TOWN HALL SUMMARY

May 12, 2020

This is a summary of today's Town Hall. Full dialogue via audio links are throughout the document.

SPEAKERS (in order of speaking):

- Victoria Schmid, ED Quality, Safety & Improvement
- Kathy MacNeil, President & CEO
- Dr. Richard Stanwick, Chief Medical Health Officer
- Marko Peljhan, ED, Portfolio 4, Sooke Region, West Shore and Urban Greater Victoria
- Dr. Ben Williams, Interim VP Medicine, Quality & Academic Affairs
- Sharon Torgerson, VP People
- Dawn Nedzelski, Chief Nursing Officer, Chief Nursing Office

INTRO/GENERAL UPDATES:

V. Schmid – Welcome and introductions.

Kathy McNeil – I want to open our time together by acknowledging the fact that we're speaking to you from the traditional territories of the Lekwangen speaking people, the Songhees and Esquimalt Nations as well as the Wsanec people, and it's important that we recognize we have the privilege of doing the work that we do on their land.

Dr. Henry yesterday talked a little bit about the patience that's required as we work through the BC Restart Plan, meaning it's not going to be like flipping a switch. We flipped a switch when we ramped down - things happened very quickly and we went from full-on to almost full-off, but now it's going to be a slow and intentional and gradual ramp-up period. COVID is still with us in the community. We had a positive case two days ago, and three days before that, so it's still out there. We still need to wear PPE when we see patients. We still need to practice physical distancing with our neighbors and in our workplaces as much as possible. And we know we're trying to hold it all the up at the same time that businesses are clamoring to get going, because people's livelihoods are at stake and they've been so patient as we've tried to respond to this health crisis. We owe it to our business community to be prudent and really walk the line of balancing the public health practices and the risks around the economy and getting our businesses back to work.

So our public health team is really walking that fine line. We are full-on around planning our surgery renewal. Cancelled patients have been called this week to see if they are: A. still feeling they need for surgery, B. feeling comfortable coming in at this time for surgery, and C. needing to be re rescheduled. We're doing it in a different way and I want you to hear when I say the 'new normal', we may be doing the health services in very different ways. Virtual pre-admission is now part of our new normal so that patients won't be coming multiple times into a health facility. We will have physical distancing practiced in our facilities so that we don't have people sitting in waiting rooms at the same time. We will have staggered appointments and enhanced screening to limit face-to-face time. We're using other ways to

assess patients and will be building up public health resources to manage the risks of more contact as our bubbles get closer.

Some of you may have heard that in order to create space inside our facilities, we are looking to new models of care. We have been on a path around enhancing home care and home support services - looking at a hospital at home. How can we treat people at home with enhanced, almost acute care services in their home? We're looking at our EDs and how we can make sure that we have multiple ways to take care of people who might default to ED for care. How do we make sure are multiple access points in our community script here? Not only are we working to get back to a new normal, but there's new work that has emerged – and we don't have a whole bunch of new resources to do this new work. Often our limiting factor is the human beings that we have in our system to do the work. For example, our research team has seen a huge increase in the grant applications. Right now we have 22 active grant applications just in COVID-19 trials. So, a big piece of work on a team that probably would tell you they didn't have the resources to begin with. This new work is upon us and our leaders are making decisions about what may be appropriate to tool-down a little bit so that we can tool-up in other areas.

Richard Stanwick – Although we are not seeing a lot of virus circulating, we must keep our guard up. That is a really the big challenge going forward – keeping the gains that we realized and that we've paid a huge price for. And so, part of the expectation is that we will use this time wisely in terms of planning and getting ready. Bonnie Henry and the BCCDC are in conversations with WorkSafe BC about the guidelines that must come into place to allow businesses to open and operate safely. This is going to be a critical step in moving forward in a very measured fashion that will ensure the safety of their employee.

Where public health will be stepping up is we have a number of businesses that were previously regulated (i.e. restaurants that are covered under the public health act). They have practice expectations under legislation and will now have additional expectations that are posed to keep employees safe by WorkSafe BC standards. So we are anticipating a very positive step forward, but one that is going to probably require some additional effort on the part of the staff of Island Health.

The BCCDC has developed a survey called Your Story, Our Future. It's 10-15 minutes long and it's to share your experiences around the COVID-19 pandemic. Nobody is closer to the front lines than the people I'm speaking to now, and the BCCDC would benefit from hearing your story. So, please take some time to complete that survey.

Marko Peljhan – We've had a bit of an increase in our overall site capacity. We're sitting at 84% today as a health authority, up from the mid to high seventies of the last couple of weeks. Primarily that increase is related to medicine. We've had a bit of an increase of admissions coming through the ED, and we're hearing from ED physicians and physicians managing inpatient units that we've had a higher acuity. **So, is it the right timing to be ramping up elective procedures as we're seeing a bit of an increase in our capacity, and we're still seeing a little bit of COVID burden in the community?** We are testing several

hundred patients today still, who are symptomatic and we're only seeing one to two positive cases a week. We really only have one remaining patient in hospital that's COVID+ and we have a couple more in hospital that are no longer contagious from their COVID illness. We made the right decision in the spring, based on the direction from Dr. Henry, to pause elective procedures. We paused over 4,000 surgical procedures and several thousand elective procedures - nearly 10,000 overall for all of our elective procedures, and these patients are deteriorating. They absolutely deserve access to health care. For each one of these individuals, it's absolutely critical need that we do turn on our healthcare system to be able to meet those needs. Many of them have been living with chronic illness. A lot of our services and procedures are in place to diagnose significant illnesses like cancer, so it's really important that we get that up and going.

To answer the question: **What if we hit a second wave and how are you going to respond to that?** We've learned a lot over these last eight weeks about our ability to ramp down our system to be able to meet our capacity needs. If we do see an increase of COVID patients over the coming weeks and months we will again following the direction of Dr. Henry and be consistent with our provincial colleagues and other health authorities. And we would continue to reassess our process of how we're managing our lab cases. But where we're at right now, I really believe it's the right decision to be able to start to meet those healthcare needs of our communities and our patients at home. So that's the key work we're doing now and we're not going to be quite at 100% capacity over next week or the following.

We are also looking at efficiencies and how we manage the perioperative care under our new PPE guidelines. More information to follow on that in the coming weeks. We will continue testing at testing sites. We are looking at each of our geographies and municipalities - what they look like and what the need is - to divert the testing away from our EDs, to continue to support that in the community, and support our patients that require testing if they're coming in for procedures, if they're symptomatic and for our health-care workers.

Many assessment centers as primary care practices have closed up and down the health authority. We stood up consolidated assessment centers both for high risk and low risk patients in collaboration with the Divisions of Family Practice. We're now seeing that some primary care practices are beginning to open again. So the future of assessment centers are to be determined. We're working with our two Divisions to determine what that looks like.

Ben Williams – I want to acknowledge that we're talking about all of the work that we had planned and then delayed as we went into COVID - whether that's surgeries, services or more strategic work to get the organization where we want it to be in five years. We've put a lot of work on pause. We've had an incredible response to COVID and we still need to be ready for it. And now we've got exciting work to take us into the future and take advantage of the big changes that have happened in society. As healthcare has moved to virtual care, fewer patients are in the emergency room. If we try to do all of those things we did in the past and exist in the space where we're ready for COVID – that's a hard space to be in. It feels in some ways like we're taking on three times the amount of work as we did before with

the same number of people. It is going to be hard and we are going to have to prioritize. How do we adjust assessment centers and screening? How do we ramp up surgical services and ambulatory services, community based services?

As we adjust up, there's that question that I'm going to speak to around **keeping ourselves healthy and model those healthy behaviors that we all need.** Dr. Henry recommends being outside exercising, physically distancing and yes, smoking cessation is as important now as it was before. We've seen worrisome signs of alcohol use increasing during the pandemic and it is a time for those core public health messages to continue and for us to model healthy behaviour as we exist in this space of tension in society.

We often focus on acute care in a hospital system. We're in a unique position in the acute care system right now around what occupancy looks like, and how many beds are full in the EDs. The solutions to keep us in that space won't be found in the acute care system. At least not all of them. It's a real opportunity to highlight the important work that happens outside our acute care system. When we look at our patients on Vancouver Island, the vast majority of people get the healthcare services outside of acute care. Even in the 80+ population, only half of that population touches the acute care system in a whole year. The work that our community health workers do in patients' homes, our professional staff do in the community, our colleagues in primary care, our mental health substance use teams do around communities across the Island. That's our focus, both from a population point of view, but also to keep the acute care system healthy.

As we open up again, the public will look to healthcare workers - regardless of title, regardless of our role in the system - for advice on what's safe to do, how quickly should we open, why isn't my swimming pool or my summer camp opened yet? As very few of us are experts on this, the best advice is to redirect them to the BCDC website.

Sharon Torgerson – I'm going to briefly address working remotely and the plans to return to the office as we continue to get several questions on this topic. So this has two aspects to it. And the first is the working remotely policy and procedures are in the final stages of development and approval. The second part of this is the return to office plan. We initially thought that this was going to be quite easy, and it actually has turned out to be quite complex. We've struck a cross functional task force to help us with the development of the framework and criteria, and it will be fazed back in. So I'm going to ask for your patience as we work through this. There will be general communication going out this week to the organization around return to work. If you are working remotely, please continue to do so until you get further direction.

QUESTIONS & ANSWERS

Do you know anything about the school districts coming back part time on a "rotational" basis? I am worried about childcare!

Richard Stanwick – Since the beginning, we have kept schools open for children of essential workers. We're receiving new direction about the K- 12 and daycares, in terms of how they might be able to accommodate more students going forward. It will be a gradual process. The minister of education has been speaking about the possibility of rotations in terms of the students coming back for part of the day. There will be some experimentation, but the intent is to get students back into school, at least in a limited capacity. If distance learning can be better accomplished for the higher grades, then that will happen. And as soon as we have further direction from the Ministry of Education and the BCCDC, I'll pass it on.

Why do we hear that there is a risk of a 2nd wave coming with flu season? Are COVID-19 and the flu related?

Richard Stanwick - Many steps have been put in place to combat COVID-19 are successful in combating influenza (i.e. proper cough etiquette, staying home when you're sick, washing your hands frequently). That's good advice for a whole raft of viruses. We know influenza will come in the fall, and it will compound matters if it's a particularly bad flu season and how well we matched the vaccine. When we test for respiratory viruses, the panel they do will include not only influenza but COVID-19, as well as some of the other common viruses. So we'll be quite successful at identifying what's causing the mischief. Exactly what type of flu season we'll have and how that interferes, or parallels that wave 2, is unknown.

What is the status of serology/antibody testing for health care workers?

Richard Stanwick - We keep promising that this is 'just around the corner,' but we are seeing an abundance of caution on the part of BCCDC. We've seen this with a rapid testing procedure that did not pan out. Fortunately, because of their diligent caution, BC didn't go down that path and receive inaccurate responses. For similar reasons they are being very diligent in identifying a serology that will be both cost effective and give us the information that we need. It will be a useful tool, but we want to ensure it's the right one.

Is Island Health going to ramp up formal efforts to counter the conspiracy theories spreading in our communities?

Richard Stanwick - There is always a small proportion of the population who believe the health system is there to hurt rather than heal. We already know what the best sources of truth are. Redirect people to BCCDC and other prominent websites like the Public Health Agency of Canada. As health-care providers, you have tremendous credibility in the community. If you continue to tell people where to get good information, that will go a long way to dispelling the myths. Try to shift the conversation to something positive rather than trying to be confrontational, as these people's minds probably won't be changed.

There's a couple of questions that are all around the same themes around wearing a mask.

We continue to move forward with the same messaging that is shared through the PPE support tool and on our COVID-19 website. And that is that if you can't physically distance outside of that six foot bubble you are to wear a mask. That's the safest way of providing care and it's the safest way for our patients to receive care from us.

Are there any campaigns to encourage patients with minor non-emergency complaints to utilize clinics and virtual appointments versus the ER so that we can continue to decrease our risk of volumes increasing over the next while?

Marko Peljhan – As we move forward, we want to continue to support virtual care when a physical exam is not required for a patient. And we're looking at our ability to sustain assessment centers. We want to maintain our current outpatient volumes in our emergency departments to support social distancing. Yes, those will require public campaigns to communicate that.

Are people who show up to appointments showing symptoms supposed to reschedule their appointment or put on a mask and hand sanitize?

Marko Peljhan - Whenever possible, we need to communicate with patients ahead of them showing up to encourage them to stay home if they have any type of symptoms. If patients are coming in for an urgent elective procedure or an emergent elective procedure, then we would don appropriate PPE. But if that procedure or exam can be delayed or we can do a virtual visit, then we encourage that.

What is the time frame for opening public health back up to normal volume of patients, given there have been clinic closures recently?

Richard Stanwick – We will not see a full ramping up. Staff have been redeployed to work related to COVID reporting (i.e. contract tracing), and this work will continue through the summer. Priority activities have been maintained throughout (i.e. childhood immunizations). We will be looking to see where we can pick up some work that was previously deferred, but it's going to be a delicate balance to get some of these other programs going, but not lose the gains that we've made with COVID.

We know there's going to be an influx of people wanting to come and enjoy Vancouver Island (and Islands). Are we discouraging people from coming? Do you know when the borders open up what the process will be around constraints and enforcement?

Richard Stanwick – Premier John Horgan has been fairly clear that we will be going a month at a time and determining what our circumstances are. Certain parts of Canada and the US are experiencing significant amounts of COVID, and many of our cases over the last month have been imported cases from outside BC. This is one of the reasons why we're asking individuals (here and across Canada) to vacation close to home.

In terms of international travel, there's still a 14-day quarantine and most people who book vacation away don't want to spend it all in quarantine, so the expectation is travel will be low. The expectations around travel at this point are for people to stay home - locally, nationally and internationally.

Can you still test positive after a month? How do we know for sure that people aren't continuing to shed the virus?

Richard Stanwick – It's a question we keep asking on calls with microbiologists and experts from the BCCDC. If this test is good enough to be able to continue to detect the RNA that's associated with this virus, does that mean that you're still infectious? It probably isn't, but it's too soon to say for certain with regards to communicability. That chapter in immunology has yet to be completed.

When will the Summit move happen? The residents are in desperate need of improved facilities and the option of isolating if needed.

Marko Peljhan – We are looking at all the risks and benefits of moving into a beautiful new facility that's vacant and ready for patients. One of the added benefits of the Summit and not only is it a new facility, but it has a lot more private beds than what are other long-term care facilities have. We're hoping to share our move-day plans with staff and families in the near future.

What plans are being made with Camosun and UVic to reintroduce students to practicums and preceptorships?

Dawn Nedzelski – We are working very closely with our post secondary partners at Camosun, UVic, up and down the Island and provincially, as well as with medical affairs and our physician partners as well. So yes, we are bringing our learners back thoughtfully and working with all partners to ensure it's successful. We are looking at collaborative learning units as well as the preceptorship model, and looking at how theory is done.

The full list of questions and answers will be available here at the end of each week.