# TOWN HALL SUMMARY

## May 5, 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
- Elin Bjarnason, VP Clinical Service Delivery
- Dr. Ben Williams, Interim VP Medicine, Quality & Academic Affairs
- Sharon Torgerson, VP People
- Jamie Braman, VP Communications, Planning & Partnerships

**INTRO/GENERAL UPDATES:**

V. Schmid – Welcome and introductions.

K. MacNeil – Good afternoon everyone. I'd like to just start by acknowledging that I'm speaking to you today from the traditional territory of the Lekwungen speaking people and it's a reminder for me to bring the elders and the children into the conversations we're having around COVID-19 and our response as a health system and how it's impacting our elders and how it's impacting our children.

So another week that feels like a year sometimes in terms of the work that's accomplished and the movement that's been made. I won't speak specifically about the patients who have COVID, as Elin will talk about the clinical status at Island Health. I just want to talk a bit about the organization as we moved through this. So many of you have probably read or heard Dr. Henry's comments yesterday around dynamic modeling and looking at what we can expect as we start to relax a little bit on the social distancing measures that have been put in place. She used the reference of going from 30% of contact to 50% contact - but if we get out of over 60% we might be getting into the danger zone of spread. It's going to be a fine line that we walk around this maintaining social distancing, maintaining some of these public health measures and knowing how much we can relax and how much we need to continue to constrict. So much like our muscles, we're still going to be working hard for a period of time as we relax and construct and find the sweet spot.

In that period of time for Island to health, we know we need to relax a little, but we also need to maintain some controls. We need to maintain acute and critical care capacity for the burden of COVID-19 in the coming months, and potential planning for a recurrence of a 2nd wave. As we start to bring up our clinical programs and services, we have to be mindful of the fact that we need to do that knowing this virus still in circulating in our community. We also have to plan to keep these physical distancing measures in place. How we might have had full waiting rooms before, we can't have those anymore. We

can't have patients waiting in hallways for placement in beds anymore. We have to rethink some of those practices that have been embedded for many years.

I want to talk about what we've learned in some of the areas of service that have been called to action quickly. I use the saying 'ready, fire, aim'. Sometimes we find ourselves in things before we've actually had time to fully think them through, and I want to acknowledge and call out the tremendous work of the teams who have been working to decant Topaz Park and Pandora Street in Victoria. I know there's also a team mobilizing in Nanaimo around the housing options there for underserved clients, and this work has taught us about how we are as a partner. There are a lot of good learnings about what it's like to partner with Island health, and I think that's been a really rich learning experience for us in terms of how we show up that may sometimes get in the way of collaboration. And also some of the things we do really well that advance our work together. It's been an excellent opportunity to work in partnership with some new partners that we haven't worked so closely with before.

I also want to talk about the work that's happened on Cormorant Island. You may have heard the premier made an announcement around a rural and remote framework a couple of weeks ago. In Island Health we had a chance to put that framework into action in partnership with the (inaudible) people. I think the work around the Indigenous response, using the rural and remote framework, speaks to how we are in relationships with people - not just organizations - and how our work has to fit both. We have an organizational partnership component and we also have relationships with people.

I want to mention the tremendous work that's happening around single-site employment in long-term care. This is not a simple piece of work. The last number I saw was 117 facilities up and down the Island where our staffing team is looking at creating staff schedules for single sites. Only 64 of those do we have formal relationships with our contracts, so that's [53] sites where we're getting to know each other through the single-site work. So again, partnerships at warp speed - sounds like a speed dating. I want to thank the people who are doing that work.

The burden of work on our public health team, not just in the assessment and swabbing and testing, but the contact tracing, the follow-up and mobilizing… I would say work flows that we probably didn't have in place. We've been putting that in place as we go and learning as we go, and all it goes without saying the tremendous adaptation of clinicians in using virtual tools. The difference that has made to patients and residents is huge and I get the good fortune of seeing some of those stories and it's really life changing to see how our teams have mobilized to get virtual care into long-term care homes or people's homes has truly made a tremendous difference in quality of people's lives.

So what's on the horizon is we are actively working a plan for the Summit long-term care home. As you know, we've held the Summit as a potential field hospital, should we need the extra space. Thankfully that wasn't our experience, so we're now going back to look at a safe transition of residents into the Summit. When might that happen and how? We are actively pursuing those plans.

We're also actively pursuing a surgical ramp-up plan. Across the province there's been almost 30,000 people who've been impacted by this pandemic. That's a lot of surgery to make up. So, how do we do that in a way that continues with physical distancing and keeps people safe? There's an exciting piece of work that's happening around looking at a 'hospital-at-home' proposal that the ministry has asked Island Health to put together - something that could be scaled to the provincial level. It would be another exciting innovation where virtual care will enhance our ability for hospitalists to deliver care to people at home.

The last thing I want to mention is it is Speech and Language Pathology Month, National NAOSH Week and Mental Health Week with the Community Mental Health Association. There are so many people who make such a difference in our system - if we don't name you, it's not because we don't appreciate it. We often don't know all of the acknowledgement weeks. But for me personally, I want to talk about mental health because I found the hashtag ***#getreal*** - and last week I had a really tough week. The massacre in Nova Scotia sent me reeling and then the following week was also a tough week. It started with what should have been my daughter's wedding and it didn't happen because it was postponed. And then a terrible helicopter crash that took the lives of six people. My soon-to-be son-in-law is an avionics technician and works on the sat phones - and was deployed on the same mission two years ago. Just knowing it could have been him set me on a real low point and I reached out to my team and that's what got me through the week. It just reminds that we're all in the same storm but we're not in the same boat. Some of us show up at different times with different needs. Some people are putting on a brave face and that's how they need to get through this to cope. Some people are having down days and they're angry, and that's how they need to cope. And some people like me, just get sad and we just need to be sad. But what helps us get through is knowing that we're not alone. So when Dr. Henry says, be calm, be kind, and be safe – the 'be kind' part is to remember that we may be in the same storm, but we're not in the same boat. Please don't judge somebody who might be working alongside you because they're in a different boat. Please be kind, because that's the only way through is to be there for each other. We take care of each other.

Richard Stanwick – As would be expected, there's another change in the swabbing policy. BCCDC will be rolling out a policy around the testing of children, because one of the difficulties that is being encountered is the frequency of respiratory infections with children. This truly is a moving target. On the other hand, it speaks to the nimbleness, the responsiveness of BCCDC, to identify problems in the field and within the week be able to make the modifications.

A couple of comments. Dr. Henry showed some graphs around the impact of social distancing and how we reduced our contact with others by 30%. People are wondering if that means we get to touch 30% of people. No, that's not the way it works. It's the number of contacts that you're going to engage with, and that's the stay-home component where people have largely avoided coming into contact with each other. With each percentage of increased contact, there's a slight increase in risk. Until you reach a certain tipping point, you're really not going to increase the demands on the healthcare system. It looks like 60% where we'll start seeing an impact in those numbers in terms of hospitalizations and individuals

needing ICU. 80% to 100% is what we're seeing in the United States where many of the southern states have opened up all activities. It's going to be interesting to see in how this unfolds in Georgia, Louisiana and other locations, because they've decided to test this particular model. Here, we are going to be moving incrementally and we'll be starting with programs that voluntarily closed on principle, or for their staff, in the community. Principals will be provided by the province and a lot of us are waiting to hear what the Premier will say tomorrow. That will provide a lot of direction, based on the best available evidence. It's an evidence driven exercise coupled with evaluation. It's an exciting time and this broadcast will be the first step in us moving forward to live with COVID in a new way.

As the COVID battle goes on, it's important to point out that we've lost 2.5 times as many people in three days to overdose than we've had die from COVID. Ten people died in the last three days. We've put out an alert. These deaths have occurred in Campbell River, Duncan and Victoria, and it's just a reminder that there's a second public health emergency that is not going away. We are certainly trying to take steps with improved housing to make things better, but that number really brings home how serious the problem is. So, I end on a sad note – it's one example of the other anxieties we have, which would be part of our normal health care days – and now we have COVID on top of that.

Elin Bjarnason – Life does go on, and our health system and our healthcare workers continue to respond to the human condition and the challenges that we have. That's the big challenge and it has come through in some of the questions today. Currently, we have two people in our hospitals that are COVID+. We have three more that were COVID positive, that are now negative - so a total of five that were admitted due to their COVID status. Some of those patients have other health conditions as well, which is why they remain in hospital. Ultimately, a very low volume. The last inpatient that tested positive upon admission in one of our hospitals was on April 8, and that person had recently traveled to Hawaii, so a travel-related illness. The largest volume that tested positive at a screening clinic was on April 13th. The last time a person tested positive in the VGH ED was on April 11th and they weren't admitted. Similarly for Nanaimo ED on April 21st. So, it's not to say COVID is gone, but it is to say, for Island health and for Vancouver Island, that that we do have a very low rate of positive testing. We test 300-500 people every day which is excellent. We really are in a good place to respond to COVID, but we also need to recover some of our health system and ensure that we're providing all of the care that we need to. So we're not just going to open it wide up, but maintain safety and ensure we're maintaining the services that our public needs. We're developing acute recovery capacity plans and those are really look at how we start to go back to normal volumes of surgical procedures, diagnostic procedures, ambulatory procedures. In total, we've cancelled nearly 40,000 of these procedures, 4,000+ surgery procedures have been postpones and well over 10,000 ambulatory. We're probably getting close to the 30,000 alone for diagnostic imaging. So that's a lot of care that we need to catch up on. So, we're looking at how to do that across the care continuum. Everyone across the continuum feels the burden of increased PPE, of needing to protect themselves, protect their patients and that unknown. So, how do we lean into that and feel comfortable.

On Cormorant Island, they were in a challenge around COVID and that entire community came together to really apply the principles that Dr. Henry has talked about, and to change the course of what could have been a significant outbreak. I think we can all really learn from that community - it was incredibly impressive.

**One of the questions that came in is around ambassadors in the hospital and whether we'll maintain them.** The answer is yes, we're going to maintain some rigor in relationship to entering and leaving the hospitals until there is a vaccine. What that looks like will vary. The province will provide guidance around visitor policies as we look to surgery, diagnostics and ambulatory care.

Ben Williams – I'm here with Sharon Torgerson, our VP of People, in Nanaimo and we're speaking to you today on the traditional territories of the Snuneymuxw First Nations.

On Friday, you may have seen an email from Kathy about our Chief Nursing Officer, Dawn Nedzelski, is retiring. I want to thank Dawn for her personal friendship and support, but also for her leadership. Dawn and I worked together for a brief period of time in Nanaimo, and I've had the opportunity to admire her leadership for many years – particularly when making sure that the voices of frontline nurses and allied health staff have being heard at an executive level, and setting up a format to be able to do that. So, thank you Dawn.

We have acute care occupancy that is lower than many of us could have dreamed up. We have very low wait times for emergency surgery, numbers being seen in emergency rooms is really low and we've moved further in virtual care in the last two months than in the many years that proceeded it. And so there's an opportunity here that we can't lose for our patients and areas where we've identified there's so much more work to do. Next week we're going to be out there with our teams of clinical and medical leadership, the health authority medical advisory council, emergency operations committees, the nursing and allied health advisory council and really validating that we're on the right track. And then, we're going to be relying on those teams to help us set targets that will keep us on track over the next several months and that we all see our role in continuing the work going forward. In two weeks we'll all be hearing much more about how we live in this moment going forward. And it will certainly be in the context of what Dr. Henry has told us to do and what the premier will tell us tomorrow about how our society is going to look going forward.

There was a question around CPR. **If someone goes down in front of me, do I really need to wait, go put on a bunch of protective gear before I do CPR, if I feel a little risk as low?** We all went into healthcare because we want to help and we all imagine when we're helping a patient that it could be a loved one. It could be our mother, or father, or child – and we want to step in and help. At Island Health, it's our job to make sure that the members of our team are protected. Clinically, you need to have a face shield and a mask, and a mask over the patient's face. If you think it's very high-risk and you need airborne precautions, then by all means go get the precautions you think need to keep you safe. If your clinical judgment is that it's a low-risk scenario and that it's safe to start CPR right away, then start CPR

right away to help that patient in that environment. And that's not just true in health care, but also walking down the street. We live in an environment where the risk from COVID is very low because our prevalence is very low. We want to support you to feel safe but also to do what you think is the right thing to do in this clinical environment.

Finally, I want to come back to what our society is going to be doing in the next few weeks. Premier Horgan tomorrow is going to talk a little bit about how our society is going to open up, and my expectation is that it's very much going to be evidence-based from the advice of Dr. Henry and the staff of the BC center for disease control. There are going to be members of our society who want to open up much more quickly because they need to get back to work and support their families and they're worried about the very real economic effect. It's our job as healthcare workers to make sure the voice of science and of Dr. Henry and Dr. Stanwick are supported in this process. It's going to be measured, it's going to be slower than we'd like and we all need to stand behind Dr. Henry in that process to make sure that we stay safe in the healthcare system and that all members of our society stay safe.

**QUESTIONS & ANSWERS:**

**Will employees who can complete their jobs remotely be allowed to continue working remotely if social distancing is supported through that?**

Sharon Torgerson – Remote work is a popular question. As we start returning to our 'new normal,' we're will have a framework for remote work that includes a policy and guidelines. Remote work will then be a decision with your leader. Can your work be done remotely? Is that all, some or none? Should it be part-time remote and the other part in the office? We need to be very aware of the physical space that people are coming back to, and ensure that it's safe. This week there will be new provincial guidelines, so we're also waiting to see what those are so that we can align. As we roll this out you will hear more information from your leaders.

**Why everyone that's considered essential not getting a wage increase for this time period?**

Sharon Torgerson – Wage increases for essential workers is a provincial government direction. As a health organization, we are following the remuneration guidelines in all collective agreements and the non-contract terms and conditions.

**Our community health services are overcapacity, overworked and understaffed. There's a lot of moral distress. What is Island health doing to lessen the burden on these clinicians?**

Elin Bjarnason – We've added extra precautions in community health services to help keep people out of our hospitals, and there's the burden of the PPE, knowing who is in a home, feeling safe within that home. It has taken us some time to be able to provide appropriate levels of PPE because of all of the constraints internationally. So I want to acknowledge that our community health services has been

through a lot. I'm hoping that as we start to stabilize and move into the recovery that CHS will start to feel that support.

**Community health workers only get one mask per shift. Why?**

Elin Bjarnason – Initially, we provided one mask, but we have shifted since then, and as of this week, it is four masks per health worker per day. So, that would be one bundle of PPE for every droplet precaution, plus up to four masks. I'm hoping that those adjustment are happening and feel free to reach out to me directly if you're unable to access those supplies.

**In hospital when staff cannot social distance due to tight working spaces, should we wear a surgical mask?**

Victoria Schmid – Our PPE guidelines say if you are within six feet of a patient and providing care, service or support to a patient, please wear a mask. If you don't have to get within that six foot radius then your social distancing should protect you. So again, if you can't maintain the six foot distance that's when we ask you to wear a mask.

**Can I take off my mask and put it in a save-a-day to have a drink and then put it back on?**

Victoria Schmid – Yes. If your mask is not visibly soiled, dirty or wet then yes, please use a save-a-day and put it back on until you need to utilize a new mask.

**Do you know what percentage of the COVID tests being done are likely to be false negatives?**

Richard Stanwick – Very good question that speaks to the sensitivity of the test. If you are fully symptomatic in day 3-4 of the illness, we have significant confidence that a positive result is a true positive. The difficulty is when people have minimal symptoms, the ability to detect a positive is 70%. So it's not a perfect test, but it's certainly the best that we have at this point. I just want to make one comment on the point of care testing. A device called 'The Spartan' has been recalled, as it came to market a little too early. There were problems with it in terms of its ability to detect a virus, and the size of the swabs would have been too uncomfortable for most people.

**Is there any form of time line to get the LTC residents from Tolmie/OBL to the SUMMIT?**

Victoria Schmid – Our long-term care teams are working towards the safest time to make that transition, based on where we are with the COVID pandemic and what we're seeing around transmission in the community.

**My colleague has COVID symptoms, what should I do?**

Richard Stanwick – Since the beginning, we've been saying: if you're sick – go home. You should contact infection control and be assessed as to whether, because of your contact/proximity with a sick individual, you have been exposed? If you have been sufficiently exposed, the expectation is that you

would go home and self isolate for 14 days and monitor for symptoms. If you are doing a position that no one else can do and you cannot be replaced, you are to wear full PPE and continue functioning at work and monitoring symptoms. An infection control officer can help you make this decision.

**If a nurse in my office tests positive, do we all have to be tested or self isolate for the 14 days?**

Victoria Schmid – If a person tests positive for COVID, there is very rigorous and robust contact tracing that is done, that is shared between the occupational health and safety team. They do the staff and employee contact tracing and infection prevention and control. So, rest assured that if you were in appropriate contact with a person who was positive, and you needed to go home and self isolate, someone would be reaching out to you. For every single positive swab that comes back from the lab, our communicable disease, public health, occupational health and safety and infection prevention and control teams have a very robust process for following up with all the contacts of that positive person.

**Is IH going to implement guest WIFI at all facilities? It appears some sites have it while others do not.**

Jamie Braman – For those of you who work at sites that have had WIFI come online in the last couple of years, you'll know we've been partnering with our auxiliaries and foundations who have supported us with funding to make this happen. We are continuing to expand public WIFI services for guests across our sites, and will continue this work when we come out on the other side of our COVID response.

**CLOSING:**

Victoria Schmid – I was thinking about the psychological impact of the work that we do through something like this. We've learned from past events like SARS, H1N1 and Ebola that this type of work has a huge impact on people's mental health. And you know, I think there's a desire to 'rush' to return to normal. We need to take the time to really think about how much of our 'normal' we want to get back to. Some of the resilience practices that I've seen people employ while going through this have been really inspirational to me, and I developed some of my own resilience practices that have allowed me to continue to hobble on through.

My sister is a certified counselor. I have her on speed dial and take advantage of that free service quite often. I've also started to create a bit of a five-minute buffer between my thought processes at work and when I transition back into home. And I don't know about the rest of you, but I love my friends, and I'm really missing that outlet of being able to hang out with them. And while I absolutely love and adore my family, sometimes I just want a little bit of space. And so, I started a bit of a practice where I just take five minutes to do some breathing and transition from work so that I can show up for my family in a way that's positive, loving and caring.

Think about those things that work for you. What are the things that you've seen work for people around you? I've heard many stories of how we are continuing to hold each other up. In Bonnie's message every day, she talks about the need for us to come together as a community and to hold each other up and to be kind. Those are the things that are going to get us through the next transition. The

next pieces of work that we have to do may even be harder because they require us to stay in this state of readiness and awareness, while bringing back services that people desperately need and haven't been accessing while we've been in this state. That is going to require us thinking really differently. Being able to provide care in a new way that hopefully is kinder and gentler on ourselves as providers as well.

So thanks for your time today and I continue to look forward to the great emails and updates I get from all of you on the great things that you're seeing and doing for each other in our, in our work community.

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