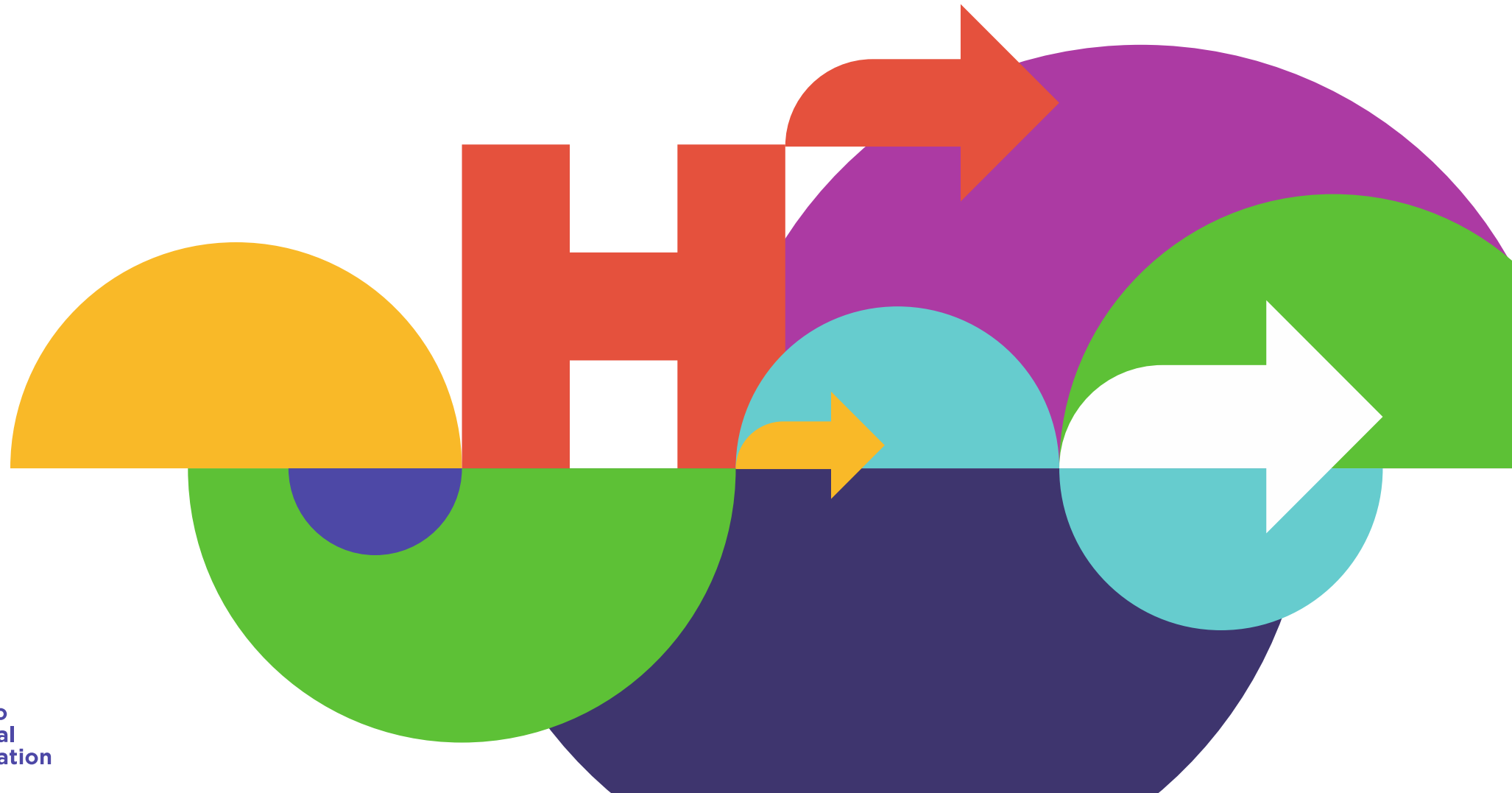


COVID-19 Hospital Capacity

Wednesday April 20, 2022



Hospital Capacity: Critical Care

Data source: Critical Care Information System

All data as of **April 19, 2022**

Total Funded* ICU Bed Capacity				Critical Care Census**				% ICU occupancy		Funded* ICU Bed Capacity Remaining	
2343	(Adult)	1599	Vented	1739	(Adult)	198	CRCI	74.2%	(Adult)	604	(Adult)
		744	Non-Vented			1541	NON-CRCI				
105	(Paediatric)	78	Vented	75	(Paediatric)	3	CRCI	71.4%	(Paediatric)	30	(Paediatric)
		27	Non-Vented			72	NON-CRCI				

7-day average CRCI patients in ICU (Adult)	189	% Pts in ICU who have CRCI		% vented pts who have CRCI	
7-day average New CRCI Admits (Adult)	21	11.4%	(Adult)	45.5%	(Adult)
7-day average New CRCI Admits (Paediatric)	0	4.0%	(Paediatric)	66.7%	(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	55	10.1%	78.7%	148	↓	-1
Central	477	36	9.9%	76.1%	114	↓	-12
Toronto	464	23	7.0%	70.9%	135	↓	-14
East	574	64	16.0%	69.5%	175	↓	-17
North	134	20	19.6%	76.1%	32	↓	-8

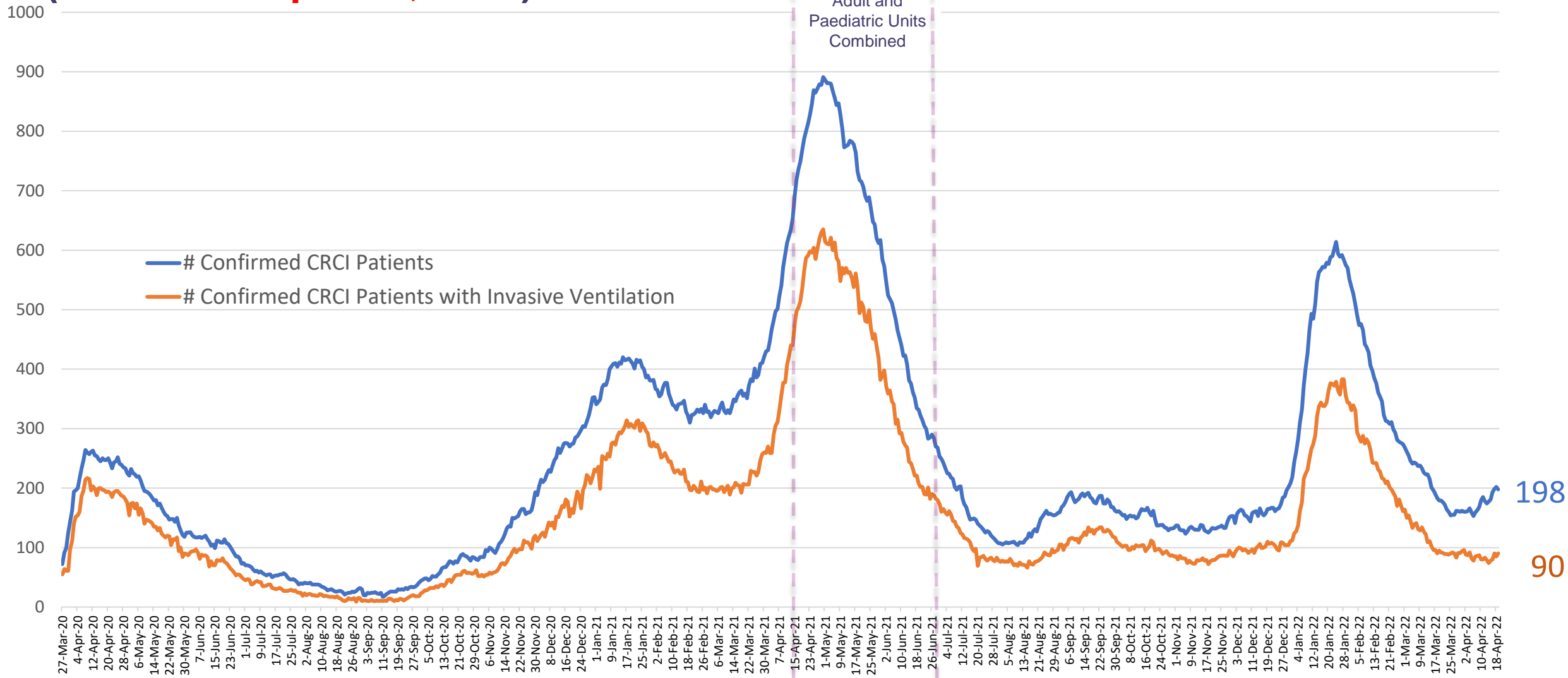
Definition: COVID-19 pts are represented by CRCI (COVID-Related Critical Illness and is defined as: Admission to the ICU because of a clinical syndrome consistent with COVID, AND the patient has had a positive test that is consistent with acute COVID illness). Please note that CCSO data does not currently 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 was 3 paediatric CRCI case, 2 vented. There was 1 neonatal CRCI cases, none vented.



Adult Critical Care Units COVID Related Critical Illness (CRCI) Patients (Source: Critical Care Services Ontario) (Data as of **April 19, 2022**)

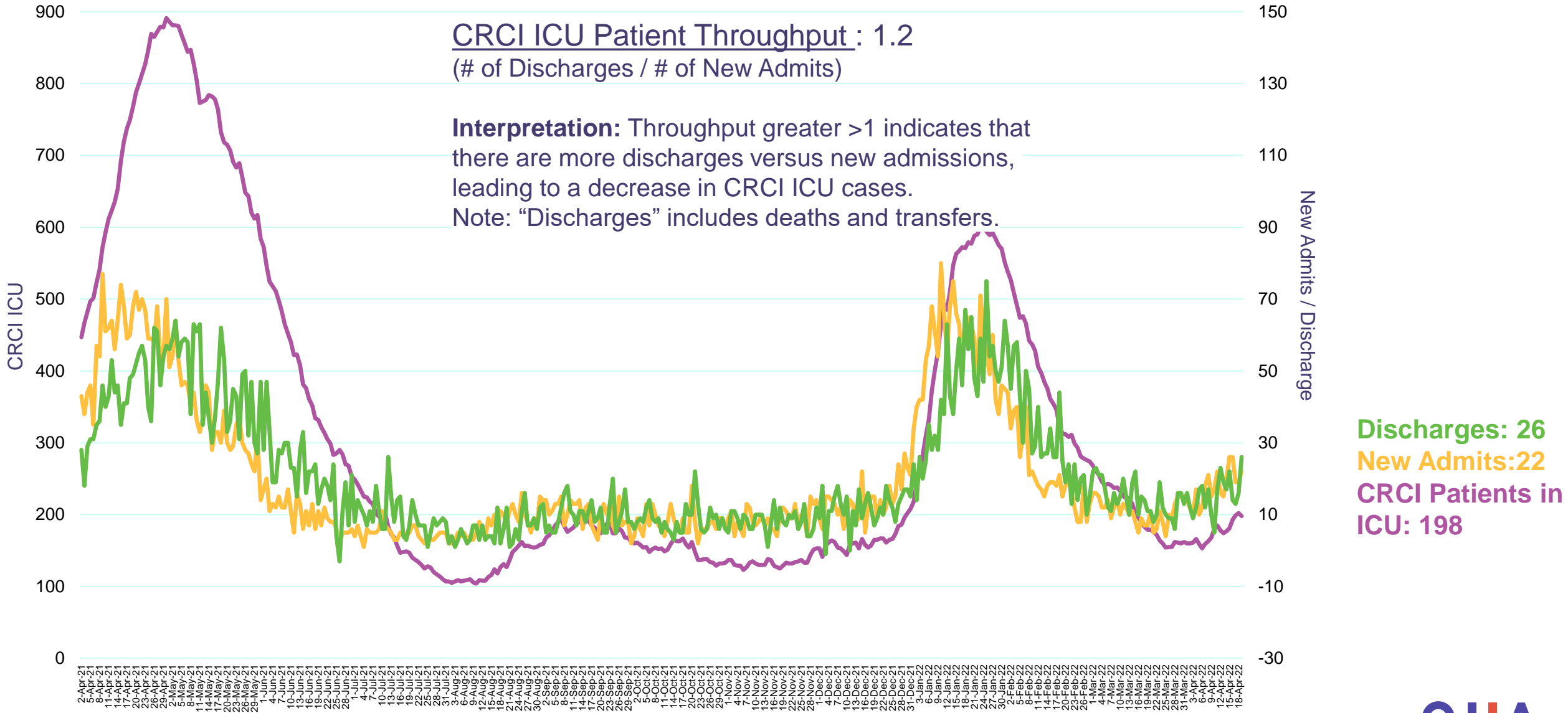


*COVID-related critical illness (CRCI) Census: Admission to the ICU because of a clinical syndrome consistent with COVID, AND patient has had a positive test that is consistent with acute COVID illness. Please note that CCSO data does not currently distinguish those admitted with COVID or for COVID.



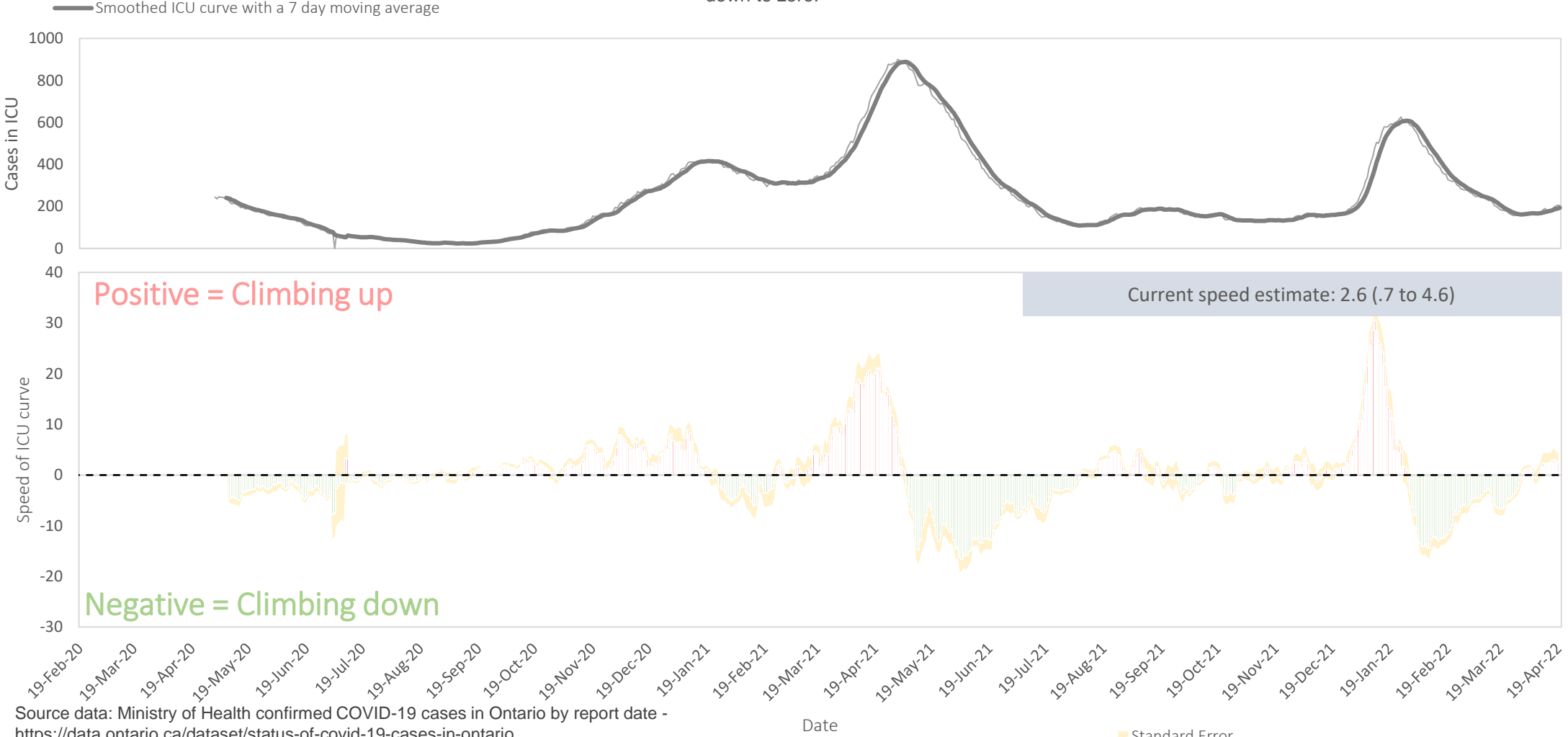
CRCI ICU Patient Throughput (starting April 2021 onward)

(Data as of April 19, 2022)



COVID-19 ICU curve and speed of ICU curve: as of **April 19, 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.



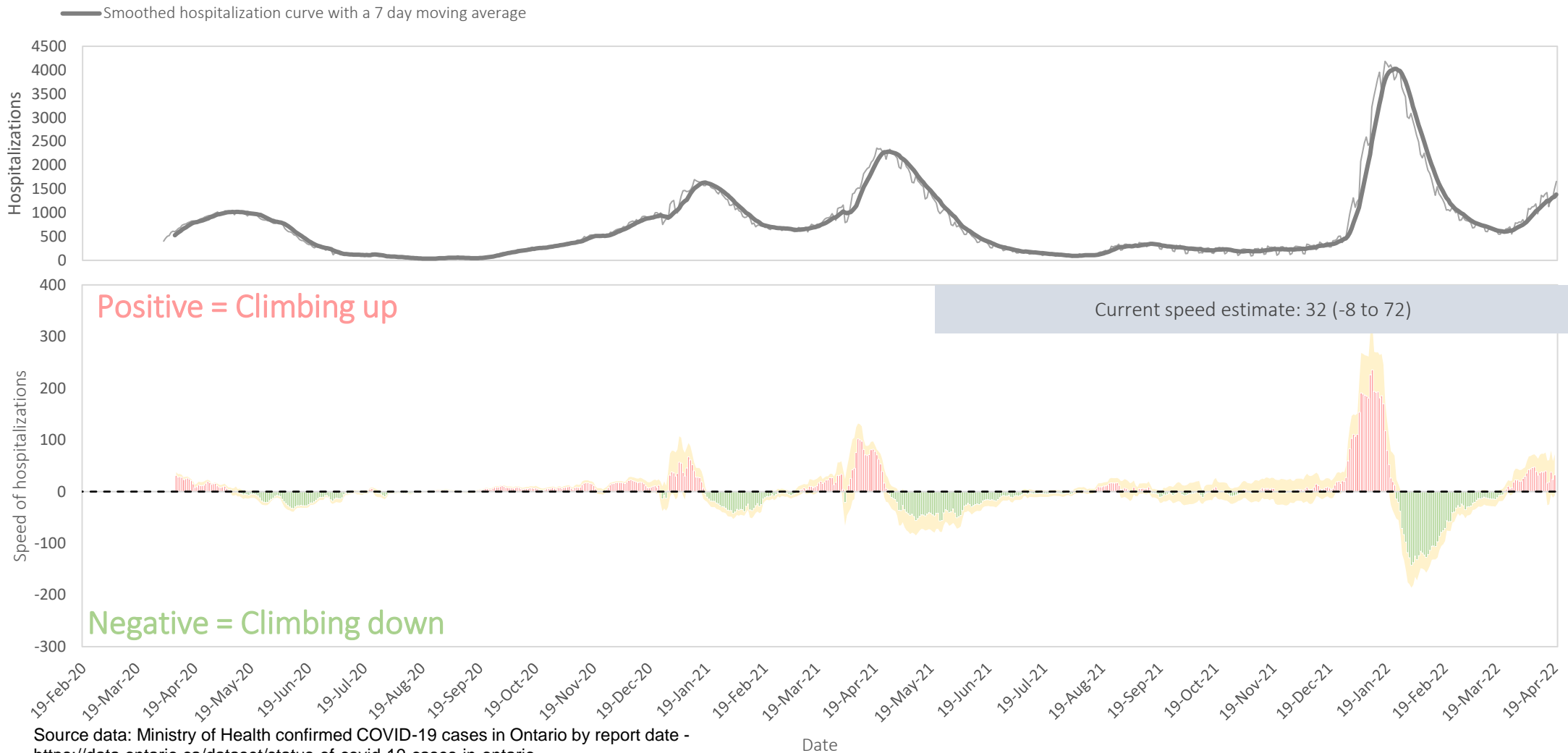
Source data: Ministry of Health confirmed COVID-19 cases in Ontario by report date - <https://data.ontario.ca/dataset/status-of-covid-19-cases-in-ontario>
 Collaboration with Jonathan Wang @wanghoaneng

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



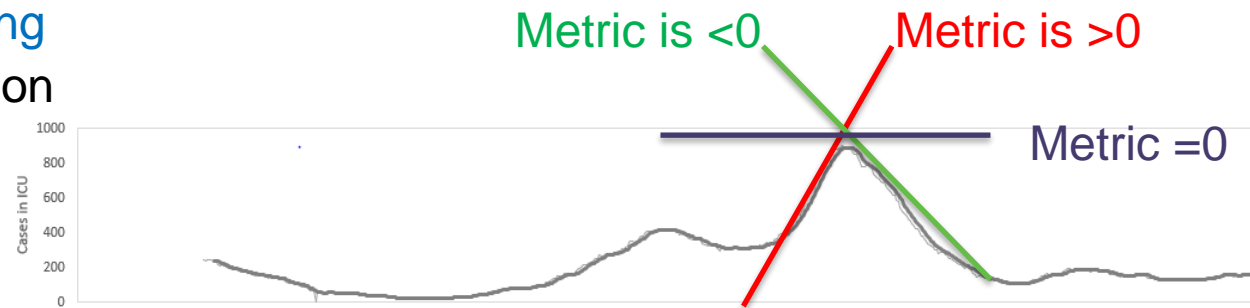
COVID-19 hospitalizations curve and speed of hospitalizations: as of **April 19, 2022** in Ontario

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.



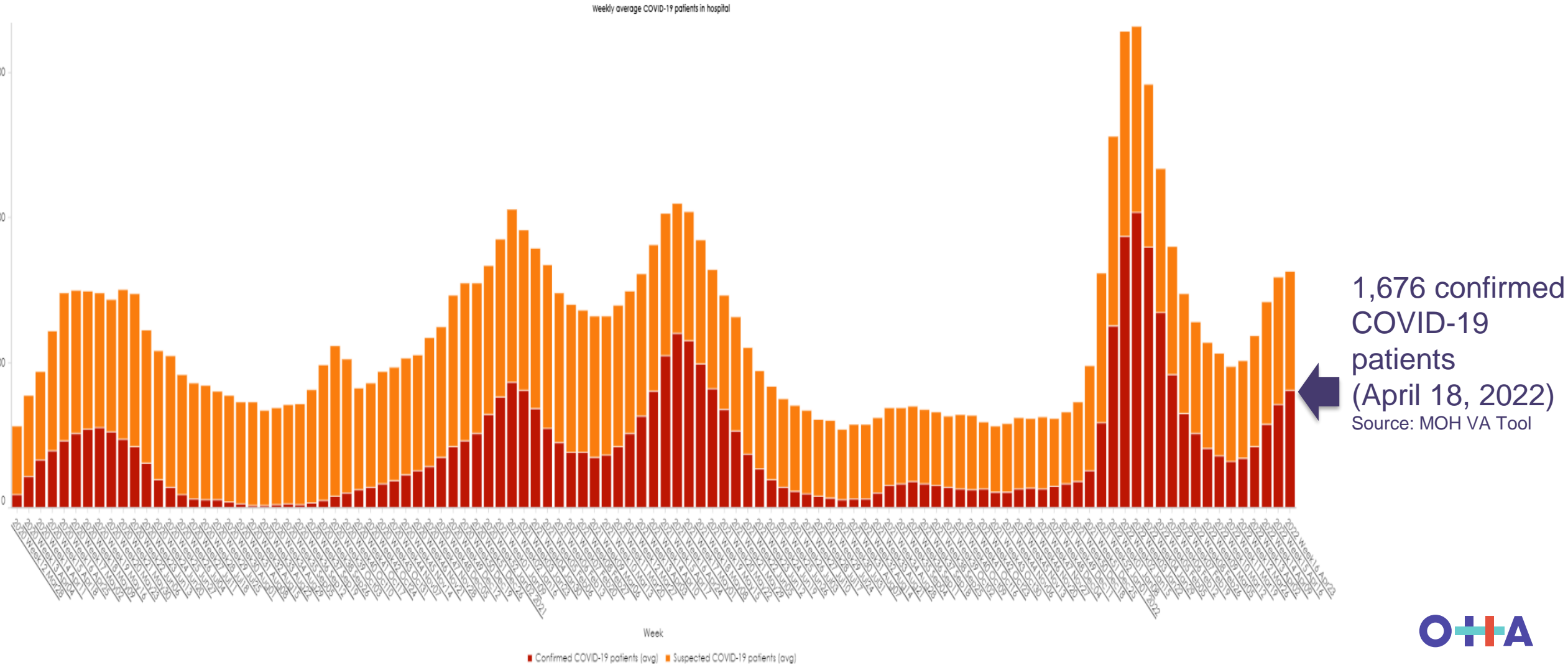
Interpretation of the “Speed Signal” Graphs

- 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 April 18, 2022)



Hospital Occupancy (Data as of **April 18, 2022**)

Source: MOH VA Tool
Data extracted on April 20, 2022

All Beds (Total)	Acute	Post-acute
90.9% +/- from previous day 0.2	92.4% +/- from previous day 1.7	88.7% +/- from previous day -2.4
3,013 Available beds	1,584 Available beds	1,346 Available beds

4,891
ALC Open Cases
Excludes RCCs

10.0%
% waiting for homecare

40.9%
% waiting for LTC

As of April 18, there were **368** ALC patients in RCC beds, where approximately 1 out of 3 intended to be discharged to LTCH.

