

# Memo from the Chief of Staff and President/CEO to ALL Staff

**Date:** July 23, 2020

## THE IMPACT OF ONTARIO HEALTH RECOMMENDATIONS ON BED INVENTORY AT WRH

Last month, as hospitals in Ontario planned for a gradual reintroduction of scheduled surgeries, procedural work and patient volumes, Ontario Health issued a Guidance Document entitled [Utilization of Multi-Bed Ward Rooms and Inpatient Placement in Hospitals During COVID-19](#) (June 12, 2020).

With a goal of ensuring the safety and protection of healthcare workers and patients amid the COVID-19 Pandemic, the report makes several recommendations related to the use of shared accommodations. These include maximizing the number of private and semi-private rooms with dedicated washrooms, using 4-bed ward rooms as semi-private rooms when possible, ensuring a 2 meter distance between patient beds and exploring the use of alternative spaces for beds in current hospital facilities.

Currently, 29% of all inpatient beds at the Met Campus are in private rooms and 16% of the inpatient beds at the Ouellette Campus are in private rooms.

Following the release of the recommendations, an examination of bed use at WRH was conducted. The following summary includes an inventory of current bed accommodations at WRH, potential space identified for additional beds and a look at the impact of implementing the recommendations contained in the Ontario Health guidance document at WRH.

## BED INVENTORY BEFORE AND AFTER APPLYING RECOMMENDATIONS

	WRH Total	Ouellette Campus	Met Campus	Mental Health (Ouellette Campus)
Medical/Surgical beds currently available*	569	301	268	73
Beds available when following recommendations	364	178	186	44
Potential additional beds	87	47	40	n/a
Difference	(118)	(76)	(42)	(29)
Percent change with recommendations	21%	25%	16%	40%
Data is based on March 16, 2020 bed availability.				
*Excludes, ICU, NICU and alternative spaces such as PACU, which were not included in the Ontario Health Recommendations.				

## SUMMARY OF FINDINGS

As is indicated in the above table, when Ontario Health recommendations for inpatient placement are applied at WRH, capacity is reduced by 21% or 118 beds. This significant reduction would severely impact the hospital's ability to maintain hospital operations and access to care for average patient volumes, let alone a flu-season surge or future waves of COVID-19. Among other challenges, this reduction would create patient flow blockages leading to emergency room backups, soaring "admit-no-bed, numbers," high occupancy rates in ICU and PACU as the ability to move patients is reduced and the cancellation of surgeries.

The recommendations also create additional and severe capacity challenges in Mental Health. Last year, the unit spent 79 days at or above 100% occupancy. When the recommendations are applied, the unit loses 29 beds, or 40% of its total bed capacity.

In an attempt to find additional bed spaces and limit the impact of reducing ward-room use, every millimeter of space at both hospital campuses was considered. Of the 87 "potential bed spaces" identified in the review, several are located in unconventional areas that are home to other medical services including operating and recovery spaces, the Intensive Care Unit (ICU) and paediatric outpatient areas. There is no additional space in the current facilities to move services that would be displaced.

The Ontario Health guidance document does recognize the need to make exceptions for older facilities where the recommendations cannot be achieved because of insufficient infrastructure and physical plant design. In such cases, the following enhanced infection prevention and control standards are recommended:

- Patients should be placed at least 2 meters apart if physically possible.
- Enhanced environmental service cleaning (minimum of twice daily cleaning) of entire multi-bed ward rooms and associated bathrooms must occur.
- Dedicated equipment use to one patient, where possible. If resources don't allow for this, ensure shared equipment is thoroughly cleaned and disinfected after each use. Avoid bringing shared supply sources into patient rooms (e.g. medical supply carts).
- Minimize the number of supplies/patient belongings in patient rooms.
- Ensure HVAC systems are in good working order with adequate number of air changes for a health care setting. Ensure HVAC system filters are appropriately rated for the health care setting and are on a preventative maintenance schedule.
- Implement curtain changing as part of the routine bed space turnover protocol or when visibly soiled. Consider the installation of wipeable protective privacy barriers between beds to facilitate cleaning. The barriers should remain in place throughout the patients' stay to facilitate cleaning and disinfection and patient separation.
- Ensure dedicated toileting facilities (e.g., commodes) to avoid sharing of washrooms.

Sufficient alcohol-based hand rub should be available at point of care for each patient bed within the room.

## CONCLUSION

With some of the oldest acute care infrastructure in the province, it is impossible to achieve the evidence-informed recommendations to reduce use of ward rooms in existing WRH facilities without severely impacting safe patient care.

As a result, WRH must continue to rely on multi-bed ward rooms and semi-private rooms with limited space to accommodate patients using best practice infection prevention control measures including the enhanced standards recommended by Ontario Health.

The use of these rooms will continue as needed throughout the COVID-19 pandemic and until the planned move into a new regional acute care hospital with features designed to prevent the spread of infectious disease including private patient rooms with dedicated washroom facilities.

