Clinical Services Recovery Planning in Toronto Central
Background

March 15, 2020: CMOH issued Directive #2:

- “All non-essential and elective services should be ceased or reduced to minimal levels . . . until further notice.”
- Compared to same time period 2019:
  - 34% fewer adult oncology surgeries
  - 93% fewer adult non-oncology surgeries and pediatric surgeries
- As the COVID-19 pandemic evolves, it is important to consider the impact of deferred care and develop a plan to resume services while maintaining COVID-19 preparedness
A Measured Approach

- **May 7, 2020:** Ontario Health (OH) released: *Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic* which identifies criteria for safely reintroducing scheduled surgical and procedural care

- Requirement that the OH Region and hospital *jointly sign-off* on the hospitals plans – to be reviewed weekly
Core Assumptions

- The pandemic may last many months to years
- Emergency and urgent care has continued during the pandemic
- Hospital capacity has been created during the pandemic and will need to be maintained to accommodate COVID-19 (15% surge capacity)
- Important determinants of system capacity: HHR, PPE, meds, testing
- Hospitals expected to continue support of congregate living settings (e.g. LTC) until stabilized
- **Directive #2 is still in effect** – scheduled clinical activity should not be resumed until ended or amended
Levels of Planning

| Ontario Health | • Issuing guidance to regions and hospitals  
• Providing data to support hospital and regional planning |
| Toronto Region | • Developing a companion document to the Ontario Health Report  
• Supplementing with a regional lens  
• Developing recommendations on how we collectively plan to ramp up & optimize capacity |
| Toronto Hospitals | • Participating in Regional Planning  
• Internal recovery planning |
Toronto Regional Clinical Services Recovery Planning Group

Objectives:

• Collate & review local data (e.g. system pressures, capacity, waitlists)
• Articulate local triggers for ramp-up / ramp-down of activity
• Identify opportunities to improve care delivery and optimize system capacity across the region
• Toronto Regional Framework to be complete by end of May 2020
Toronto Regional Clinical Services
Recovery Planning Group

Five Work Streams have been convened to support the work of the Clinical Services Recovery Planning Group

1. Data/analytics
2. Guiding Principles, Case Prioritization, Triggers
4. Capacity Optimization & System Transformation
5. Pediatrics
Hospital assessment for surgical/procedural increase begins

- Reassessment weekly
- Communicate & collaborate with regional leadership
- Mitigate items marked “Discussion Required”
- Have the risks been mitigated?
- Yes: Reassess weekly
- No: Proceed with creating a plan for increased capacity
- Proceed with implementing increase using a measured approach

Table 1. Feasibility Assessment
- Community has a manageable level of disease burden
- Sustained decline in the rate of cases over the past 14 days
- Site has stable rate of COVID-19 cases
- Stable supply of PPE
- Adequate capacity of health human resources
- There is a plan for addressing post-operative COVID-19 diagnostic testing
- Confirmed availability of post-acute care outside the hospital
- Waste management mechanisms in place to support clinical prioritization

You have marked “Criteria Met” for all items

- Communicate & collaborate with regional leadership
- Discuss and confirm feasibility of low-resource intensity surgery/procedures
- Redistribute cases if appropriate

Table 2. Detailed List of Considerations
- Regional status
- COVID-19 Cases
- Capacity
- Health Human Resources
- Supply Chain
- Ramp-Down Planning (if needed)

Communicate & collaborate with regional leadership

- Validate community impact of COVID-19 in your region
- Confirm required supplies are available to support your plan
- Review opportunities to support regional planning
- Mitigate items marked “Item required discussion”

Proceed with creating a plan for increased capacity

- Proceed with implementing increase using a measured approach

Has the region signed-off?
- Yes
- No

Note: Joint sign-off by both the COVID-19 regional steering committee and the hospital oversight committee is required before an increase in surgical and procedural activity can be initiated.