



**Ontario
Health**

Operational Direction Fall/Winter Surge

ISSUED TO: Health system partners

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Let me start with an acknowledgement of all that you and your teams are doing and achieving in the face of very challenging times.

While there has been substantial focus on the challenges in our system, we must first acknowledge and be thankful for all that you and your teams have been doing and continue to do for the people of Ontario. You continue to provide care, compassion, dignity and kindness to thousands of people – residents, patients, clients, and caregivers – all across our health system every day. We simply cannot thank you enough, particularly as we see volumes continue to rise for our home and community support services, in our long-term care homes, in our numerous primary care settings, on our wards, and in our emergency departments. Your continued commitment to the health care of Ontarians is inspiring.

In August 2022, the Ontario government announced the Plan to Stay Open: Health System Stability and Recovery. This comprehensive five-point plan outlined a number of strategies and provided additional funding to support health system capacity in preparation for the anticipated fall/winter surge. While we are already seeing some early gains, particularly resulting from the outstanding efforts of our colleagues in Home and Community Care Support Services and Long-Term Care, the pressures on our system remain and are expected to grow beyond what was originally anticipated.

This is due to a combination of a resurgence of the usual circulating respiratory viruses, a more challenging RSV season, COVID-19 numbers that, while not surging, remain relatively high, and the early arrival of the flu season. We are already seeing these impacts across the system, particularly in our child and youth community.

We are expecting high volume pressures across our health system, now and through the winter, which will be further challenged by ongoing health human resource shortages.

In anticipation of what lies ahead, we have identified a number of actions to support our collective efforts to respond to these pressures. They include:

1. Maintain the rollout of the Plan to Stay Open, which includes a focus on vaccination, alternate level care (ALC) reduction, emergency department supports, surgical recovery and health care workforce initiatives.
2. Identify and rapidly implement further emergency department diversion initiatives.
3. Additional ALC reduction approaches, focusing on home and community care options.
4. Expanded use of short-term beds; transitional care, rehabilitation, complex community care and convalescent beds.
5. Implementation of Essential Care Partner programs and leading practices (in partnership with the Ontario Caregiver Organization [OCO]).
6. Reinstating/refreshing regional and sub-regional Incident Management System (IMS) structures and updating operational guidance on scheduled care and models of care, including the directions outlined below.

As we have done throughout this pandemic, a collaborative, coordinated and 'Team Ontario' approach is required. We expect that our partners in primary care, community support services, community mental health services, long-term care, hospitals, and home and community care will move forward with the operational direction outlined below.

Operational Direction

All sectors:

- Work closely with Chief Regional Officers and regional tables to coordinate and support local surge capacity – including enhanced Health Human Resource Response/Models of Care tables.
- Continue to partner regionally to ensure timely access to appropriate care for patients.
- Implement strategies to maximize influenza vaccine and bivalent COVID-19 vaccine uptake among all health care workers.
- Encourage patients to access **Health Connect Ontario** for non-urgent health advice from registered nurses 24/7 via telephone (811) or online chat at ontario.ca/HealthConnectOntario. Review your communications materials and replace any references to Telehealth Ontario with references to Health Connect Ontario.

Primary care and community support services:

- Continue delivering timely immunization and early identification and referral of patients who would benefit from COVID-19 therapeutics (e.g., Paxlovid).
- Support emergency department diversion by prioritizing care for children and adults with COVID-19, influenza and other respiratory illnesses.
- Continue to focus on preventative care (e.g., cancer screening) and the provision of comprehensive primary care.

- Ensure community support service organizations continue to participate and collaborate on regional response and recovery efforts.

Note: Follow-up communications will be forthcoming and provide additional resources for primary care physicians.

Pediatric hospitals:

- Immediately implement surge plans, inclusive of PICU, NICU, and inpatient beds, per previous communications.
- Undertake all directions provided by the Ontario Critical Care COVID-19 Command Centre in partnership with appropriate regional/provincial tables.
- Implement models of care and expanded scope of practice initiatives, including upskilling, where needed, designed to safely optimize health human resource capacity.
- Collaborate with community partners to support patients to return home, reducing length of stay where safe to do so.
- Implement the Essential Care Partner program (when fully launched by OCO).

Note: Further direction on expected surge capacity will be communicated through your Chief Regional Officers/regional tables and IMS structures.

Hospitals:

- Immediately operationalize surge plans.
- Accept all transfers directed by the IMS or regional table in a timely fashion, ideally within 24 hours.
- Enhance emphasis on appropriate discharge planning to support capacity.
- Ensure that tertiary care repatriation/inter-facility transfers are accepted and implemented within 24 to 48 hours. This is inclusive of adults, children and youth.
- Work with local EMS partners to reduce ambulance offload time, enabling first responders to return to the field without delay.
- Implement models of care and expanded scope of practice initiatives, where needed, designed to safely maximize health human resource capacity.
- Implement the Essential Care Partner program (when fully launched by OCO).
- Continue with scheduled surgery and procedures, aiming to prioritize long-waiters (goal: to achieve 40% of all surgical/procedural volumes being on long waiters), ensuring that surgical/procedural activity does not result in unsafe staffing levels.
- Consider a measured and temporary ramp-down of surgeries and procedures, only as needed to manage bed pressures. This must be done with appropriate consultation and collaboration with your Chief Regional Officer and regional leadership tables.
- Immediately implement surge plans, inclusive of PICU, NICU, and inpatient beds, per previous communications.

- Undertake all directions provided by the Ontario Critical Care COVID-19 Command Centre in partnership with appropriate regional/provincial tables.
- Implement models of care and expanded scope of practice initiatives, including upskilling, where needed, designed to safely optimize health human resource capacity.
- Collaborate with community partners to support patients to return home, reducing length of stay where safe to do so.
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Note: Further direction on expected surge capacity will be communicated through your Chief Regional Officers/regional tables and IMS structures.

Sub-acute and specialty care hospitals:

- Develop and operationalize surge plans to support increased flow out of acute care. Plans should endeavour to match the occupancy levels of surrounding acute care hospitals. Surge plans should account for the following: operating all funded beds, surging into additional beds, increasing weekend admission and after hour admissions, and increasing daily admission rates.
- Support the transfer of ALC patients to transitional care, rehabilitation, and complex continuing care, as identified by placement coordinators, by increasing the availability of beds.
- Accept all transfers directed by the IMS structure or regional table in a timely fashion, ideally within 24 hours.
- Implement models of care and expanded scope of practice initiatives, where needed, designed to safely maximize health human resource capacity.
- Implement the Essential Care Partner program (when fully launched by OCO).

Long-term care homes:

- Continue to support the flow of patients from hospitals and the community by increasing the availability of beds, particularly those being held for isolation purposes.
- Enhance emergency department diversion by maximizing the availability of in-house clinical support for acute illnesses, ensuring access to primary care.
- Ensure timely assessment and testing for respiratory illnesses, including COVID-19, and ensure clinical pathways for appropriate therapeutics (including Paxlovid and Tamiflu).
- Promptly repatriate residents who have been in hospital and have been discharged, ideally within 24 hours, inclusive of weekends.
- Implement models of care and expanded scope of practice initiatives, where needed, designed to safely optimize health human resource capacity.
- Implement the Essential Care Partner program (when fully launched by OCO).

Home and community care:

- Actively implement the *More Beds, Better Care Act, 2022* in support of increasing the flow of eligible, alternate level of care patients that require care in a long-term care home.
- Collaborate with hospitals to enable patients to return home safely and effectively.
- Maximize efficiency of health human resources by expanding capacity and utilizing innovative models of care (e.g., neighbourhood models of care).
- Implement new strategies aimed at hard-to-reach and vulnerable populations.