

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

# STANDING COMMITTEE ON PUBLIC ACCOUNTS

## **OUTBREAK PLANNING AND DECISION-MAKING**

(CHAPTER 2, SPECIAL REPORT ON COVID-19 PREPAREDNESS AND  
MANAGEMENT OF THE OFFICE OF THE AUDITOR GENERAL OF ONTARIO)

2<sup>nd</sup> Session, 42<sup>nd</sup> Parliament  
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The Honourable Ted Arnott, MPP  
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

A handwritten signature in blue ink, appearing to read "Taras Natyshak".

Taras Natyshak, MPP  
Chair of the Committee

Queen's Park  
November 2021



STANDING COMMITTEE ON PUBLIC ACCOUNTS  
MEMBERSHIP LIST

2<sup>nd</sup> Session, 42<sup>nd</sup> Parliament

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FRANCE GÉLINAS and ROBIN MARTIN regularly served as substitute members of the  
Committee.

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CHRISTOPHER TYRELL  
Clerk of the Committee

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Research Officer



STANDING COMMITTEE ON PUBLIC ACCOUNTS  
SUPPLEMENTAL MEMBERSHIP LIST

1<sup>st</sup> and 2<sup>nd</sup> Session, 42<sup>nd</sup> Parliament

FRANCE GÉLINAS

(October 28, 2019 - October 25, 2021)

DARYL KRAMP

(September 22, 2020 - October 20, 2021)





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## INTRODUCTION

On March 10, 2021, the Standing Committee on Public Accounts held public hearings on the Auditor's 2020 Special Report on COVID-19 Preparedness and Management: Outbreak Planning and Decision-Making, overseen by the Ministry of Health, Ontario Health, Public Health Ontario, and the Secretary of Cabinet.

The Committee endorses the Auditor's findings and recommendations, and presents its own findings, views, and recommendations in this report. The Committee requests that the Ministry provide the Clerk of the Committee with written responses to the recommendations within 120 calendar days of the tabling of this report with the Speaker of the Legislative Assembly, unless otherwise specified.

## ACKNOWLEDGEMENTS

The Committee extends its appreciation to officials from the Ministry of Health (including the Chief Medical Officer of Health) as well as from Ontario Health and Public Health Ontario, and the Secretary of Cabinet. The Committee also acknowledges the assistance provided during the hearings and report-writing deliberations by the Office of the Auditor General, the Clerk of the Committee, and Legislative Research.

## BACKGROUND

The Auditor General's *Special Report on Outbreak Planning and Decision-Making* (November 2020) is one of a series of audit reports dealing with Ontario's response to the COVID-19 pandemic. This report focuses on the Ontario health sector's response to the pandemic between January 2020 (when the first COVID-19 case in Canada was confirmed in Ontario) and August 2020.

The Auditor notes that the pandemic presented "a challenge to health experts and government decision-makers around the world that ... was unprecedented in its impact and complexity." She suggests that "there are lessons to be learned and possible new approaches and actions to be taken to help the province better ... respond to and recover from this pandemic, as well as to better prepare" for future pandemics.

## AUDIT OBJECTIVE AND SCOPE

The audit objective was to assess whether the Ministry of Health (Ministry) and its health-sector partners have "effective systems and procedures in place to

- identify and respond to the COVID-19 pandemic in an organized and timely way, in accordance with applicable legislation and international best practices;
- identify, assess, and implement lessons learned for continuous improvement; and

- measure and report on a timely basis the results and effectiveness of pandemic preparedness and management activities.”

## **MAIN POINTS OF AUDIT**

The Auditor concluded that the Chief Medical Officer of Health did not take a sufficient leadership role in the response to COVID-19, and the Ministry of Health

- did not yet have fully effective systems and procedures in place to identify, learn and respond to the COVID-19 pandemic on an organized and timely basis;
- did not identify, assess, and implement lessons learned for continuous improvement, particularly key lessons learned from the 2003 SARS outbreak in Ontario; and
- did not measure and report on a timely basis the results and effectiveness of pandemic preparedness and management activities.

## **ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE**

The Secretary of Cabinet explained that the unprecedented scale and scope of the COVID-19 pandemic required a “whole-of-government response, drawing on all ministries in an integrated and coordinated way.” Starting early in 2020, the Province “focused on leveraging existing structures to organize the province’s health response, driven by public health advice” from the Chief Medical Officer of Health in consultation with Public Health Ontario, local medical officers of health, and other health partners and experts.

The Auditor noted that in March 2020, the Secretary of Cabinet contracted a consulting firm to provide advice on the design of the organizational structure that would be used for Ontario’s COVID-19 decision-making. The Central Coordination Table began meeting in April 2020, supporting an integrated inter-ministerial approach to the Province’s health and non-health-related pandemic response. Ultimate decision-making power for responding to COVID-19, however, lay with the Premier and Cabinet, including the Minister of Health.

The Committee heard that the Province’s Health Command Table was renamed the Health Coordination Table to better reflect its function which is to provide advice in support of government decision-making. The Health Coordination table includes “a broad base of partners with expertise across the breadth of public health and the health care system,” among other participants. Starting early in the pandemic, Public Health Ontario scientists have been providing scientific advice to the Health Coordination Table.

The Deputy Minister of Health described the size and complexity of the provincial healthcare system with 144 hospitals, 34 local public health units, over 600 long-term care homes, and a home care system that delivers more than 40 million visits per year.

## Ontario's COVID-19 Response Structure

The Auditor found that Ontario's complex COVID-19 response structure is not led by public health experts.

During the 2020 audit, the Auditor confirmed that the terms of reference for the Health Command Table (later renamed the Health Coordination Table) did not indicate that the Chief Medical Officer of Health was a chair or co-chair of the Table. However, subsequent to the Committee hearings, the Ministry provided the Committee with a revised terms of reference for the Health Coordination Table (dated April 13, 2021) that showed that the Chief Medical Officer of Health is currently one of the tri-chairs, together with the Deputy Minister of Health and CEO of Ontario Health.

During the Committee hearings, the Deputy Minister of Health explained that the province's governance structure for responding to COVID-19 was "intentionally designed to provide a coordinated response with input and leadership from experts in many fields and to quickly mobilize in a provincial pandemic response."

The Committee heard that the Chief Medical Officer of Health, Associate Chief Medical Officer of Health and other officials and experts from Public Health Ontario and Ontario Health are regular attendees and contributors at the Central Coordination Table. The Deputy Minister of Health noted that the Chief Medical Officer of Health has "guided the public health response to the pandemic" and as co-chair of the Health Coordination Table, he "provides critical support in setting priorities and determining areas of focus for the Table."

In correspondence to the Committee subsequent to the hearings, the Ministry explained that during meetings of the Health Coordination Table, the Deputy Minister of Health acts as the chair, as the Chief Medical Officer of Health is an essential participant in many of the agenda items. The Ministry indicated that when the Deputy Minister chairs the meeting, it ensures that the Chief Medical Officer of Health can fully participate in the conversation.

During the 2020 audit, Public Health Ontario (PHO) expressed concern to the Auditor that, given the large number of participants at the Health Command Table, PHO's voice was not always heard. In correspondence to the Committee subsequent to the hearings, the Ministry noted that Public Health Ontario's role in providing support in Ontario's COVID-19 response has not changed. Public Health Ontario representatives continue to participate throughout Ontario's COVID-19 coordination structure. Additionally, the Ministry explained that Public Health Ontario staff have significant representation on both the COVID-19 Science Advisory Table (which they co-chair) and the Public Health Measures Table.

The Committee asked about Ontario's readiness to respond to the COVID-19 outbreak in January 2020. The Deputy Minister of Health explained that while the Province had plans for responding to a province-wide influenza outbreak, it was necessary "to work quickly in order to respond" to a global pandemic of the scope and scale of COVID-19.

## **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 1. In order to operate with a simpler and clearer decision-making structure that can respond more quickly to subsequent waves of COVID-19 in Ontario, the Secretary of Cabinet and Ministry of Health should**
  - a) review on an ongoing basis the structure of the Health Coordination Table and its sub-tables to identify and retain the members and experts who are most critical and appropriate to provide advice to the Province;**
  - b) ensure that the role of Chief Medical Officer of Health, supported by Public Health Ontario and the Public Health Measures Tables, as a co-chair of the Health Coordination Table is recognized;**
  - c) review the role of Public Health Ontario as part of the COVID-19 response to determine activities it should take over (such as leading provincial public health surveillance, with support from Ontario Health for health system capacity);**
  - d) formally identify under what circumstances (such as during public health emergencies) Public Health Ontario's scientific and technical advice should be made public; and**
  - e) review who is best-equipped to serve as chairs and/or co-chairs of the Regional Steering Committees.**

## **Role and Powers of Chief Medical Officer of Health**

The Auditor found that the Chief Medical Officer of Health neither led nor independently used his full powers as part of the COVID-19 response.

In response to a question from the Committee about his role and advice to the government, the Chief Medical Officer of Health explained that he was invited to make recommendations and to give advice on a regular basis. The Deputy Minister of Health noted that the Chief Medical Officer of Health is part of the whole senior management committee of the Ministry of Health which in turn is part of the Health Coordination Table.

In addition, the Deputy Minister explained that the Ministry of Health has relied on the Chief Medical Officer of Health's expertise from the beginning: he is the subject matter expert and has led the public health response throughout the pandemic.

## **Application of the Precautionary Principle**

According to the precautionary principle, where there is reasonable evidence of impending threat to public health, reasonable efforts to reduce risk need not await scientific certainty. The SARS Commission called this principle the "most important lesson" of SARS. The Commission explained that the precautionary principle "addresses the problem of underreaction by pointing out that in the face

of a grave risk it is better to be safe than sorry: The absence of full scientific certainty shall not be used as a reason for postponing decisions where there is a risk of serious or irreversible harm.”

The Auditor found that the application of the precautionary principle could have prevented the spread of COVID-19, but was not followed. In particular, the Auditor noted there was a delay in requiring long-term care home staff to wear personal protective equipment and restricting them from working at multiple facilities, and in issuing an emergency order for retirement homes.

The Auditor noted that Ontario had Canada’s largest percentage of long-term care and retirement homes facilities with COVID-19 outbreaks (38%), while British Columbia was at 16% and the Canadian average was 23%.

In correspondence to the Committee subsequent to the hearings, the Ministry indicated that neither the Ministry nor Public Health Ontario have an overarching guidance document dealing with the application of the precautionary principle. The Ministry explained that the precautionary principle is inherent in the development of public health policy advice through consideration of the adequacy of evidence related to causation, severity of the potential or actual harm, and the acceptability of precautionary or public health measures.

The Committee asked about the plan for applying the precautionary principle going forward. The Chief Medical Officer of Health explained that he intends to continue the practice of compiling expert reviews and opinions, and of taking advice from the provincial scientific advisory table as well as federal-provincial-territorial scientific committees that network with international groups and experts.

## **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 2. To expedite decision-making during subsequent waves of COVID-19 and future health emergencies, the Central Coordination Table and Ministry of Health should**
  - a) request that Public Health Ontario immediately review guidance on the appropriate use of the precautionary principle (that in an emergency situation, decision-makers need not wait for scientific certainty before taking reasonable steps to reduce risk and protect public health); and**
  - b) use and support Health Coordination Table members and key decision-makers in applying and following the precautionary principle as the guiding principle going forward.**

## **Consideration of Expert Advice and Best Practices in Decision-Making**

The Auditor found that best practices were not always followed, and expert advice was not always obtained or followed in decision-making.

The Committee heard that public health leaders from Public Health Ontario have key leadership roles at various tables, including the Science Advisory Table, the Data Modelling Table, the Public Health Measures Table, and the Surveillance Strategy Working Group.

The Deputy Minister of Health explained that the Province's decision-making structure was "designed to reflect the breadth and scope of the task ahead. We intentionally built a large tent to bring together as many experts and sectors as we thought [were] needed to provide strategic and evidence-based advice to inform and shape a province-wide approach." In addition, from the beginning of the pandemic, the Province "sought external advice to draw on emerging best practices" from international jurisdictions.

A question was raised about expert advice regarding testing of asymptomatic people in early spring 2020. The Committee heard that the Testing Strategy Expert Panel did not recommend asymptomatic testing in situations of low prevalence. (The Panel is one of a number of technical advisory tables under the aegis of the Health Coordination Table, and is responsible for developing an evidence-based province-wide testing strategy for COVID-19. The Chief Medical Officer of Health provides guidance on testing that considers recommendations from the Panel via Public Health Ontario.)

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 3. To better align policies and decision-making with best practices, expert advice, and scientific and epidemiological evidence for the containment of COVID-19 in a cost-effective manner, the Health Coordination Table, with the support of the Central Coordination Table, should**
  - a) follow timely public health advice and recommendations from Public Health Ontario and the Testing Strategy Expert Panel; and**
  - b) continue to review and provide advice for changes to the "COVID-19 Response Framework: Keeping Ontario Safe and Open" based on the advice of Public Health Ontario and feedback from the Public Health Measures Table and public health units.**



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## **Communication within Health Coordination Table, and with Stakeholders and the Public**

The Auditor found that communications were not fully effective within the Health Command Table (renamed the Health Coordination Table), not provided to impacted stakeholders in a timely manner, and not clear to the public.

The Committee heard that there are records of the Central Coordination Table recording action items that are distributed after every meeting and summaries of meetings are posted publicly. The Auditor General clarified that while there is some information published on the website, the audit was looking for more fulsome information about discussions at the Health Coordination Table not just the ultimate decisions, so that the participants themselves could better understand what views were expressed and what information was discussed at the meetings.

The Committee asked about the existence of non-disclosure requirements pertaining to information provided to the Ministry of Health. The CEO of Public Health Ontario explained that she was “only aware in the context of participation at the Public Health Measures Table that there was a protocol with respect to that, for which members of Public Health Ontario who were on that table did sign non-disclosure agreements, as was expected of other table members.” In a letter from the Ministry of Health to the Office of the Auditor General (dated May 11, 2021), the Ministry confirmed that it had obtained 70 non-disclosure agreements (signed between January 2020 and May 7, 2021) between the Ministry and individuals working in the healthcare sector.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 4. To improve the effectiveness, timeliness and transparency of communication in the provincial response to COVID-19,**
  - a) all Health Coordination Table meetings should be conducted through videoconferencing or in person (where appropriate physical distancing and public health measures can be followed);**
  - b) the Health Coordination Table should prepare meeting minutes and document meeting attendees, key decisions made (such as what advice to provide to the Minister of Health and Cabinet), timelines, deliverables and parties responsible for distribution and approval to support learning from past decisions and as a source of reference for future decisions;**
  - c) the Central Coordination Table should develop a stakeholder communication strategy to reference who to inform prior to public announcements and provide sufficient time for stakeholders to immediately implement each decision announced; and**
  - d) the Chief Medical Officer of Health should be made a permanent member of the Central Coordination Table.**

## Planning and Analysis of Potential Consequences and Risks

The Auditor found that there was insufficient proactive analysis of consequences and risks as part of planning for the ongoing response to COVID-19. The Auditor explained that consequences and risks (such as backlogs of elective surgeries as a result of stopping non-essential hospital services) must still be analyzed, despite the need for quick decisions in an emergency situation.

The Committee asked about the cancellation of elective surgeries and whether the Ministry of Health has any time frame and/or plan to eliminate the backlogs. The Deputy Minister of Health explained that the Health Coordination Table has been monitoring the wait times for surgeries and procedures and has been providing support to hospitals to allow them to maintain services as much as possible through the second wave. The Ministry also developed a support plan for hospitals and provided additional funding.

The Secretary of Cabinet also described the complexities of responding to the pandemic. The Committee heard that his role was to

ensure that the public service mobilizes and assembles to ensure that decisions presented to elected decision-makers are well-defined and that options are supported by evidence and data and trends analysis, and that cross-cutting impacts are identified and assessed, that risks are identified and assessed, that all the related considerations—operational, labour relations, constitutional [are taken into account]: There's a wide ... range of considerations that need to be assessed in bringing forward advice to government.

## Committee Recommendations

The Standing Committee on Public Accounts recommends that:

- 5. To better prepare for subsequent waves of COVID-19 and protect the health of Ontarians in future, the Ministry of Health and the Health Command Table should**
  - a) continually monitor and assess hospital bed capacity and wait times for elective surgeries across the province and by region to help identify ways of reducing the backlogs of those surgeries;**
  - b) assess the impacts of stopping or reducing elective surgeries to hospitals and patients and factor regional variations in hospital bed capacity and COVID-19 rates into future directives;**
  - c) regularly assess socioeconomic data on COVID-19 cases to identify people with a higher risk of contracting COVID-19 and places with a higher risk of community transmission; and**
  - d) implement education, testing, contact tracing and other initiatives that address the needs of people with a higher risk of contracting COVID-19.**

## Health Emergency Response Plans

The Auditor found that Ontario's health emergency response plans "remain outdated, preventing roles and responsibilities from being clearly and optimally assigned in advance of the pandemic." In particular, the Auditor noted that health emergency response plans have not been updated since 2013, and the new health pandemic plan proposed in 2013 is still not in place.

The Deputy Minister of Health noted that the provincial response to COVID-19 was guided by the experience of responding to SARS, and by the Ontario Health influenza plan, as well as by the work of the emergency management branch and its experience preparing and practising emergency response. The vice-president of Public Health Ontario added that while the Province "was prepared for an influenza pandemic, as everybody else was. I think we were less prepared for a coronavirus pandemic, which was unlike our previous experiences with coronaviruses such as SARS." The Secretary of Cabinet added that the pandemic evolved at a pace "beyond what any of us could have imagined."

## Committee Recommendations

The Standing Committee on Public Accounts recommends that:

6. **To improve how quickly Ontario can effectively respond to future health emergencies and pandemics, the Ministry of Health should**
  - a) **review, improve and update the existing health emergency plans, namely the Ministry of Health and Long-Term Care Emergency Response Plan and the Ontario Health Pandemic Plan as required in legislation; and**
  - b) **implement the Ontario Influenza Response Plan and continually update information as lessons are learned from COVID-19, including specific guidance for health-care providers and sub-sectors such as long-term care and hospitals.**

## Ontario's Public Health System

The Auditor found that Ontario's public health system "remains fragmented and not well co-ordinated."

The province's 34 public health units vary in terms of their geographic coverage, organizational structure, governance, and populations, which range from less than 34,000 to over 2,700,000. The Auditor found that variations in management and operations among public health units contributed to inconsistencies across Ontario. She also noted that public health units did not share best practices effectively.

The Committee heard that the Ministry was in the early phases of consultations in preparation for modernizing the public health system when the pandemic began but this work was paused in order to respond to the pandemic. The Secretary of Cabinet further explained that once the pandemic is over, the Province will be "looking at some transformative policy work which could potentially include legislative change, as appropriate."

The Secretary of Cabinet explained that as the pandemic evolved, the health, social, and economic implications also broadened. This required an integrated and coordinated approach by multiple ministries, and also required collaboration between government and service delivery partners from health and other sectors.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 7. To create a cohesive and more effective public health system, the Ministry of Health should**
  - a) resume its modernization of public health in a manner that does not undermine the ability of the public health system to respond to subsequent waves of COVID-19 or local public health needs; and**
  - b) incorporate information gathered from consultations and surveys into its modernization of public health.**

### **International Travellers to Ontario**

The Auditor found that Ontario did not take action to obtain accurate, complete, and timely information on travellers and their association with the spread of COVID-19 in the province.

The Committee heard that on January 6, 2021, the Ministry of Health initiated voluntary testing of international travellers coming into Toronto's Pearson airport, and then mandated the program on February 1st. The Ministry of Health regards this program as effective in identifying cases of COVID-19 coming into the province. The program was transitioned to the federal government on February 22. Incoming travellers are tested on arrival and then on the tenth day of their quarantine. The Ministry continues to partner with the federal government to ensure that there is effective oversight of quarantine provisions.

### **Committee Recommendations**

The Standing Committee on Public Accounts recommends that:

- 8. To reduce the spread of COVID-19 by travellers to Ontario, the Ministry of Health, with support from the Central Coordination Table, should**
  - a) collaborate as necessary with other ministries or agencies to allocate the necessary resources to contact all travellers during their self-isolation period;**
  - b) elevate the issue to the Premier and the Minister of Health to communicate to the federal government the importance of Ontario receiving accurate, complete and timely traveller information as soon as possible;**

- c) **work with the Public Health Agency of Canada to clarify what information is needed on each traveller and how quickly the information will be provided to Ontario; work with the federal government and local public health units on communication, tracking and tracing when international travellers land at Ontario airports; and**
- d) **work with public health units on case and contact management with an emphasis on COVID-19 cases related to close contact with travellers with COVID-19.**

## **CONSOLIDATED LIST OF COMMITTEE RECOMMENDATIONS**

The Standing Committee on Public Accounts recommends that:

- 1. In order to operate with a simpler and clearer decision-making structure that can respond more quickly to subsequent waves of COVID-19 in Ontario, the Secretary of Cabinet and Ministry of Health should**
  - a) review on an ongoing basis the structure of the Health Coordination Table and its sub-tables to identify and retain the members and experts who are most critical and appropriate to provide advice to the Province;**
  - b) ensure that the role of Chief Medical Officer of Health, supported by Public Health Ontario and the Public Health Measures Tables, as a co-chair of the Health Coordination Table is recognized;**
  - c) review the role of Public Health Ontario as part of the COVID-19 response to determine activities it should take over (such as leading provincial public health surveillance, with support from Ontario Health for health system capacity);**
  - d) formally identify under what circumstances (such as during public health emergencies) Public Health Ontario's scientific and technical advice should be made public; and**
  - e) review who is best-equipped to serve as chairs and/or co-chairs of the Regional Steering Committees.**
- 2. To expedite decision-making during subsequent waves of COVID-19 and future health emergencies, the Central Coordination Table and Ministry of Health should**
  - a) request that Public Health Ontario immediately review guidance on the appropriate use of the precautionary principle (that in an emergency situation, decision-makers need not wait for scientific certainty before taking reasonable steps to reduce risk and protect public health); and**
  - b) use and support Health Coordination Table members and key decision-makers in applying and following the precautionary principle as the guiding principle going forward.**
- 3. To better align policies and decision-making with best practices, expert advice, and scientific and epidemiological evidence for the containment of COVID-19 in a cost-effective manner, the Health Coordination Table, with the support of the Central Coordination Table, should**
  - a) follow timely public health advice and recommendations from Public Health Ontario and the Testing Strategy Expert Panel; and**

- 
- b) **continue to review and provide advice for changes to the “COVID-19 Response Framework: Keeping Ontario Safe and Open” based on the advice of Public Health Ontario and feedback from the Public Health Measures Table and public health units.**
4. **To improve the effectiveness, timeliness and transparency of communication in the provincial response to COVID-19,**
- a) **all Health Coordination Table meetings should be conducted through videoconferencing or in person (where appropriate physical distancing and public health measures can be followed);**
  - b) **the Health Coordination Table should prepare meeting minutes and document meeting attendees, key decisions made (such as what advice to provide to the Minister of Health and Cabinet), timelines, deliverables and parties responsible for distribution and approval to support learning from past decisions and as a source of reference for future decisions;**
  - c) **the Central Coordination Table should develop a stakeholder communication strategy to reference who to inform prior to public announcements and provide sufficient time for stakeholders to immediately implement each decision announced; and**
  - d) **the Chief Medical Officer of Health should be made a permanent member of the Central Coordination Table.**
5. **To better prepare for subsequent waves of COVID-19 and protect the health of Ontarians in future, the Ministry of Health and the Health Command Table should**
- a) **continually monitor and assess hospital bed capacity and wait times for elective surgeries across the province and by region to help identify ways of reducing the backlogs of those surgeries;**
  - b) **assess the impacts of stopping or reducing elective surgeries to hospitals and patients and factor regional variations in hospital bed capacity and COVID-19 rates into future directives;**
  - c) **regularly assess socioeconomic data on COVID-19 cases to identify people with a higher risk of contracting COVID-19 and places with a higher risk of community transmission; and**
  - d) **implement education, testing, contact tracing and other initiatives that address the needs of people with a higher risk of contracting COVID-19.**

- 6. To improve how quickly Ontario can effectively respond to future health emergencies and pandemics, the Ministry of Health should**
  - a) review, improve and update the existing health emergency plans, namely the Ministry of Health and Long-Term Care Emergency Response Plan and the Ontario Health Pandemic Plan as required in legislation; and**
  - b) implement the Ontario Influenza Response Plan and continually update information as lessons are learned from COVID-19, including specific guidance for health-care providers and sub-sectors such as long-term care and hospitals.**
  
- 7. To create a cohesive and more effective public health system, the Ministry of Health should**
  - a) resume its modernization of public health in a manner that does not undermine the ability of the public health system to respond to subsequent waves of COVID-19 or local public health needs; and**
  - b) incorporate information gathered from consultations and surveys into its modernization of public health.**
  
- 8. To reduce the spread of COVID-19 by travellers to Ontario, the Ministry of Health, with support from the Central Coordination Table, should**
  - a) collaborate as necessary with other ministries or agencies to allocate the necessary resources to contact all travellers during their self-isolation period;**
  - b) elevate the issue to the Premier and the Minister of Health to communicate to the federal government the importance of Ontario receiving accurate, complete and timely traveller information as soon as possible;**
  - c) work with the Public Health Agency of Canada to clarify what information is needed on each traveller and how quickly the information will be provided to Ontario; work with the federal government and local public health units on communication, tracking and tracing when international travellers land at Ontario airports; and**
  - d) work with public health units on case and contact management with an emphasis on COVID-19 cases related to close contact with travellers with COVID-19.**