



# COVID Clinical Response Committee (CCRC)

## Terms of Reference

Updated June 9, 2020

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### **Purpose & Scope**

The COVID Clinical Response Committee (CCRC) was formed as a working committee to address the medical management and related aspects of the COVID-19 pandemic at William Osler Health System (Osler), from pre-hospital to patient discharge. The committee has evolved in purpose, scope and function in direct response to arising COVID-19 challenges. It will continue to evolve and be nimble in response to need.

The CCRC principally functions in two realms: COVID-19 medical management and patient flow. The CCRC:

1. makes recommendations on ongoing screening, diagnosis, investigation, and treatment of patients with confirmed or suspect COVID-19 infection.
2. develops guidelines and considerations for Osler's capacity plan, patient flow processes and corresponding models of care.
3. provides clinical guidance to clinicians and administrators about the ongoing operations at Osler as they relate to patients with confirmed or suspect COVID-19 infection, as required.
4. informs recovery to normal operations (ramp-up), as it relates to the impact to, and integration of, the care of patients with COVID-19 infection.

### **Methods**

Recommendations and clinical information are communicated through the <https://www.covidcriticalcare.ca> website and through *CCRC Decision* documents (also posted on the website).

### **Membership**

The committee is co-chaired by Andrew Healey and Francesca Fiumara. Membership includes:

Clint Atendido	Michael Garay	Prashant Phalpher
Mahin Baqi	Terri Lynn Hansen	Tony Raso
David Borts	Andrew Healey	David Richardson
Tara Coffin-Simpson	Stanley Herman	Rishika Thakur
Brooks Fallis	Michael Miletin	
Francesca Fiumara	Andreea Popescu	

As the scope of the CCRC evolves, membership may change to reflect the new focus. In addition, expert advice is sought through ad hoc representation, as required.

## **Future Deliverables**

The focus of CCRC is to answer clinical questions specific to the COVID-19 response. In assessing whether a question or issue should be presented to CCRC for advice, the following questions are helpful:

1. Does the issue relate to the screening, diagnosis or treatment of a patient with COVID-19 infection?
2. Does the issue relate to the management of patients with COVID-19 infection?
3. Does the issue impact the clinical or flow-related systems supporting patients with COVID-19 infection?

If the answer is yes to any of the above questions, it is reasonable to bring the issue to CCRC.

## **Current CCRC Focus**

<b>CURRENT PRIORITIES FOR CCRC [Action]</b>		
<b>Capacity Planning &amp; Patient Flow Guidelines</b>	<b>Medical Management &amp; Model of Care</b>	<b>LTC Advice &amp; Resource Strategy</b>
<b>SECONDARY PRIORITIES [Active Observation]</b>		
Staffing Considerations	Recovery to Normal Operations [Impact - Capacity Plan & Patient Flow Guidelines]	Volume Projections [Impact - Capacity Plan & Patient Flow Guidelines]
<b>TERTIARY PRIORITIES [Surveillance]</b>		
Video Virtual Care	Diversion Strategies & Triage	Personal Protective Equipment Monitoring

## **Principles of Decision Making**

William Osler Health System (Osler), and healthcare systems around the world, face an extraordinary and unprecedented challenge resulting from the COVID-19 pandemic. The reliability and quality of COVID-19 data and information is inconsistent. CCRC aims to develop recommendations that support the best care possible, informed by available evidence and guidelines, where possible (e.g. Ministry of Health and Long Term Care, Ontario Health). In addition, the following considerations are noted:

- Evidence-informed, patient-centred recommendations are made, with consideration to the greatest good to the most people.
- A duty of reciprocity to ensure staff safety in the care of patients and in their environment is considered.
- Decisions are made to support swift action and will be reassessed often.
- With a bias for action, CCRC members commit to doing their best, acknowledging the need to be nimble, adaptable and to course-correct quickly as needed.
- Communication regarding recommendations will be clear, concise and easily accessible.
- An effort will be made to avoid duplication of work.
- CCRC members will lean in and work in areas outside of their comfort area, seeking expert consultation along the way.
- Staff and physicians are entrusted to be professional in the execution of the recommendations, guided by clinical judgement.
- CCRC members firmly support all of the staff, physicians and volunteers facing these challenges and seek full commitment, professionalism and best effort in the provision of patient care and management.

## **Authority**

- To make recommendations to reporting bodies.

## **Reporting**

- Currently, CCRC reports to Osler's COVID-19 Incident Management Team (IMT) and Clinical Services Leadership Team (CSLT).
- CCRC can also make recommendations to Osler's Medical Advisory Committee (MAC), Nursing Advisory Committee (NAC), Pharmacy and Therapeutics (P&T) Committee, Order Set Committee or to clinical programs.

## **Meeting frequency**

- Three times per week, or as needed.

## **Terms**

- CCRC was struck in direct support of Osler's COVID-19 pandemic response efforts. The Terms of Reference for the CCRC will be reviewed bi-weekly, or as required, to ensure continued alignment.