Ontario

Ministry of Health

COVID-19 Directive #2: Questions & Answers

February 10, 2022

This document is to accompany the memo revoking CMOH Directive #2 issued February 1 2022. This information is current as of February 10, 2022 and may be updated as the situation on COVID-19 continues to evolve.

It is expected that this guidance will be consistently applied across all regions in Ontario to help health care partners resume a full complement of services with Directive #2 being revoked.

In the event of any conflict between this guidance document and any applicable legislation, such as the *Reopening Ontario (A Flexible Response to COVID-19) Act*, *2020* or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the legislation, order or directive prevails. Please see Ontario's COVID-19 website for more general information as well as for updates to this document.

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Questions & Answers

1) Why has Directive #2 been revoked?

The intent of Directive #2 was to maintain health system capacity and health human resources to address the needs of critically ill patients and to respond effectively to COVID-19, while minimizing the risk of harm to patients of deferred care.

The revocation of Directive #2 signals that our health care system has the capacity to begin cautiously and gradually resuming non-urgent and non-emergent surgeries and procedures in public hospitals. Ontario Health will be working closely to monitor the resumption of services and a number of key health system indicators, including intensity of community transmission, medical/surgical hospital capacity, ICU capacity and health human resources capacity.

The ministry will continue to carefully monitor impacts on the overall health care system and our response to COVID-19.

2) Who is affected by the revoking of Directive #2?

The Directive was issued to**:**

Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals, referenced in paragraph 1 of the definition of "health care provider or health care entity" in section 77.7(6) of the *Health Protection and Promotion Act,* including Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals in a hospital within the meaning of

the *Public Hospitals Act*, and in other settings such as in a private hospital within the meaning of the *Private Hospitals Act*, or in an independent health facility within the meaning of the *Independent Health Facilities Act*.

With Directive #2 revoked, hospitals will receive operational direction from Ontario Health on optimizing care and gradually resuming deferred services.

3) What does it mean for patients when Directive #2 is revoked?

It means that our province is moving in a positive direction and that we are seeing COVID-19 hospitalizations and ICU admissions steadily decline. This would indicate our health care system has the capacity to slowly begin resuming previously deferred non-urgent and non-emergent clinical services.

This also means that patients whose surgeries and procedures were previously deferred could soon see those surgeries and procedures rescheduled when it is appropriate to do so and local conditions permit.

4) When will hospitals reschedule deferred surgeries and procedures?

The resumption of non-urgent and non-emergent surgeries and procedures in public hospitals should be phased and gradual. While hospital capacity pressures are improving, capacity pressures persist in various regions, which means there needs to be a cautious approach to resuming surgical and procedural activity and continued resource-sharing across the system. Non-urgent and non-emergent surgeries and procedures will be rescheduled when local conditions permit.

We know that not all regions of Ontario will be able to move to Phases 3 and 4 of Ontario Health's resumption plan at the same time. Ontario Health has identified indicators to transitioning to different phases to ensure hospitals can manage the increase in patient traffic, while responding to the local impact of COVID-19 infections. Ontario Health and Chief Regional Officers will provide direction to each region on the pace of service resumption and moving through the phases.

5) How does the revoking of Directive #2 affect regulated health professionals in public hospitals?

Regulated health professionals in public hospitals could begin to see increases in capacity and patient traffic. Regulated health professionals will continue to be guided by their regulatory colleges, as well as direction from Ontario Health on the gradual resumption of surgical and procedural activities in hospitals.

The ministry and Ontario Health will continue to closely monitor the impacts of the resumption of services will have on the system, as well as on the wellbeing of staff and human resources capacity.

6) When will public hospitals be ready to provide a full complement of services?

Ontario Health will work closely with public hospitals to provide operational guidance on the gradual return to normal volumes of surgeries and procedures. However, this will take some time, and must be done cautiously and gradually to ensure there are no negative impacts on urgent and emergent clinical services, that COVID-19 hospitalization and ICU admissions are managed, and that hospitals continue to be able to accept transfers to maximize the use of resources across the province.

7) How will hospitals know they are ready to move from Phase 2 to Phase 3

With the revoking of Directive #2 on February 10, 2022, hospitals are expected to closely follow the operational guidelines provided by Ontario Health on a phased resumption of deferred clinical services, and on when to progress through Phases 2 through 4. Ontario Health and Chief Regional Officers will work with hospitals to determine readiness to move to a phase of further increase in surgical and procedural activity based on local conditions.

Through the operational guidelines, provincial indicators of health care system readiness must be met and maintained for a period of time before a hospital can move to the next phase. Moreover, should there be changes in capacity, increase in COVID-19 hospitalizations and ICU admissions, or unstable health human resource capacity the progression through phases will pause and be re-assessed.

8) Some hospitals have been transferring patients to other hospitals in accordance with Directive #2.1 to optimize the availability of hospital care for all Ontarians who need it. Will that change after Directive #2 is revoked?

No, that will not change. Directive #2.1 remains in effect independently of Directive #2. On February 10, 2022, Direction #2.1 was updated to reflect the revocation of Directive #2. Directive #2.1 directs hospitals to use best efforts in accordance with applicable law to transfer or support the transfer of patients within and between hospitals to maximize hospital system capacity and to provide care to the greatest number of patients as possible. Hospital Care Providers are also required to participate in any system coordination and reporting processes that may be established by Ontario Health. This collaboration is key to enable all hospitals to return to previous volumes together, so no one region is left behind.

9) Does Directive #2.1 override applicable patient consent requirements?

No – Directive #2.1 does not override applicable laws relating to consent. All hospitals are encouraged to establish a policy relating to patient transfers under which a hospital would explain to patients – upon admission or at the earliest opportunity – that there could potentially be a need to transfer them to another hospital and seek the requisite consents. Patient transfers are part of a collaborative effort between hospital partners to balance pressures and to lend a helping hand to neighboring

hospitals that require additional capacity to provide quality care.

10)What impact has Directive 2 had on surgical output, wait lists, and wait times?

Timely access to health care is a very important issue for the government of Ontario, and we recognize that the COVID-19 pandemic has impacted this.

Between December 30, 2021 and January 26, 2022, hospitals completed 32% of the volumes they had completed between November 25 and December 22, 2021, a drop of 33,000 surgeries. Cancer and cardiac surgeries were less impacted than other non-urgent non-emergent surgeries and wait times for cancer surgery remain stable and in line with pre-pandemic benchmarks.
In the same time frame, there was a 69% reduction in new additions to the wait list, so while surgeries were ramped down, the wait list did not grow substantially due to reactive ramp downs in pre-surgical health care.

Diagnostic Imaging output dropped by approximately 15% during Directive 2, with wait times climbing from ~90 days to a peak of 100 days.

11) How is Ontario addressing these impacts to surgical and procedural wait times?

By revoking Directive #2, hospitals can begin scheduling surgical and procedural activities that were deferred previously in a gradual, cautious and balanced approach and in alignment with operational guidance provided by Ontario Health.

In addition, in order to support surgical ramp up and increase surgical, procedural and diagnostic imaging capacity between pandemic waves within Ontario, on July 28, 2021, the provincial government announced that it is investing up to $324 million in new funding to enable Ontario's hospitals and community health sector to perform more surgeries, magnetic resonance imaging and computed tomography scans, and procedures.

To help build capacity in Ontario, the government has invested an additional $1.8 billion in the hospital sector in 2021-2022, bringing the total additional investment in hospitals since the start of the pandemic to over $5.1 billion and creating more than 3,100 additional hospital beds. The ministry continues to work with Ontario Health to build further capacity – which can be used to address surgical recovery as we move beyond the pandemic.

Ontario Health and its regional offices are working closely with hospitals to address patient needs, and timelines will vary from hospital to hospital and be conditional on local capacity to ensure the health and safety of patients and health care workers.

12) Why is Directive #2 being revoked now, when, hospitalizations and critical care admissions with COVID-19 infection are still high?

The ministry recognizes that our health system has been operating at a high level, with significant pressures over the last few months. Ensuring we have continued capacity to respond to COVID-19 is still amongst our top priorities.

Over the last few weeks, recent data shows that hospitalizations and ICU admissions have continued to decline. In collaboration with Ontario Health, the ministry has carefully reviewed the capacity within the health system and has determined there is current capacity to begin gradually resuming non-urgent and non-emergent surgeries and procedures in public hospitals where local conditions permit. Ontario Health has issued operational guidance to hospitals on a gradual and phased resumption of services, which all hospitals are expected to follow.

13) What do I do if I have a question about the revoking of the directive?

Questions about the interpretation of this and all other directives can be sent to EOCOperations.MOH@ontario.ca .

14) Deciding how to provide care: In-person vs virtual

Health care providers should continue in-person visits based on both clinical need and patient preference. Providers must make decisions that are in their patient's best interest and work together to find a solution that satisfies the need for patient access, safety, and quality care. Further information about continuation of in-person visits in primary care settings can be found in the COVID-19 Guidance: Primary Care Providers in a Community Setting (gov.on.ca)