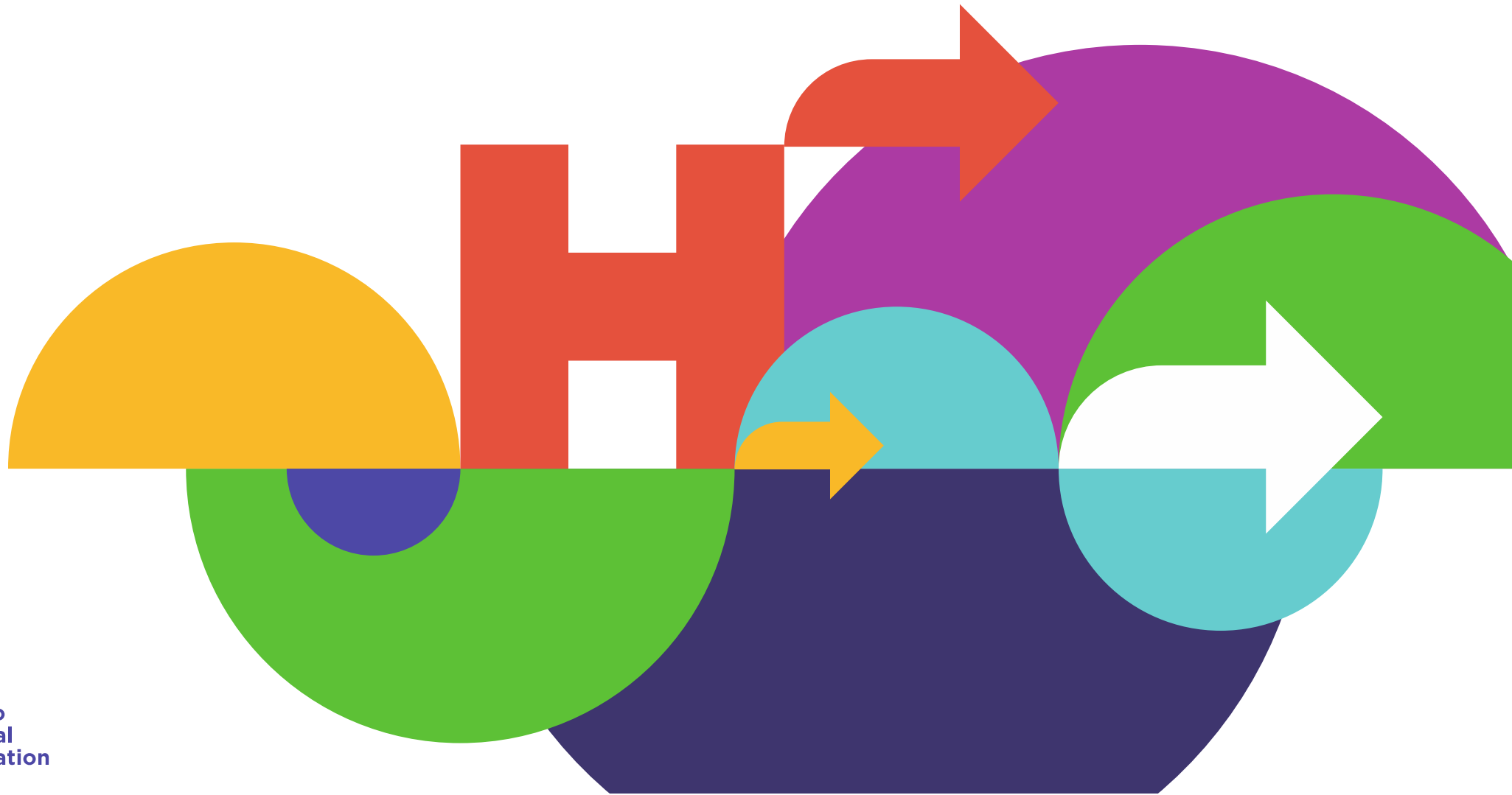


COVID-19 Hospital Capacity

Friday, January 21, 2022



Hospital Capacity: Critical Care

Data source: Critical Care Information System
All data as of **January 20, 2022**

Total Funded* ICU Bed Capacity				Critical Care Census**				% ICU occupancy		Funded* ICU Bed Capacity Remaining	
2343	(Adult)	1599	Vented	1871	(Adult)	577	CRCI	79.9%	(Adult)	472	(Adult)
		744	Non-Vented			1294	NON-CRCI				
105	(Paediatric)	78	Vented	64	(Paediatric)	10	CRCI	61.0%	(Paediatric)	41	(Paediatric)
		27	Non-Vented			54	NON-CRCI				

Dec 16 Ontario Science Table COVID-19 ICU Occupancy Projections for December 31, 2021	Low range	241-244	7-day average CRCI patients in ICU (Adult)	568	% Pts in ICU who have CRCI	% vented pts who have CRCI
	"Circuit breaker" high range	326	7-day average New CRCI Admits (Adult)	64	30.8% (Adult)	63.1% (Adult)
	No intervention high range	637	7-day average New CRCI Admits (Paediatric)	1	15.6% (Paediatric)	40.0% (Paediatric)

Region	Adult Funded* beds	Current Adult CRCI census	% Adult pts in ICU who have CRCI	% Adult ICU occupancy	Funded* Adult ICU Bed Capacity Remaining	(+/- change from previous day)	
West	694	186	31.9%	84.0%	111	↑	5
Central	477	157	41.3%	79.7%	97	↓	-6
Toronto	464	81	22.5%	77.6%	104	↓	-7
East	574	120	26.9%	77.7%	128	→	0
North	134	33	32.4%	76.1%	32	↑	4

Definition: COVID-19 pts are represented by CRCI (COVID-Related Critical Illness and is defined as: Admission to the ICU because of a clinical syndrome consistent with COVID, AND the patient has had a positive test that is consistent with acute COVID illness). Please note that CCSO data does not currently distinguish those admitted with COVID or for COVID.

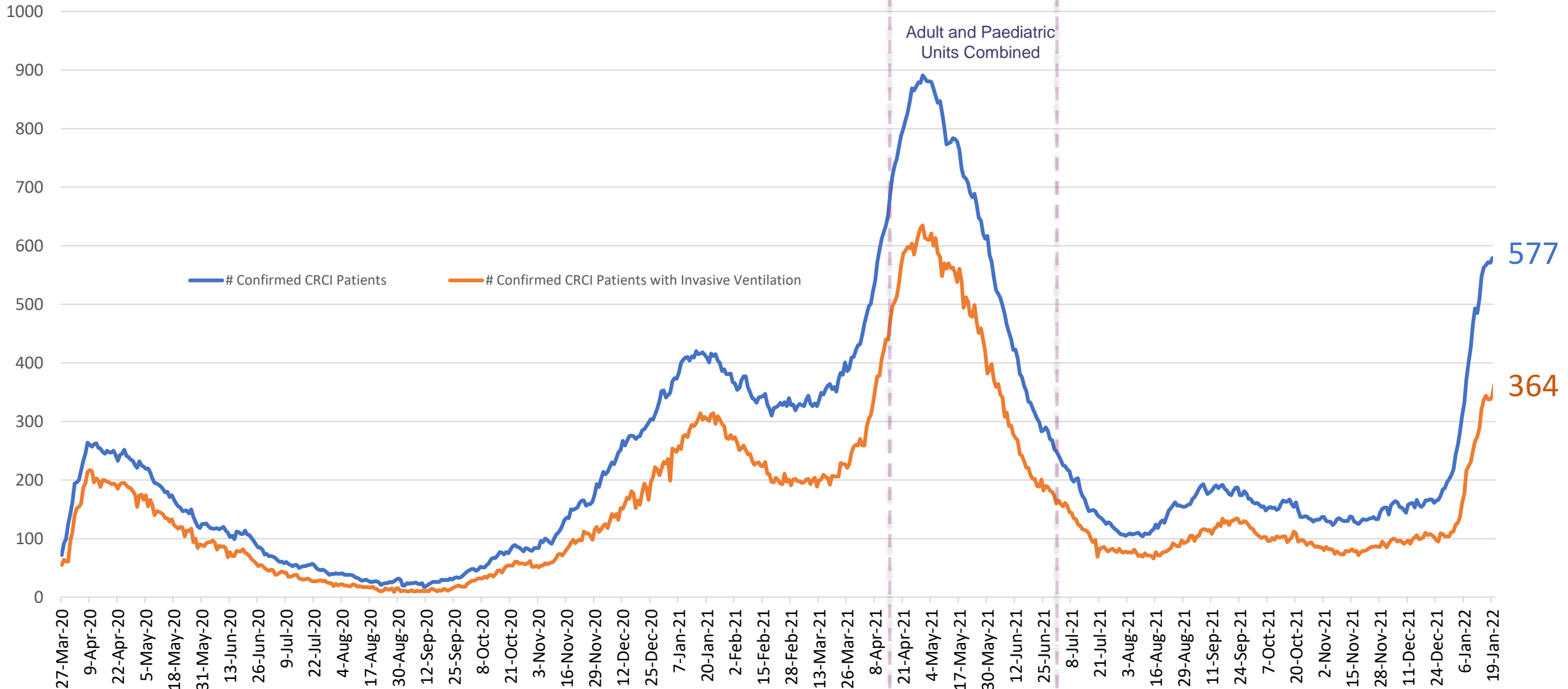
*Staffing pressures may reduce funded bed capacity. Please see view the [OHA resource page](#) for more details.

There were **10 paediatric CRCI cases, **4** vented. There were **3** neonatal CRCI cases .



Adult Critical Care Units COVID Related Critical Illness (CRCI) Patients

(Source: Critical Care Services Ontario)
 (Data as of **January 20, 2022**)

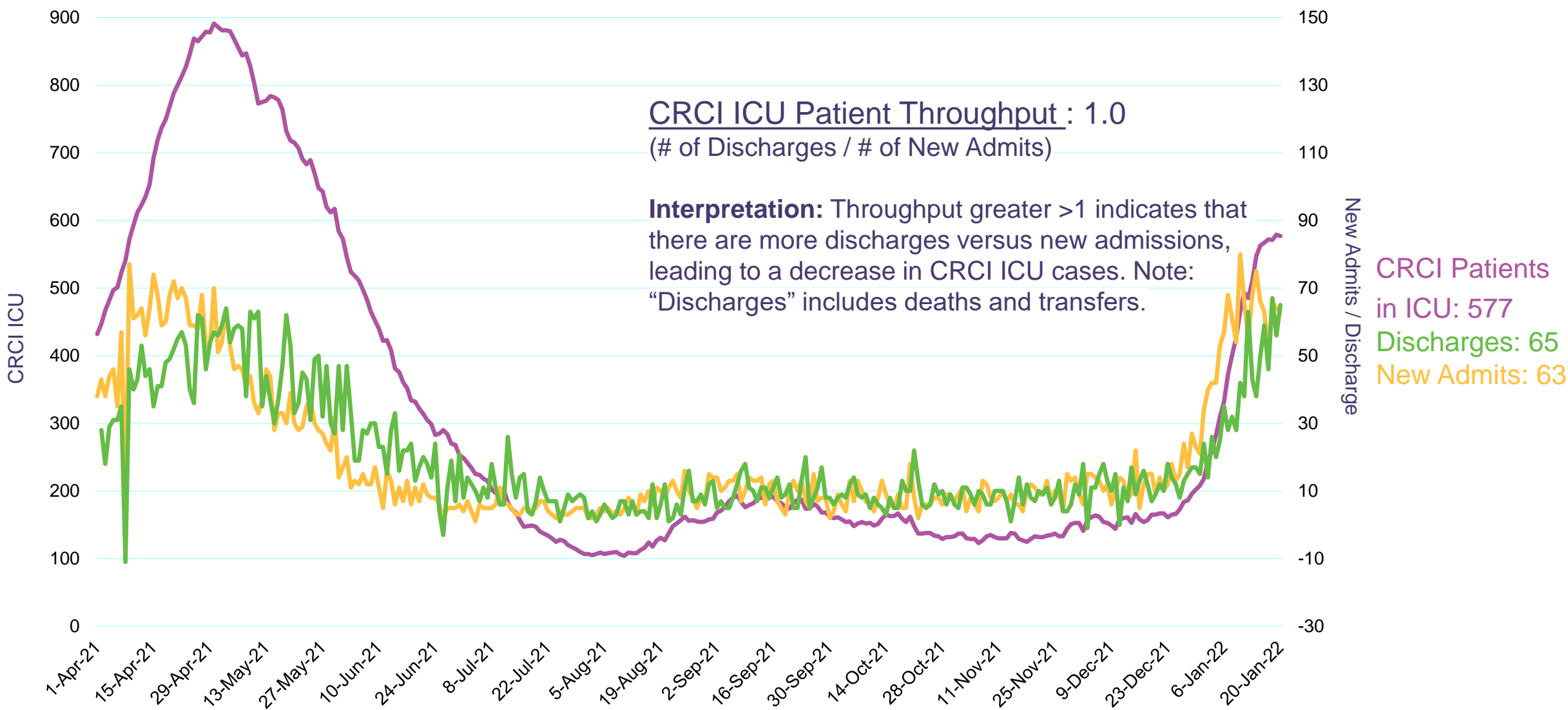


"COVID-related critical illness (CRCI) Census: Admission to the ICU because of a clinical syndrome consistent with COVID, AND patient has had a positive test that is consistent with acute COVID illness. Please note that CCSO data does not currently distinguish those admitted with COVID or for COVID."



CRCI ICU Patient Throughput (starting April 2021 onward)

(Data as of **January 20, 2022**)

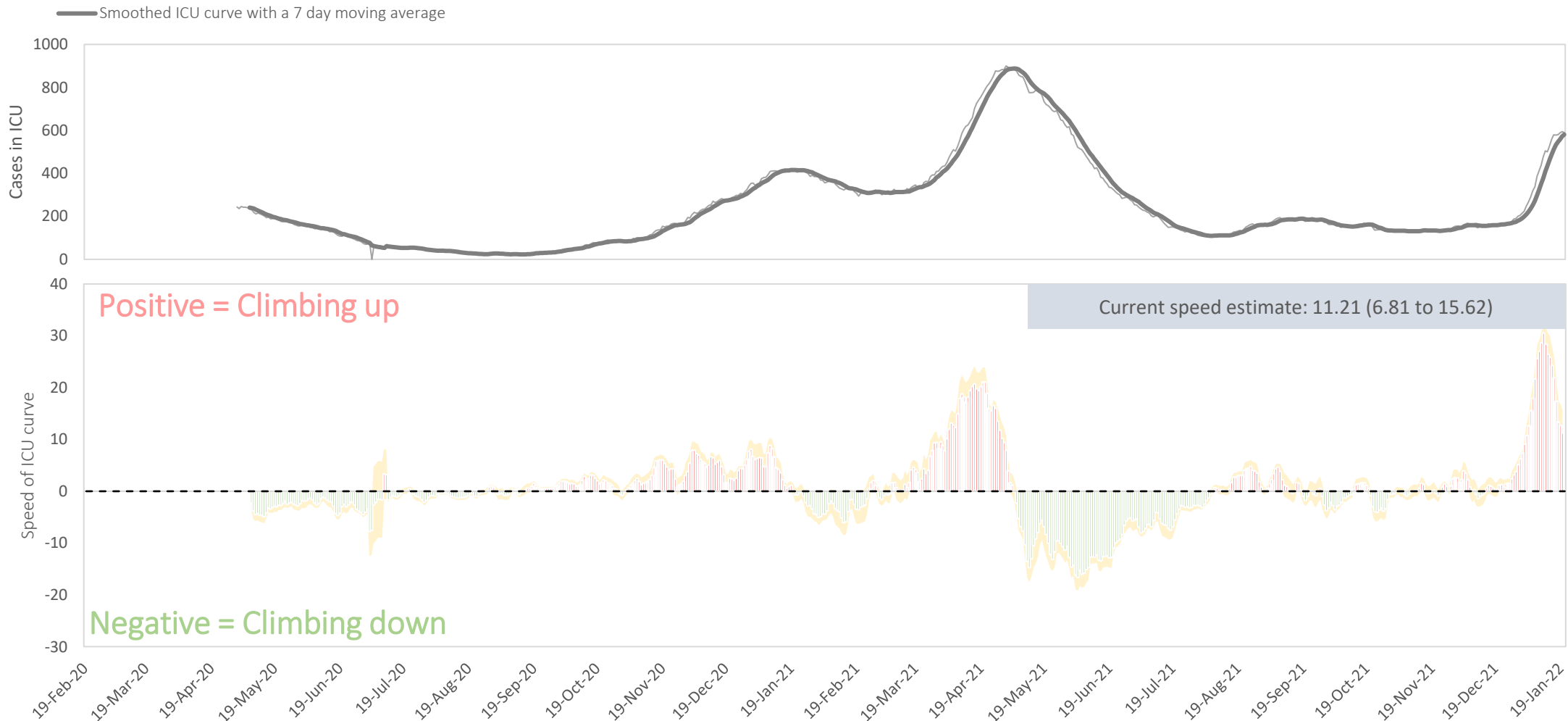


Technical Note: Patient Throughput based on [Ontario Health - CCO methodology](#)



COVID-19 ICU curve and speed of ICU curve: as of **January 20, 2022** in Ontario

The speed of COVID-19 spread is measured as the slope of the ICU curve. When the **speed > 0**, then the trend of cases in ICU is speeding up. When the **speed < 0**, then trend of cases in ICU is slowing down. When **speed = 0**, then the cases in ICU have plateaued. The goal is to drive cases in ICU down to zero.



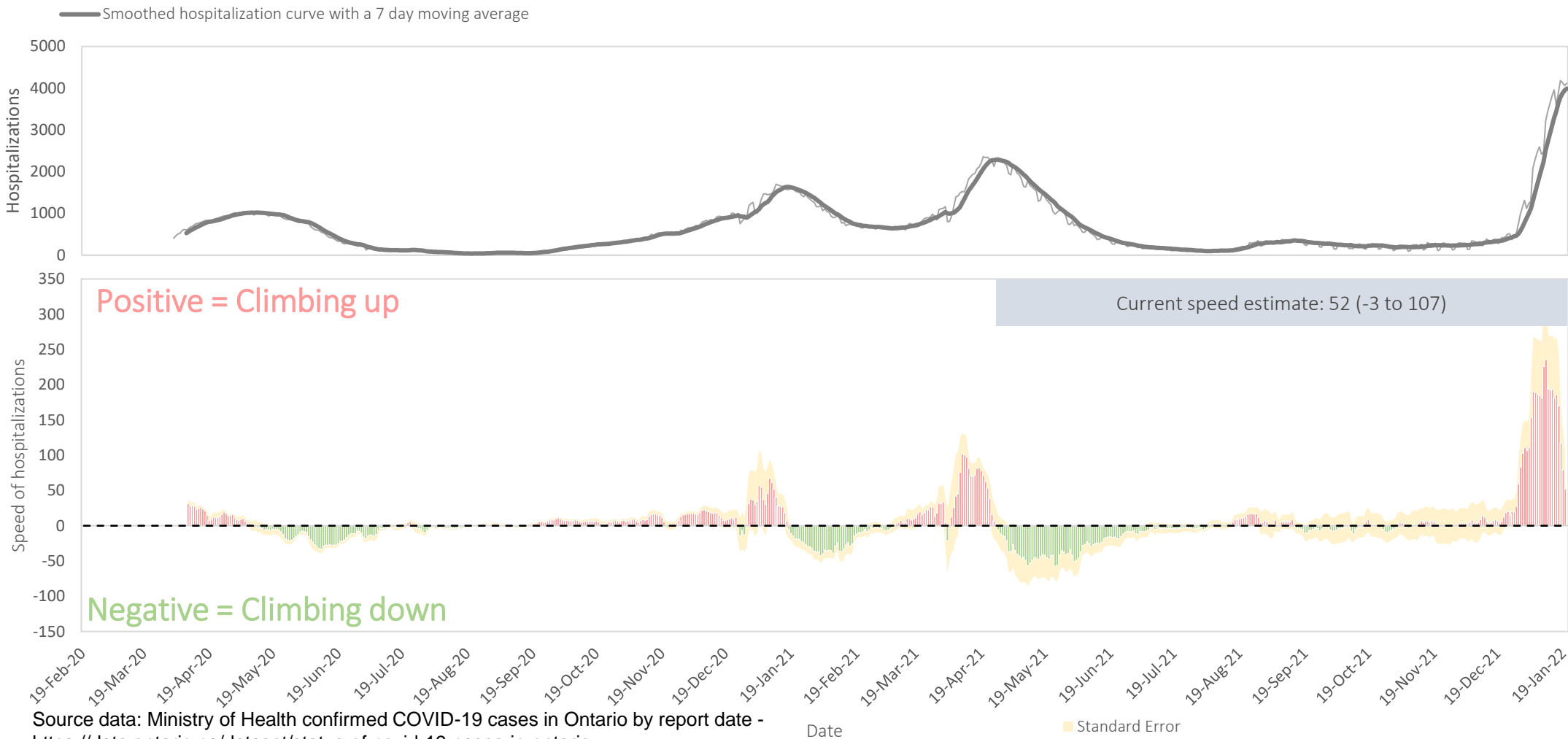
Source data: Ministry of Health confirmed COVID-19 cases in Ontario by report date - <https://data.ontario.ca/dataset/status-of-covid-19-cases-in-ontario>
 Collaboration with Jonathan Wang @wanghoaneng

Standard Error
 Positive smoothed speed with a 7 day moving average
 Negative smoothed speed with a 7 day moving average



COVID-19 hospitalizations curve and speed of hospitalizations: as of **January 20, 2022** in Ontario

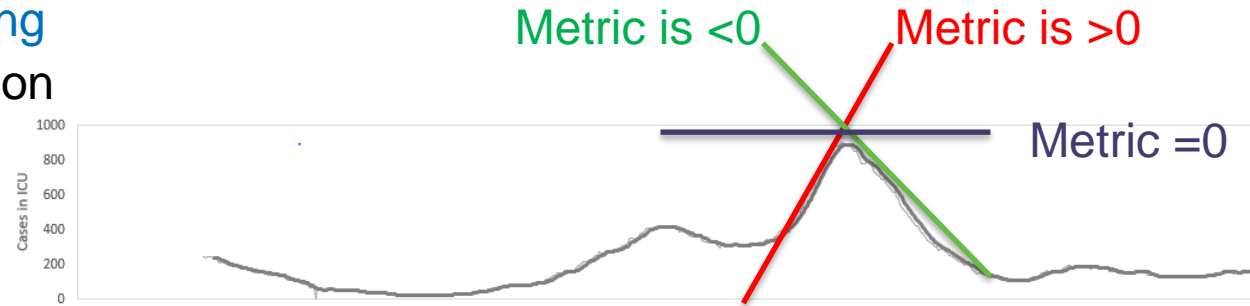
The speed of COVID-19 spread is measured as the slope of the hospitalization curve. When the **speed > 0**, then the trend of hospitalizations is speeding up. When the **speed < 0**, then trend of hospitalizations is slowing down. When **speed = 0**, then the hospitalizations have plateaued. The goal is to drive hospitalizations down to zero.



Source data: Ministry of Health confirmed COVID-19 cases in Ontario by report date - <https://data.ontario.ca/dataset/status-of-covid-19-cases-in-ontario>
Collaboration with Jonathan Wang @wanghoaneng

Interpretation of the “Speed Signal” Graphs

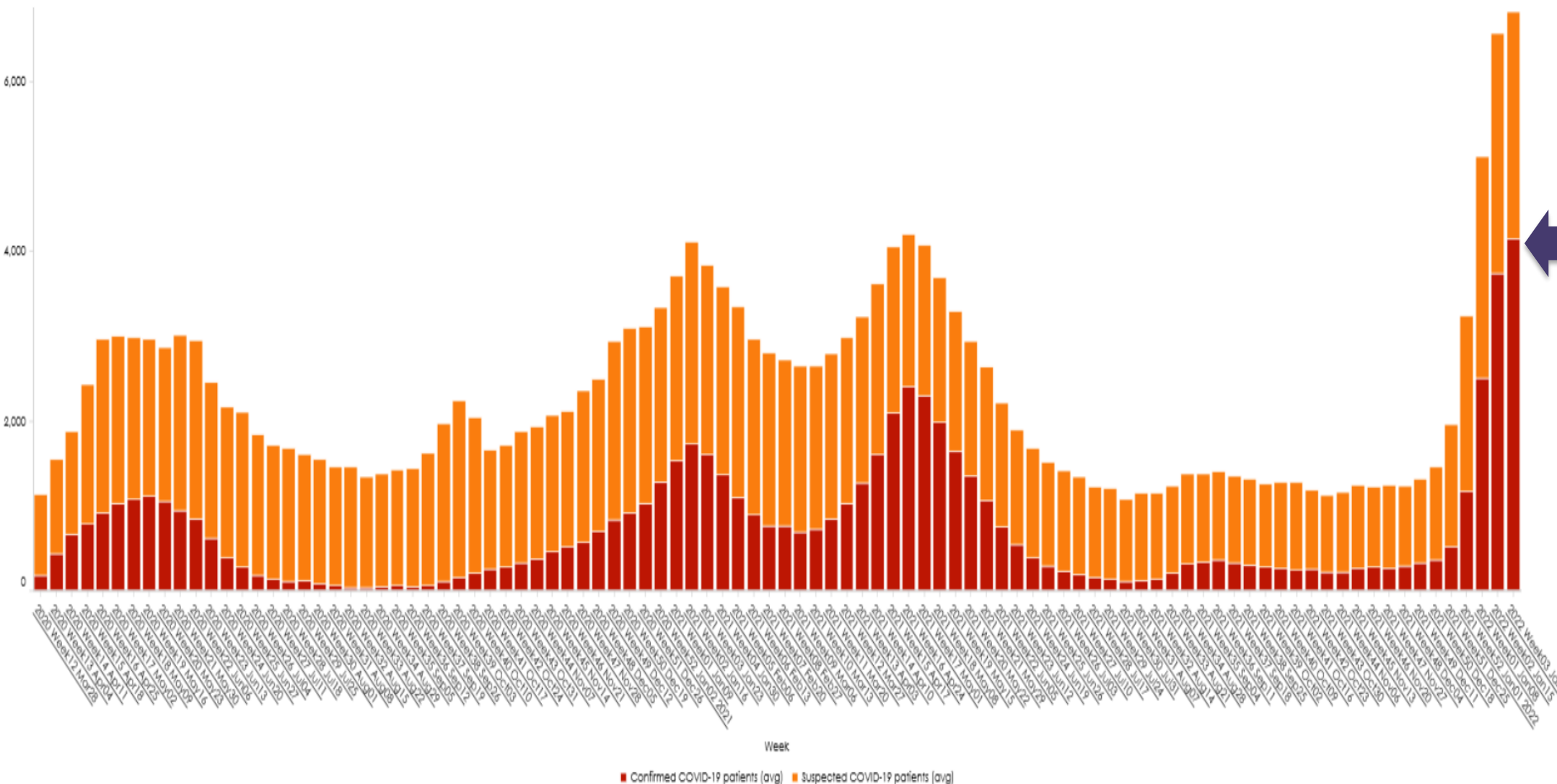
- The “speed signal” metric, developed by [Jonathan Wang - Twitter: @wanghoaneng in 2020](#), is a simple calculation method with intuitive explanatory power for rates and spread.
- The speed signal can be considered as the number of hospitalization or ICU cases per day that can be expected if the current 7-day trend continues.
- The directionality (positive or negative) of the metric provides insight into the rate of increase of cases per day.
- This metric only provides information on the slope of the hospitalization/ICU curve and should be read in conjunction with the hospitalization or ICU case curve (i.e., zero slope does not mean there are no more daily cases, just that the rate of change in cases per day is zero over a 7-day period).
- The red bars in the graph show rates increasing and the green bars show rates decreasing.



- The speed of COVID-19 spread is measured as the slope of the hospitalization/ICU curve.
- When the **speed metric is > 0**, then the trend of hospitalizations/ICU cases is speeding up.
- When the **speed metric < 0**, then the trend of hospitalizations/ICU cases is slowing down.
- When **speed = 0**, then the hospitalizations/ICU cases have plateaued.
- The goal is to drive COVID-19 hospitalizations and ICU cases down to zero.

Weekly average COVID-19 patients in hospital (Data as of January 19, 2022)

Weekly average COVID-19 patients in hospital



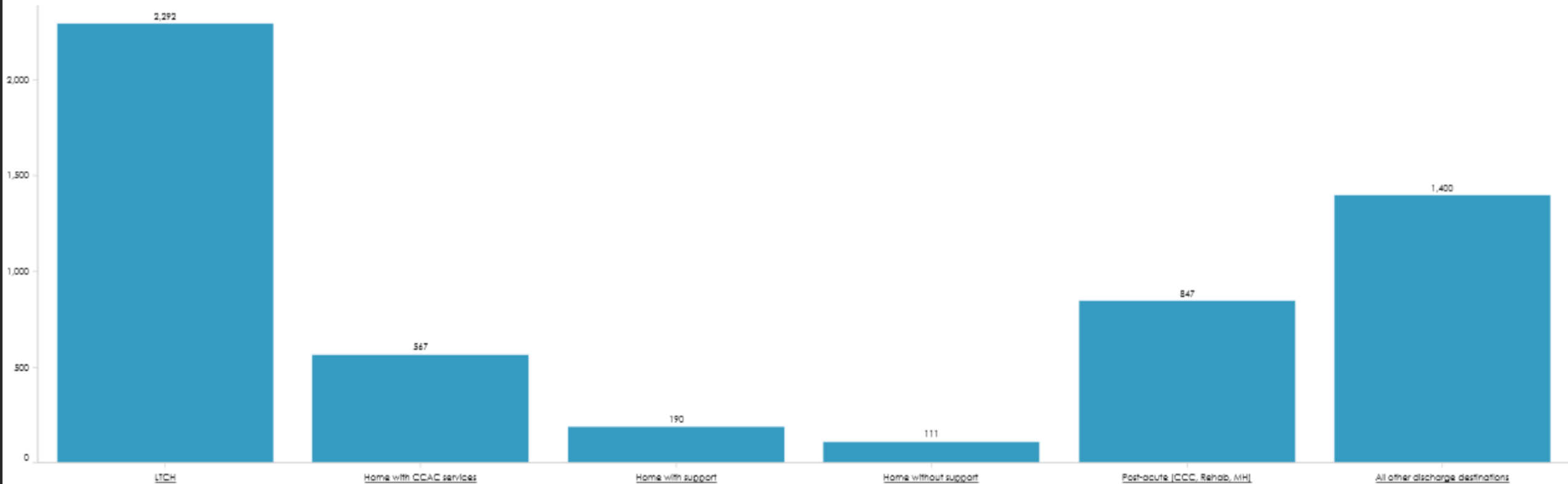
4142 confirmed COVID-19 patients (January 19, 2022)
Source: MOH VA Tool

Hospital Occupancy (Data as of **January 19, 2022**)

All Beds (Total) 92.4% +/- from previous day -0.6 2,539 Available beds	Acute 96.4% +/- from previous day -1.1 780 Available beds	Post-acute 84.9% +/- from previous day 0.2 1,717 Available beds	5,407 ALC Open Cases Excludes RCCs	10.5% % waiting for homecare	42.4% % waiting for LTC
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As of January 19, there are **380** ALC patients in RCC beds, approximately 1 out of 2 intended to be discharged to LTCH.

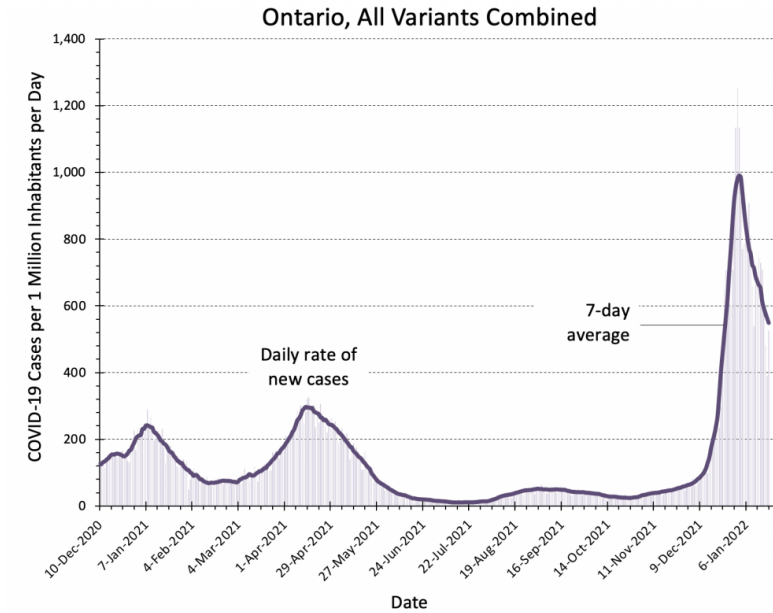
Intended Discharge destinations of open ALC patients currently in hospital, excluding RCCs



Highlights: COVID-19 Science Table Ontario Dashboard

Key Indicators	
Effective Reproduction Number R(t)	_*
Estimated Number of COVID-19 Cases per Day, on 20-Jan-2022	8,087
Change per week	-1,841
Doubling Time (Days)	_*
Estimated Percentage Caused by Omicron	99.1%
Test Positivity	21.7%
Change per week	-1.5%
COVID-19 Hospital Occupancy, on 20-Jan-2022	4,078
Change per week	+429
Doubling Time (Days)	18.6
COVID-19 ICU Occupancy, on 20-Jan-2022	594
Change per week	+94
Doubling Time (Days)	21.8
Estimated Number of COVID-19 Deaths per Day, on 17-Jan-2022	46
Change per week	+16
COVID-19 Cases per 1 Million per Day, on 20-Jan-2022	548.9
Among Unvaccinated People	1,053.2
Among People Vaccinated with at Least 2 Doses	450.4
Reduction Associated with at Least 2 Vaccine Doses	-57.2%
COVID-19 Hospital Occupancy per 1 Million, on 20-Jan-2022	276.8
Among Unvaccinated People	1,066.4
Among People Vaccinated with at Least 2 Doses	208.1
Reduction Associated with at Least 2 Vaccine Doses	-80.5%
COVID-19 ICU Occupancy per 1 Million, on 20-Jan-2022	40.3
Among Unvaccinated People	249.6
Among People Vaccinated with at Least 2 Doses	23.5
Reduction Associated with at Least 2 Vaccine Doses	-90.6%
COVID-19 Vaccination, on 19-Jan-2022	
Number of People Vaccinated With at Least 1 Dose	12,385,224
Change per week	+65,775
Percent of People Aged 5+ Vaccinated With at Least 1 Dose	88.4%
Change per week	+0.5%
Number of People Vaccinated With at Least 2 Doses	11,570,076
Change per week	+65,794
Percent of People Aged 5+ Vaccinated With at Least 2 Doses	82.6%
Change per week	+0.5%
Number of People Vaccinated With 3 Doses	5,793,578
Change per week	+619,480
Percent of People Aged 5+ Vaccinated With 3 Doses	41.4%
Change per week	+4.4%

Estimated Rate of COVID-19 Cases per 1 Million Inhabitants per Day in Ontario



Current COVID-19 Risk in Ontario by Vaccination Status

