sensitive care, if required

The actions for optimizing care provided in the December 15, 2020 memo have been updated and are described below.

Local/regional/sub-regional COVID-19 epidemiology continues to vary across Ontario. While some areas are experiencing sporadic cases, others are experiencing widespread community transmission. To meet the projected acute care needs for patients over the next month, hospitals should work as a single system, in collaboration with their regional/sub-regional COVID-19 response structure or IMS, hospitals in different transmission scenarios will need to take different actions to provide the highest quality care for both COVID-19 and non-COVID-19 patients. Therefore, recommended actions below are categorized into different transmission scenarios.[1]

[1] Transmission scenarios may shift quickly and are determined by your regional/sub-regional COVID-19 response structure through frequent monitoring of local COVID-19 epidemiological trends (e.g., cases per 100,000; available here)

Transmission Scenario 4: Community Transmission of COVID-19

Hospitals in Transmission Scenario 4 (community transmission) should act immediately on the following recommended actions:

1. Engage with the appropriate regional/sub-regional COVID-19 response structure or IMS to facilitate inter-hospital transfers of both COVID-19 and non-COVID-19 patients within or across regions to create appropriate capacity, where needed, and optimize access to care for all patients in your region/sub-region
    - Leverage intra- and inter-regional resources as part of a single, seamless system to maximize overall efficiency and ensure safety
    - Accept patient transfers, when directed by your regional/sub-regional COVID-19 response structure or IMS
    - Collect, review, and update capacity metrics on a regular basis and share with your regional/sub-regional COVID-19 response structure or IMS to inform decision making. This includes monitoring critical supplies (e.g., personal protective equipment, medications)
2. **Continue** surgical, procedural, and other non-COVID-19 in-person care without delay if it is considered **time-sensitive** (i.e., emergent, urgent, or urgent-scheduled). For example, treatment for certain cancer diagnoses, acute abdominal pain, transplant, certain cardiac care, and certain neurological care. Work with your regional/sub-regional COVID-19 response structure or IMS to support this goal
    - Below are examples of resources to support prioritization of care:
        - Cancer services: Ontario Health-Cancer Care Ontario Pandemic Planning Clinical Guideline and COVID-19 Supplemental Clinical Guidance
        - Cardiac, vascular, and stroke services: CorHealth Guidance Documents
3. **Only defer in-person care that is not time-sensitive** in order to meet sub-regional/regional and extra-regional capacity needs for both COVID-19 and non-COVID-19 patients as identified by regional/sub-regional COVID-19 response structure or IMS. Decisions to defer care that is not time-sensitive should consider all of the following:
    - Use clinical judgement (e.g., care should only be deferred if it is safe to do so) and local knowledge
    - Use evidence-informed acceptable wait times. For example, deferring care may be appropriate if care can still be provided within the acceptable time frame
    - Free up the types and quantity of resources required (e.g., bed type, staff skill) to provide care for patients with COVID-19 and/or other time-sensitive conditions. You may be able to maintain capacity for other services, if not required to treat patients with COVID-19/other time-sensitive conditions. For example, reduce resource-intensive surgeries/procedures that are not time-sensitive and require intensive care unit (ICU) and adult acute inpatient beds while continuing scheduled outpatient surgeries/procedures
    - In partnership with your regional/sub-regional COVID-19 response structure or IMS, account for specialty services provided by your organization as compared to others in your sub-

region/region (e.g., cancer care, cardiac care, neurosurgery) when planning changes to the mix of activity levels

- The decision to defer or perform care **should not** be based on funded volumes or other case-based financial structures
- Continue to provide and enhance virtual care offerings, where appropriate, especially if this leads to the creation of needed capacity or if it allows the continuation or acceleration of care without consuming needed capacity

4. Scale up surge capacity plans with the goal of increasing staffed adult acute inpatient beds and/or where appropriate, staffed repurposed beds to meet regional/sub-regional capacity needs. At minimum:
    - Ensure at least 10% to 15% surge capacity of staffed adult acute inpatient beds and/or, where appropriate, staffed repurposed beds (e.g., pediatrics, mental health) for COVID-19 and non-COVID-19 patients. The created surge capacity will accommodate an influx of COVID-19 patients and transfers of both COVID-19 and non-COVID-19 patients from other facilities, as directed by your regional/sub regional COVID-19 response structure or IMS
    - Through the appropriate regional/sub-regional COVID-19 response structure or IMS, identify processes to increase regional/sub-regional capacity to care for all patients (COVID-19 and non-COVID-19). For example:
        - Broaden admission criteria for alternative level of care (ALC) patients to post-acute hospitals (e.g., rehabilitation, reactivation/restorative care centre, and complex continuing care) to enable timely transfers to facilities where appropriate services are available
        - Ensure safe and timely discharge from hospital by enhanced engagement with post-acute programs, long-term care, retirement homes, primary care, and home and community care
5. Continuously work to identify and implement opportunities to resume/accelerate deferred health care services promptly, in collaboration with your COVID-19 response structure or IMS, if there is adequate system capacity and resources (e.g., health human resources and personal protective equipment), and as local COVID-19 epidemiological trends allow
6. Ensure continued care partner participation in care delivery in accordance with your hospital's infection prevention and control (IPAC) policies
    - Care partners are an integral part of the team to ensure that patients are supported across the full continuum of care
    - Care partners are distinct from casual visitors and are designated by the patient to provide critical and often ongoing personal, social, psychological, and physical support, assistance, and care

Transmission Scenarios 1 and 2: No COVID-19 Cases and Sporadic COVID-19 Cases

Hospitals in Transmission Scenarios 1 and 2 should continue to prepare for all COVID-19 scenarios and support system-wide capacity. This includes acting immediately on the actions described below:

1. Continue to deliver, and where possible, accelerate scheduled care
2. Engage with the appropriate regional/sub-regional COVID-19 response structure or IMS and to facilitate inter-hospital patient transfers in order to create appropriate local/regional hospital capacity, where needed, and facilitate access to care
    - Where required, capacity should account for the need to receive patients from other hospitals, as determined through your regional/sub-regional COVID-19 response structure or IMS
    - Accept patient transfers, when directed by your regional/sub-regional COVID-19 response structure or IMS
    - Collect, review, and update capacity metrics on a regular basis and share with your regional/sub-regional COVID-19 response structure or IMS to inform decision making. This includes monitoring critical supplies (e.g., personal protective equipment, medications)
3. Develop strategies for enhancing patient flow to increase overall hospital capacity during community spread of COVID-19. For example:
    - Broaden admission criteria for ALC patients to post-acute hospitals (e.g., rehabilitation, reactivation/restorative care centre, and complex continuing care) to enable timely transfers to facilities where appropriate services are available
4. Build a plan for how to incrementally create at least 10% to 15% surge capacity of staffed beds for COVID-19 and non-COVID-19 patients
    - Identify in your plan how much incremental capacity can be created, for example within 24 hours, 48 hours, 72 hours, and one week
    - Identify in your plan the type of staffed beds available
        - Staffed beds may include adult acute inpatient beds and/or, where appropriate, staffed repurposed beds (e.g., pediatrics, mental health) that will create capacity to accommodate an influx of COVID-19 patients and transfers of both COVID-19 and non-COVID-19 patients from other facilities, as directed by your regional/sub regional COVID-19 response structure and/or IMS
    - Generate a list of scheduled in-person services (and their related resource needs) that could be modified or deferred in a scenario of community transmission. Identify the resources needed to maintain time-sensitive care (e.g., staff, bed type, other equipment)
    - In partnership with your regional/sub-regional COVID-19 response structure or IMS, account for specialty services provided by your organization as compared to others in your sub-region/region (e.g., cancer care, cardiac care, neurosurgery)
5. Ensure the delivery of appropriate care in the appropriate setting and reduce unnecessary tests and treatments

6. Consider the impact of IPAC policies and procedures during capacity planning (e.g., ensuring physical distancing in the available space, staffing changes in a location with outbreaks)
7. Be ready to implement COVID-19-protected wards
8. Ensure continued care partner participation in care delivery in accordance with your hospital's IPAC policies
    - Care partners are an integral part of the team to ensure that patients are supported across the full continuum of care
    - Care partners are distinct from casual visitors and are designated by the patient to provide critical and often ongoing personal, social, psychological, and physical support, assistance, and care

Transmission Scenario 3: Clusters of COVID-19 Cases

In addition to the actions listed in Transmission Scenarios 1 and 2, **including the readiness to accept patient transfers, when directed by your regional/sub-regional COVID-19 response structure or IMS,** hospitals in Transmission Scenario 3 should prepare for all COVID-19 transmission scenarios and support capacity provincially. This includes acting immediately on the actions described below:

1. Conduct rapid capacity assessments (e.g., % acute care, % ICU beds, available human resources, # days' supply of material resources [such as personal protective equipment])
2. Begin to limit facility-based care if necessary, based on capacity requirements and in coordination with your regional/sub-regional COVID-19 response structure or IMS (e.g., scheduling appointments, early supported discharge with enhanced home and community care services, communicating any changes to care partner presence policies)
3. Shift to, and enhance, virtual care (where appropriate), or shift care to another organization/provider if they are less impacted by COVID-19