OMA Ontario Medical Association

Principles for the Re-introduction of Deferred Services

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Introduction

The present pandemic being felt throughout the world has put an unprecedented strain on Ontario's health care system. Certain services have been re-prioritized, including a reduction in deferred services, to prepare and manage the system for COVID-19. For the purpose of this document, "deferred services" refers to services that were specifically deferred or would have been deferred (i.e. identified as "deferrable").

As cases of COVID-19 continue at a manageable and declining rate, health care settings will need to prepare to begin re-introducing certain deferred services in a graduated manner, particularly to ensure that those requiring deferred services are not put at risk of increased morbidity. This re-introduction must be done with consideration for the continued threat of COVID-19 to patients, health care workers, and health care facility staff, as well as the continued risk of future outbreaks and surges of COVID-19 in congregate settings and the general population.

Purpose

The purpose of this document is to inform system-level guidance on how deferred services can be gradually ramped up. It builds on the document '*A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic*' from Ontario Health, released May 7th, 2020, which focusses on feasibility of managing deferred care with criteria for ramping up, as well as roles and responsibilities of Ontario Health, regions, and hospitals in surgical and procedural planning during the COVID-19 pandemic. Other important and related guidance by the Ontario Medical Association (OMA) include *'Guidance for Hospital Preparedness and Management of COVID'* which provides recommendations on the structure and operation of hospitals and alternate health facilities (AHFs) to manage deferred care while preserving capacity for a future outbreak/surge and '*Reopening Ontario to a 'New Normal': Five Public Health Pillars for a Safe Return*' that details societal and public health considerations for reopening the province.

This document presents the factors which need to be considered in decision-making by government, health care facilities and physicians around which and how deferred services need to be ramped up, when ready, to both manage deferred care and ongoing demand while minimizing the risk of spreading COVID-19 and preserving capacity for a future outbreak/surge. This guidance speaks to deferred care provided in the community-based practice, hospital, and outpatient settings, recognizing that a holistic system-level approach will need to be taken by the government to ensure deferred services are ramped up safely. It is acknowledged that physicians and health care facilities will ultimately need to follow guidance and directives issued by the government, as well as guidance by professional societies/associations, regarding the re-introduction of deferred services.

This document is divided into three parts:

Part I: Guiding Principles to Allow for the Re-introduction of Deferred Services

This part presents principles to guide decision-making to determine readiness to re-introduce deferred services

Part II: Guiding Principles for Identifying Deferred Services to be Re-introduced

This part presents principles to guide decision-making for identifying which deferred services to re-introduce in the community-based practice setting, hospital setting, and outpatient setting, when ready

Part III: Communication Strategy

This part presents key considerations for communicating the re-introduction of deferred services to the public/patients

Part I: Guiding Principles to Allow for the Re-introduction of Deferred Services

This part presents principles to guide decision-making to determine readiness to re-introduce deferred services

Ethical Framework for Decision-Making

- An ethical framework should be used to guide decision-making. Key considerations include:
    - Delivery of essential services takes precedence over any other consideration.
    - Decisions on how and when certain services will be re-introduced, and how to balance the allocation of scarce physician resources between COVID-19-related care and non-COVID-19 essential and deferred services, should be guided by the ethical principles of proportionality, non-maleficence, equity, and reciprocity, as stated by Ontario Health in its guidance.
    - Professional societies/associations will produce guidance for their members. However, to the greatest extent possible in a resource-constrained environment, decisions about prioritizing care, be it essential or deferred, should be based on individual patient risks while considering patient preferences.
    - The needs of COVID-19 patients and the system's prioritized response to the pandemic should be balanced with the need to protect the health of patients with non-COVID-19 conditions. Decisions in this regard should be reached through cooperation with the medical regulator, local and provincial health authorities.
- Ramping up will vary by region dependant on local context.

Phased/Graduated Ramp-Up

- To mitigate any negative or unintended consequences, deferred services should be re-introduced in a phased/graduated manner, first to balance the resource needs that are still required for the COVID-19 response, and second such that it does not substantially increase high risk and occult transmission of COVID-19. Changing circumstances may require a fluctuating need to ramp up and down deferred services, and in particular, re-emergence of COVID-19 may require a dialing back of clinical care.

Preserving Capacity

- Health care facilities and physicians should be nimble in re-introducing deferred services, by ensuring sufficient capacity and resources are maintained to respond to future potential COVID-19 outbreaks/surges, and as per the proportionality principle stated by Ontario Health in its guidance, decisions to resume or increase surgical and

procedural activities should be proportionate to the real or anticipated capacity to provide those services.

- Additional resources will be required to clear the backlog of deferred services. As stated in the Ontario Health guidance, the capacity that has been appropriately created during the acceleration phase of the pandemic, should be considered for use when planning to re-introduce deferred services. Furthermore, even after re-introducing deferred services, system efficiency will remain low.
- Decisions to reintroduce deferred services should be made in consideration of necessary drug availability and ensuring a continued drug supply for urgent services.

Health Human Resources

- Adequate capacity of health human resources must be available in the health care setting, both to allocate to the re-introduction of deferred care as well as respond to a potential future outbreak/surge of COVID-19.
- Allocation of health human resources to ramping up deferred care should not unduly impact the health human resources required for essential care.
    - As stated in the Ontario Health guidance, this includes consideration of overall workforce availability, as well as health human resources being directed to support long-term care.

Infection Prevention and Control

- Infection prevention and control (IPAC) procedures must be continuously implemented in both COVID-19 and non-COVID-19 care areas, and should be prioritized as per the IPAC Hierarchy of Controls: elimination, substitution, engineering controls, administrative controls, and PPE.
- Continued capacity, including health human resources, must be in place to screen incoming patients in accordance with the Ontario Ministry of Health's COVID-19 Patient Screening Guidance.
- Settings should evaluate for high-contact areas and increase the frequency of cleaning in these areas, and increase and communicate access to handwashing and hand-sanitizing facilities.
    - This will need to be codified in new or updated policies and procedures for the health care setting.
- Adequate provincial supply of hand sanitizer and cleaning/disinfecting products must be made available in the province for all health care settings.

Personal Protective Equipment (PPE)

- Sufficient PPE – as recommended by Public Health Ontario's Infection Prevention and Control Recommendations for Use of PPE – must be available for all health care workers, and the phased/graduated approach to ramping up deferred services should be informed by the availability of PPE in stock.
    - Availability of PPE should be coordinated by a provincial government strategy for sustainable procurement and ethical distribution.

- Care, including both essential and deferred services, should only be provided where appropriate PPE is available and in proportion to the overall stock of PPE available to maintain sufficient supply for urgent services and potential future surges.

Testing and Contact Tracing

- Priority testing must be available for all health care workers and those who live with health care workers as per Ministry of Health's COVID-19 Provincial Testing Guidance Update.
- Priority testing should be available for all special patient populations, such as patients undergoing chemotherapy/cancer treatment, dialysis, pre-/post-transplant, pregnant persons, neonates, as per Ministry of Health's COVID-19 Provincial Testing Guidance Update.
- An implementation strategy on how to facilitate priority testing will be required.
- Capacity should be available to test patients at point-of-care if required, to mitigate risk for patients receiving non-COVID-19 clinical and surgical services and their health care providers.
- Capacity to conduct rapid contact tracing for COVID-19 patients must be available.
    - Increased capacity should be enabled by innovative technology solutions at a system level, such as Bluetooth applications, but these solutions must have sufficient privacy protection, be paired with significant efforts to reach majority population uptake to be effective, and can only contribute to and not replace manual tracing.

Physical Distancing

- Health care settings must have a strategy and the capacity and infrastructure to ensure physical distancing measures continue.

Ongoing Monitoring

- Continued COVID-19 surveillance within a health care setting is essential to determine if service re-introduction is being done safely and to identify potential risks.
    - For example, random testing of health care workers and in-patients to detect occult cases in hospitals and testing of all patients before entering the health care facility may be used if testing capacity is available.
- Strategies for ramp-up and frameworks for decision-making should be regularly reviewed and re-evaluated based on lessons identified from monitoring and surveillance as well as updates to provincial recommendations.

Designating COVID-19 Sites

- Consideration should be given to designating spaces and/or facilities for COVID-19 care to facilitate the re-introduction of deferred services in non-COVID-19 designated spaces. Given that not all patients with COVID-19 will be known on presentation due to the risk of asymptomatic and pre-symptomatic transmission, infection prevention and control

procedures and adequate PPE must be utilized in both settings. See OMA's Guidance for Hospital Preparedness and Management of COVID-19.

Digital Health Tools and Virtual Care

- Virtual care, where appropriate, should be used to facilitate a gradual ramping up of deferred services whilst conserving scarce resources such as PPE and clinic/hospital spaces.
- Patients with access to digital health tools should be empowered to use them to self-manage their non-COVID-19 conditions, particularly for chronic diseases, to prevent these conditions from becoming emergent as deferred services are gradually ramped up.

Part II: Guiding Principles for Identifying Deferred Services to be Re-introduced

This part presents principles to guide decision-making for identifying which deferred services to re-introduce in the community-based practice setting, hospital setting, and outpatient setting, when ready

Overall, decision-making should take into account three key factors:

- Patient factors, including a patient's condition, co-morbidities, physical, mental, and social well-being, and the options and risks related to their required care. Risk is according to the impact of waiting on patients' physical and mental health;
- System capacity factors, including the resources required to provide specific services; and,
- COVID-19-specific factors, including the prevalence within the community, testing, and the risk of exposure to and transmission of COVID-19 presented by providing a service.

The principles presented below provide setting-specific guidance according to each of these three factors.

For Community-Based Practice Setting

Patient Factors

- Physicians are in the best position to prioritize care in their practice based on their understanding of the local need and patient populations. This will require physicians to come together and to balance risks within and between disciplines. Decisions will need to be made in conjunction with regional tables.

- Continuously monitor and assess:
    - what services require an urgent in-person visit;
    - which in-person services can be safely deferred and for what length of time; and
    - what services can be appropriately and effectively provided virtually as well as which patients have access to devices that enable virtual care.
- Re-introduce deferred services in a graduated manner in order to enable access to time-sensitive care to the greatest extent possible.
- Consider a patient's physical, mental, and social well-being in determining what is time-sensitive.
- Consider a patient's level of risk for COVID-19.

System Capacity Factors

- Determine current availability and anticipated need for PPE to provide deferred services, per Public Health Ontario's Infection Prevention and Control Recommendations for Use of PPE.
- Implement physical distancing as much as possible, including:
    - Minimizing interactions between health care workers and between health care workers and patients, such as limiting the number of patients permitted in the office at one time;
    - Staggering coverage in the office to ensure availability;
    - Minimizing the number of workers in the office;
    - Increasing distance between workstations;
    - Minimizing people in lines and waiting rooms, as relevant;
    - Keeping distance until executing an exam; and,
    - Conducting elements of required in-person appointments virtually, such as preparatory work, where possible.
- Consider laboratory capacity, including laboratory medicine physicians and other laboratory-based health human resources, as labs continue to provide COVID-19 testing support. Care must be taken not to overwhelm these finite resources in making decisions related to ramping up services that require laboratory capacity.
- Regularly communicate with colleagues regarding best practices and ways to deal with limited resources.

COVID-19-specific Factors

- The prevalence of COVID-19 within the community should be considered to determine the level of risk presented by asymptomatic transmission in reintroducing certain deferred services to those who screen negative for COVID-19.
- Physicians should monitor levels of COVID-19 amongst their patient population to determine if deferred services can continue to be provided safely.
- Physicians and/or staff should screen patients for COVID-19 symptoms before determining if services can safely be provided.

For Hospital Setting

Patient Factors

- Re-introduce deferred services in a graduated manner to enable access to time-sensitive care to the greatest extent possible. This would include, but is not limited to:
    - Time-related disease like certain cancers, particularly if the outcome is treatment related;
    - Treatments/procedures for which there is risk of significant morbidity or mortality if there continues to be delays; and
    - Non-emergent activity that will or may convert to emergent.
- Consider a patient's physical, mental, and social well-being in determining what is time-sensitive.
- Consider a patient's level of risk for COVID-19.
- Consider treating healthy patients suitable for day surgery or short stay (overnight) inpatient care and procedures amenable to local or regional anaesthesia techniques in an attempt to minimize impact on hospital resources.

System Capacity Factors

- Re-introduce deferred services in a phased/graduated manner; however, the timing and specific service introduction may vary from organization to organization based on capacity.
- Each hospital should review all deferred services in engagement with the treating physician, relevant department head(s), and multi-disciplinary health care team members.
- Decisions to re-introduce certain deferred services must be made while preserving surge capacity for potential future outbreaks. As stated in the Ontario Health guidance, a hospital must have at least 15% acute care capacity reserved for COVID-19 care.
- Determine availability of ICU capacity for deferred care requiring predictable ICU stay.
- Maintain capacity within emergency departments for urgent services and surge capacity.
- Determine availability of resources necessary for a deferred service, including:
    - Current supply and anticipated need for PPE, per Public Health Ontario's Infection Prevention and Control Recommendations for Use of PPE;
    - Availability of necessary drugs while ensuring a continued drug supply for urgent services;
    - Availability of health human resources, including interprofessional team members;
    - Beds and designated beds within institutions, which must be managed according to the priority and needs of patients;

    - Laboratory capacity, including laboratory medicine physicians and other laboratory-based health human resources, as labs continue to provide COVID-19 testing support. Care must be taken not to overwhelm these finite resources in making decisions related to ramping up services that require laboratory capacity;
    - Availability of hospital spaces for safely providing deferred care:
        - Availability of space that can be re-purposed to provide deferred services, including the establishment of designated spaces within the hospital and/or alternate health facilities (AHFs) for either COVID-19 or non-COVID-19 care; see OMA's Guidance for Hospital Preparedness and Management of COVID-19.
        - Implement physical distancing as much as possible when providing deferred care. For examples in the hospital setting, see the OMA's Guidance for Hospital Preparedness and Management of COVID-19.
    - While re-introducing deferred services in accordance with patient needs, facilities should also maximize the delivery of services that do not require significant resources in terms of PPE, drugs, health human resources, and hospital resources including ventilators and ICU space, to address the backlog of services while limiting demand on these critical resources.
- Community-based practice and outpatient supports required beyond discharge must be considered before determining if there is system capacity to reintroduce a service. See "For Community-Based Practice Setting" and "For Outpatient Setting" in this document.
- For surgical/diagnostic services, the Wait Time Information System (WTIS) priority system would be one method to prioritize patient need.
- Centralized referrals through a single-entry, team-based model can be utilized to shorten wait lists and address the backlog of surgical services in an equitable and efficient manner, as recommended in the Canadian Medical Association Journal.
- Take a regional approach wherever possible for deferred specialized services, to enable some capacity within a region for a given service. This may mean that patients may receive their deferred specialized care at a health care facility other than their usual site of care in order to maximize the available capacity in the system.

COVID-19-specific Factors

- Monitor the influx of COVID-19 patients within the hospital and local trends and prevalence of COVID-19 within the community to determine the level of risk presented by asymptomatic transmission in reintroducing certain deferred services to those who screen negative for COVID-19, and in determining if services can safely be provided without knowing conclusively via testing if a patient has COVID-19.
- Hospitals should develop strategies for segregating COVID-19 and non-COVID-19-related care, and for prioritizing patient and worker health and safety prior to reintroducing deferred services (see OMA's Guidance for Hospital Preparedness and Management of COVID-19).
- For ambulatory clinics, strategies need to minimize risk of COVID-19 transmission such as segregating care within clinics, separating days of clinical activity or different clinics addressing non-COVID-19 and suspected COVID-19 patients.

For Outpatient Settings including Community Care, Home Care and Rehabilitation

Patient Factors

- Re-introduce deferred services in a graduated manner in order to enable access to time-sensitive care to the greatest extent possible.
- Consider a patient's physical, mental, and social well-being in determining what is time-sensitive.
- Consider a patient's level of risk for COVID-19.
- Use virtual care, where appropriate, to facilitate expedited discharge of patients from hospitals and reduce outpatient/post-surgical visits.

System Capacity

- Determine the current availability and anticipated need for PPE to provide outpatient care.
- Shift deferred surgeries from hospitals to outpatient surgeries wherever possible, and where appropriate PPE is available.
- Ensure the capacity of home and community care supports for patients, particularly to facilitate expedited discharge of patients from hospitals.
- Determine the availability of rehabilitation and therapy facilities required for outpatient care.
- Use digital health tools to provide secure communication between members of a health care team and secure transmission of care directives from family physicians to other institutions where possible.
- Home care should be allowed to provide services inside long-term care facilities such as IV antibiotics. Any decisions about staff moving between facilities must consider the risk of disease transmission, and expertise and availability of staff. Additional PPE precautions may be needed in these circumstances.
- Integration of care settings and providers can facilitate re-introduction of deferred services by supporting community-based infrastructure and preventing hospitalizations. This can be enabled by advancing the development of Ontario Health Teams where possible.

COVID-19-specific Factors

- Outpatient testing should be conducted wherever possible.

Part III: Communication Strategy

This part presents key considerations for communicating the re-introduction of deferred services to the public/patients:

- Provincial communication should be made by the Ministry of Health and other stakeholders to signal the change to available deferred services, indicate system readiness, ensure patients feel confident in safely accessing services, and reinforce that seeking care is less risky than avoiding it. Communication should also make clear that despite system readiness, individual health care settings may be ready to ramp up different services at different times, and patients should check with individual health care settings regarding availability of deferred services.
- Efforts should be made at the practice level to regularly give patients clear guidance and information regarding the ramping up deferred services, and to provide patients and staff with information regarding the safety precautions in place in the office.
- Template messages can be developed by the OMA to be shared with physicians.

Resources

In addition to these principles, please consult the following Ontario health system resources:

- Ontario Health's 'A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic'
- Public Health Ontario's COVID-19 Health Care Resources, including:
  - 'Infection Prevention and Control Recommendations for Use of PPE'
- Ontario Ministry of Health Guidance:
  - Guidance for the Health Sector
  - Patient Screening Guidance
  - Provincial Testing Guidance Update
  - Self-Assessment Tool
  - Ministry of Health Directives
- OMA Guidance:
  - 'Guidance for Hospital Preparedness and Management of COVID-19'
  - 'Reopening Ontario to a 'New Normal': Five Public Health Pillars for a Safe Return'
- Physicians with concerns or questions about obligations around deferred services should contact the CMPA.