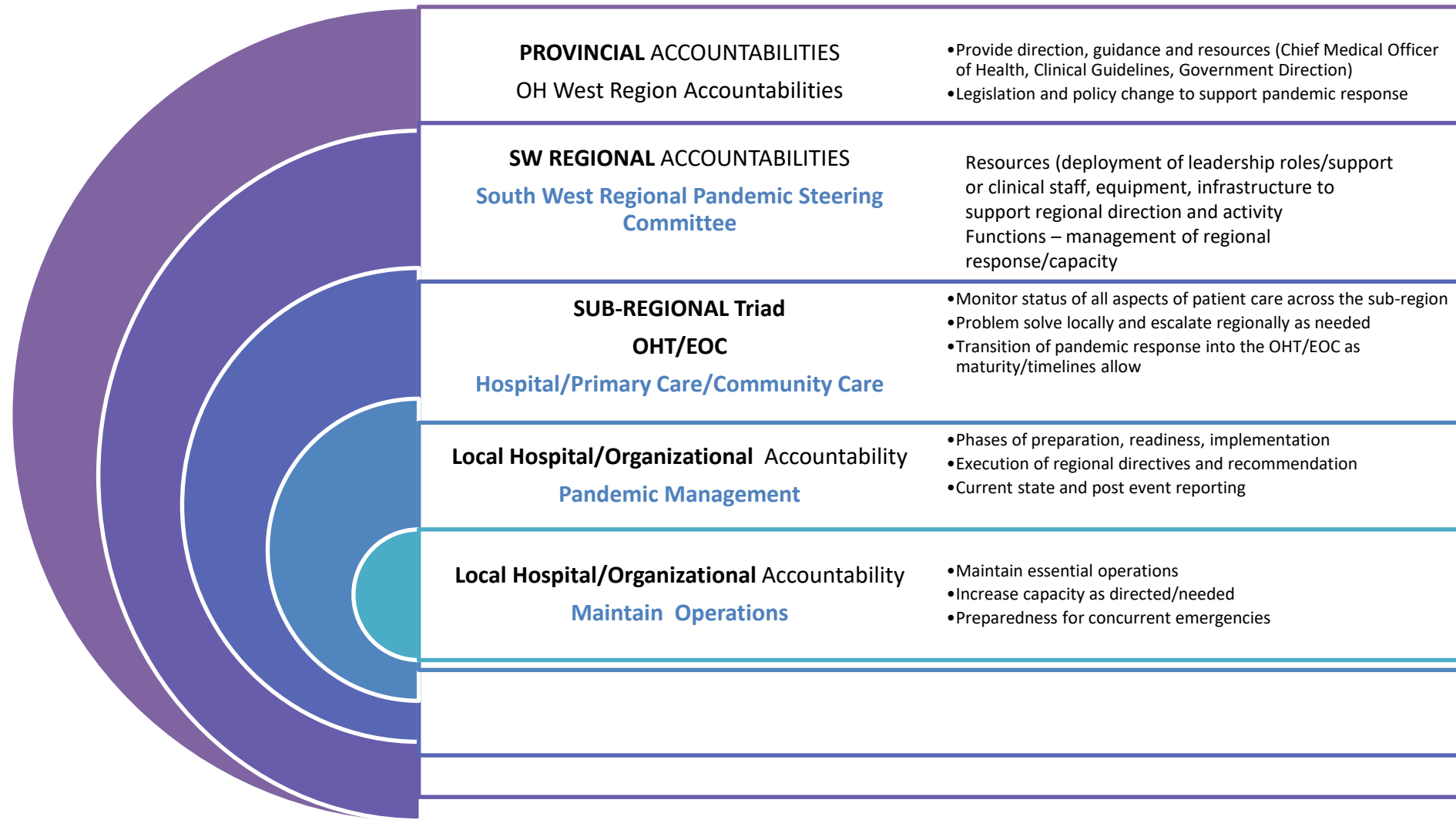
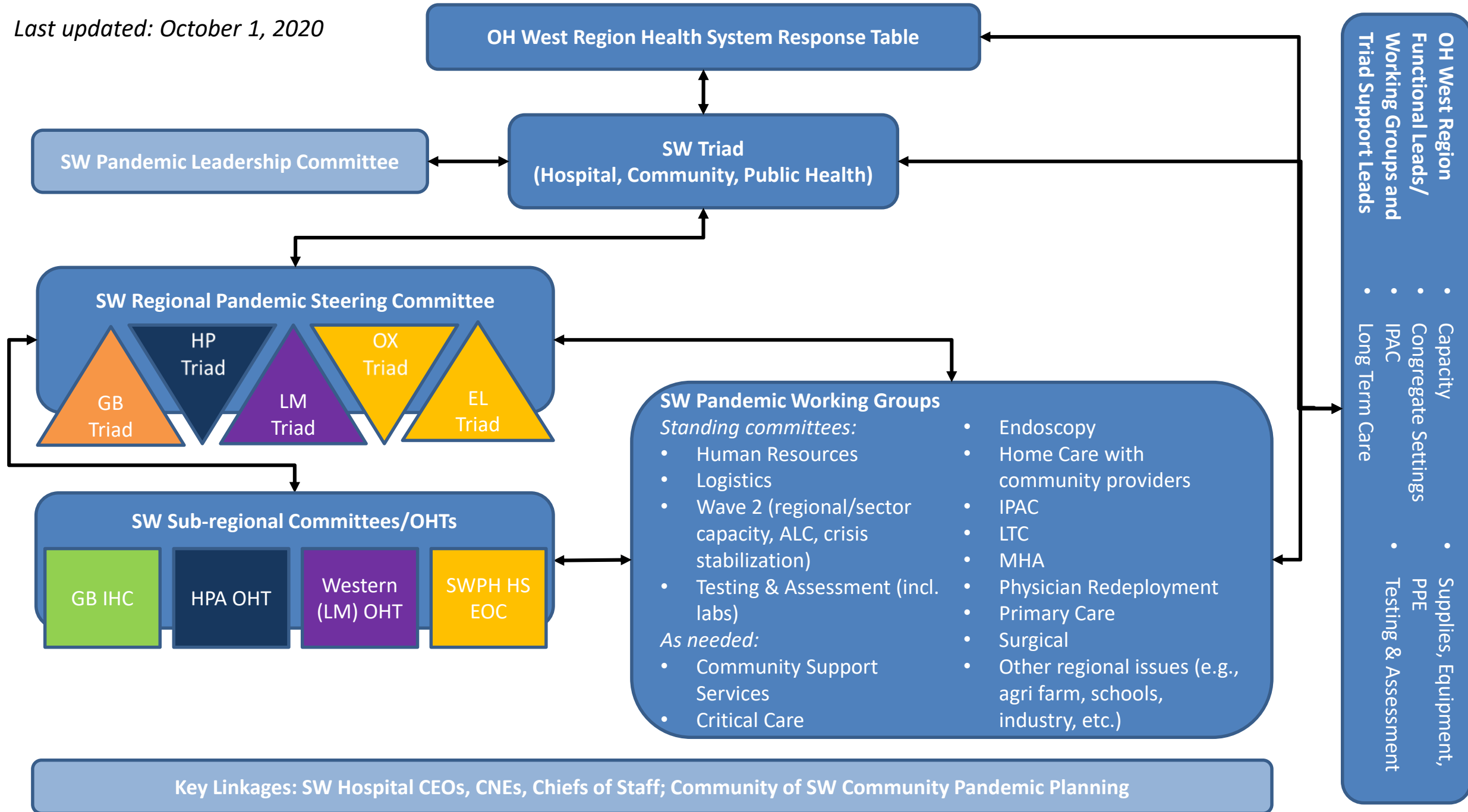



SW Pandemic Planning

Framing Accountabilities



Last updated: October 1, 2020



Membership <i>Excel file last updated Oct 1/20</i>  Membership Lists 2020Oct01	Roles & Responsibilities of Cttee/ Group	Reporting/ Communication Expectations – OUTPUTS	Reporting/ Communication Expectations – INPUTS
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OH West Region Health System Response Table (formerly known as “G15”)

SW, WW, ESC, and HNHB Triads (Community, Hospital, and Public Health), leaders from Indigenous communities, OH West	Discuss pressing health system issues, provide advice and direction to OH, and operate as a conduit to leaders within each local community	Regional and local updates/issues escalation to OH and/or provincial tables (e.g. MOH, MLTC) for decision or direction	Provincial and regional updates from OH and/or provincial tables (e.g. MOH, MLTC)
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SW Triad

Primary Care, Hospital, and Public Health Regional Leads	Works with OH-West leadership to develop regional standards and principles, and respond to provincial directions	Regional and local updates/issues escalation to G15; Provincial and regional updates to SW Steering Cttee	Provincial updates from G15; Direct linkage between SW Triad and SW Steering Cttee
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SW Pandemic Leadership Committee (SWPLC)

SW Triad, OH West Staff, Hospital Leader, Community Leader	Advisory group to SW Triad	Direct linkage between SW Triad and SWPLC	Direct linkage between SW Triad and SWPLC
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SW Regional Pandemic Steering Committee

SW Triad Regional Leads, Sub-regional Triads (Hospital, Community, and Primary Care), Home & Community Care, Public Health, OH West Staff	Sets SW regional standards, principles, and frameworks, and regional coordination of response	Updates/issues escalation from Sub-regional Cttees/OHTs to G15 via SW Triad; Provincial and regional updates to Sub-regional Cttees/OHTs via Sub-regional Triads	Provincial and regional updates from SW Triad; Updates/issues escalation from SW Sub-regional Cttees/OHTs (via SW Sub-regional Triads) and Working Groups (via co-Leads) as required
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Membership	Roles & Responsibilities of Cttee/ Group	Reporting/ Communication Expectations – OUTPUTS	Reporting/ Communication Expectations – INPUTS
SW Sub-regional Committees/OHTs			
Membership is multi-sectorial or defined by OHT (truly integrated hospital and community)	Sub-regional Cttee/OHT response to provincial/regional standards, principles, and frameworks; Crisis stabilization and evacuation; Sub-regional care pathways – regional deployment of standards with adult, peds and LTC; Current issues: subregional IPAC, Agri-farm testing, table top planning, capacity, Assessment Centers & regional testing capacity	Updates/issues escalation to SW Steering Cttee via Sub-regional Triads; Communication as appropriate to sector/geographic partners	Updates from SW Steering Cttee via Sub-regional Triads
SW Pandemic Working Groups			
SMEs and sector leaders	<i>Refer to Working Groups' Terms of Reference</i>	Updates/issues escalation to SW Steering Cttee via co-Leads as required; Communication as appropriate to sector/geographic partners	Updates from SW Steering Cttee via co-Leads

Membership	Roles & Responsibilities of Cttee/ Group	Reporting/ Communication Expectations – OUTPUTS	Reporting/ Communication Expectations – INPUTS
OH West Region Functional Leads/Working Groups and Triad Support Leads			
Testing/Assessment, Congregate Settings; Long Term Care; Infection Prevention and Control; Supplies, Equipment, and PPE; 4 Triad Support Leads (SW, HNHB, WW, ESC)	Functional Leads/Working groups: Provide expertise/guidance to support system response; assist in execution of provincial directives/orders/guidance; escalate local issues Triad Support Leads: Support aligned response across partners; ensure and engage regional structures to support a consistent, collaborative response	Liaise with G15, SW Triad, and Working Groups as needed	Liaise with G15, SW Triad, and Working Groups as needed
Key Linkages: SW Hospital CEOs, CNEs, Chiefs of Staff; Community of SW Regional Pandemic Planning			
Sector Leadership	<i>Committee dependent</i>	Liaise with SW Steering Cttee, Sub-regional Cttees/OHTs, and Working Groups as needed	Liaise with SW Steering Cttee, Sub-regional Cttees/OHTs, and Working Groups as needed

Meeting Cadence

Meetings are weekly unless noted otherwise

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
OH West Region Health System Response Table	0930-1030		0930-1030		0930-1030		
SW Triad			1230-1330				
SW Regional Pandemic Steering Committee			1600-1700				
SW Pandemic Working Groups <i>Standing:</i> <ul style="list-style-type: none"> HHR Logistics Wave 2 Testing & Assessment <i>As needed:</i> <ul style="list-style-type: none"> CSS; Critical Care; Endoscopy; Home Care with community providers; IPAC; LTC; MHA; Physician Redeployment; Primary Care; Surgical; Other regional issues 		HHR 1100-1145 LTC 1100-1200 (bi-weekly as needed)	Testing & Assessment 1600-1700	Logistics 0930-1000 (bi-weekly) Wave 2 1600-1700			
Sub-regional Cttees/OHTs							
Key Linkages <ul style="list-style-type: none"> CEO Forum CNE Chiefs of Staff Community of SW Regional Pandemic Planning 		CEO 1500-1600 (bi-weekly)		CSWRPP 0800-0900 (weekly as needed)	CNE Oct 30 th 1000-1200 Nov 13 th 0930-1200 Dec 18 th 1000-1200		

Guiding Principles

Above all... as the South West Region we will work together to deliver a timely system based pandemic response in service to each other and to our communities.

Guiding Principles

- 1. Regional System with Local Adaptation:** Recognizing that one size does not fit all and that different communities will experience pressures at different times we will aim to adopt regional standards but allow for local adaptation within the boundaries of the decision/direction.
- 2. Participatory decision-making is vital:** All hospitals and community partners (where appropriate) will be engaged in decision making as time allows. A consensus approach to decision making will be applied. Once a decision/direction is reached all hospitals and community providers will execute accordingly
- 3. Accountability:** All organizations will be held accountable to their peers in the Region by the Region. When appropriate, local reporting related to the implementation of a directive will be necessary.
- 4. Conflict Resolution:** All hospitals and community providers agree to surface issues or conflict in a transparent and respectful way with their peers. All hospitals and community providers commit to resolving the conflict together. When a conflict cannot be resolved by the hospital or non hospital table, the issue will escalate to the SW Pandemic Leadership.
- 5. All standing committees will plan in collaboration.**
- 6. Working collaboratively, all system partners will ensure that the right patient is in the right level of care with the right services and supports, while working efficiently and effectively to use health care resources to meet increased demand for inpatient services.**

Guiding Principles

7. PPE supply will continue to be monitored at the LHIN geography level and all providers will have barriers reduced for PPE and IPAC to allow safe delivery of care.
8. Outbreaks will be monitored, in collaboration with public health, with the ability to adjust the delivery of care based on the outbreak status.
9. Create a strong understanding of public knowledge, comprehension and uptake of public health measures to inform targeted communications to support reduced barriers to adoption of measures.
10. The impact on scheduled care will be minimized through ethical review to align resources to reduce the backlogs.

Assumptions

- A staged regional/subregional approach will be taken based on covid community prevalence and care needs.
- All corporations will consistently follow the direction as set out by
 - Ministry of Health
 - Ontario Health and its divisions (e.g. CCO)
 - Public Health
- Where interpretation or local planning related to pandemic directives is required this will be led by the most appropriate expert advisory committee.
- Expert advisory committees will have representation as appropriate from regional hospitals and community services.
- Regional Programs (Maternal/Child, Cancer Program, Renal Program, Trauma, Stroke, Rehabilitation) will provide direction to regional sites.
- Sub Regions will align to the OHT boundaries and will focus on consistent approaches across the SW region
- Leadership for core activities will be provided by specific hospital leadership (e.g. Lab, PaLM and HMMS – St Joseph's and LHSC led).
- Committees are working on collaborative consensus decision making process.
- Decisions will consider services required for covid positive patients and other services needed by the population.

Goals

- Ensure consistency of action across hospitals and community sector
- The public and our staff will experience consistency in approach
- Demonstrate good stewardship and utilization of all resources
- Coordinate our efforts and reduce duplicative work
- Ensure timely response to a quickly changing situation
- Minimize the negative impact on other services while responding the changing needs of covid positive patient
- Provide safe environments for those we serve and those who serve

Five Ontario Health Regions

14 Former LHN's still exist as planning areas

