



Ontario Health

To: Health System Partners
From: Matthew Anderson, President and CEO, Ontario Health
SUBJECT: April 22nd, 2021 — Update #9 Health System COVID-19 Pandemic Response

The COVID-19 pandemic continues to put incredible strain on our health system. More than ever, our collective resources are needed to maximize our system capacity in support of patients who require acute and critical care in our hospitals. The focus of this update is to share with you the time-sensitive work being undertaken by the system in response to Wave 3. It is also an opportunity to sincerely thank you for your ongoing partnership and collaboration during this time, easily the most challenging we have faced yet.

Our Wave 3 response continues to evolve as the needs arise. Currently we are focused on the following major initiatives:

1. The identification of additional acute and critical care beds in hospitals across the province. We are working with our Critical Care Incident Management System (IMS) and hospital system leaders to identify as many staffed medical/surgical and ICU beds as possible. We continue to monitor the ramp down of non-emergent and non-urgent surgeries and procedures in hospitals in keeping with the Chief Medical Officer of Health's Directive to further instruct ramp down efforts in support of maximizing bed and human resource capacity. The CMOH Directive 2 applies to all hospitals and health facilities in the province, including those in the North, that are performing non-urgent and non-emergent surgeries and procedures, including public hospitals, IHFs, private hospitals, and Out of Hospital Premises (OHPs). It does not apply to pediatric specialty hospitals. Ramping down capacity in these areas will free up health human resources who can be redeployed to areas of greatest need.
2. Health human resource capacity. A number of human resource strategies are being implemented to support expanded critical care bed capacity. In addition to developing and assessing the need for alternate models of care, we are working with the Ministry of Health on a centralized and coordinated provincial process for voluntary redeployment of health care workers. Ontario Health held a webinar with hospital nursing and clinical executives this week and will be sharing further information regarding this process in the coming days.
3. Patient transfers needed to balance the hospital system. Ontario Health's IMS structures have coordinated over 2,000 patient transfers since November 2020 to ease the burden faced by any single community and provide equitable access to patients. The Ontario Critical Care COVID-19

Command Centre and regional IMS structures continue to direct the transfer of patients throughout the province, with the support and collaboration of many hospital and transportation partners.

4. A Transportation IMS has been established. As patient transfer volumes increase, a proactive approach to planning for transportation is being implemented. The importance of a safe, efficient, centralized process for managing high-volume transfers across the province has been identified. To enable a coordinated response, we have established a Transportation IMS with representatives from the Ministry of Health (MOH), Critical Care, Paramedic Services, GTA, OH-East and OH-West IMS, as well as the Critical Care IMS.
5. Patient transfers from hospitals to long-term care facilities. In partnership with the Ministry of Long-Term Care, we held a town hall webinar with over 900 long-term care operators to reinforce the need to admit or readmit as many hospitalized patients as is safe and appropriate. Our collective call to action was for the long-term care system to strive to reach a minimum of 1,500 placements from hospitals over the next two weeks working in collaboration with our Home and Community Care Support Services teams and hospital partners.
6. Out-of-province and Out-of-country resources. We are working closely with our Ministry of Health partners to identify additional health human resources that may be available to support our hospitals from other provinces. In addition, we are assessing the need for urgent and emergent cancer, cardiac and vascular surgery patients to be sent to nearby US hospitals for needed care given the demand placed on Ontario hospitals.
7. Connecting with primary care providers. We continue to work with primary care providers across the province, encouraging them to continue to provide essential primary care services, including cancer screening and immunizations, in addition their ongoing role in COVID-19 response efforts.

For your information, we have attached two charts outlining our Provincial Incident Management System and Regional Response Structures. We will continue to keep you informed of our efforts in support of the health system. On behalf of Ontario Health, I want to thank you again for your tireless and dedicated commitment to caring for Ontarians. We will get through this together.

Matthew Anderson

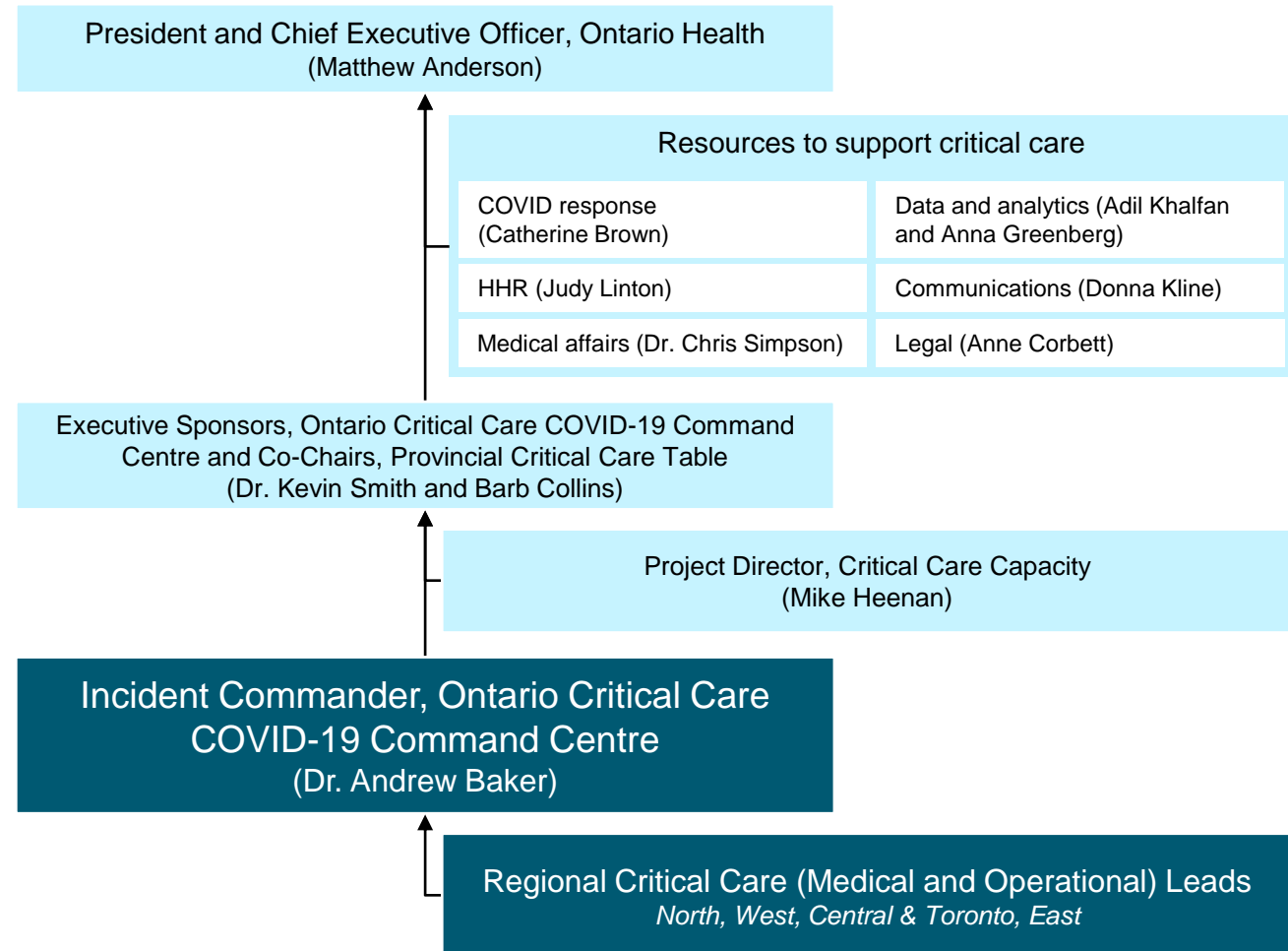
Critical Care IMS Structure

Ontario Critical Care COVID-19 Command Centre

Established in March 2020, the **Ontario Critical Care COVID-19 Command Centre** is a single provincial decision-making body for critical care and has been given four roles:

- The authority to direct the movement of patients within and across regions to smooth the burden on critical care units and maximize the use of our critical care resources
- The authority to direct the movement of ventilators and other supplies as necessary to maximize critical care capacity
- The authority to trigger triage protocols
- The responsibility to facilitate all regions and critical care hospitals in maximizing the creation and sustainment of additional critical care capacity.

Within this structure, the Ontario Critical Care COVID-19 Command Centre is led by an Incident Commander, who reports to the Co-Chairs of the Provincial Critical Care Table, providing executive sponsorship. The Co-Chairs of the Provincial Critical Care Table report to the President and CEO of Ontario Health. The structure is also supported by Ontario Health resource leads.



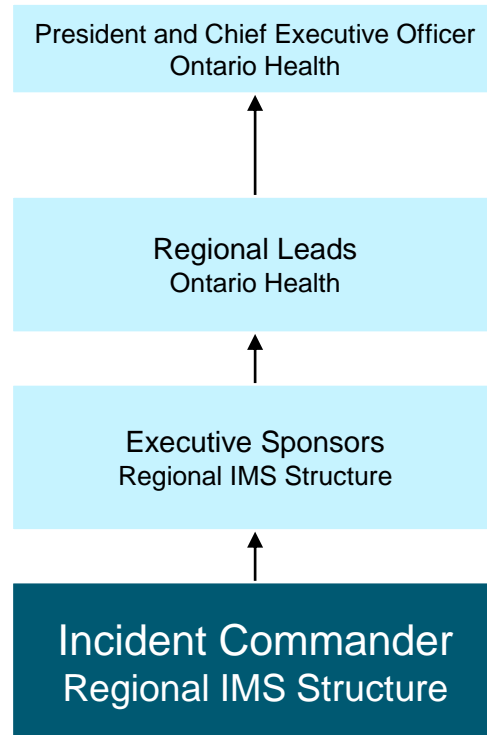
Regional IMS Structures

GTA, West, East, and North IMS structures – providing provincial IMS coordination

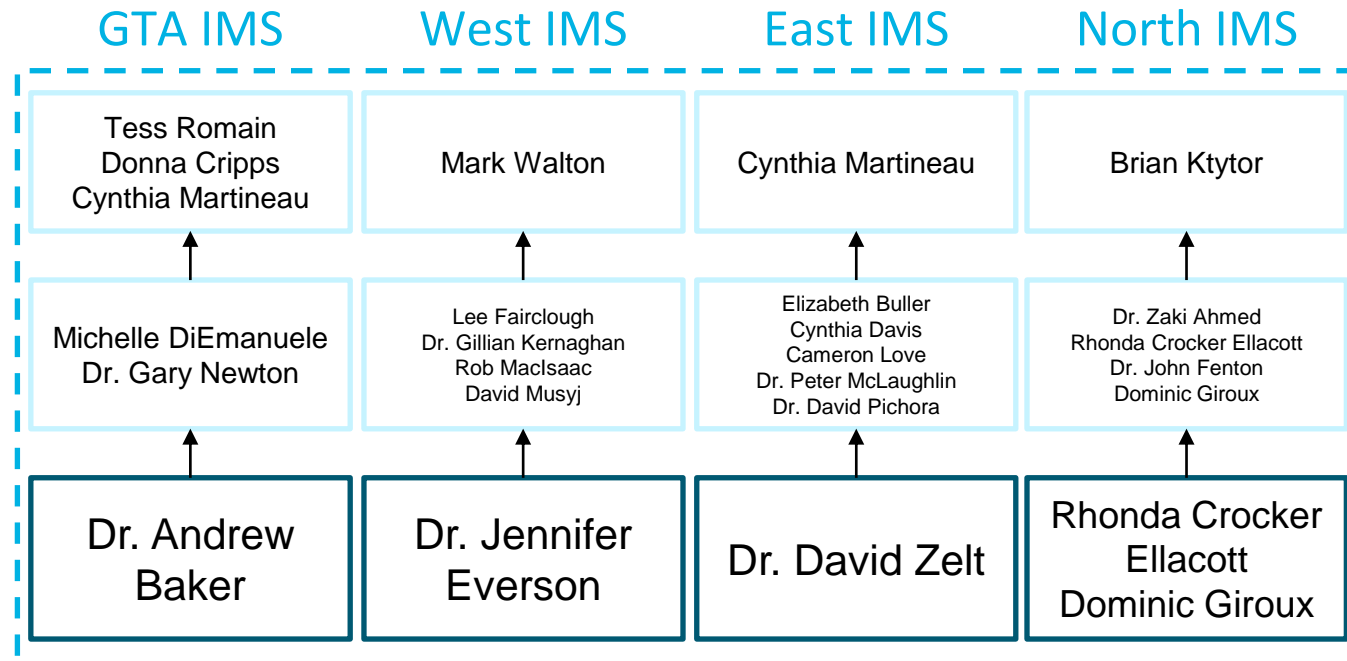
Enabled in November 2020, **Regional IMS'** are led by an Incident Commander and are regional decision-making bodies with the authority to:

- Monitor hospital critical capacity needs across the region in real time
- Respond in a timely manner, commensurate and relevant to the pace of capacity issues
- In response to established triggers, provide necessary executive direction and decision making to facilitate movement of patients, equipment, and supplies amongst hospitals based on need

These structures operate in tandem with the Critical Care IMS structure. The role of the GTA Incident Commander and Ontario Critical Care COVID-19 Command Centre Incident Commander is cross-appointed.



Provincial IMS Coordination



The **Greater Toronto Area (GTA) IMS** is a collaboration across 3 regions (Central, Toronto, and part of East) given the population size and hospital concentration in the GTA area. The **West**, **East**, and **North** also have IMS structures. Together, these structures provide provincial IMS coordination.