



To: Hospital CEOs

From: Matthew Anderson, President and CEO, Ontario Health

Date: June 3rd, 2021

Re: **Resumption of non-emergent and non-urgent surgeries and procedures: Memo #2**

On Wednesday, May 19, the Chief Medical Officer of Health rescinded Directive #2 for Health Care Providers, enabling hospitals to gradually resume non-emergent and non-urgent surgeries and procedures following the requirements set out by Ontario Health. Ontario Health followed with a memo ([Memo #1](#)) that outlined criteria for hospitals to begin resuming non-emergent and non-urgent surgeries and procedures that are not expected to require inpatient resources.

Over the past several weeks, we have continued to monitor new cases, hospitalizations, and ICU admissions and are encouraged to see that the recent downward trends have been sustained. Although the number of patients with COVID-19 in hospitals and ICUs in Ontario remains high, some hospitals now have the capacity to safely resume non-emergent and non-urgent surgeries and procedures to include those that require inpatient and critical care resources.

Therefore, at this point, hospitals meeting the following criteria may resume all non-emergent and non-urgent surgeries and procedures, including those requiring inpatient and critical care resources:

1. The hospital is ready to accept patient transfers as directed by our Incident Management System (IMS) structures to support acute and critical care capacity during the COVID-19 pandemic.
2. There is a plan in place for how the hospital will incrementally create capacity for staffed adult inpatient beds to care for COVID-19 and non-COVID-19 patients.
3. HHR are available for urgent and emergent care and to support any required expanded critical care capacity. Innovative team-based approaches to HHR are encouraged to facilitate resumption of non-emergent and non-urgent care.
4. The hospital is committed to continued collaboration with regional structures to support a provincial approach to health system capacity.
5. Critical supplies sufficient to meet both current usage and projected requirements are available.
6. Diagnostic and supporting services required for resuming surgical and procedural services are available (e.g., diagnostic imaging, pathology, transfusion medicine laboratory or blood bank).

Hospitals should work closely with Ontario Health regional leadership to develop and confirm plans for resumption as they will monitor surgical activity to ensure that all hospitals are able to make progress toward resuming surgical and procedural activity. Over time, we anticipate recovery in all hospitals;



however, currently some of our hardest-hit GTA hospitals remain in need of support from partner hospitals, including potential patient transfers. As COVID-related critical illness (CRCI) admissions in ICUs remain higher than the peak of the second wave, GTA hospitals will continue to work with regional leadership to balance community needs.

All signs are pointing towards a system recovery, requiring us to continue our work together as we restore care to Ontarians. Thank you for all you are doing. I remain sincerely grateful for your ongoing collaboration and partnership.

Matthew Anderson