Ontario Hospital Association

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November 13, 2020

The Hon. Christine Elliott
Minister of Health
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Re: **COVID-19 Provincial Framework – Suggested Enhancements to Keep Ontarians Safe**

Dear Minister Elliott,

The Ontario Hospital Association (OHA) and its members were pleased to see the creation and release of a framework for enhancing/removing public health measures (Framework) on November 1. Hospitals are working tirelessly for the safety of Ontarians, and a detailed evidence-based framework is a vital tool in fighting COVID-19.

Given the anchor role Ontario hospitals are playing in the pandemic, and the importance of safeguarding acute-care capacity, the OHA has consulted with its members and other experts over the past week in the spirit of offering the best available advice about this Framework document. We received significant feedback from a range of clinical experts and healthcare leaders, including those with expertise in public health, epidemiology, infection prevention and control, critical care, and other relevant medical specialties.

After careful consideration, the OHA has concluded that changes to the Framework are needed now to save human lives and limit long-term economic damage to the province. Our recommendations are based on the best-available evidence and the experience of experts, and other jurisdictions. As currently drafted, the significantly high thresholds within each of the categories in the existing Ontario Framework means that specific regions will be experiencing punishingly high COVID-19 infection rates, and their health systems will be on the brink of and even experiencing overwhelming conditions before the most restrictive and necessary public health measures are taken.

The recent difficult decision by medical officers of health in Peel Region and the City of Toronto to restrict local measures was necessary, given increasing case transmission in those regions and the impending transition to far less restrictive measures under the provincial Framework. Alignment between a provincial Framework and local action is essential to ensure that decision making across health regions is consistent, timely and tied to provincial, evidence-based indicators. Clarity on how schools and daycares fit into any Framework is critical. Residents and businesses need a single, unified message from all levels of government and unfortunately, this is absent in Ontario today.

The OHA fully supports the need to maintain and strengthen Ontario's economy. That said, given the very rapidly accelerating rate of COVID-19 infection being experienced in some parts of Ontario, we feel it is inevitable that your government will be left with no choice but to implement the most restrictive public health measures to reduce the spread of COVID-19, protecting our most vulnerable populations, and maintaining public health care and health system capacity. Under your existing Framework and its criteria however, this decision will come far too late.

Minister, we have summarized the comments received from our members in Appendix "A". It's vital that these proposals and any others received are reviewed closely by independent expert advisors to government. The hospital sector believes that businesses affected by strict public health measures need strong, ongoing support from all levels of government for the duration of the pandemic. Unfortunately, at this time we must also recommend that the government immediately overhaul its Framework in order to protect the health and safety of the people of Ontario. It is clear that under current conditions we can no longer expect to gain control of this unforgiving virus given the number of interactions taking place today among residents of the Province of Ontario.

Respectfully submitted,

Anthony Dale
President and CEO

cc: The Hon. Doug Ford, Premier
All Ontario Hospital CEOs and Board Chairs
Sarah Downey, OHA Board Chair
Helen Angus, Deputy Minister of Health
Matthew Anderson, President and CEO, Ontario Health
Dr. David Williams, Chief Medical Officer of Health
Jamie Wallace, Chief of Staff to the Premier
Mark Lawson, Deputy Chief of Staff to the Premier
Heather Watt, Chief of Staff to the Minister of Health
Laurel Brazill, Director, Stakeholder Relations to the Minister of Health

Appendix "A"
Member Feedback on the COVID-19 Framework

i. Local vs. Provincial Authority

On November 7, those public health units in Modified Stage 2 (except for Toronto) moved into the Critical (Red) category. Despite growing caseloads in all these communities, each is now less restrictive than it has been for the last 28 days. The same day, Peel Region's Medical Officer of Health issued an open letter to residents and business owners, outlining the additional measures "necessary to continue to limit opportunities for contact and transmission in our community to counterbalance the loosening of control measures in these settings and drive cases downwards."

On November 10, Toronto's Medical Officer of Health implemented additional restrictive measures and "strong recommendations" for residents and businesses for the next 28 days. While important to reduce further transmission of COVID-19 within the region, local decisions and restrictions should flow from and be consistent with provincial measures rather than be necessary to mitigate to what is asserted by the Framework.

The OHA strongly supports the ability of local medical officers of health to exercise their authority under the *Reopening Ontario Act* and/or the *Health Protection and Promotion Act.* While the legal status of the provincial Framework is not clear, the legal discretion afforded to local medical officers of health to relax or restrict measures within their region allows for adaption of provincial guidance in accordance with local health measures.

To be successful, local action needs to demonstrate to Ontarians that a unified, consistent approach to reducing the transmission of COVID-19 is in place across jurisdictions. Local action which outlines mandatory and "recommended" restrictions, on top of a provincial Framework that suggests significantly less restrictive measures, creates confusion for residents and businesses and will lead to a lack of compliance with various instructions.

The OHA and its members ask that the government consider revising the Framework indicators and restrictions to ensure that a comprehensive and properly aligned strategy is in place for local medical officers of health to easily adapt to local conditions.

ii. Current Framework

Epidemiology

The OHA and its members are concerned the thresholds set out in the Framework are simply too high. As currently drafted, Ontario's Framework will simply not allow us to act early enough to protect the health of Ontarians.

New York State, a jurisdiction with a low baseline rate of COVID in the general population, introduced a "micro-cluster strategy" that would place defined geographical areas in one of three colored zones. Like Ontario's Framework, the New York model is based on the seven-day average positivity and seven-day average of new daily cases per 100,000.

New York's most restrictive "red" cluster has a seven-day rolling average positivity above 4% for 10 days, and seven-day average of 10 or more new daily cases per 100,000 residents. Indoor gatherings, dining and schools are closed, and only essential businesses are permitted to be open. Effectively, New York is in total lockdown when the above-mentioned indicators are present.

California released a *Blueprint for a Safer Economy* that sets out four tiers with thresholds for seven-day average test positivity and seven-day average case rate per 100,000 (adjusted for testing volume). The criteria are applied at the county level. The most stringent level four category has a seven-day average positivity rate above 8% for 10 days, and a 10-day average of seven or more new daily cases per 100,000 residents. Gatherings, places of worship and restaurants are all permitted outdoors only, and schools are closed. Effectively, counties in California would be in a total lockdown when the above-mentioned indicators are present.

Under the current Ontario Framework, both sets of indicators for New York and California would place public health units in Restrict (Orange) category, unlike New York and California, within this category, restaurants, gyms, and meeting spaces remain open in Ontario. The OHA is concerned that the thresholds in the Framework have not been set based on best available evidence.

Furthermore, the existing Framework would allow for significant community spread without imposing measures to curb transmission. The Restrict (Orange) measures are not enough to move back into the Prevent (Green) categories – at best, they will reduce the rate of growth, but it will be inevitable that large regions of the province will move into the Control (Red) category.

<u>Health System Capacity</u>

Most of the standby capacity created in hospitals at the onset of the pandemic, through the cancellation of non-life-threatening medical procedures, has disappeared. Many of Ontario's large community hospitals and health science centres are full. The province is now facing a situation where Wave 2 is adding significant pressure to a sector already experiencing unprecedented demands and conditions. Specific COVID-19 occupancy will need to be reviewed as part of broader planning considerations. A hospital could be at full capacity but not actually have any COVID-19 cases.

Ontario's hospital system is among the most efficient with the lowest number of beds per capita. Unfortunately, historically during the flu season our very efficient system experiences very heavy pressures with any increase in demand because there is little cushion to absorb this

pressure. During Wave 1, hospitals were forced to postpone elective surgeries to create needed standby capacity, and we are now faced with surgical backlogs of more than 84 weeks.

Considering this and knowing the challenges in human resources to deal with backlogs, we need to ensure hospitals are not overwhelmed as a result of a combination of the pandemic and influenza. With approximately 5,000 patients awaiting discharge to another more appropriate setting, long-term care homes grappling with a second wave, and a backlog of almost 150,000 surgeries to address, hospitals are facing an impossible balancing act. A large and growing number of hospitals have high occupancy.

As of November 9, 2020, of the 180 hospital sites reporting acute care occupancy rates: 72 hospital sites have acute care bed occupancy rates at 90% or higher, and 42 hospital sites have acute care bed occupancy rates between 80% and 89%. In September, an average number of 541 patients were waiting in emergency departments for an inpatient bed each day, and 10% of all patients waited 30.5 hours or more from emergency departments for an inpatient bed. These trends are expected to continue to deteriorate in the months ahead.

While we appreciate that local context and capacity conditions will inform movement between categories, the Framework does not incorporate broader health system capacity considerations. Within each of the five categories, health system capacity contemplates only hospital and ICU (Intensive Care Unit) capacity. Capacity considerations within the broader health system, including long-term care, home care, primary care, and mental health and addictions, as well as health human resources, need to be included.

In addition, more details are required to quantify language such as “hospital and ICU capacity that is adequate, occupancy is increasing, or capacity is at risk of being overwhelmed.” Regions need to be operating from a standard set of terminology and concepts to ensure that decisions are being made consistently across the province – the threshold to trigger action needs to be explicit. Consideration needs to be given to how lack of capacity at health care facilities in Restrict (Orange) and Control (Red) categories would impede access for tertiary/quaternary referrals from other regions.

<u>Stage-Specific Restrictions – Relaxing and Tightening Restrictions</u>

The appropriate restrictions at each Stage are equally as important as the evidence-based indicators which allow for loosening or tightening of restrictions. For restrictions to truly be effective, they need to be consistent with the level of risk and spread prevalent in a specific region.

Even within the existing Stages, the prioritization of the thresholds to move into the next stage are not clear – how many of the indicators must be met before moving to the next stage? Are these indicators weighted in the same way? The relationship to schools and daycare also needs to be explicit.

The current Prevent (Green) category provides that "highest risk settings remain closed." Additional specificity is needed to identify which settings fall into this highest risk category. In addition, each category refers to "adequate Public Health measures" for case and contact tracing within 24 hours – this needs to be further refined.

Many of the interventions outlined in the Framework appear to focus almost exclusively on businesses with very few changes for individuals and families between restriction levels. For example, businesses are restricted, but individuals will continue having gatherings at their homes. Continued emphasis on personal responsibility and guidance for individuals (for example, regarding ongoing application and adherence to household bubbles etc.) is needed. It should be clear under the "Proposed General Public Health Measures" that household members are the only ones where distancing and masking are not required.

Considerations for Recalibration

As an alternative, the OHA recommends that the indicators driving restrictions outlined in the five colour categories could be simplified into two streams – thresholds for restricting measures and thresholds for relaxing measures. More conservative indicators are needed for Rt, % positively and the cumulative seven-day average of new cases per week per 100,000. As noted above, in some areas of the province, improving our ability to test, trace and isolate is also vital. Lower thresholds give us the ability to establish tactics to decrease the time we are experiencing outbreaks and will lead to quicker control of new case growth.

Under this proposal, public health units would assess their current situation against the indicators outlined in the "restrict" and "relax" categories every two weeks. If all the indicators met the thresholds to relax restrictions, then the public health unit in that region would move forward with loosening restrictions. Conversely, if any one of the indicators met the threshold to tighten restrictions, the public health unit in that region could choose to move forward with tightening restrictions.

An illustration of how this might be applied can be found in Appendix "B".

Considerations for Loosening Restrictions

We have suggested that new cases be lower than five cases per 100,000 per week as one of the indicators necessary for loosening measures - an average which is currently met by six public health units in Ontario. All Ontarians deserve the same level of COVID-19 control in their communities. In addition, public health units would need a % positivity < 1%, and Rt < 0.85, and concrete indicators that demonstrate that testing, tracing, and isolating are improving. For example, a decreasing fraction of non-epi linked cases, and decreasing test turnaround time. The region must also be free from repeated outbreaks in multiple sectors/settings or increasing numbers of outbreaks.

Given variation in hospital capacity considerations, including hospital/ICU occupancy, suspension of elective surgeries, and health system flow, capacity should be considered within the local context.

Considerations for Tightening Restrictions

Conversely, if any these factors are higher than recommended thresholds, a public health unit would be required to consider restricting measures. This ensures that regions beginning to see an increase in one of the indicators makes the necessary changes to restrict measures in the short term and avoid full closure in the longer term. This includes more than 35 cases per 100,000 per week, % positivity > 5%, Rt > 1.0, and evidence that demonstrates that testing, tracing, and isolating are worsening. Repeat outbreaks in multiple sectors/settings or increasing numbers of outbreaks would also require regions to restrict measures.

As noted above, impact on capacity should be considered based on local variables, including how a lack of capacity would impede access for tertiary/quaternary referrals from other regions. These considerations will be dominant in situations where a region is moving from the Critical (Red) category to Grey (Lockdown).

While we appreciate that these measures are stronger than those outlined in the Framework, we would also note that these measures may not be enough. They are not nearly as stringent as those imposed in Melbourne after it experienced a rise in cases in July. Melbourne is now in much better shape as a result of shorter-term sacrifices that proved necessary. What is clear is that we can no longer expect to gain control of this unforgiving virus with the number of interactions taking place among people right now in Ontario.

With respect to enforcement, clear expectations and accountabilities need to be present. Overly punitive action may discourage testing and people coming forward when they are symptomatic, due to fear. Fines and other punitive measures need to be implemented on a sliding scale based on the severity of the local situation.

Communications

As the province's response to the pandemic evolves, it will be important to ensure that communications strategies are continuing to maintain impact and reach. Research has shown that an ineffective communications strategy may not only fail to promote protective behaviour but can lead to the adoption of behavior that is the opposite of what is intended.

Given the plethora of public health advice being shared across the province, a strong and coordinated public communications strategy is vital to helping ensure that each Ontarian adheres to the protective behaviours needed to mitigate the spread of COVID-19 – both at the provincial and local level. This includes a multi-platform, multi-language message, with special attention to communities most affected by the virus.

There are a number of published guides from the World Health Organization (WHO), the U.S. Centers for Disease Prevention and Control (CDC), and others that outline good risk communication based on lessons learned from past health crises, including Ebola and Zika.[1] Early learnings are also being drawn from jurisdictions that have thus far been successful at containing transmission of the virus and preventing deaths.

[1] Toppenberg-Pejcic, D., Noyes, J., Allen, T., Alexander, N., Vanderford, M., & Gamhewage, G. (2019).

Appendix "B": Proposed Recalibration