

March 15, 2020

**MEMORANDUM TO: Ontario Health and Hospitals**

**SUBJECT: Ramping Down Elective Surgeries and Other Non-Emergent Activities**

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We appreciate that hospitals are already leveraging existing pandemic plans to carefully consider how to maximize resources and prioritize services. As you may have seen in the [Minister's Statement](#) earlier this evening, we are requesting that you build on these efforts by taking a careful, planned approach to ramp down elective surgeries and other non-emergent clinical activities.

This approach recognizes the importance of protecting our provincial programs/tertiary care for urgent and emergent care, while also preserving hospital capacity as cases of COVID-19 continue to grow in Ontario. The approach is supported by Dr. David Williams, Ontario's Chief Medical Officer of Health, and was arrived at through consultations with the Ontario Hospital Association.

### **Guiding Principles**

While hospitals will continue to have the necessary discretion to make decisions based on local circumstances, it will be important that decisions to reduce non-emergent activities are guided by common principles that reflect the shared priorities of our hospitals and the Ontario health system broadly. We ask that you follow the three guiding principles below as you move forward with the implementation of your pandemic plans and operational decisions:

1. **An ethical framework should be used to guide decision-making.**
2. **Prevent high risk and occult transmission.** This includes extending the principle and value of social distancing. Elective surgeries will not only increase social contact but will do so in a potentially elevated risk manner (with the possibility of aerosol generating procedures).
3. **Develop and preserve capacity within our system;** and in particular, resources such as space, ICU capacity, personal protective equipment (PPE), and personnel.

In this regard, existing frameworks for prioritization of surgical activity should be applied immediately to determine which activities should be preserved to the greatest degree possible. Patients who meet these urgency thresholds and have travel or symptom history should still be treated, using PPE.

### **Operating Principles**

We also request that you follow the principles below to operationalize the above guiding principles:

- **Planning for reduction in non-emergent activity should commence immediately**, however the trigger to implement such reductions may vary from organization to organization based on capacity, influx of COVID-19 patients, local trends in cases, and other factors.
- **Each hospital, health system, and physician should review all scheduled elective procedures with a plan to postpone or cancel electively scheduled operations, endoscopies, or other invasive procedures** until such time that hospitals are able to accommodate these additional procedures.
- **Immediately adopt a stewardship approach to minimize use of essential items needed to care for patients**, including but not limited to: ICU beds, PPE, cleaning supplies, and ventilators.
- **Non-emergent activity should be reduced in a step-wise manner in order to preserve, to the greatest degree possible, access for time-sensitive care.** This would include, but is not limited to:
  - Time-related disease like certain cancers, particularly if the outcome is treatment-related;
  - Cardiac procedures for which there is risk of significant morbidity or mortality if delayed; and
  - Non-emergent activity that will or may convert to emergent.
- **A regional approach should be taken wherever possible for specialized services, such that to the greatest degree possible, some capacity is preserved within a region for a given service.** This may mean that patients may receive their care at a centre other than their usual site of care in order to maximize the available capacity in the system.
- **Hospitals should consult with their Ontario Health Regional Lead or Regional Planning table before they implement operational decisions to ramp down non-emergent clinical activities.**

As the COVID-19 pandemic continues to evolve, it is critical that our health system response continue to be dynamic to ensure that it can be ready for any scenario to protect the health and well-being of Ontarians. We will continue to monitor the COVID-19 impacts across Ontario and should it be warranted based on evidence, may issue more prescriptive orders and/or directives on this matter in the future.

We thank you for your continued preparations to ensure readiness for business continuity within your organization and for your contributions to the health system's readiness.

Thank you for your ongoing care and support of your patients and communities.

Sincerely,

*(original signed by)*

Helen Angus  
Deputy Minister  
Ministry of Health

Dr. David Williams  
Chief Medical Officer of Health  
Ministry of Health

Matthew Anderson  
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Ontario Health