

June 11, 2020

The Hon. Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Re: Planning for the Second Wave of COVID-19

Dear Premier Ford,

On behalf of the Ontario Hospital Association (OHA) and its members, we'd like to thank you for taking the urgent steps needed over the past 12 weeks to prepare hospitals for a potential surge in COVID-19 cases. Based on the experience of other jurisdictions, we know how easy it is for acute care to be overwhelmed by high numbers of COVID-19 cases.

Take Stock and Plan for Second Wave

So far, the acute care sector in Ontario has operated under relatively stable circumstances, thanks to the collective leadership and action of front-line health care workers, health provider organizations, and the Governments of Ontario and Canada. However, we cannot become complacent and must continue to work closely together to ensure that Ontario's health care system is prepared for an inevitable second wave of COVID-19. Given this inevitability we respectfully submit that it is time to take stock of what has worked, and what hasn't, in the first wave and actively plan for what is likely to come next.

As stated recently by Dr. Michael J. Ryan, Executive Director of the World Health Organization (WHO) Emergencies Programme: *"We need to be... cognizant of the fact that the disease can jump up at any time. We cannot make assumptions that just because the disease is on the way down now that it's going to keep going down."* He further warned that a second peak or wave could come at any time, including during the usual influenza season, *"which will greatly complicate things for disease control."*

Hospital Occupancy is Rising

The challenge for Ontario hospitals is protecting surge capacity and managing growing occupancy levels, while at the same time restoring access to elective services and continuing to support many long-term care facilities. Limited access to new PPE supply, drug shortages and the need to provide health care workers with time off as respite will also add to the complexity of the challenge ahead. While there was no choice but to ramp down elective surgeries for a significant period early on during the pandemic, this approach cannot be easily justified in a second wave. Using Ontario Health's recently released framework, hospitals are doing everything they can to resume access to elective services but given the reality that COVID-19 is here for some time, our assessment is that it will not be possible for organizations to operate as they have in the past.

Hospital occupancy levels are already rising quickly. Eighty per cent of the stand-by capacity created in hospitals at the onset of the pandemic has now been filled. The number of patients waiting in hospitals for an alternate level of care (ALC), such as home care or long-term care, has now surpassed 5,200 -- a figure that is unusually high for this time of year (occupancy rates generally peak in January or February at the height of flu season). With long-term care facilities appropriately trying to limit the use of three- and four-bed rooms to safeguard residents, this hospital ALC number will continue to climb quickly, jeopardizing elective surgery ramping up and the conserving of acute care capacity for the next wave. Additional, entirely appropriate factors such as physical distancing and the need to address the use of congregate rooms in hospitals will affect hospital operations and restrict our flexibility to respond to the pandemic. As the WHO warned, we're now facing a situation in Ontario where a second wave of COVID-19 will likely collide with the arrival of the flu, adding significant pressure to a sector already experiencing unprecedented demands and conditions. In other words, risk to the hospital sector is rising quickly.

Re-Open Ontario Cautiously While Creating New Health System Surge Capacity

In the short term, we must prepare for a second wave and be cautious in our approach to reopening the province to avoid accelerating a second surge. Further, we ask the government, through the Chief Medical Officer of Health, to provide definitive guidance to the general public on the use of non-medical masks in public spaces, when physical distancing is not possible, as a potential enhancement of public health measures.

Widespread expansion of home care and community services that promote independent living and maintenance/construction of new (temporary) infrastructure, such as field hospitals, decommissioned hotels or empty residential buildings, should be used to ensure the health care system is equipped for the second surge. We must also rapidly identify and deploy new health and community service capacity to reduce growing pressure on hospitals, as well as, quickly enhance the use of virtual care and the enhanced use of paramedicine. We recommend that Ontario Health immediately partner directly with sector representatives and independent experts to establish a comprehensive health services capacity plan to address the COVID-19 risk on a regional basis at the earliest opportunity.

Strengthen Emergency Management Decision-Making

We know from other jurisdictions that this virus can rapidly overwhelm acute care capacity and we may be required to react quickly to this evolving pandemic. As the OHA reflects on the lessons learned from the first wave of the COVID-19 pandemic, we believe a rapid-cycle review of the emergency management process should be conducted to improve timeliness and better integrate decision-making. An Incident Management System, for example, with a formalized command structure and appointed Incident Commander would allow for a single point of accountability and may provide a more structured, consistent communications approach moving forward.

COVID-19 Strategy for Health Care Workers

As you know, hospital staff have been working on the front lines of the fight against COVID-19 in hospitals and in other workplaces, particularly long-term care. A COVID-19 health human resources strategy is needed to ensure that as hospitals ramp up elective activity, and their staff are called upon to return to their acute care roles, that adequate staffing is available and in place to support long-term care residents, other frail seniors and other populations who have been so adversely impacted by this pandemic. Also required is a plan to mobilize long-term care employees, who work

for multiple employers, that considers infection prevention and control concerns and critical staffing needs across multiple organizations.

Preventative Efforts to Support Vulnerable Populations

As you know, on April 10, 2020, the OHA submitted urgent recommendations to you and your government on the actions needed to prevent unnecessary harm and death to residents of long-term care facilities. We are very supportive of the measures implemented since then to protect long term care residents through the joint efforts of the long-term care sector, Ontario's hospitals and the Canadian Armed Forces (CAF).

Given risks to long-term care residents during a second surge, our recommendation is that these measures remain in place for the duration of the emergency. Further, we recommend that your government give serious consideration to expanding these measures proactively to include retirement homes and other congregate settings, such as homes for assisted living, in order to ensure they are prepared as possible for the second COVID-19 surge. Not only will this protect vulnerable populations and keep them safe, but it will prevent unnecessarily hospitalization.

The risk of unnecessary loss of life for vulnerable populations is extremely high. The OHA is supportive of your government's recently announced enhanced testing strategy and its stated intention to target hot spots and at-risk populations. However, certain groups of Ontarians living outside of institutional/congregate settings also face disproportionate risk. We recommend the rapid development and implementation of a provincial strategy targeting those who live outside of institutional/congregate settings, particularly people experiencing homelessness.

In addition to being prioritized for testing, other measures are also needed such as support for shelter staff with IPAC measures, access to PPE, and dedicated outreach and support programs for people "sleeping rough". Under the auspices of Ontario Health, a provincial leadership table comprised of subject matter experts should be established quickly and assigned responsibility for developing the provincial response to this pressing humanitarian need.

Bold Thinking to Improve Care for Seniors

While the OHA supports your government's decision to launch an independent commission into long-term care, commencing in July, the focus of this work must be broadened to examine the complex quality of care issues facing frail seniors across our health care system. Even with the tragic situation facing so many long-term care homes, we cannot look at the needs of long-term care residents in a silo if we want to make lasting change.

In addition to a much stronger and resilient long-term care sector, Ontario needs a revolution in access to primary care and home and community services to keep people healthy and at home and return them home as quickly as possible if they've been admitted to hospital. Our province must reflect seriously on the lessons learned from the COVID-19 pandemic and be prepared to make bold, decisive changes to fundamentally improve the integration of health and social services locally around patient, resident and client needs.

Health Care's Future – No Turning Back

In the aftermath of the pandemic, the OHA believes a national discussion is needed on how to strengthen and sustain health care. With a forecast deficit of more than \$20 billion in the year

ahead, Ontario hospitals operating at record-setting efficiency levels, and inadequate capacity in public health and the home, community and long-term care settings, the federal and provincial governments must work together and rethink our system of transfer payments to strengthen our ability to fund health and social services into the future.

Premier, we must refuse to return to a system built on hallway health care and hospital occupancy levels well over 100 per cent. The pandemic has reminded Canadians what can be done when there is a sense of true crisis and urgency. Let's build on that momentum with your leadership and begin to fundamentally rethink the organization of Ontario's health care system.

Thank you for your consideration. We recommend that a fully developed strategy for the second wave of COVID-19 be completed and in place by the end of June to allow for as much time as possible to prepare for the Fall. We would be happy to discuss our recommendations with you at any time.

Sincerely,



Altaf Stationwala
Board Chair



Anthony Dale
President and CEO

CC: Ontario Hospital CEOs and Board Chairs
OHA Board of Directors
Steven Davidson, Secretary of the Cabinet
Jamie Wallace, Chief of Staff to the Premier
Mark Lawson, Deputy Chief of Staff to the Premier
Helen Angus, Deputy Minister of Health
Matthew Anderson, President and CEO, Ontario Health
Dr. David Williams, Chief Medical Officer of Health
The Hon. Christine Elliott, Minister of Health
Leif Malling, Acting Chief of Staff to the Minister of Health
Laurel Brazill, Director, Stakeholder Relations to the Minister of Health
The Hon. Merrilee Fullerton, Minister of Long-Term Care