Ontario Health

To: Hospital CEOs and Independent Health Facilities

From: Matthew Anderson, President and CEO, Ontario Health

Date: May 19, 2021

Re: **Gradual resumption of non-emergent and non-urgent surgeries and procedures: Memo #1**

Over the past several months, we have taken incredible action to work as a single hospital system in responding to COVID-19. We have built capacity where it was urgently needed, transferred thousands of patients, and redeployed health care workers, between communities and regions.

Directive #2 for Health Care Providers, issued April 20, 2021, enabled us to do this necessary work by ramping down non-emergent and non-urgent surgeries and procedures. While these measures were needed to ensure no community was overwhelmed, we recognize the impact they have had on patients waiting for needed care.

At this point, new cases, hospitalizations, and ICU admissions appear to be trending downward. However, these numbers are still very high – well above the peak of wave 2 – and will continue to be a challenge for months to come. The current state remains precarious and ensuring that the system is able to rapidly respond to increases in case counts and hospitalizations must continue to be our priority. At the same time, some hospitals have capacity that will not likely be needed for COVID-related care if the current trends continue, and it is important to make use of this where feasible.

Accordingly, the Chief Medical Officer of Health has rescinded Directive #2 for Health Care Providers to enable hospitals to perform non-emergent and non-urgent surgeries and procedures if criteria outlined by Ontario Health are met. These criteria are provided in the attached document. Hospitals that meet these criteria may cautiously begin resuming non-emergent and non-urgent surgeries and procedures that are not expected to require inpatient resources, working closely with Ontario Health and our regional leadership to plan this work. Independent health facilities (IHFs) and private hospitals may resume regular activities.

We will closely monitor case counts and hospitalizations and will issue additional instructions to hospitals to support further ramp-up. At this time, we are not actively repatriating patients that have been transferred by our IMS structures and receiving hospitals remain accountable for discharge planning.

We know that COVID-19 has had a disproportionate impact on some of our communities and the responding health care organizations. As a result, some hospitals will be unable to resume any

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additional surgical or procedural activity at this time. For the foreseeable future, we will continue to balance COVID-19 care across the province using our IMS structures. We are also working closely with these hardest-hit hospitals to develop a plan to ensure capacity and safely accommodate patients. We may call upon some hospitals to support this effort and will contact these hospitals directly.

We have a long path ahead of us to restore surgical and procedural care in our hospitals. Today's rescinding of Directive #2 is only the first step on this path. As always, thank you to you and your teams for your continued dedication to our collective efforts in responding to COVID-19.

Matthew Anderson

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Criteria for the Gradual Resumption of Non-Emergent and Non-Urgent Surgeries and Procedures Following Update to Directive #2, dated [May 18, 2021]

As Directive #2 for Health Care Providers was rescinded on May 18, 2021, Ontario Health outlines the following criteria for hospitals and regions before gradually resuming non-emergent and non-urgent surgeries and procedures that are not expected to require inpatient resources. Resumption must be gradual and carefully considered to maintain the ability to rapidly respond to increases in COVID-19 case counts and hospitalizations and to support the well-being of our health human resources.

The criteria developed below are based on the following assumptions:

- Hospitals across the province will continue working together as an integrated system
- Continued capacity for COVID-19 will be required
- A focus on equity and reducing health disparities will guide decision-making
- Communities and health care organizations have been impacted by COVID-19 asymmetrically and as a result, harder-hit communities will be prioritized for support. The actions and the resources required to resume surgeries and procedures will vary between communities
- The health and safety of patients, caregivers, and health care workers will continue to be prioritized through diligent infection prevention and control (IPAC) and public health measures

Hospitals may resume ambulatory (same day) non-emergent and non-urgent surgeries and procedures where:

1. There is a plan in place for how the hospital will incrementally create capacity for staffed adult inpatient beds to care for COVID-19 and non-COVID-19 patients.
2. HHR are available for urgent and emergent care and support any required expanded critical care capacity. Innovative team-based approaches to HHR are encouraged to facilitate resumption of non-emergent and non-urgent care.
3. The hospital is ready to accept patient transfers as directed by Incident Management System (IMS) structures to support capacity during the COVID-19 pandemic.
4. The hospital is committed to continued collaboration with regional structures to support a provincial approach to health system capacity.
5. Critical supplies sufficient to meet both current usage and projected requirements are available.
6. Diagnostic and supporting services required for resuming surgical and procedural services are available (e.g., diagnostic imaging, pathology, transfusion medicine laboratory or blood bank).

Where all the above criteria are met, hospitals may gradually resume non-emergent and non-urgent surgeries and procedures **that are not expected to require inpatient resources** in order to maintain their ability to rapidly respond to increases in COVID-19 case counts and hospitalizations if needed. This requires an initial focus on resuming outpatient and day surgeries and procedures only.

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Hospitals that are unable to resume ambulatory non-emergent and non-urgent surgeries and procedures due to local COVID-19 epidemiology and capacity should:

- Collaborate with regional structures to explore ways to support equitable access to care (e.g., make use of regional models of care to ensure equitable access to cancer and cardiac care, opportunities for balancing capacity)

Ontario Health and regional structures will coordinate and oversee equitable access to care, by:

- Monitoring provincial and regional surgical and procedural data to balance access to care. Further instructions will be issued, whether provincially or targeted to specific hospitals/regions based on surgical and procedural data.
- Monitoring regional resource availability and supporting collaboration with primary care, home and community care, rehabilitation, and other relevant care (e.g., ensure safe and timely discharge from hospital, patients receive care in the appropriate setting).
- Developing plans with hospitals unable to resume non-emergent and non-urgent surgeries and procedures due to local COVID-19 epidemiology and capacity, which will follow a collective system approach.