

COLLEGE OF
Optometrists
OF ONTARIO

REGISTRAR'S REPORT – APR 2020

Annual report - 2019

- Earlier release this year (April v June) to improve timeliness
- More dynamic website format, more graphics
- Streamlined to remove detail
- Focus on 3 regulatory areas, not committees
- Consistent with our communication objective of presenting information in a clear, accessible way, using plain language

LOOKING FORWARD

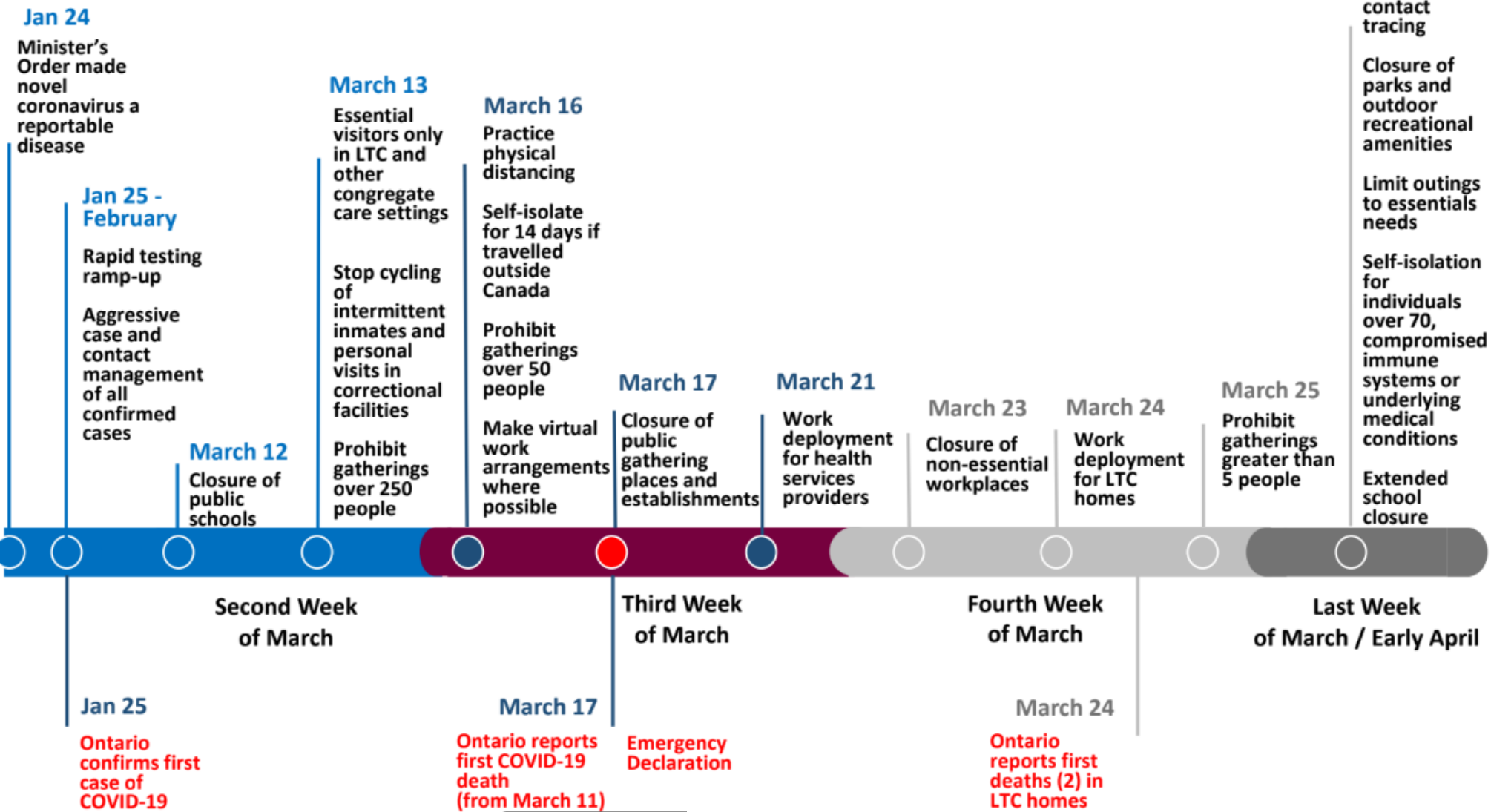
- Council will receive a link to the report next week
- Report to be aligned to strategic plan
- AODA compliance

Today

COVID 19 Update

**Everything
else**

COVID-19: Key Public Health Measures Timeline



Situation Report #36

Case counts as of **March 1, 2020**:

- China: 79,824 cases; 2,870 deaths
- Asia & Oceania: 5,059 cases; 39 deaths (Philippines, Hong Kong (2), Japan (6), Taiwan, Diamond Princess (6), South Korea (21), Australia (1), Thailand (1))
- Europe: 2,094 cases; 36 deaths (France (2), Italy (34))
- Middle East: 1,114 cases; 54 deaths (Iran)
- Africa: 3 cases
- South America: 3 case
- North America:
 - United States - 70 cases; 1 death
 - Canada - 20 cases
 - Mexico - 3 cases

Situation Report #85

Case count as of 8:00 a.m. April 19, 2020				
Area	Case count	Change from yesterday	Deaths	Change from yesterday
Worldwide total	2,357,582	+93,029	161,417	+6,997
Europe	1,077,398	+41,218	101,103	+4,701
China	88,302	+60	4,632	0
Middle East	211,535	+11,120	7,542	+346
Asia & Oceania	89,065	+2,568	2,459	+76
Africa	21,037	+1,142	1,056	+39
Latin America and Caribbean	97,309	+6,200	4,778	+447
North America	772,936	+30,721	39,847	+1,388
United States	739,582	+29,251	38,381	+1,231
Canada	33,354	+1,470	1,466	+157

COVID - January

Jan 24

- Email re: duty to report diseases of public health significance

Jan 30

- Email re: Coronavirus update (office posters, hand hygiene, Ministry website for care providers)

COVID - February

Feb 28

- Monthly e-newsletter with reference to MOH website and College site for info on coronavirus

COVID - March

Mar 9

- Federal government recommends against all cruise travel; all returning travelers to watch for symptoms

Mar 13

- Email re: office protocol (signage, hand sanitizer) and CE implications re: COVID
- Schools closed through April 5

Mar 16

- **College recommends urgent care only**
- Border closed to incoming travel (US excluded) effective Mar 19. All Canadians abroad to return to Canada.

COVID - March

Mar 17

- FAQ re: urgent care
- **State of emergency** – non-essential business to close, no large gatherings

Mar 18

- Letter re: urgent care only
- Revised website page with links to all March communications

Mar 19

- Update re: revising telemedicine policy, guidance from CMOH re: health care workers and travel, change to driver's licence requirements
- College publishes a page re: COVID info for the public

COVID - March

Mar 20

- **CMOH directive #2 to cease non-essential care**
- Email re: CMOH directive, link to FORAC telemedicine policy FYI, remind optometrists to not provide advice re: COVID

Mar 23

- Email re: MOH registry for care providers willing to assist, reminder of CMOH directive

Mar 25

- College recommends only optometrists with PPE provide in-person urgent care, guidance for in-person appointments
- Emergency order: returning travellers must self-isolate for 14 days

COVID - March

Mar 26

- College survey re whether optometrists have access to PPE and willing to provide in-person care

Mar 27

- Public Register searchable for optometrists providing in-person care
- Health care workers ordered to declare PPE inventory.
- College email re: PPE access, link to FAQ, new phone #
- FAQ for optometrists re: PPE

COVID - March

Mar 30

- Emergency order (non-essential workplaces closed) extended to April 14

Mar 31

- College confirms optometrists to complete Ministry PPE survey
- Email re extended emergency order, PPE survey order & login details
- Schools closed until May 1

COVID - April

Apr 2

- Public Register searchable to find optometrists with PPE and providing in-person, urgent care

Apr 7

- Email re: expectations for urgent care (leaving contact info and/or means of finding care and not just closing offices)

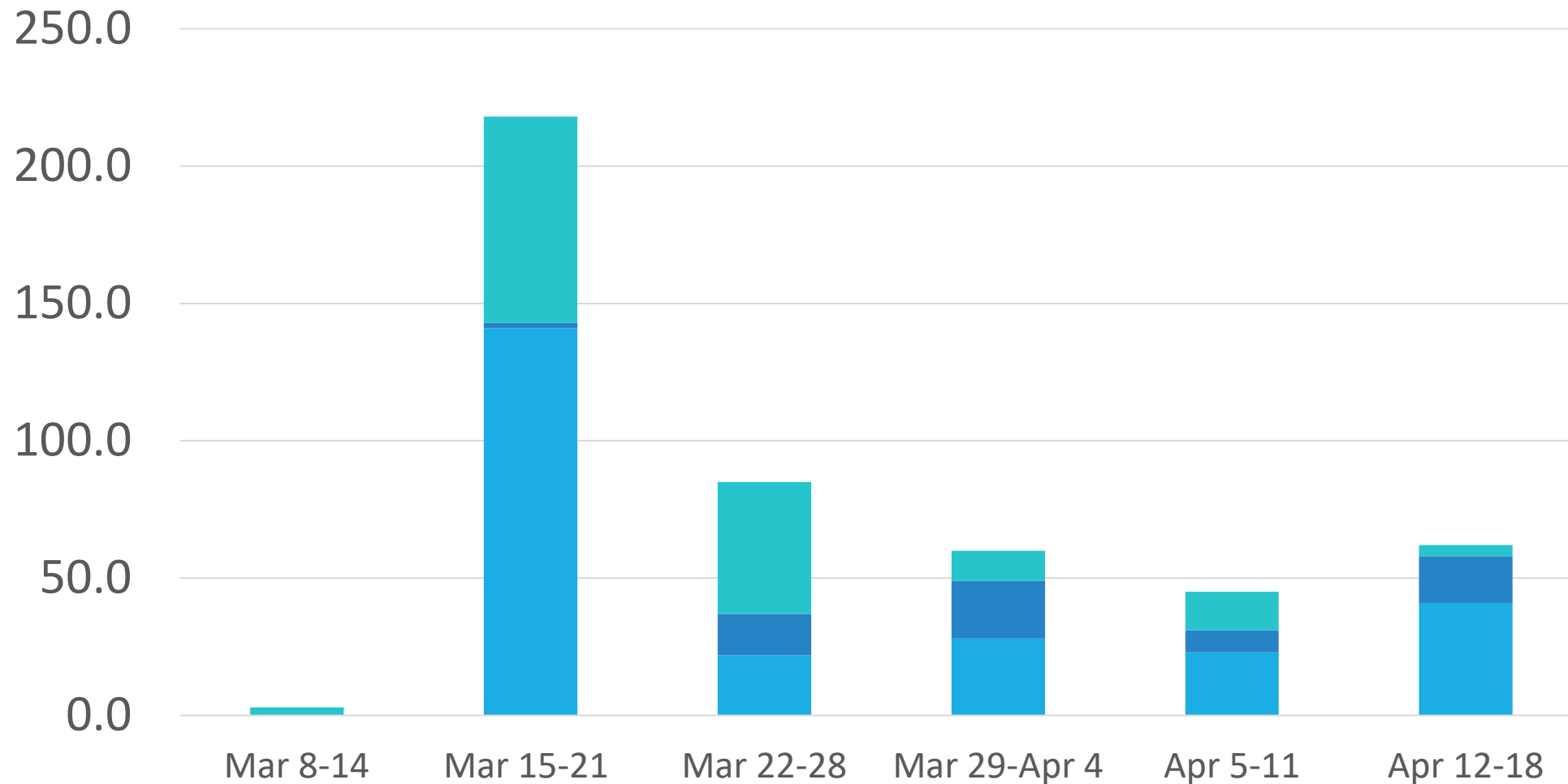
Apr 13

- Extended emergency order and matching portal

Apr 16

- Reminders re urgent care, PPE, PPE status and matching portal

Calls/Emails



■ COVID-19 CALLS

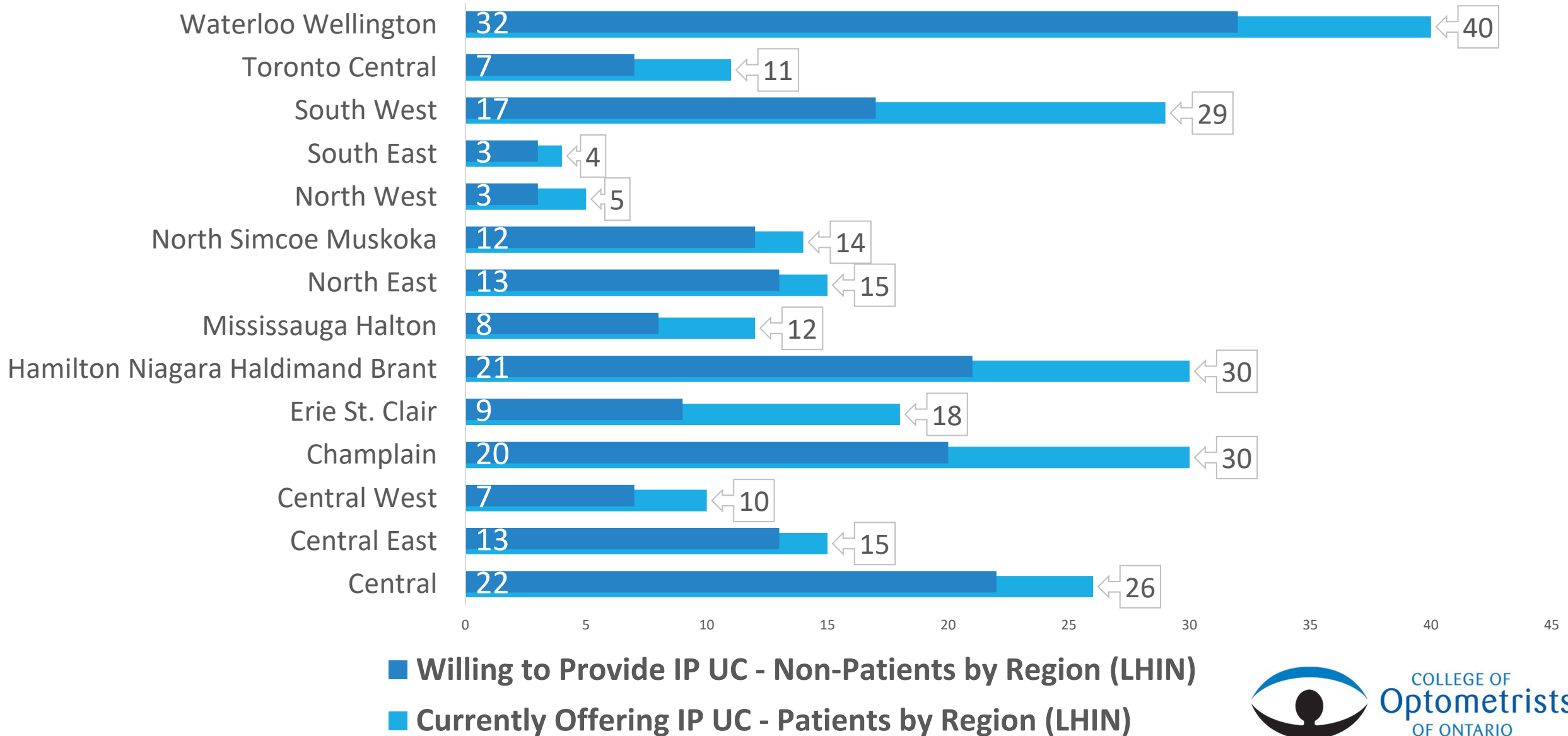
■ GENERAL CALLS

■ COVID-19 EMAILS



COLLEGE OF
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URGENT CARE INFORMATION BY REGION (LHIN)



Communication - Stakeholders

OAO

WOVS

HPRO

MOHLTC

FORAC

Key Regulatory Areas

Registration

- Registrations delayed due to postponement of Entry to Practice Exam
- College Jurisprudence exam to be offered virtually in June

Investigations

- Deadlines have been suspended

Quality Assurance

- Assessments suspended; CE continues, QA program review continues

Operations

Enabling remote office

- IT, wifi, phone, mail
- Multiple new contracts to manage business remotely

Adjusting regulatory processes

- Answering questions
- Planning for return to regular business

Recovery Planning

Current status: State of emergency until May 12. No information about potential extension. Cases still on the rise. Cautious optimism may not result in reversing directives. Concerns about second and third wave.

Key issues:

- Timing of reversal of Directive #2
- Infection control – best practice for the near term and ‘new normal’; patient expectations
- PPE – best practice and availability
- Practitioner readiness
- Patient prioritization

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Criteria for easing restrictions?

- No clear criteria yet for Canada, Ontario or Toronto
- Other jurisdictions have said they would need to see:
 - CCU capacity to treat all cases
 - Sustained trend (some have said 14 days) of reductions in new cases and/or death rates
 - Ability to test everyone
 - Sufficient PPE supply

Requirements for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

The following steps are required immediately:

1. All non-essential and elective services should be ceased or reduced to minimal levels, subject to allowable exceptions, until further notice. Allowable exceptions can be made for time sensitive circumstances to avert or avoid negative patient outcomes or to avert or avoid a situation that would have a direct impact on the safety of patients.
2. Clinicians are in the best position to determine what is essential in their specific health practice. In making decisions regarding the reduction or elimination of non-essential and elective services, regulated health professionals should be guided by their regulatory College, and the following principles:
 1. Proportionality. Decision to eliminate non-essential services should be proportionate to the real or anticipated limitations in capacity to provide those services.
 2. Minimizing Harm to Patients. Decisions should attempt to limit harm to patients wherever possible. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.
 3. Equity. Equity requires that all persons in the same category (i.e. at different levels of urgency) be treated in the same way unless relevant differences exist. This requires considering time on wait lists and experience with prior cancellations.
 4. Reciprocity. Certain patients and patient populations will be particularly burdened as a result of cancelling non-essential services. Patients should have the ability to have their health monitored, receive appropriate care, and be re-evaluated for emergent activities should it be required.

Decisions regarding the reduction or elimination of non-essential and elective services should be made using processes that are fair to all patients.

Looking forward

Helping optometrists to get back to work safely and professionally

College return to regular regulatory business – establishing priorities

Anticipating change: some will be temporary, but some will be permanent

What might we be able to predict/expect?

Ministry of Health will be focussed on LTC and public health

Virtual care will be integrated into the health care system for some providers

Infection control will be a priority

Patient expectations and behaviours may change

Remote work will become the norm for more offices

Next 3 Months



Strategic Planning



Financial Analysis/Budget Revision



Continued Communication



Recovery Planning

Crisis and opportunity

Accelerated modernization

Opportunity to focus on what matters most

Ability to test new ways of doing things

Our approach: Acknowledge the reality, be honest about the situation, focus on the future.