Ontario Critical Care Clinical Practice Rounds (OC3PR)

May 25, 2021
From 2:30 PM - 3:30 PM EDT

Ramping Up Activity After the COVID-19 Third Wave

Presenter: Dr. Chris Simpson
Chaired by Dr. Dave Neilipovitz

Meeting Etiquette

- Due to attendee numbers, participants will be muted and will be able to submit questions to the panelist
- Please note, reproduction in part or in full of any of this presentation requires express permission from CCSO.

Hosted by
CCSO | SMPCO

RAMPING UP ACTIVITY AFTER THE COVID-19 THIRD WAVE

Critical Care Services Ontario

DR. CHRIS SIMPSON | MAY 25, 2021

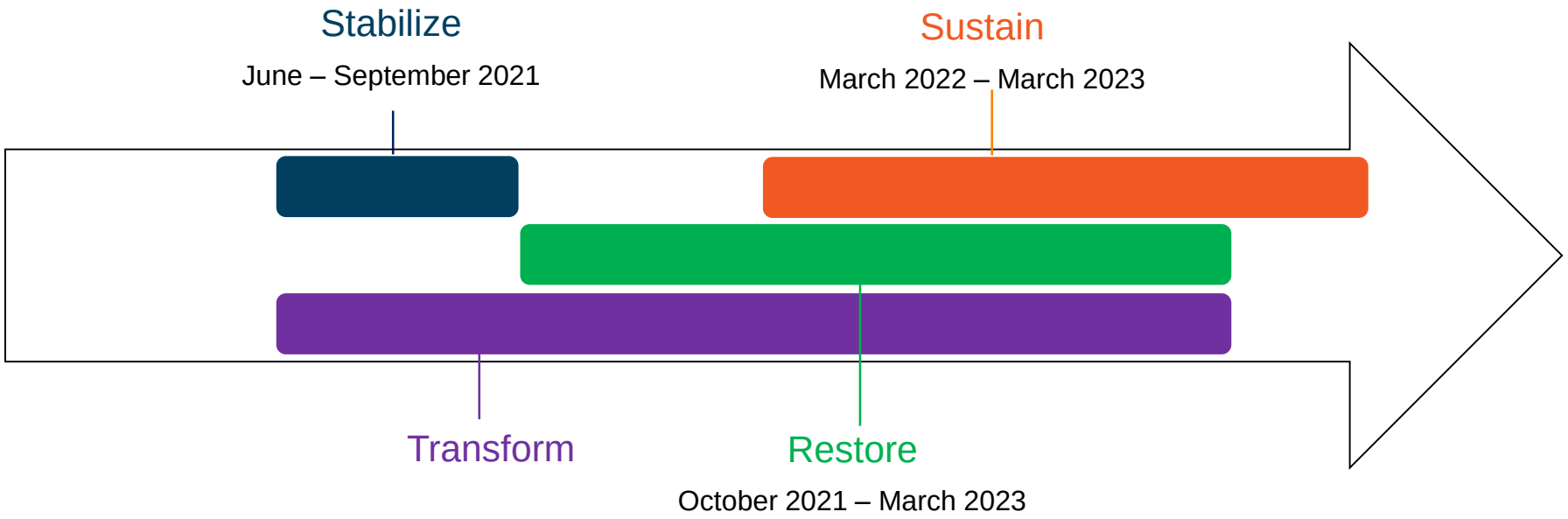
Ontario Health

Outline

- Health system recovery planning
- Understanding the pandemic-induced care deficit
- Gradual resumption of activity

Health system recovery planning

A Phased Approach to Health System Recovery



Stabilize health system and workforce to ensure available capacity to recover from COVID-19. Lifting temporary and emergency measures in place to manage the urgent capacity needs.

Restore functionality in areas where pandemic adversely affected care and services (while addressing pre-existing health inequities, prioritizing populations and communities disproportionally impacted by COVID-19).

Sustain positive changes that have been effective.

Transform the system to adopt new processes, care pathways, and structures in areas where fundamental change is required.

Ontario Health

Assumptions about Resuming Non-Emergent and Non-Urgent Surgeries and Procedures

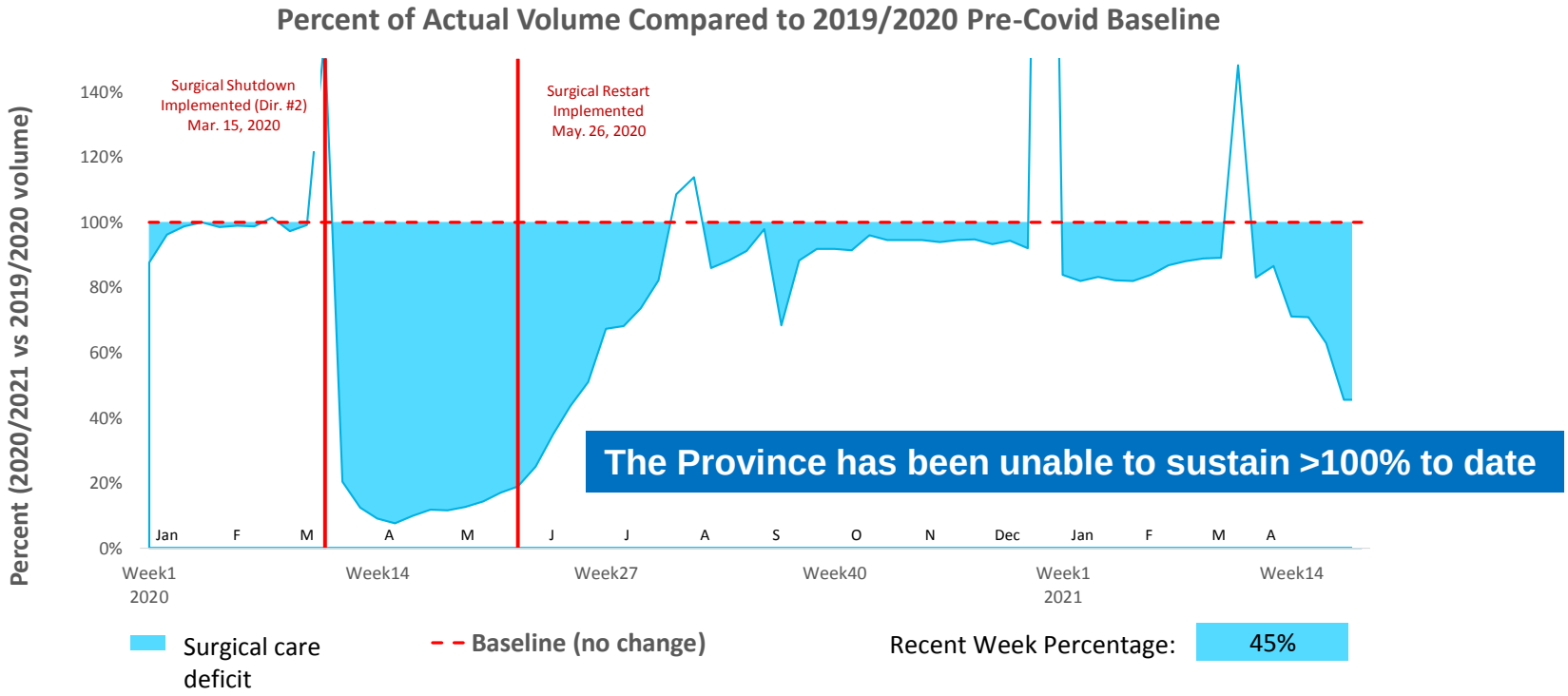
- Hospitals across the province will continue working together as an integrated system
- Continued capacity for COVID-19 will be required
- A focus on equity and reducing health disparities will guide decision-making
- Communities and health care organizations have been impacted by COVID-19 asymmetrically and as a result, harder-hit communities will be prioritized for support. The actions and the resources required to resume surgeries and procedures will vary between communities
- The health and safety of patients, caregivers, and health care workers will continue to be prioritized through diligent infection prevention and control and public health measures

Recovery for Surgeries and Procedures

- Understanding the pandemic-induced care deficit
- A gradual ramp up of activity
- Care within recommended/evidence-based wait times
- A focus on bottlenecks and preventative care (i.e., upstream and downstream)
- Reducing inequities in accessing care

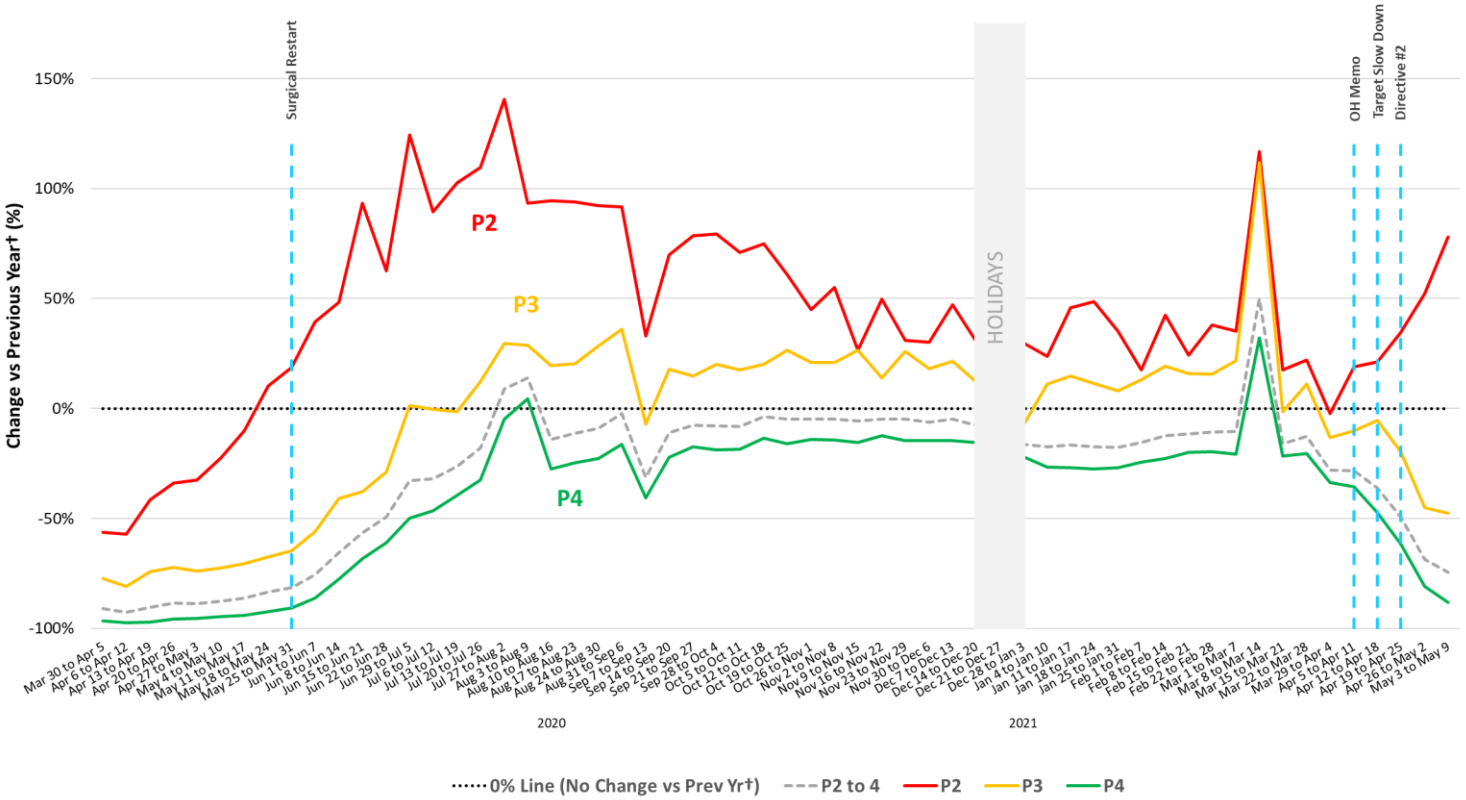
Understanding the pandemic-induced care deficit

Care was better optimized in Waves 2,3 vs.1



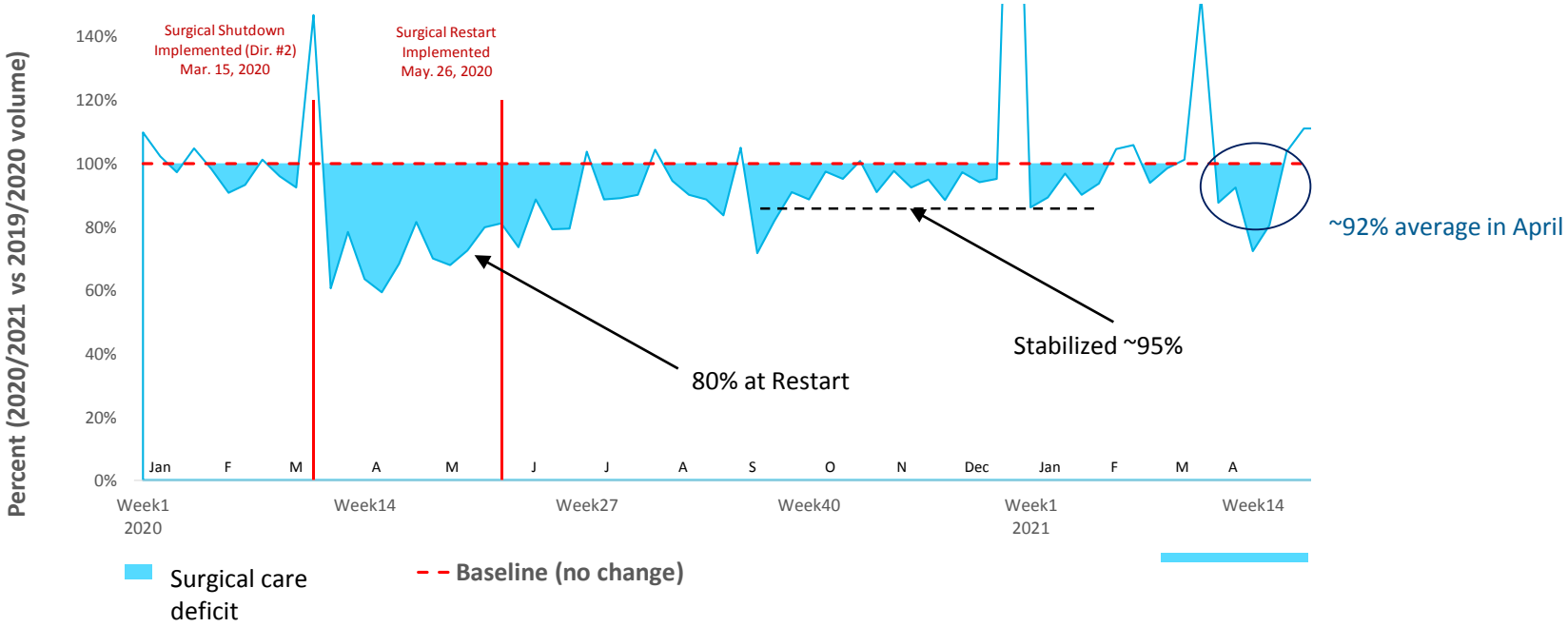
Ontario Health

Higher priority procedures were more likely to be seen throughout pandemic



Magnitude of the care deficit varies widely by procedure type (cancer surgery, excluding skin)

- April 2021 higher than Wave 1 surgical restart, with only ~3% drop since stabilized 95% recovery in late 2020



Surgical Service Area	Estimated Pandemic Care Deficit (*as of April 19, 2021)	Estimated % of Total Pandemic Care Deficit	Estimated Overall ICU Bed Usage (Based on CMAJ article est's)
All Surgery	**257,536**	**100%**	**11.6%**
Cancer Surgery	10,502	4%	7.7%
Orthopaedic (50% is joint replacements)	46,614	18%	1.2%
Ophthalmology (88% is cataract surgery)	65,409	25%	0.01%
Gynaecology (67% is benign uterine surgery)	24,711	10%	0.2%
General Surgery (34% is hernia surgery)	28,207	11%	1.1%
Paediatric	30,598	12%	2.7%
Cardiac	282 (^see note 2)	0.1%	99% (CABG/Valve)
All Other Areas (*excluding transplant surgery)	51,777	20%	~1.2% on average (areas like Thoracic and NSx are higher – 12.6% & 11.2%)

***Note 1:** Data from April 19, 2021 was used to remain consistent with pandemic care deficit scenarios
^Note 2: Cardiac surgery data is being adjusted so estimated care deficit may be higher than it appears

Gradual resumption of activity

Current state

- Directive #2 for Health Care Providers was rescinded on May 19, 2021 to enable hospitals to gradually resume non-emergent and non-urgent surgeries and procedures if criteria outlined by Ontario Health are met
- Ontario Health's criteria requires hospitals to cautiously begin resuming non-emergent and non-urgent surgeries and procedures that are not expected to require inpatient resources

Initial criteria for gradual resumption: May 19th Memo #1

- Hospitals that meet the defined criteria may begin resuming non-emergent and non-urgent surgeries and procedures that are not expected to require inpatient resources. The criteria address:
  - Capacity
  - HHR
  - Incident Management System (IMS) transfers
  - Critical supplies and equipment
  - Diagnostic and supporting services
- Ontario Health and regional structures will collaborate to coordinate and oversee equitable access to care

Ontario Health

Next steps in the gradual resumption of activity

- Ontario Health will monitor changes in activity, case counts, and hospitalizations, and will issue additional instructions to hospitals regarding ramp-up in the coming weeks

Impact of ramp up activity on critical care

- COVID-19 IMS structures
- ICU bed capacity in the future state

Thank you for joining us today

Feedback?
Suggestions for the next topic?

Submit ideas in our evaluation survey (Link in chat)

Subscribe — **Critical Care Services Ontario**

Follow — **@CriticalCareON**

Join — Eventbrite

Jun 3, 2021
2:00 PM to 3:00 PM EDT

ECLS for COVID-19 Patients: The Ontario Experience

Questions? **info@ccso.ca**

Hosted by
CCSO | SMPCO