

Ontario Health Discussion

OHA Members Call

MATTHEW ANDERSON, STEPHANIE LOCKERT, DR. CHRIS SIMPSON,
SUSAN DERYK | FEBRUARY 1, 2022



Today's agenda

Time	Item	Discussion Lead
4:00 – 4:10	1. Welcome and Opening Remarks	Anthony Dale, Matthew Anderson
4:10 – 4:20	2. Data Update	Stephanie Lockert
4:20 – 4:35	3. Clinical Updates	Dr. Chris Simpson
4:35 – 4:45	4. Alternate Level of Care	Susan deRyk
4:45 – 5:00	5. Q & A	Kirk LeMessurier
5:00	6. Wrap Up	Matthew Anderson



Welcome and Opening Remarks

Anthony Dale & Matthew Anderson

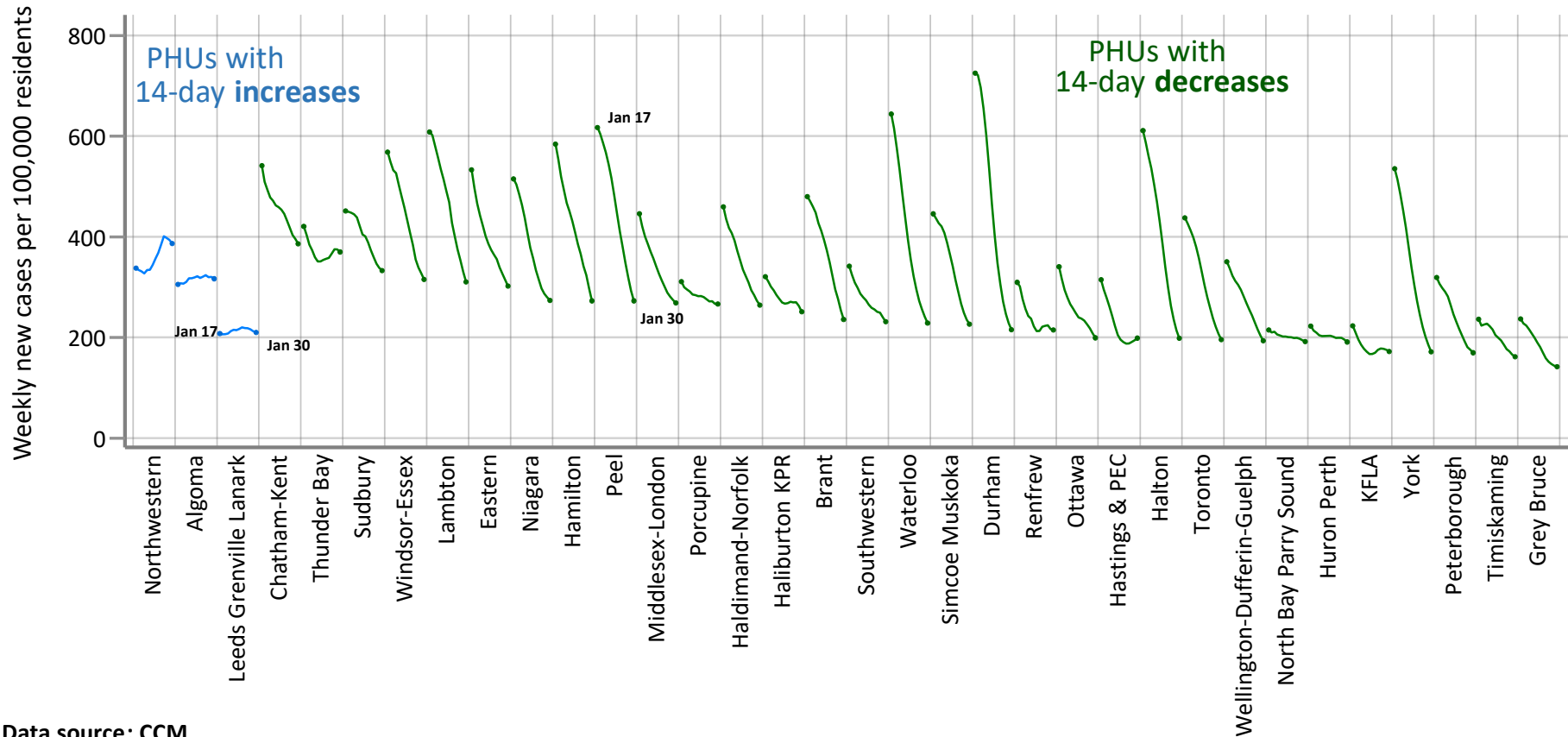


Data Update

Stephanie Lockert

Average weekly cases across Public Health Units

14-day trend (January 17 to January 30)

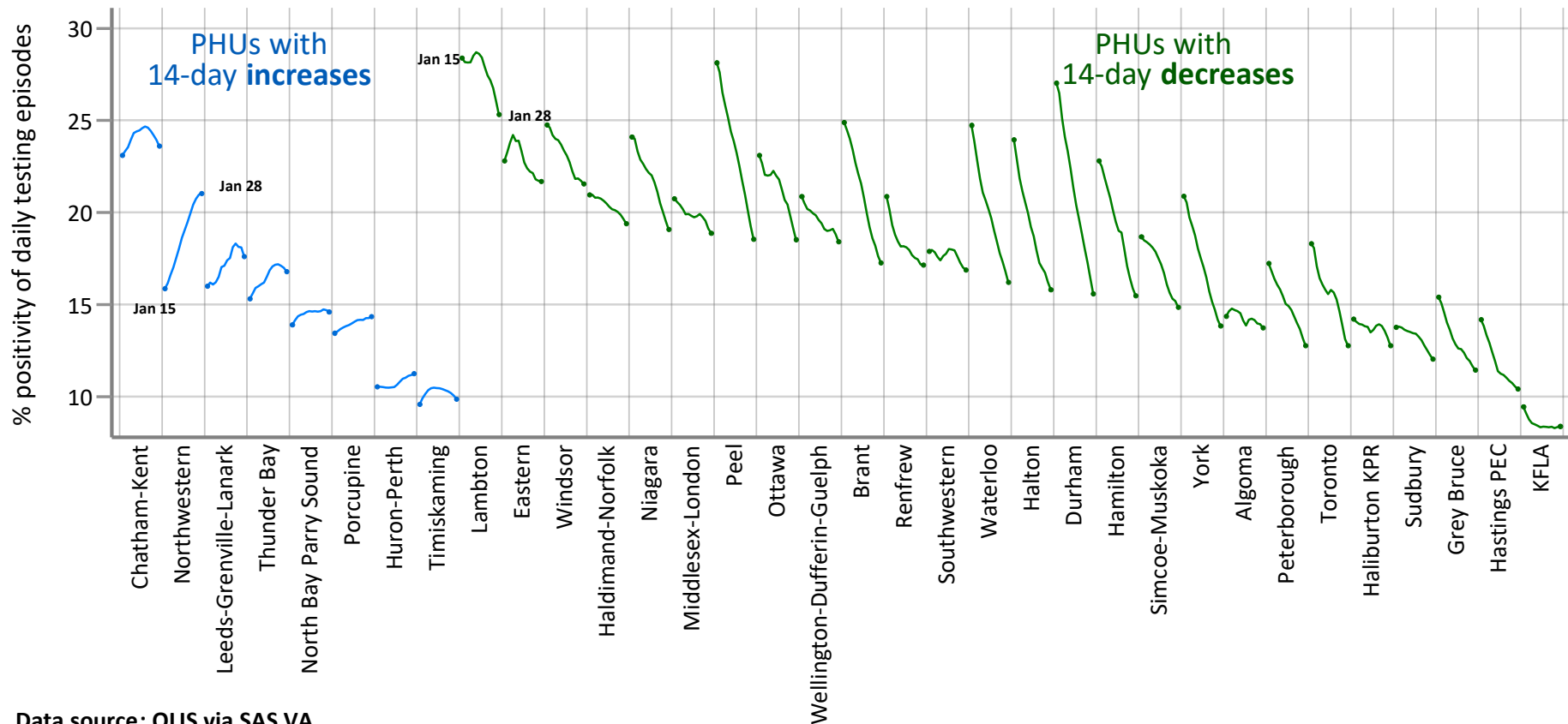


Data source: CCM

Data note: Data for the most recent day have been censored to account for reporting delays

Per-test positivity across Public Health Units

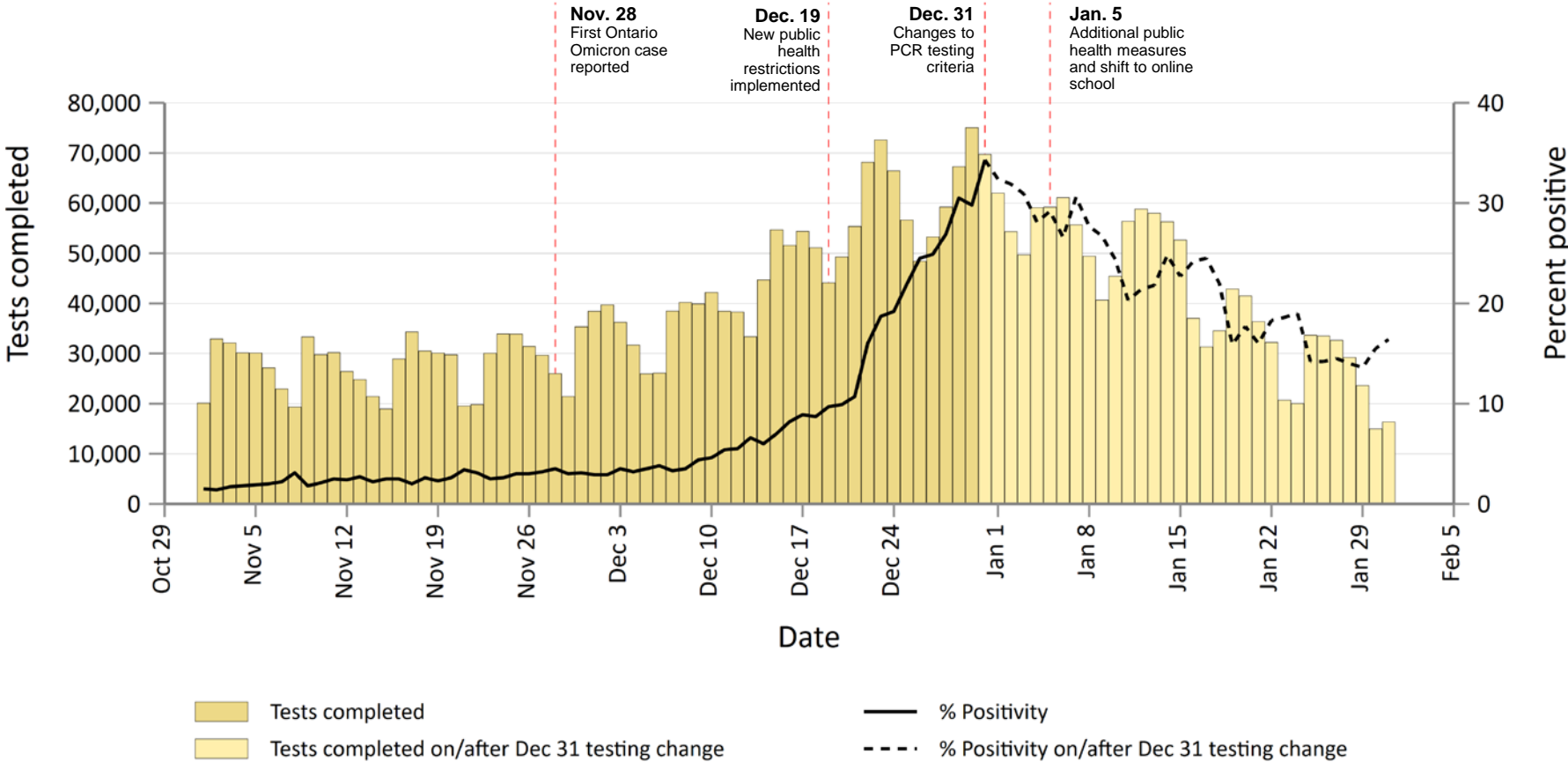
14-day trend (January 15 to January 28)



Data source: OLIS via SAS VA

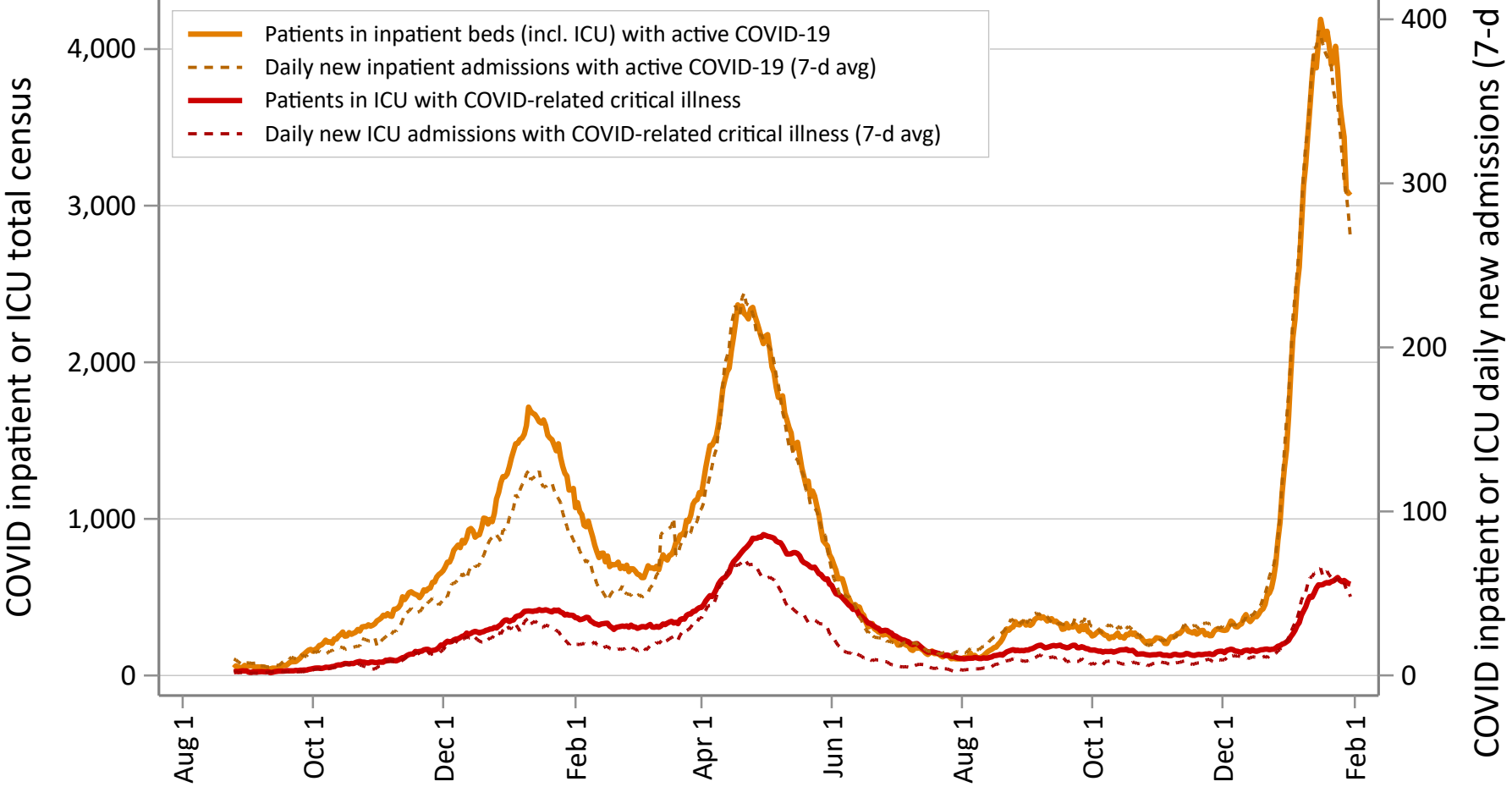
Data note: The most recent 3 days have been removed to account for incomplete data. Data are smoothed.

Provincial % test positivity and testing volumes



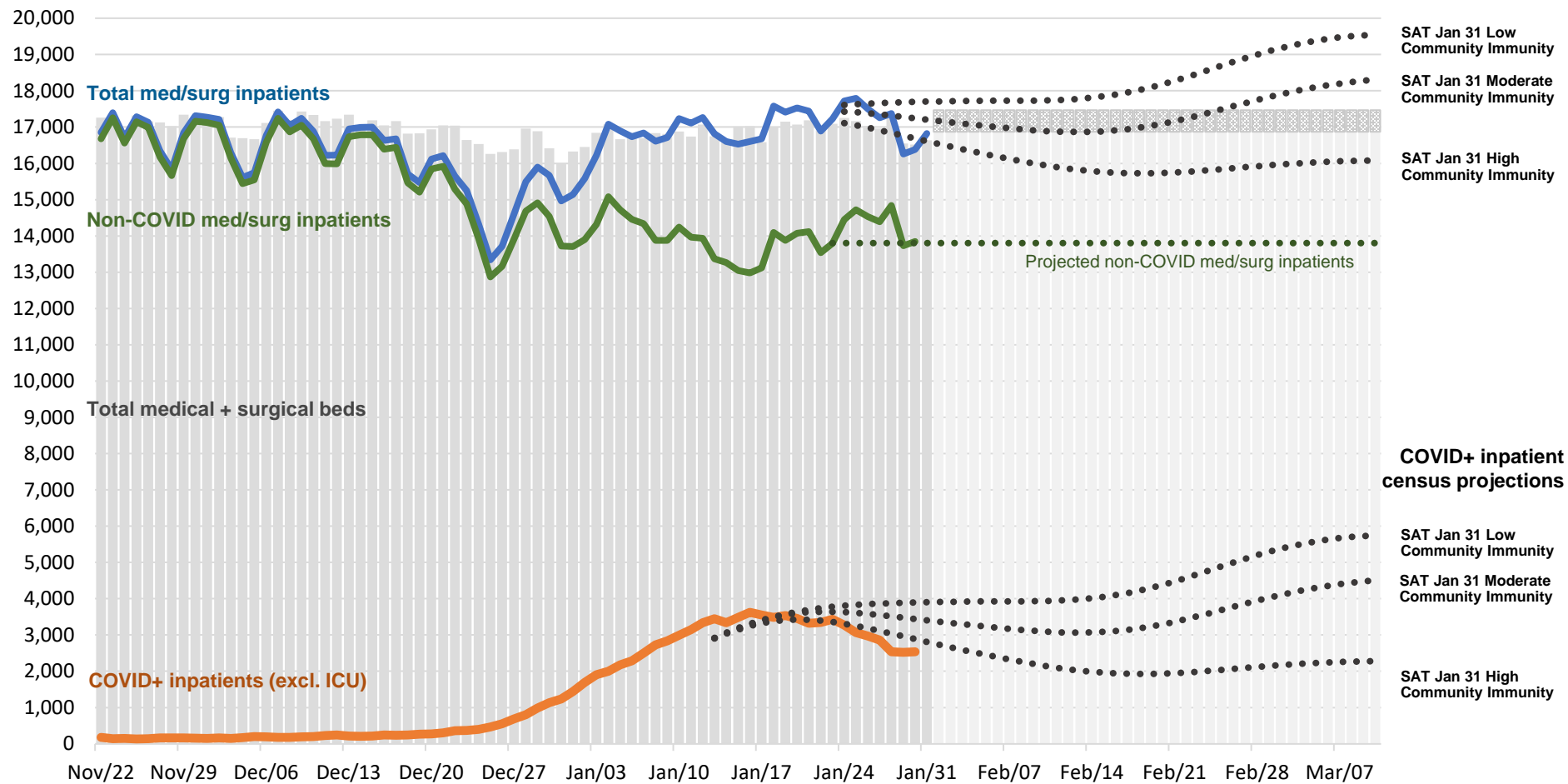
Data source: Public Health Ontario. PDNOC lab reporting

COVID-19 Hospitalizations and ICU Admissions



Adult inpatient COVID and med/surg census + projections

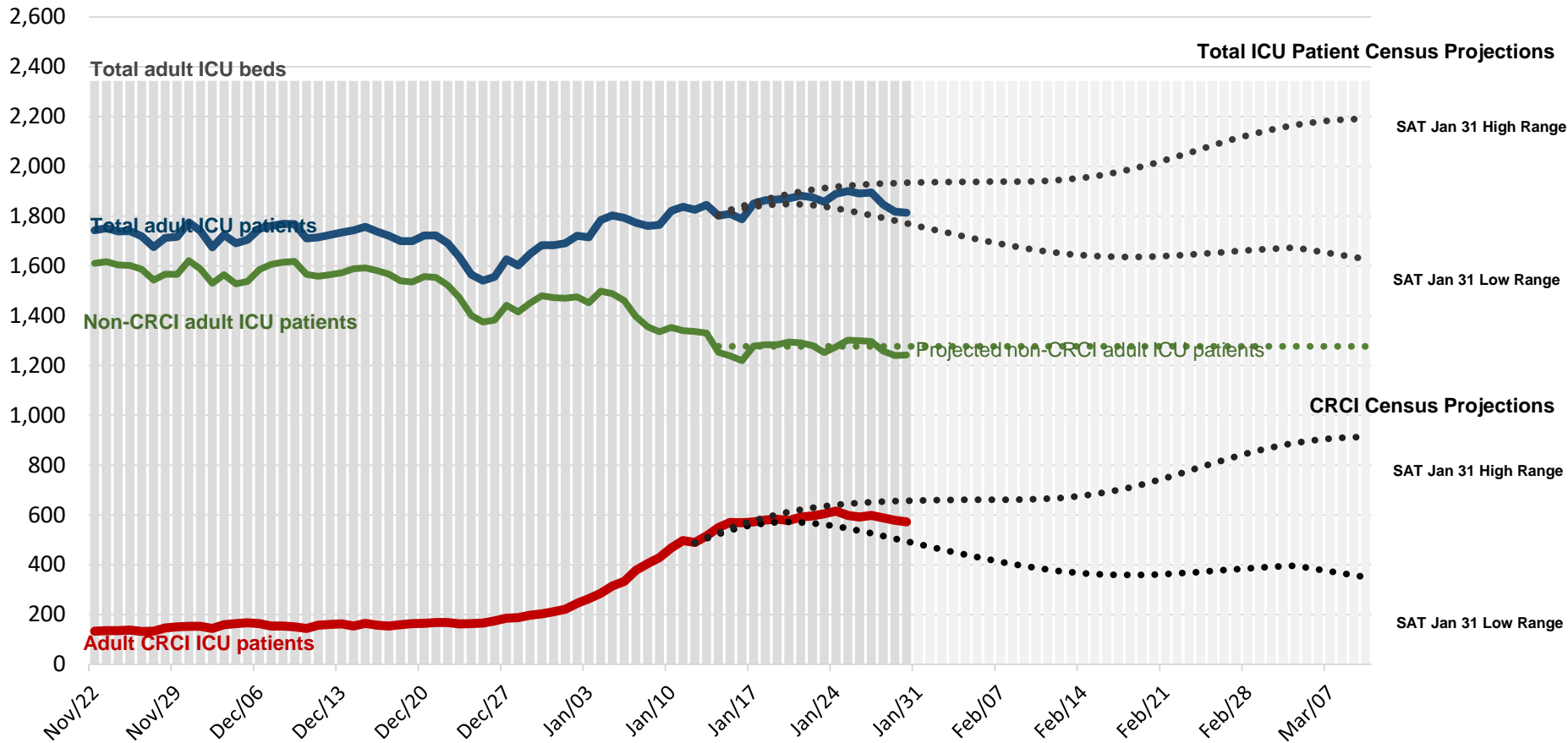
Includes all adult COVID inpatients, excluding ICU, and med/surg inpatients



Data sources: Daily Bed Census (med/surg beds and all-patient census), COVID Inpatient Census (COVID+ inpatients), CCIS (excluding COVID+ ICU patients)

Adult ICU patient and bed census, COVID patients

Includes all adult ICU beds and patients



Data source: Critical Care Information System. Includes all adult ICU bed types (excludes paediatric and neonatal)



Clinical Updates

Dr. Chris Simpson

Clinical Updates

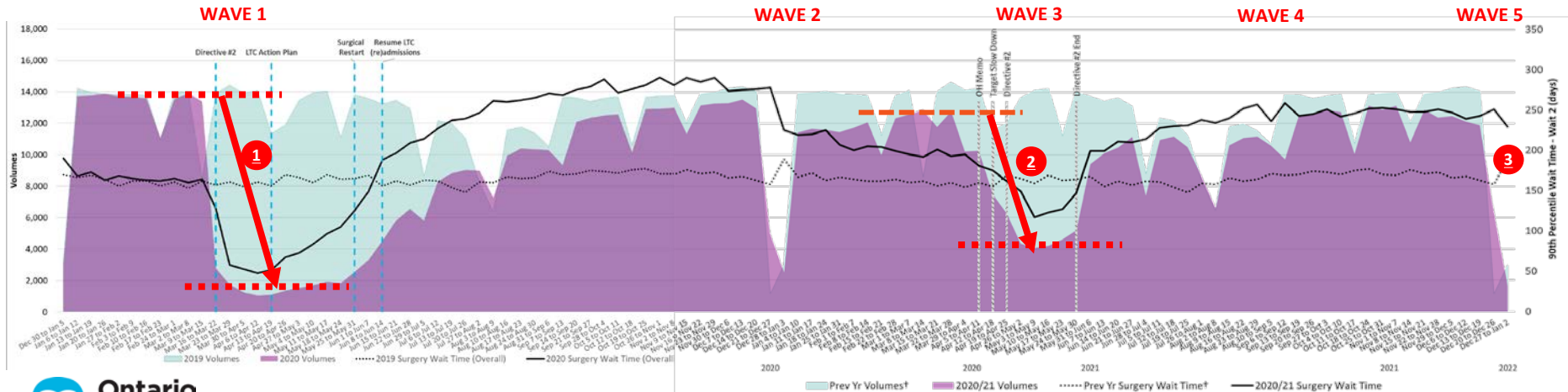
- Clinical assessment centres
- Monoclonal and antiviral therapies
- Phased approach to resumption (Directive 2)

Purpose of Directive 2

- Create capacity needed to accommodate pressures brought by Wave 5
- Liberate HHR for redeployment to pressure points

Omicron Impact Tracking (Directive 2)

- 1 While Directive #2 was in place for **Wave 1**, the weekly surgical run rate decreased by **~12,000 surgeries per week**
- 2 While Directive #2 was in place for **Wave 3**, the weekly surgical run rate decreased by **~8,000 surgeries per week**
- 3 Under the current Directive 2 the surgical run rate for the weeks of January 3rd – January 9th and January 10th – January 16th decreased by **~7,500 surgeries per week**



A proposed phased approach to resumption: Phase 1

Current status (revision of Directive 2)

1. IHFs and private hospitals may resume all activity.
2. Diagnostic imaging may resume all activity.
3. Cancer screening may resume all activity.
4. Pediatric hospitals may resume all activity, but must remain prepared to accept transfers.
5. Scheduled ambulatory clinics, at the discretion of individual hospitals, may be resumed

A proposed phased approach to resumption: Phases 2 through 4

Phase 2: Initiate gradual resumption of surgical/procedural activity

- **System indicators:** Declining hospitalizations; stabilized or declining med/surg bed occupancy, test % positivity, number of outbreaks; stabilized HHR in the acute care sector

Phase 3: Continued gradual resumption

- **System indicators:** Stable or declining new CRCI, CRCI total census, overall ICU census; continued stability of overall med/surg total occupancy (COVID and non-COVID); continued decline in hospitalized COVID cases; continued downward trend of testing % positivity and number of outbreaks

Phase 4: Resumption of full recovery planning and activity

- **System indicators:** Testing % positivity provincially < 2.5%; low and stable total number of outbreaks; continuing stability or decline in new CRCI, total CRCI census, med/surg occupancy (COVID + non COVID), and new COVID hospitalizations

Considerations for resumption: load-sharing to mitigate disparities; unimpeded urgent and emergent activities; stability of staffing; ability to accept transfers from IMS; equitable access



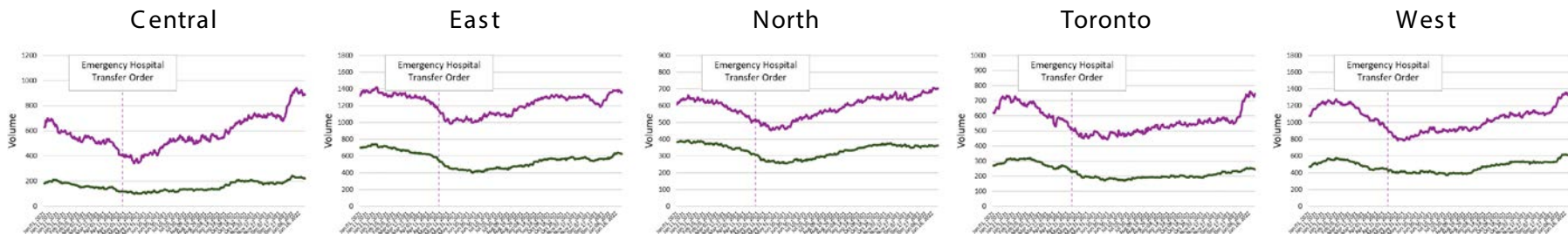
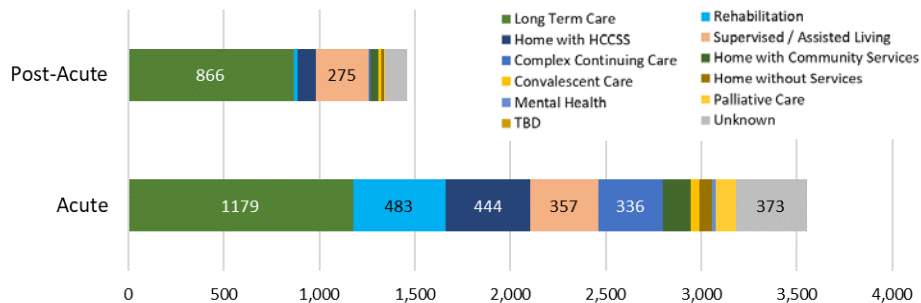
Alternate Level of Care

Susan deRyk

Alternate level of care

- Acute ALC volume at pre-pandemic level
- Long-term care (1179), rehab (483) and home with HCCSS (483) are the three top destinations

Provincial (as of Jan 25, 2022)



— Open Volume with Discharge destinations = LTC

— Open ALC Volume

Improving flow across the system

- Provincial drive to improve flow across the system
- HCCSS, PHU, hospitals, LTC, CSS collaboration
- Positive progress to target, majority of movement to settings other than LTC
- Expanding transitional care beds; optimizing sub-acute capacity
- Continued focus on ALC to LTC
- Support for admissions to homes in outbreak where it is safe
- Regional variation on approach and capacity



Q&A

Kirk LeMessurier