

Memo

Date:

December 16, 2021

To: Hospital Partners

From: Matthew Anderson, President & CEO

Re: **Preparedness: Omicron Variant**

As we approach the holiday season, we may be facing the most significant challenges yet in our response to the COVID-19 pandemic. The impact of the highly transmissible Omicron variant, coupled with the shortages faced in our health human resources (HHR), is occurring at a time when many health care workers have planned a well-deserved break. Together, this poses a heightened risk for our health system over the next several weeks.

In this current context, managing through the next few weeks can only be achieved if we continue to act as one health system. With this in mind, we are asking hospitals to actively support our Public Health colleagues in prioritizing COVID-19 vaccinations for eligible populations, understanding the need to effectively balance the provision of urgent and emergent care for all Ontarians. If you are concerned about any service impacts related to supporting the vaccination effort, it is important that you connect with your OH regional partner.

Operationally, the GTA incident management system (IMS) and other regional IMS structures have been re-established with a focus on patient flow to support the system as it responds to the imminent wave of the Omicron variant. As in previous waves, the Ontario COVID-19 Critical Care Command Centre will coordinate capacity for acute and critical care. The updated Optimizing Care guidance accompanying this memo describes the steps hospital partners should take immediately to prepare.

Hospitals are asked to:

- Protecting capacity, prepare to pause all ramp up of scheduled activity that would ordinarily occur after the planned seasonal slow-down period
- Prepare to defer non-emergent, non-urgent (scheduled) care on instruction from your Ontario Health regional IMS/leadership structure
- Be ready, at any time, to accept critical care and/or acute care patient transfers as directed by the Ontario COVID-19 Critical Care Command Centre and regional IMS or COVID-19 response leadership structures

- Work with primary care providers, and any other available specialist providers, to immediately prioritize providing COVID-19 vaccinations for eligible populations as well as continue the provision of urgent care
- Continue to work closely with home and community care partners; ensuring they are engaged early so that patients are discharged home with appropriate support in a timely manner or transferred to long term care as appropriate
- Coordinate efforts with rehabilitation hospitals and community partners to enable a system approach to safe and timely transfer of patients

Ontario Health will be closely monitoring the data and is committed to communicating and collaborating with you over the next several weeks.

Thank you again for all you and your teams are doing.

Matthew Anderson

Actions to prepare for Omicron

In the current context of the rapidly emerging Omicron variant in Ontario, managing through the next few weeks can be achieved if we continue to act as one health system. Although not all regions and communities in the province are currently experiencing community transmission, we expect all health system partners to prepare now as this may rapidly change.

The guidance provided below follows the principles of optimizing care:

- Health care organizations and providers across the province will continue working together as an integrated system.
- Prioritize COVID 19 vaccinations for eligible populations.
- Continued capacity for COVID-19 and non-COVID-19 care will be required.
- A focus on equity and reducing health disparities will guide decision-making.
- Communities and health care organizations have been impacted by COVID-19 asymmetrically and while some communities may continue to focus on maintaining care, we must ensure that others that need to focus on COVID-19 response are supported to do so.
- The health and safety of patients, caregivers, and health care workers will continue to be prioritized through diligent infection prevention and control, including personal protective equipment use, and public health measures.
- The participation of care partners/essential caregivers (i.e., family, friends and other people who support care) in care delivery should be fully supported as part the care team.

The following table describes the immediate actions and preparatory steps to be taken in each health care sector.

Health Care Sector	Immediate Action Required	Prepare for Action
Hospitals*	<ul style="list-style-type: none">• Prepare to pause all ramp up of scheduled activity that would ordinarily occur after the planned seasonal slow-down period. This includes all incremental volumes of inpatient and outpatient services (i.e., any recovery services being provided in excess of 100% of 2019 volumes) in order to maintain the ability to rapidly respond to increases in COVID-19 case counts and hospitalizations and to support the well-being of our HHR• Have a plan in place for how the hospital will incrementally create capacity for staffed adult or staffed pediatric (where applicable) inpatient beds to care for COVID-19 and non-COVID-19 patients. Hospitals may be asked to quickly achieve these surge capacity goals to support immediate regional or provincial capacity needs	<ul style="list-style-type: none">• Be prepared to defer non-emergent, non-urgent (scheduled) surgeries and procedures[†] when instructed by your regional response leadership structures• Be ready to accept critical care and/or acute patient transfers at any time, as directed by the Ontario COVID-19 Critical Care Command Centre and GTA/regional IMS structures• Both adult and pediatric staffed inpatient bed capacity will be coordinated regionally• Ensure that HHR are available for urgent and emergent care and to support any required expanded critical care capacity

	<ul style="list-style-type: none"> Continue to partner to ensure use of capacity in other parts of the sector, including complex continuing care and rehabilitation Work closely with home and community care teams to ensure that, where appropriate, they are engaged early and patients are discharged home with appropriate support in a timely manner Focus on ALC best practices, including ALC prevention measures 	
Primary Care	<ul style="list-style-type: none"> Prioritize providing COVID-19 vaccinations for eligible populations [data on the vaccination status of patients is available via the COVaxON Aggregate Primary Care Vaccination Report (accessible via ONE® ID account)] Maintain care for acute and/or urgent issues (e.g., pediatric immunizations, prenatal visits, cancer screening, palliative care, acute management of chronic disease) 	<ul style="list-style-type: none"> Prepare to staff up COVID@Home remote care monitoring programs Prepare to provide staffing support for influenza-like illness (ILI) assessment centres in your area
Home and Community Care	<ul style="list-style-type: none"> COVID-19 and non-COVID-19 care should be maintained in the community to support care for clients safely at home and reduce the anticipated burden on hospital emergency departments and inpatient units Engage early with hospital partners to ensure that, where appropriate, patients are discharged home with appropriate support in a timely manner (e.g., placing care coordinators in emergency departments to facilitate rapid discharge) 	
Long-Term Care	<ul style="list-style-type: none"> Continue collaborating with hospital and community partners to enable safe and timely placement of residents into homes Link in with your IPAC hubs for refreshers and reviews 	<ul style="list-style-type: none"> Deploy Mobile Enhancement and Support Teams (MEST), where possible
Ontario Health and regional structures	<ul style="list-style-type: none"> Continue to work with health system partners to maintain capacity and plan for a proactive response to predicted demands and continue to coordinate and oversee equitable access to care Direct regional planning for a proactive response to predicted demands and 	<ul style="list-style-type: none"> Through the ongoing monitoring of provincial and regional adult and pediatric data, provide further instructions as needed

	continue to coordinate and oversee equitable access to care	
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** Inclusive of private hospitals, rehabilitation hospitals and Independent Health Facilities*

† Continue surgical, procedural, and other non-COVID-19 in-person care without delay if it is time-sensitive (i.e., emergent, urgent, or urgent-scheduled) – e.g., treatment for certain cancer diagnoses, acute abdominal pain, transplant, certain cardiac care, and certain neurological care

† Only defer in-person care that is not time-sensitive in order to meet sub-regional/regional and extra-regional capacity needs for both COVID-19 and non-COVID-19 patients as identified by regional/sub-regional COVID-19 response or IMS structures

† Begin by deferring services that require the most resources. For example, a hospital may choose to begin with scheduled inpatient procedures, followed by short-stay surgeries, followed by outpatient surgeries should more resources be required. This may also be guided by the availability of HHR