



**Ontario
Health**

Operational Direction: Fall/Winter Readiness and Response

ISSUED TO: Health System Partners

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RELEASE DATE: October 3, 2023

Thanks to the dedicated efforts of health care organizations and providers across the province, we have continued to make progress in enhancing access to health services as we transition to a post-pandemic environment. Our goal in preparing for a surge in respiratory viruses this fall/winter is to maintain this momentum, support ongoing efforts, and minimize impact on patient care.

At this point, while we are seeing a rise in COVID-19 transmission, the overall risk to Ontarians has been diminished through increased immunity, high vaccination rates, and the availability of tools such as antivirals to manage the impacts of the virus. However, the overall risk posed by seasonal viruses this fall/winter is expected to continue to be atypical compared to pre-pandemic years based on observations from the southern hemisphere in summer 2023. We anticipate an early start to the influenza season, co-circulation of influenza A and B, and low-to-moderate RSV levels in most regions, including increased respiratory illness burden among pediatric populations.

Working in collaboration with our Ministry colleagues, the Office of the Chief Medical Officer of Health, and other partners, we have identified several actions to support our collective efforts to prepare for these anticipated pressures this fall and winter, consistent with our actions in previous years. As always, we encourage you to reach out to your Ontario Health regional teams for questions and support.

Thank you for your attention to this information and for your continued dedication to providing safe, high-quality care.

Operational Direction

All sectors:

- Actively coordinate and support local surge, inter-region and provincial responses with Ontario Health regional teams and [Ontario Health Teams](#) (OHTs, where appropriate).
- Promote equitable access to care for First Nations, Inuit, Métis and urban Indigenous; Black; racialized; newcomer; and low-income populations, with a strategic focus on high-priority communities.
- Prioritize provincial and regional alternate level of care (ALC) reduction targets, including prompt implementation of funded initiatives.
- Maximize health human resource (HHR) capacity by utilizing innovative models of care and expanded scopes of practice where needed.
- Implement strategies to maximize influenza and COVID-19 vaccine uptake among health care providers, patients, residents, clients, and caregivers.
- Utilize existing virtual care pathways to improve access to care, where appropriate and consistent with guidance.
- Encourage patients and clients to access [Health811](#) for non-urgent health inquiries and questions.
- Ensure patients are aware of services available through pharmacies, including influenza and COVID-19 vaccines, COVID-19 treatment, and treatment for minor ailments.
- Share information about available [mental wellness supports for health care workers](#).

Primary care:

- Continue to be instrumental in prevention and care of respiratory illness for your patients through testing, immunization, and treatment, in particular early identification of those who would benefit from COVID-19 treatment (nirmatrelvir/ritonavir or remdesivir).
- Review the latest clinical guidance and information about COVID-19 vaccination, treatment, and testing as it becomes available.
 - Review Ontario Health's [website](#) for resources related to COVID-19 treatment. New resources include:
 - [Ontario Health Recommendations for Outpatient Use of Intravenous Remdesivir \(Veklury\) in Adults](#)
 - [Information about how to access antiviral treatments for COVID-19 in the community](#)
 - Review the Ministry of Health's [COVID-19 Vaccine-Relevant Information and Planning Resources](#)
- Review the [infection prevention and control guidance](#) from the Ontario College of Family Physicians.
- Ensure adequate PPE supplies are on hand.
 - [Register](#) and order supplies through the [Provincial PPE Supply Portal](#).
- Continue to order COVID-19 PCR testing supplies through your usual channels, and order COVID-19 rapid antigen tests through the [Provincial PPE Supply Portal](#) to distribute to your patients.

- Where appropriate, connect with your local OHT, public health unit, and other local primary care partners to explore opportunities to collaborate and coordinate services.

All hospitals:

- Prepare surge plans to accommodate 120% inpatient capacity and increased emergency department volumes. For post-acute care hospitals, prepare surge plans to match the occupancy levels of surrounding acute care hospitals.
- Continue to prioritize ALC reduction and implement initiatives to improve access and flow while maximizing diversion strategies away from acute care.
- Aim to maintain scheduled surgeries and procedures, prioritizing patients waiting beyond clinical access targets (“long waiters”) and ramp up scheduled surgeries that do not require any inpatient footprint.
- Connect with your local OHT where appropriate to identify care options in the community for those who do not require emergency or acute care services.
- Utilize supports and resources provided by the Ontario Caregiver Organization (the [Essential Care Partner Support Hub](#)) to ensure that caregivers are identified, included, and supported as essential care partners.
- Collaborate with IMS and/or regional and provincial tables to balance capacity, including accepting transfers of patients in a timely manner (ideally within 24 hours) when directed.
- Continue to use a standard person-centred admission process that includes consent to transfer to another hospital, if required.
 - Review the Ontario Hospital Association’s [patient transfer resources](#).

Emergency departments:

- Continue to follow the Emergency Department Mitigation and Closure Protocol for reporting potential and confirmed closures.
- Ensure HHR preparedness (e.g., staff are alerted, and back-up/fan-out contact lists are complete and up to date).
- Utilize the Emergency Nursing Pediatric Course and Pediatric Advanced Life Support recertification programs to prepare teams in high-acuity pediatric patient care.
- For small, rural, and remote hospitals with emergency departments, utilize the educational opportunities available through the [ED Nurse Education Program](#), which provides nurses (RNs/RPNs) with immediate access to ED nursing education.
- Leverage the Emergency Department Peer-to-Peer program for 24/7 access to coaching or support from emergency medicine physicians.
- Continue to prioritize patient safety in the context of extended wait times, including ensuring timely triage of arriving patients and offload of ambulance arrivals, and regular check-ins with waiting patients and families.
- Identify additional space for patient care. This may include cohorting of patients (where appropriate and with advice from infection prevention and control teams).
- Where appropriate, work with your local OHT, primary care teams, community pediatricians, and family physicians to support after-hours coverage.

Pediatric specialty hospitals and community hospitals with pediatric programs:

- Prepare surge plans to accommodate up to 120% capacity.
- Continue to prioritize surgeries and procedures, including prioritizing patients waiting beyond clinical access targets (“long waiters”) and ramp up scheduled surgeries that do not require any inpatient footprint.
- Collaborate with other hospitals providing pediatric care to share best practices and support a unified, coordinated pediatric system.
- Support timely repatriation from pediatric specialty hospitals to community hospitals, ideally within 24 hours.
- Utilize peer-to-peer channels between pediatric specialty hospitals and community hospitals to support health care providers when faced with challenging care situations.
- Implement newly funded initiatives that will support fall/winter surge response, including rapid assessment clinics to support emergency department diversion.
- Collaborate with IMS and/or regional tables, including accepting transfers of patients. Ensure transfers to community hospitals are accepted within 24 hours when directed.

Rehabilitation and complex continuing care:

- Implement the Operational Direction on Rehabilitation and Complex Continuing Care Capacity and Flow (released July 12, 2023), including working towards implementing a 7-day-a-week discharge and admissions process.
- For post-acute care hospitals, prepare surge plans to match the occupancy levels of surrounding acute care hospitals.

Long-term care homes:

- Proactively assess residents for COVID-19 therapeutics prior to potential infection, as outlined in [COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings](#).
 - Review Ontario Health’s [resources related to COVID-19 therapeutics](#).
- Reduce potentially unnecessary ED visits by maximizing the availability of in-house clinical support for acute illnesses, ensuring access to primary care, and leveraging in-house or community diagnostic resources.
- Utilize supports and resources provided by the Ontario Caregiver Organization (the [Essential Care Partner Support Hub](#)) to ensure that caregivers are identified, included, and supported as essential care partners.
- Promptly repatriate residents who have been in hospital and have been discharged, ideally within 24 hours, inclusive of weekends.
- Connect with local Infection Prevention and Control (IPAC) Hubs to access IPAC expertise and support where needed (contact IPACHubs@ontario.ca for more information).
- Ensure adequate PPE supplies are on hand.
 - [Register](#) and order supplies through the [Provincial PPE Supply Portal](#).

Community support services providers:

- Continue to provide patient programming that enables patients/clients to maintain independence in the community.
- Communicate with clients about the importance of vaccinations against influenza and COVID-19.

Home and community care providers:

Direction provided in partnership with Home and Community Care Support Services

- Continue to support service continuity.
- Collaborate with hospitals to support safe and timely transitions of patients from hospital to home.
- Continue to implement capacity planning initiatives, particularly in hard-to-serve areas, including virtual care, shift-based care and approved new models of care.
- Maintain and strengthen regional pathways for administration of intravenous COVID-19 therapeutics (remdesivir) to keep people out of emergency departments and hospitals.
- Work collaboratively with Regional Tables and regional strategies to support local emergency department diversion strategies and support the transition of ALC patients to home and community settings.
- Communicate with clients about the importance of vaccinations against influenza and COVID-19.