TOWN HALL SUMMARY

island health

April 14, 2020

This is a summary of the Town Hall - audio clips are hyperlinked throughout for the full 1-hour session.

SPEAKERS (in order of speaking):

- Victoria Schmid, Executive Director, Quality, Safety & Improvement
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs
- Dr. Richard Stanwick, Chief Medical Health Officer
- Elin Bjarnason, VP Clinical Services
- James Hanson, VP Operations & Support Services

SUMMARY NOTES:

Victoria Schmid – Welcome and introduction.

Dr. Williams – [Territorial acknowledgement]. I want to talk a little bit today about, some of the work that we're doing with vulnerable populations. We have significant populations that are at increased risk.

1) Remote First Nations communities – remote communities in general – where we have a fewer healthcare services and housing conditions that may prevent physical distancing. And may have seen in the media this weekend, that the mayor of a small Island community has indicated that he is positive for this disease. We have work being lead by Dr. Waters and the Aboriginal Health team, and others, to really look at how we identify cases in remote First Nations communities. How we facilitate moving patients out of those communities early in the course of their disease should they want to go, and do that in a culturally sensitive way, and that we pay special attention to these at-risk populations.
2) I think we all know the burden of this disease, so far, has been really in long-term care facilities. Our Long-Term Care team, which includes both Island Health staff and staff at our affiliate sites, are working really hard, and residents and families have sacrificed a lot to prevent disease in these facilities where we know deaths happen so quickly. We know it's really hard for residents to have limited or no access to visitors right now, and I'm sure that staff will be making big changes to their work life by only working in one facility. This work to prevent the outbreak of disease in LTC is so important.
3) The third vulnerable population I want to talk about is those people who have insecure housing – who are maybe street involved and/or whom struggle with mental health and substance use challenges. This population exists in all of our communities and especially in our larger urban centers. And so we partner with service organizations in the community and with our Island Health staff to really focus on this community. Knowing that housing is a key health determinant, and especially right now for the health and wellbeing of this population. Right now the biggest challenge for this population is accessing the substances they normally use. The ability to safely access substances is much less than normal. And so, and those vulnerable populations are a real focus for us.

I want to talk about a question that came up on Slido around how we come back to providing normal service levels. **What is normal going to look like for us?**

And I'd like to tell you that we have a clear answer for that, but it's going to be hard. The whole world has shutdown, our economies are shut down and healthcare is not shut down at all. But we have reduced the amount of services we provide and I know that for our staff and our medical staff, who want to provide care and treat patients who are waiting at home for hip replacements, diagnostic imaging tests or lab work, this causes a lot of anxiety. We went into this business because we want to serve and that level of service has come down every day.

We evaluate with our teams what tests, what procedures need to be done and what can wait. That's our process right now and over time, along with the rest of the world, we'll be looking at how we safely increase some of that for the population out there that are waiting for the services we provide. But it's probably not going to be turning the switch back on, AND it's probably not going to be back to the way it used to be, where patients come in and 20 people are waiting out waiting room to get their surgery or diagnostic imaging. It's going to look different than it did before. It's going to be probably a slow and iterative approach while we test what works and what doesn't and we will follow the leadership of our provincial colleagues, Dr. Henry and Dr Stanwick as we do that. Maybe we'll think about having those conversations in the next few weeks about what we could try, but in the interim, I want you to know that every day we do look at what patients need to be served today and we make sure that those people who really can't wait, don't.

Dr. Stanwick - Some really good news actually in terms of looking at the numbers. We have had a total of 89 COVID cases – probably the most impressive number from a public health perspective is that 47 people have recovered – more than half.

No cases in LTC facilities, and we are striving to keep it that way, and one of the ways to accomplish that is the order from Dr. Henry and Minister Farnworth that cohorts staff to a single facility. We realize this is a huge challenge on a number of fronts, ranging from the approval process to making sure that people get the adequate number hours of work. This applies to all health authorities and we will do our best to make this happen in the most expeditious fashion to meet provincial objectives with sensitivity.

The other area that we're focussing on is the cohorted populations in jails. We have three jails on the Island - two Provincial one Federal – and we are going to be working with them, because if you get a massive outbreak there, that could strain our resources significantly.

I do hope that people had a very worthwhile time during the long weekend and that the population did the appropriate social distancing. In about 10 to 14 days, for sure, we'll know how successfully the messaging was around people maintaining those measures that actually make a huge difference in terms of flattening the curve.

Elin Bjarnason – We have 10 individuals that are inpatients – 21 to-date – two more discharged yesterday and two remaining in critical care. The small volume belies the incredible work of our

communicable disease team that, as Richard talked about, a work camp that is tracking down every possible case and contact, and doing an immense amount of work for every single one of these positives that you hear about. There's 10 others that may not have been positive that that a lot of work can go into.

You can go to the BCCDC website and see the testing criteria in detail - this is very in keeping with different stages of a pandemic to change the testing criteria because we're trying to do different types of surveillance. And, we also learn about the pathogen and approach things differently. There are two different sets of criteria right now. One that is around a low symptomology – so mild symptoms that could be either be respiratory or gastrointestinal. There are some GI symptoms that can go along with this virus. In long-term care, and staff in long-term care in particular, if we have an outbreak that the medical health officer declares, then we will test based on a very low level of symptomology to be extra cautious. The other criteria is actually a much higher bar, equal to or greater than 38 degrees Celsius for your temperature, PLUS cough or shortness of breath. And so that applies to healthcare workers, first responders, travelers and to vulnerable individuals in the community. So we have a variety of approaches and you can find those on the intranet and on our website on how we're testing. We have a new staff call line up today – one place that folks can call to talk about their symptoms and identify if they need testing and then to be routed to our testing centers.

There are a number of questions coming in on Slido about PPE – a couple of comments. We typically think of PPE as protecting the healthcare worker – we have PPE related to droplets, droplet precautions and it ensures that we are protected. It also ensures that we don't take that pathogen, virus or bacteria to another patient's room. In that way, PPE is also being used to protect our patients. COVID-19 can have a low symptomology. You could be sniffling and think you might have seasonal allergies, but it is possible that you actually have COVID-19. The challenges of PPE is we really leaned into how we protect healthcare workers, but it's also about how we protect our patients and residents. We have many care settings: acute, home and community care, long-term care, street involved and affordable housing. It's a complicated picture and we also know that we have supply worries. We have to balance between protecting ourselves, protecting our patients, conserving our supply, and ensuring we have the supply we need as we move forward.

We have online PPE criteria – but use your clinical judgment when you are considering PPE. Our criteria includes the option for healthcare workers to wear full PPE for their shift. We are in the process of expanding the criteria to ensure everyone wears a mask for the duration of their shift. We enacted that with Home and Community Care over the weekend and we're expanding to long-term care. There's a lot of work for our supplies and logistics teams to ensure we have adequate PPE in all of our care settings to meet the demand of the healthcare worker. So we are moving forward to recommend that healthcare providers should wear a mask for the duration of their shift and should only change that mask when soiled. And you should wear a full PPE just like we always do for droplet precautions - face shield, mask, surgical gown and gloves where appropriate. The Province is doing modeling around the use of PPE, so we expect some information will come out in relationship to that this week.

The last thing I want to say is there are strategies that can be used to reduce the use of PPE – i.e. limiting the number of care providers going to rooms with droplet precautions, so that those who are working with patients who are not on droplet precautions can wear a mask through multiple care interactions. But ultimately, use your judgment. If you feel like you need to change your PPE, then you should do that.

QUESTIONS AND ANSWERS*:*

Does Island Health have any cases of community transferred COVID-19?

Dr. Stanwick - Yes. We have evidence in 2 or 3 instances. The good news is that in the last 10 days or so we have had no cases of community transmission. They were all able to link it back to a set of circumstances. As of today, that may change. Community transmission does and will continue to occur. Part of the reason you've been able to do so well has been people basically following the social distancing.

Dr. Henry said yesterday that working from home recommendations will continue over the longer term and if this is true for Island Health staff?

Victoria S. – When we're ready to move into a "new normal" state, if the directive is to continue to allow people to work from home as much as possible, then we will follow that direction. There will be guidelines and information about that as we work through that transition back.

Can COVID survivors be re-infected or have the virus reactivated in their body?

Dr. Stanwick – We know is that in China they have had number of instances where people, previously thought to fully recovered, detected the virus in subsequent testing. What we don't know is if that means they actually reactivated the virus or is this secondary exposure. What is their ability to spread the virus? Is this re-occurrence as communicable as the first wave of experiencing the disease? We don't know yet. But what we are able to do is detect the presence of virus.

Should frontline ambassadors wear procedural masks when screening public at the designated entrances?

Victoria S. – No. We are asking our ambassadors to maintain a 2-meter distance from people coming in, which will protect them from any type of droplet transmission and help us preserve PPE.

Working across LTC or acute facilities is prohibited. What about other facilities – in-home clients or acute care? Why is there so much inconsistency?

Dr. Stanwick – Dr. Bonnie Henry, in consultation with Minister Dix and health authority leaders, have identified long-term care as the sites where this will have the greatest benefit. If you look at the total number of deaths that have occurred, they have largely been tied to long-term care. At this point in time

and based on evidence, the focus is on LTC facilities being the most vulnerable. We recognize this is creating some difficulties and sacrifice for staff and we appreciate their flexibility during this time.

Nurses doing COVID testing in the hospital don't always have the same PPE as the public health nurses that are doing the drive through testing. Can we get full face shields?

Victoria S. – Yes, please get a full face shield if you are doing COVID testing in hospital. Where those aren't available, please make sure that you raise that to your leader so that you can have them available. We have been providing those and if you haven't been able to get them, then we need to work through that to make sure that you have that.

How do cancer treatments and other life saving procedures get prioritized? They shouldn't be delayed. And given that our numbers are low at this time, how do we help support ensuring that people have access?

Dr. Williams - There's a whole host of treatments and conditions that can't be delayed by more than a few days or a few weeks. Generally we're not delaying those, but I'm sure there are exceptions. That's why every day our surgical teams go through the wait list. We have procedures in place so that the medical staff get involved and the rest of the team can prioritize procedures that need to be done. Right now, what you can do is make sure that you raise delay concerns appropriately with your leaders. Patients, if concerned, should raise issues with their physician, and we can look into all of them.

Is Island Health looking towards the fall, when this is over and everyone wants to take their holidays at the same time?

Victoria S. – We are preparing for the new normal, whatever that looks like – what the next couple of weeks, couple of months look like. We have had some conversations around how do we start to normalize our pace to ensure that people are able to make it through the next couple of months. We recognize that it's not just about in the fall when everyone wants to take their holidays, it's about keeping people whole through the next couple of weeks and a couple of months as we journey through this. If we do see a spike in the next 10 to 14 days, then we will be ramping up and we will be busy. And we will feel the effect of that pace on a lot of people that have been putting in a lot of long hours and working very hard to get us to this point today. So we are definitely be monitoring that.

Is there a way to support virtual visits for patients who are dying to say goodbye to their family? Has Island Health thought about tablet technology or Skype or FaceTime? Can old phones be donated to support this?

Victoria S. – This is actively happening across the health authority. We rolled out iPads in long-term care facilities so that residents could talk to their families. We've done this in acute care and lots of other settings. If you are working in an area where you think that your patients or your clients would benefit

from this, please send me: Victoria.Schmid@viha.ca, and I will make sure that gets to the right person to support the clients in your area.

Is Island Health obtaining the spark and quick test kits for COVID for communities? Is there a plan for these to be available?

Dr. Stanwick - Not yet. When and if they become available and they are clinically sound, we will get them out as fast as possible. We are discussing it.

Cloth masks worn by staff may help to reduce exposure of COVID to residents of long-term care facilities. Is this is the direction Island Health is heading?

Victoria S. – No. We have PPE to provide for our staff, and we're moving into having our long-term care staff wear masks to ensure that we are not the ones transferring any type of disease burden to residents in long-term care.

In regards to home support, what are the rights of a community healthcare worker if a client continues to have people in their home during this isolation time?

Elin B. – If our healthcare workers do not feel safe, they have the right not to be in that environment, and the right to raise that with their supervisor about what needs to change to provide care. This may not be comfortable in the moment, and certainly a supervisor can help with that. But we can give that feedback to clients that our staff will come in the home if only people who reside in the home are there and not with individuals from outside of the home. It's totally reasonable for our CHWs to want to have as few people as possible, particularly in the vicinity of where care is being provided. You can certainly request that and I would hope that you are a leader or supervisor would be able to support that. It's a right of our healthcare workers to say if something does not feel safe and then we can support that conversation with the patient and their family.

What methods that we're currently using to reprocess masks?

James H. – The reprocessing and processing of N95 masks and the ability to do it from a technological standpoint changes weekly right now. Island Health and our Provincial partners are reviewing the reprocessing out of Nanaimo. I don't have any specific information on how many masks have been processed to-date, but I will say that we are not recirculating reprocessed masks back into our regular stock until we absolutely have to and we have no indication that that's happening anytime soon.

Can you give more information about the collection of surgical masks?

James H. – Surgical masks are being collected in the USA and are being reprocessed utilizing UV technology. We are collecting those masks, but we are not currently reprocessing them and we have not designed or created a process to do so yet, that's been approved provincially. So we're collecting those masks just to see if there is a process that can be used in the future.

Is Island Health taking advantage of PPE innovation?

James H. – Many Provincial and local partners have come forward with 3D printing technology and other innovative processes. What clinicians will see soon is that we will be utilizing a lot more reusable products than we have in the past - specifically around face shields and eye protection. We're going to be infusing our supply with goggles and eyewear that have ratchet type masks that are reusable, cleanable. When that occurs, we will have processes and procedures in place to safely do so.

Casual RNs are not being called in because we're overstaffed and have canceled services. How is Island Health looking to support keeping casuals employed during this time?

Elin B. – Tough question. Casual employees are integral to our operations and in normal circumstances we literally can't function in a number of our sectors without our casual employees. Right now there is less casual work available. I'm going to take this important question away and identify with my clinical service delivery team. I just I want to thank the nurse who put this question in, and acknowledge that it is a difficult time.

Is there a plan to teach the importance of changing gloves or washing hands by staff who are operating the tills at grocery stores?

Dr. Stanwick – Yes, I certainly recognize the importance of essential workers of people working in drug stores, pharmacies and grocery stores. There are efforts to engage in basically proper hand hygiene and cough etiquette. The federal government and other sources (i.e. CDC lab) have put out some pretty good instructional videos for these settings, in terms of hand hygiene and personal protection. We have the opportunity to further enhance those measures through modelling and information sharing.

Why are our senior leadership not working from home? If one VP or ED contracts COVID, we're all at-risk of acquiring it.

Dr. Williams – Great question. Some of my colleagues are working from home and some of us have to be here – it's a mix. When we're here, we take hygiene seriously. There are rooms where we all meet, we make sure that there's not many left in the room that we are at least two meters apart from each other. We have lots of hand sanitizer or other opportunities for hands hygiene. And, we never come to work sick. We also have a job to do in supporting our teams and making sure that all of us are there safely, and that our teams have what they need to provide good care. We won't come in if we're not needed, but we do come in so that we're here for all of you.

Are there timelines for when the visitor policy might be reverted?

Victoria S. – I know that for all of you who provide care to patients, the interaction with their families with their support system is so important. And I know that the ethical dilemma of watching patients be in our facilities without that connection and without that support weighs heavily on all of you. And I know that you're all stepping in to be that support and to be that kind face. And to create that smile or that laugh in a way that we sometimes rely on families and, and support people to do so. I want to thank all of you for stepping into that space and for advocating for iPads and for advocating for ways that your

patients and clients can remain connected through what is a very difficult situation. We have to weigh these feelings with what is the right thing to do to protect our healthcare workers, our healthcare system and ensure that it's accessible for anyone who needs it.

Thank you for continuing to lean into new ways of providing care that look really different than they did a month and a half ago. For many of you, to exist in this space of a bit of quiet is something that we're certainly not used to. We have gone from 120% capacity across our system, down to where many of our acute care sites in particular are kind of around the 60-70% mark. We are sitting in this limbo - waiting for the "big, bad, ugly" to happen but needing to maintain a level of service, while trying to figure out what comes next. We only know what's in front of us today.

And so. I just wanted to thank all of you who continue to show up, who continue to send forward your good ideas and who continue to ask the hard questions so that we can continue to support each other through this. Thanks.

Note: remaining questions will be answered in a FAQ – and shared at the end of the week.