



**Ontario
Health**

To: Hospital CEOs

From: Matthew Anderson, President and CEO

Date: December 15, 2020

As we are all aware, we have entered a more critical phase of the pandemic where we are seeing widespread community transmission. Our ability to care for patients (COVID and non-COVID alike) is being challenged, so we are asking hospitals to work together, even more, to ensure we can continue to have the bed capacity to care for patients, safely and effectively.

With this in mind, I am requesting that, if you have not done so already, hospitals **immediately** begin working with their regional/sub-regional COVID-19 response structures, or incident management systems (IMS), to be prepared to and/or activate surge capacity planning within 48 hours to support efforts across your regions.

To guide this work, please revisit the evidence-based recommendations shared in October 2020 related to various transmission scenarios noted in [Optimizing Care Through COVID-19 Transmission Scenarios](#).

In particular, we encourage you to focus on Scenario 4 (community transmission of COVID-19) in the attached two-page document and ensure you are able to activate the following plans:

- For hospitals in grey/red levels: to ensure at least 10 to 15% surge capacity of staffed adult inpatient beds for COVID-19 within 48 hours.
- For hospitals in green/yellow/orange levels: to plan immediately on how you will incrementally create at least 10 to 15% surge capacity of staffed adult inpatient beds to care for COVID-19. You will be asked to quickly achieve these surge capacity goals should your regional/sub-regional level change.

We would also draw your attention to the points in the document related to unused capacity in other parts of the sector, including complex continuing care and rehabilitation. This is in addition to our ongoing work and discussions with long-term care, home care and primary care colleagues.

The actions we collectively take in the next days and weeks will set the stage for our ability to meet escalating and anticipated capacity demands. Above and beyond actions at an individual organization's level, we must all take a holistic view to ensure we have a coordinated and equitable approach to serve our patients safely and compassionately across the regions.

Thank you for your ongoing commitment and support for the work we must do together through these very difficult times.

Matthew Anderson

Actions for Optimizing Care

A Call to Action

- **All hospitals** should work with their regional/sub-regional COVID-19 response structure or incident management system (IMS), which includes identifying and communicating their surge capacity plans to support regional/sub-regional capacity planning. Where needed, a regional hospital IMS should be created as a single regional decision-making body as enabled through the Ontario Health memo on November 16, 2020¹
- **For hospitals in red and grey levels:** ensure at least 10 to 15% surge capacity of staffed adult acute inpatient beds for COVID-19 within 48 hours
- **For hospitals in green, yellow, and orange levels:** to plan immediately on how you will incrementally create at least 10 to 15% surge capacity of staffed adult acute inpatient beds for COVID-19. You will be asked to quickly achieve these surge capacity goals should your regional/sub-regional level change

Transmission Scenario 4: Community Transmission of COVID-19 (Control/Red and Lockdown/Grey Levels)

Hospitals in the red and grey levels should act immediately using the actions described below:

1. Engage with the appropriate regional/sub-regional COVID-19 response structure or IMS to facilitate inter-hospital patient transfers within or across regions to create appropriate capacity, where needed, and optimize access to care for all patients in your region/sub-region
2. Continue surgical, procedural, and other scheduled 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, cardiac. Work with your regional/sub-regional COVID-19 response structure or IMS to support this goal
4. Defer in-person care that is not time-sensitive in order to meet sub-regional/regional capacity needs. Decisions to defer care should be strategic and consider the following:
 - Use clinical judgement (e.g., care should only be deferred if it is safe to do so)

¹ Ontario Health Memorandum: Creation of regional Hospital Incident Management Systems, November 16, 2020. Available from: <https://www.ontariohealth.ca/sites/ontariohealth/files/2020-11/Memo%20-%20Creation%20of%20Regional%20Hospital%20Incident%20Management%20Systems.pdf>

- Free up the types and quantity of resources required to provide care for patients with COVID-19 (e.g., bed type, staff skill). You may be able to maintain capacity for other services, if not required to treat patients with COVID-19. For example, reduce resource-intensive surgeries/procedures that require intensive care unit (ICU) and acute inpatient beds and continue scheduled outpatient surgeries/procedures
 - Account for the specialty services provided by your organization as compared to others in your sub-region/region (e.g., cancer care)
 - The decision to defer care should not be based on funding volumes
 - Continue to provide and enhance virtual care offerings, where appropriate
5. Scale up surge capacity plans with the goal of increasing staffed adult acute inpatient beds to meet regional/sub-regional capacity needs. At minimum:
 - Ensure at least 10 to 15% surge capacity of staffed adult acute inpatient beds for COVID-19 within 48 hours
 - 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), including:
 - Working with post-acute care hospitals (e.g., rehabilitation, reactivation care centre, and complex continuing care) to broaden admission criteria for alternate level of care (ALC) patients to enable timely transfers to facilities where appropriate services are available
 - Working with post-acute programs, long-term care, retirement homes, primary care and home and community care to support safe and timely discharge from hospital
 6. Make required adjustments in order to maintain reserve capacity through seasonal schedule contractions
 7. Prepare to resume health care services promptly once community transmission is reduced to clusters of cases or sporadic cases (yellow and orange levels)
 8. Continue to support care partner participation in care delivery in accordance with your hospital's infection prevention and control (IPAC) policies

Transmission Scenario 1: No COVID-19 Cases and Transmission Scenario 2: Sporadic COVID-19 Cases (Prevent/Green and Protect/Yellow Levels)

Hospitals in the green and yellow levels should prepare for all COVID-19 transmission 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. Immediately engage with the appropriate regional/sub-regional COVID-19 response structure or IMS 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

3. Develop strategies for altering patient flow to increase overall hospital capacity during community spread of COVID-19. For example, consider:
 - Working with post-acute care hospitals (e.g., rehabilitation, reactivation care centres, and complex continuing care) to broaden admission criteria for ALC patients 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 adult acute inpatient beds for COVID-19
 - Identify in your plan how much incremental capacity can be created, for example within 24 hours, 48 hours, and 72 hours
 - Identify in your plan the type of staffed beds available (e.g., inpatient acute care, critical care, pediatric)
 - 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 (red or grey levels). Identify the resources needed to maintain time-sensitive care (e.g., staff, bed type, other equipment)
 - Account for the specialty services provided by your organization as compared to others in your sub-region/region (e.g., cancer care)
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. Support care partner participation in care delivery in accordance with your hospital's IPAC policies

Transmission Scenario 3: Clusters of COVID-19 Cases (Restrict/Orange Level)

In addition to the actions listed in Transmission Scenarios 1 and 2, hospitals in the orange level 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 (e.g., scheduling appointments, early supported discharge with enhanced home and community care services, communicating any changes to care partner presence policies, using virtual care maximally)
3. Shift to and enhance virtual care (where appropriate), or shift care to another organization/provider if they are less impacted by COVID-19