CCRC
OSLER COVID CLINICAL RESPONSE COMMITTEE

Repatriation of Patients Sent through Command Directives **31 May 2021**

In the absence of a provincial system or guidance for repatriation of patients transferred by Command Tables during the pandemic, the COVID Clinical Response Committee (CCRC) has been asked to provide guidance on principles for repatriation as we begin to resume normal operations.

1. Repatriation of patients transferred through the Ontario COVID Critical Care Command Centre or the GTA Hospital IMS will be accepted if they meet one of the following conditions:
    a. The transfer results in a net zero impact at Osler (e.g. swap)
    b. The transfer allows a service not offered by Osler to be provided at the sending hospital to Osler patients (e.g. neurosurgery, ECMO)
    c. In the judgement of the leads of the medical teams at both the sending hospital and Osler:
        i. the patient clearly requires benefit of an essential caregiver on a daily basis; AND
        ii. the caregiver is unable to travel or for whom the travel would be overly burdensome; AND
        iii. and in the judgement of access and flow, there will not be a meaningful impact on recovery of scheduled care.
2. At this time, we are not able to repatriate patients to Osler Hospitals for the benefit of their families to visit if they do not meet the above requirements. This will be reviewed on an ongoing basis.
3. This will not apply to patients transferred under Alternate Level of Care Directives at this time.
4. Resources for healthcare providers to assist patients who are transitioning home to our community are available at https://www.covidcriticalcare.ca/cominghome.

Rationale

1. The harms of COVID-19 in regions that were disproportionately affected by COVID-19 are not repaired by a reduction in the number of acutely ill COVID patients in hospitals. The harms of COVID-19 illness on the community will continue as it relates to recovery of normal operations and scheduled care and many other domains not described here.
2. As per the GTA Hospital IMS Command Centre During Wave 2 COVID-19: Authority, Principles, Decision-Making, and Operating Procedures document (current as of May 10, 2021), the actions of the GTA IMS are taken with a view to:
    a. Maximizing equity of access for patients to receive healthcare while maximizing safety of patient care (i.e. all patients to have access to care based on urgency of care, irrespective of geography)
    b. Treating hospital capacity as a single system resource
    c. Keeping patients as close to home as capacity will allow
    d. Preserving capacity for tertiary, quaternary and unique services
    e. Prioritizing the principles above, and then working to balance the impact of GTA IMS actions across hospitals
3. The principles in (2) are balanced with the need to increase scheduled care within a community who has suffered a debt of scheduled care much like it has shouldered the burden of additional COVID-19 illness. As a consequence, the assessments are not unidimensional and require a system view of capacity (e.g. 2c.)
4. We recognize that the transfer of patients and the ongoing care of patients at other institutions is potentially harmful and is undoubtedly troubling and difficult for some families and patients.