



**Ontario
Health**

Memo

Date:

October 8, 2021

To: Health system partners

From: Brian Ktytor
Chief Regional Officer
Ontario Health North

Anna Greenberg
Chief Regional Officer
Ontario Health Toronto and East

Susan deRyk
Chief Regional Officer
Ontario Health Central and West

Re: Refreshed recommendations on optimizing care

As we transition into the fall, we face many complexities that will continue to test our collective resilience. By far the most significant challenge we are currently facing is the pressure on our health human resources (HHR), with staffing shortages and ongoing stress affecting all sectors of our health system. Ontario Health continues to work with the Ministry to address these HHR challenges in the short term as well as the long term. In this context, although we have not seen a steep rise in COVID-19 hospitalizations and ICU admissions province-wide this fall, we must carefully plan ahead to ensure we will be able to address such a rise if it occurs.

We know that we need to balance COVID-19 response with provision of regular care and health system recovery to ensure our health system can continue to provide needed care for all Ontarians. In the current context of our limited HHR capacity, this balance can only be achieved if we continue to act as one health system. This will involve building on the collaborations and flexibility in how we care for our communities that have served the province well in previous waves. Our regional response structures, which include public health leadership, are ready to work with all parts of the health system to support this effort.

On October 1, 2020, Ontario Health released [Optimizing Care Through COVID-19 Transmission Scenarios: Recommendations from Ontario Health](#). The goal was to provide a principle-based set of recommendations and strategies to optimize health care capacity to ensure appropriate and timely care for people with COVID-19, people with non-COVID health care needs, and people who may have been impacted by delayed or deferred care from previous waves. To help guide us as we move forward in this

new phase of the COVID-19 pandemic, we have reviewed the *Optimizing Care* recommendations to ensure their continued relevance in the current context in Ontario. Our refreshed recommendations are presented below.

Thank you again for all you are doing. We look forward to continuing our work together as we collectively respond to the COVID-19 pandemic and build a stronger health system.

Brian Kytar
Chief Regional Officer
Ontario Health North

Anna Greenberg
Chief Regional Officer
Ontario Health Toronto and East

Susan deRyk
Chief Regional Officer
Ontario Health Central and West

Refreshed Recommendations on Optimizing Care During the COVID-19 Pandemic

Principles for optimizing care during the COVID-19 pandemic

The principles for optimizing care during the COVID-19 pandemic remain:

- Health care organizations and providers across the province will continue working together as an integrated system
- Continued capacity for COVID-19 and non-COVID-19 care 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 while some communities may continue to focus on recovery, we must ensure that others that need to focus on COVID response do not become overwhelmed
- The health and safety of patients, caregivers, and health care workers will continue to be prioritized through diligent infection prevention and control, including personal protective equipment use, and public health measures
- Care partner (e.g., family, friends, and other people who support care) participation in care delivery will be supported as much as possible given local epidemiology and outbreak status

Goals for health system recovery

In addition to the principles of optimizing care, the goals for COVID-19 recovery established in spring 2021 remain (each goal has a focus on reducing inequities for priority populations):

1. Increase overall access to preventative and primary care
2. Increase overall access to community mental health and addiction services
3. Improve overall access to care in the most appropriate setting
4. Increase overall access to scheduled surgeries, procedures, and appropriate diagnostic imaging services

A system approach to COVID-19 response and recovery

Hospitals

- Hospitals should continue to work with their regional/sub-regional COVID-19 response structures or incident management system (IMS) structures
- Both adult and pediatric staffed inpatient bed capacity will be coordinated regionally. Hospitals should continue non-emergent and non-urgent surgeries and procedures where the following criteria are met:
 1. There is a plan in place for how the hospital will incrementally create capacity for staffed adult or staffed pediatric (where applicable) inpatient beds to care for COVID-19 and non-COVID-19

- patients. Hospitals may be asked to quickly achieve these surge capacity goals to support immediate regional capacity needs
2. HHR are available for urgent and emergent care and to support any required expanded critical care capacity
 3. The hospital is ready to accept patient transfers as directed by 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, including any future calls for voluntary HHR redeployment
 5. Critical supplies sufficient to meet both current usage and projected requirements are available
 6. Diagnostic and supporting services required for surgical and procedural services are available (e.g., diagnostic imaging, pathology, transfusion medicine laboratory or blood bank)
- Hospitals that can maintain or accelerate scheduled acute inpatient services must carefully manage this in order to maintain the ability to rapidly respond to increases in COVID-19 case counts and hospitalizations and to support the well-being of our HHR
 - Hospitals that must modify or defer scheduled acute inpatient services must do so carefully, considering the following:
 - Continue surgical, procedural, and other non-COVID-19 in-person care without delay if it is time-sensitive (i.e., emergent, urgent, or urgent-scheduled) – e.g., treatment for certain cancer diagnoses, acute abdominal pain, transplant, certain cardiac care, and certain neurological care
 - 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 or IMS structures
 - Begin by deferring services that require the most resources. For example, a hospital may choose to begin with scheduled inpatient procedures, followed by short-stay surgeries, followed by outpatient surgeries should more resources be required. This may also be guided by the availability of HHR
 - Acute care hospitals should continue to partner to ensure use of capacity in other parts of the sector, including complex continuing care and rehabilitation
 - Acute care hospitals should work closely with their home and community care teams to ensure that, where appropriate, they are engaged early and patients are discharged home with appropriate support in a timely manner

Primary Care

- Primary care providers play a key role supporting many aspects of COVID-19 response and recovery. Priorities for all family physicians and primary care providers include:
 - Resuming/continuing non-COVID care activity. This includes increasing volume of in-person care, where appropriate (e.g., cancer screening)
 - Managing influenza-like illness (*supported by regional structures; refer to Ontario Health's [guidance on the navigation of patients with influenza-like illness](#), released October 6, 2021*)

- Where local need and capacity within the primary care practice exist, an additional priority may include COVID assessment, testing, and vaccinations (in collaboration with public health and Ontario Health regions)
- Resources are available to support primary care providers:
 - [Considerations for family physicians: Balancing in-person and virtual care](#), provided by the Ontario College of Family Physicians
 - Data on patients overdue for screening ([Screening Activity Report](#), [MyPractice Primary Care reports](#))
 - Access to specialists through the [Ontario eConsult program](#)
 - [Access to personal protective equipment](#)

Home and Community Care

- Leadership in home and community care should continue to work with their regional/sub-regional COVID-19 response structures or IMS structures
- COVID-19 and non-COVID-19 care should be maintained in the community to support recovery goals, care for clients safely at home, and reduce the anticipated burden on hospital emergency departments and inpatient units
- Home and community care should work closely with their hospital partners to ensure that, where appropriate, they are engaged early and patients are discharged home with appropriate support in a timely manner

Long Term Care

- Long-term care homes should continue collaborating with hospital and community partners to enable safe and timely placement of residents into homes
- The Ministry of Long-Term Care has provided [guidance for long-term care homes in Ontario](#), which includes fall preparedness planning, standard operating procedures, and related [readiness checklist](#) that homes are encouraged to complete
- Work with partners, including IPAC Hubs, to build and maintain robust IPAC programs in long-term care homes

Ontario Health and regional structures

- Ontario Health, with its regional structures and COVID-19 recovery tables, will continue to coordinate and oversee equitable access to care, including by:
 - Monitoring provincial and regional adult and pediatric data to balance access to care (e.g., preventative care, surgical and procedural care)
 - Monitoring regional resource availability and supporting collaboration with hospitals, primary care, home and community care, rehabilitation, and other relevant care (e.g., safe and timely discharge from hospital, care in the most appropriate setting)