







### Memo to the Community

May 28, 2020 For Immediate Release

# GRADUAL RESTORATION OF POSTPONED SERVICES REQUIRES CAREFUL, CAUTIOUS APPROACH

Now that the Ontario government has lifted its directive issued in March which restricted elective and non-urgent surgical and clinical procedures, programs and clinics, the hospitals of Erie-St. Clair West region are moving forward with a regional plan to safely reopen and reschedule various appointments.

This easing of the provincial directive, however, calls for a *gradual and incremental* implementation of carefully thought-out resumption of scheduled cases.

We are all looking forward to restoring services that have been on hiatus for several weeks while we worked to protect the public from the risks of transmitting COVID-19. Please be patient while we take the steps necessary to allow a safe, slow and incremental approach to gradually bringing services back online. The *earliest* that <u>some</u> services and/or procedures will come back online will be **Monday**, **June 1**<sup>st</sup>, **2020**.

Pursuant to the May 7, 2020, release of <u>A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic</u>, each hospital developed a hospital-based plan that was shared and approved regionally and reviewed as well by primary care leadership, home and community services and with input from the various hospitals' patient and caregiver advisory committee(s) membership. We will take the same detailed, collaborative approach in restoring postponed hospital services across our region, and from June 1st onward, we will monitor the situation daily within our hospitals and formally compare our findings at least twice weekly as a region to determine if changes are necessary to our plan.

Patients will be notified of opportunities to reschedule surgeries and other appointments. Please <u>do not</u> contact the hospital about a postponed appointment. *This includes patients who are waiting for surgery, who will hear directly from their physician's/surgeon's office.* 

In developing a plan for the restoration of services, all hospitals are using an ethical framework designed by the Ontario government to prioritize patient care. Resuming scheduled hospital-based care for patients waiting for treatment has to be very carefully weighed with the overriding need to ensure Ontario hospitals can maintain capacity to be ready for any surge in COVID-19 patients.

Hospitals will provide updated public information as soon as they can through local media as well as social media channels.

In the meantime, current COVID-19 policies and procedures, including visitor restrictions, remain in place. Please check with each hospital for information on specifics around who is allowed to visit the hospital and under what conditions.

### FREQUENTLY ASKED QUESTIONS

### 1. When will hospitals return to normal operations?

Ontario needs to take a measured, equitable, province-wide approach to manage the wait list of patients, using a fair process to safely resume care. Understandably, patients, family members, clinicians and all healthcare workers want to know when and how surgeries and procedures might safely resume.

Yet the risk of local, rolling, mini surges in either community or congregate settings remains very real. And we are assuming that a robust contact tracing strategy – in other words, being able to identify and monitor individuals who have been in close contact with someone infected with a virus – will be in place across the province. (Public Health Ontario is working on a contact tracing initiative which you can read more about here: <a href="https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/contact-tracing-initiative">https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/contact-tracing-initiative</a>)

It will continue to be necessary to weigh the benefit of treatment against the potential risk of transmitting the coronavirus to patients and healthcare workers.

So while June 1 marks the start of a return to some procedures, services and programs, it's only a start. The restoration of full service from pre-COVID-19 levels will be gradual and incremental.

## 2. What is the 'ethical framework' hospitals are required to follow in planning the resumption of postponed services and procedures?

All hospitals are using an ethical framework to prioritize patient care. Resuming scheduled hospital-based care for patients waiting for treatment is necessary and has to be very carefully weighed with the overriding need to ensure Ontario hospitals can maintain capacity to be ready for any surge in COVID-19 patients.

#### 3. How soon can postponed surgical procedures take place?

The gradual and incremental restoration of more elective surgeries will take many weeks, when you consider the need for pre-operative care that has been on hold. A framework designed by the government outlines conditions for resuming scheduled surgeries and procedures such as the adequate supplies of personal protective equipment (PPE), adequate supplies of drugs for surgeries, the ability to take activity down quickly should there be a re-emergence of multiple cases of COVID-19 positive patients, evaluation and use of different approaches to care, and the potential for having patients and their care team travel for care.

Patients waiting for surgery will hear directly from their physician's/surgeon's office.

### 4. What factors must hospitals consider in developing plans to restore services?

Hospitals must conduct a **feasibility assessment** and the following nine factors must be assessed:

- The community has a manageable level of disease burden or has exhibited a sustained decline in the rate of COVID-19 cases over the past 14 days;
- The organization has a stable rate of COVID-19 cases;
- The organization and region have a stable supply of PPE;
- The organization and region have a stable supply of medications;
- The organization and region have an adequate capacity in inpatient and ICU beds;
- The organization and region have adequate capacity in health human resources;
- The organization has a plan for addressing pre-operative COVID-19 diagnostic testing (where appropriate, in consultation with local IPAC);
- The organization has confirmed that post-discharge care outside the hospital is available and can be coordinated in a timely manner (e.g., home care, primary care, rehabilitation, clinic care); and
- The organization and region have a wait list management mechanism in place to support ethical prioritization.

When all of these conditions have been met, and hospitals have sign-off by their Regions, they must take a **gradual approach** to increasing surgeries and procedures that is agile enough to quickly ramp down, if needed, and include contingency capacity for COVID-19 patients.

Also, this assessment must be conducted weekly and reviewed within the hospital by their COVID-19 Surgical and Procedural Oversight Committee and then by their Region to determine whether to continue.

This approach requires both organizational (hospital) and Regional oversight. Throughout this process, hospitals must work hand-in-hand with their Regions:

- To monitor regional resource availability (e.g., primary care, home and community care, and rehabilitation, PPE and medical supplies);
- To ensure equity across the region and to foresee and mitigate any unintended adverse consequences that may arise across the region;
- To mitigate barriers that arise; and
- To continually assess the impacts of provincial and regional COVID-19 community mitigation measures (e.g., tightening and loosening of physical distancing).

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