Premier Conference Transcripts

island health

MAY 7, 2020

John Horgan: Today we're here to announce the beginning of our opening up of elective surgeries, the phase 2 of the BC Restart plan.

COVID-19 has changed so much of what we do and how we interact with each other. We've worked hard together to flatten the curve, and we've made great progress. Dr Henry and Minister Dix have been advising us on that on a regular basis, but we can't lose sight of the importance of ensuring that if we're sick, we stay home. We want to make sure that the compromises that we've made to our interactions with other people are not lost.

Those huge sacrifices, of course, have included, as of May 18, 30,000 elective surgeries that have been cancelled. That is 30,000 people who have been having to endure pain and other suffering as we've worked together to address COVID-19. But because of those sacrifices, we have been able to move forward.

Yesterday's plan was a slow and safe restart, and it will include guidance from Dr Henry and other public health officials as we bring in the important changes to how the province will operate within the economy and within our health care system.

As we resume elective surgeries, we're going to have to ensure that we have safety protocols in place for patients, safety protocols in place for surgical teams and, of course, as we start to discuss how we will bring these elective surgeries back online, it is an option for patients to wait until they are more comfortable to enter the health care system.

But every precaution that can be taken has been taken. Right from the beginning of this pandemic, we have been focusing on ensuring that the public interest is front of mind and that the health of British Columbians is our preoccupation.

As we enter this new normal, we are going to continue to be washing our hands, keeping a safe distance and, of course, staying at home if we are sick. Now is not the time to let down our guard. Now is not the time to forget the sacrifices that people have made. Instead, we should remind ourselves that 30,000 British Columbians have been suffering, not just by not seeing their friends, not just by not going out to enjoy the splendour of BC, but they've been living in pain.

Today we will start the process of relieving that pain for people who have been suffering because of the lack of elective surgeries.

I'll turn the microphone now over to Minister Dix, and he'll lay out how the plan will unfold from this point forward.

Adrian Dix: Dr Henry and I will take you through the presentation. It's a shorter presentation than that we provided in the technical briefing, but all those presentations, including our surgical plan, will be available online.

I would also like to thank Michael Marchbank, who authored this plan along with many other people in the health care system. Mr Marchbank is the former president of the Fraser Health Authority from 2014 through 2018 and is an outstanding health care leader in our province. We are very appreciative of the role that he played.

On March 16, 2020, we took the very decision to postpone non-urgent scheduled surgeries. And you see the effect of this. The Premier just spoke of the effect of this.

Our commitment to you is this. There has been an enormous commitment by health care workers, by the health care system, by the Premier, by the government to address the health care effects of COVID-19. Dr Henry showed this in the presentation on Monday about the relative success we have had, especially compared to other people, in dealing with people who've had needs, required the care of critical care and had COVID-19.

It has been an extraordinary effort. It has been a 100% effort. And our commitment to you is that we are going to see the same kind of effort from the health care system, 100%, to address the backlog in surgeries caused by COVID-19 in the coming months and years. We will do this in the safest way possible for patients and providers. We will be 100% all-in in this effort. Everyone involved in the health care system is committed to this idea.

The next slide talks a little bit about the pandemic impact on surgery, about the numbers. Our estimated number of lost cases, you'll see on the slide, is 30,000. Fourteen thousand of those had their surgeries postponed because we scheduled them in three-week increments. Sixteen thousand who had been normally scheduled in this period on the waitlist, that number, as you can see on the right here, is 30,298.

We've also seen and are seeing productivity decreases because of the measures that Dr Henry will be speaking of in a moment, the measures we've taken to ensure surgeries are safe. I would note that approximately 17,300 surgeries that are urgent have been conducted in this time. We continue to provide urgent and emergent surgery or emergency surgery, but nonetheless, the health care system has been busy. Nonetheless, the impact on patients has been considerable.

I also would note that 24,000 people in our estimate have not had referrals for surgery, have not been added to surgery lists. That is another significant thing we have to deal with, that COVID-19 has wiped out many of the gains we had made in recent years in increasing the number of surgeries significantly, as occurred in the 2018-19 year, for example. It's impossible for us to catch up without significant program changes and increased capacity. This is what we have to do for one another. I want to turn it over now for the next number of slides to Dr Henry to talk about some of the clinical protocols that are required.

Bonnie Henry: Thank you. As this pandemic reached us in BC, we recognize that we needed to take extraordinary measures to ensure that we could provide safe care, both with people who had COVID-19 in our health care system, but also for those who needed health care in other sectors. Part of that was the actions that we needed to take to ensure that our surgical teams and people who needed surgery during this unusual time were cared for as well.

There were new clinical protocols that were developed to manage patients during surgery. Part of those were making sure that people didn't have any symptoms, and that they hadn't been in contact. We also recognize that when we had COVID-19 circulating in our community, it would be people that may be carrying it. We needed to treat every surgical patient as if they might have COVID-19. That led to protections such as decreasing the number of people in a room when we're doing procedures like intubation, putting the breathing tube down into someone's throat. We know those are situations that increase the risk of transfer of the virus.

These protocols were needed when we were having our increase in community spread here in BC. They were based on evidence and discussed with the clinical expert reference group that we put together here in the province. They were informed by public health and by the epidemiology of what we were seeing in our community.

Now that we have flattened our curve here in BC, we need to take a different approach to this. We know -- and we are working very hard in public health to identify every single person who has COVID-19 in our province. That helps us understand where the transmission is occurring. That means that we can safely resume surgeries. We no longer have to assume that everybody has this. We can now safely assume that most patients do not have COVID-19. That allows us to change the protocols and to make them no less safe, but certainly a little more streamlined.

To be able to enhance and increase our surgeries for those who need it here in BC, we have now put in place very extensive screening protocols for everybody who comes in for surgery. When you get your call about your upcoming surgical date, you need to continue to self-isolate. Make sure you're not putting yourself at risk by being out in the community, by having contact with people that you have not had contact for in the next little while. It's going to be incredibly important that we all continue to take those measures, but particularly if you have surgery scheduled.

Then we will be having a detailed screening protocol for everybody at that 24-72 hours when you get a pre-anesthetic consult. There will be a screening protocol to make sure that you have not been in contact with anybody, that you don't have any symptoms, and we have a protocol in place that allows for rapid testing, should anybody have symptoms and it be required. Then that process will be repeated on your day of surgery so that everybody is confident that we don't have people who are at risk or have risk factors for COVID-19.

Obviously, if there's urgent surgery that's needed, those protocols will be sped up and put in place as well. These clinical protocols and the infection prevention and control measures are what we need now to make sure that we can ramp up our surgeries and get people in for the procedures that they need and keep everybody safe. It depends, of course, on the work that we continue to do in public health, to make sure that we are testing everybody in our community that has symptoms of COVID-19, and that we're rapidly able to do the contact tracing and isolation that's needed to prevent outbreaks and more spread in our communities.

Dix: The first step of this surgical plan will be to establish system readiness. Patients will be called, are being called and will be called, over the next ten days to confirm they are willing and ready for surgery. We know some patients may be concerned with that and we're going to engage with them and their primary care physicians on that question. To protect health care

workers, of course, as Dr Henry has talked about, new clinical protocols on managing patients through surgery are being implemented.

The needed PPE supplies and drugs required for surgeries have been confirmed. This is a key part of our readiness. I've been reporting regularly, especially on the issue of PPE. The beds required to care for surgical patients as well as COVID-19 patients have been confirmed -- that's part of the planning -- and that screening programs and pre- and post-operative care services are being operationalized. This is very important because, in addition to surgeries lost, the fact that we've done considerably less screening -- for example, FIT tests for colorectal cancer, for example, mammographies and so on -- we've done less of those in these times and we're going to have to catch up there as well. In some cases, we'll be discovering things that we would've discovered earlier.

Our surgery renewal plan beginning this month is going to be a massive renewal. It is a hugely ambitious plan that will keep up with new demands for new surgeries and clear the backlog created by COVID-19 over the next 17 to 24 months. The plan has five key steps -- increasing surgeries, increasing essential personnel, focusing on patients, adding more resources and reporting monthly, and in detail, on progress.

The surgeries and essential personnel, we want to speak to that briefly. To increase surgery capacities, we will refine and update processes to minimize the 30% productivity loss I spoke of earlier, extend daily operating hours, including weekends, open new or unused operating rooms in the health care system and contract with private surgical clinics that agree to follow the Canada Health Act. We will train and recruit the health care professionals we need to deliver and sustain renewal in the months and years to come. That includes in the area of anesthesia, in surgeons, in other support staff and nurses.

We'll also talk about patients, resources and reporting. We will continue the local collaboration on prioritization of patients. In other words, that requires the clinical advice of experts and the system of doctors -- and the system, in particular -- will focus on patients who are urgent, had surgeries postponed or have been waiting more than twice their clinical benchmarks. We will maximize day surgeries such as cataracts, which are frequently done outside of the hospital.

Like many programs and services impacted by COVID-19, the delivery of this plan also requires added financial support. We believe it will be in order of $250m in the first year. We are committing to making the required investment to support renewal. The Health ministry and health authorities are committed to transparently updating BC'ers on the progress of this plan by health authority and by month, with regular reports on strategies as they are being implemented.

We just want to lay out what the targeted timelines are. May 7th to 15th, contacting all patients who had surgeries postponed. May 18th, starting non-urgent surgeries up again. May 31st, contracting private facilities to work at maximum capacity. In June, training, recruiting and hiring more staff. June 15th, running all existing operating rooms at full capacity. That is what we're looking for -- a month where we will continue to lose ground but start to do scheduled surgeries and then hoping to get to full capacity by June 15th. From June to October, all surgical locations begin adding capacity by extending operating hours, adding weekends and adding new operating rooms.

As noted, and as Dr Henry has suggested, all of this is dependent on avoiding resurgence of COVID-19. Our plans include plans to address that, should it arise.

Q & A

Reporter: I know in the technical briefing you broke down kind of the target goals for nurse recruitments. I'm wondering if you can talk about how many surgeons and anesthesiologists you'll be trying to track down? What the goal numbers are there and where you plan to find them?

Dix: The plan with respect to nurse recruitment is approximately 400 nurses. It's our hope to hire all the graduating nurses this year and to significantly increase training so that nurses who are existing in the system can upgrade skills if that's required and also to hire all of the staff required, which will include, not only nurses and anesthesiologists and increasing our capacity there, but, as you note, surgeons, but also medical office assistants that are required, cleaning staff that are required... People who are involved, very importantly, in device reprocessing... So it will require a significant investment across the system. As we spoke of in the technical briefing, that's approximately 400 nurses.

Reporter: I just want to circle back to patients being called starting today. Will this call be just to make sure they still want to go forward with the surgeries, or are they also going to be rebooked at a specific date? What can people expect today?

Dix: The first call is to touch base with them to let them know that we're starting again, to see how they're doing, and to engage with them on both their willingness to go forward with surgery. And, then, as we go forward, we're going to start booking surgeries. But we need to talk to the people who have seen their surgeries delayed to begin with and that's what we're going to start to do today. That's a necessary step in restarting the system. See about both their willingness to go forward and to talk to them about that.

There will be some people who are naturally reluctant. I think you'll note for our daily briefings that we've gone... Right now we're at about 4,600 emergency room visits a day, from the previous average of about 6,500... So people are reluctant at times to come to hospitals, so we have to prepare for that, and we have to talk to patients about that.

Reporter: This question came up in the briefing and I just thought I'd ask again. With so many surgeries on the wait list, why not go with the 24-hour operation of the operating room to clear the backlog? And, also, what also came up is it was quoted that it was easy to shut down the elective surgeries, but can you give us a sense of just how much of a gargantuan task this is to bring them back up?

Dix: Like everywhere else, I think COVID-19 is affecting hospitals like every workplace in BC. And so we're having to take steps to deal with what we call productivity losses, but the extra time we have to take to make sure that staff are safe and to make sure that patients are safe. So it does take extraordinary effort to relaunch the system.

The shutting it down mean for those who had what's called non-urgent scheduled surgeries, which is what delayed, it was in some respects easy to shut that down. It's easy to say no in a

system. Much harder to get going again because we have cases continuing into the system. We have to assess patients for the urgency of the surgery. It's an enormous challenge.

And because we have people on a wait list already, and this simply adds to that and presents a real challenge for the system. But I think we're up to addressing it. We're going to throw everything we have at this issue, because I think the people who have made a real sacrifice in seeing their surgeries delayed, those people deserve that.

With respect to 24/7, you will know that, in the case of MRIs, for example, we've done that around BC over the last couple of years, moving, I think, from two machines going 24/7, to nine machines going 24/7, to 19 going at least 19/7. Surgeries are a little different.

We need human beings. They do need to sleep. So what we're doing, and to prepare, and we do have to staff surgeries in a significant way... So what we're doing is extending... The plan is to extend the hours every day for surgeries and then to look at weekend surgeries so we can increase our capacity.

This is how we can increase the number of surgeries we can do, reduce the COVID-19 related increase, and then we hope to continue on to reduce wait times once we get through this coming 17 to 24 months.

Reporter: How much of the success of this plan hinges on surgeons and anesthetists and nurses who are willing to expand their hours and give up their summer holidays, work weekends? And what's the back-up plan if you don't get that buy-in?

Dix: On my way to the Legislature today, where we are now, I ran into a surgeon who was biking and who told me about their commitment to get going; how determined they are... These are their patients... And I speak of surgeons, I think of nurses, I think of people who keep operating rooms (inaudible) perform such an important function.

They profoundly care about the success of the system. They are determined to deal with this backlog. And so I think we're going to have enormous buy-in from everyone in the system. This is what they do. This is their life's work. And this is the biggest challenge, in terms of surgery, that we've faced in our health care system.

So we need to be all in on it and I know that our staff, who have been extraordinary... And it has been a challenging time, both for the mental health of people in acute care, and across the health care system of people who have been on the front lines of COVID-19... But I also know their extraordinary motivation, and I think together we can make enormous progress, and that's what we're going to do and we're going to report, as I say, monthly on how we're doing.

Reporter: Question for the Premier. What's been described to us here sounds like a major transformation in the health care system from operating hours, to staffing, to training, to changes for productivity in everything. There is a funding increase as well. But I guess the question I would have is can you see that this transformation, which is done to clear the backlog, could become a permanent thing in the health care system in BC?

Horgan: Good question, Vaughn. We have since 2017 been focusing on trying to increase productivity within the system. Adrian spoke about diagnostic services that were multiplied in our time leading up to the advent of COVID-19. That was a transformative change in determining how many surgeries were required. We were creating more opportunities for those surgeries. And I remember quite vividly when Dr Henry and Minister Dix and I started talking about the pandemic plan and the consequences to elective surgeries and the impact that would have on individuals.

And we resolved, then, some months ago, that we needed to have a plan to make sure that we could try and get to the place we'd worked so hard to get to in January, February, of 2020. Adrian just touched upon, Vaughn, the commitment of health care practitioners, whether they be care aides, whether they be janitorial staff, whether they be nurses, whether they be admissions clerks.

All of the people involved in our health care system are committed to the well-being of the people that they serve. And we're going to be redoubling our efforts. Very ambitious, and I think that ambitious can be infectious as well in a positive way. When we see success in our personal lives, we try to duplicate that day after day, and I think the system will want to do that as well.

We're asking a great deal from people, but I believe they're prepared to give it, and we will be doing what we can on the resourcing side. Adrian and the Minister of Finance are in regular contact about what this will mean over time. But we're focused right now on getting back to a place where people can have confidence in our health care system, which is in many ways the envy of the world. Certainly, in North America it is, and we're proud of that. I'm fiercely proud of the work that the ministry has done to get us into this place, and I'm absolutely confident that we're going to be successful.

Reporter: My question is a follow-up on Vaughn's question. Would we potentially see a scale down after the pandemic related backlog is cleared? I know that's a couple of years away, but early in the technical briefing it was mentioned that this is kind of an expedition of a five-year surgery plan that was in the works. So is that five-year, is that a timeline that we would see this sustained? Or what is that timeline?

Reporter: Would we potentially see a scale down after the pandemic-related backlog is cleared? I know that's a couple of years away, but earlier in this thing it was mentioned that this is kind of an expedition of five-year surgery plan that was in the works. So that five year, is that a time that we would see this sustained? Or what is that timeline?

John Horgan: As the technical briefing suggested, this is not something that will be resolved over the course of the summer. It will take time and we're committed to it. We wouldn't have brought it forward if we didn't believe the system was able to handle the increases and the diversity of solutions. We are outside the box in many ways. Provided we're working within the Canada Health Act, we believe that there is capacity and if we challenge that capacity to expand and we work on increasing the number of graduates we have in health care professions, if we increase the resources available and that is our commitment, we'll be able to achieve these goals.

Reporter: This is more about reopening than surgeries. Just getting inundated with calls and emails from Albertans wondering in light of the request to stay home and not travel, are Albertans welcome in BC this summer?

Horgan: Well certainly Albertans are Canadians. We have mobility rights as Canadians. These are fundamental principles. But I know from talking to Premier Kenney. I know from talking to other premiers across the country, the objective is the same wherever you may live. If you don't need to travel, you should not. You should stay in your own community. We are just now reopening after what has been a difficult and challenging time for BC'ers. Many people in rural and remote communities are concerned that the full effect of COVID-19 has not reached their communities and they're fearful that it may arrive.

That's why we worked, Minister Dix and I and others, to put in place a Rural, Remote and Indigenous Communities strategy so that we have the capacity to bring people to acute care services, should they need them. So my recommendation to Albertans is the same as my recommendation to BC'ers. Stay home. Enjoy where you live. Do the best you can to work together, as we have been doing, to flatten the curve and ensure that as the summer progresses, we can have more interaction with our neighbours, whether they be Albertans or people from the Maritimes or any other part of Canada. But for now, it would be better if you stayed home.

Reporter: I was just wondering, you mentioned that some surgeries will continue even if the patient has COVID-19, but in some cases it would cancelled. So if it does get cancelled, like the person wakes up, they have a cough, cold, whatever, how would it be determined where and when they end up getting their surgery?

Bonnie Henry: This is a common occurrence all the time, even before COVID-19, that people have to be well for their surgeries, so this is an important thing and that's why it's important when you have your surgery scheduled to make sure that you're staying very close to home. That you're not out mixing and mingling if you can help it, because we want to make sure everybody's well enough to have their surgeries as scheduled. But we do have a provincial process for this, so people will be fed back into the queue, according to their need and people will be rescheduled so it won't be, you'll be back at the bottom of the list. It'll be rescheduled as appropriate, as part of the whole system.

So it is incredibly important though that people are careful right now and we don't want to have any more delays so that's a really important piece to bring up and people be careful before you have your scheduled surgeries. Make sure that we have the screening processes in place so that everybody can be confident and cared for safely.

Reporter: Premier and Mr. Dix, I'm just hoping you could reflect on, I'm sure there are some people on that list of 30,000 cancelled surgeries who are in pain and are wondering if the decision to make the cancellations, the way they were made, was really worth it, given that BC'ers did step up and flatten the curve and we had a record number of empty beds in hospitals the last few months because the surge did not emerge like the worst-case scenario suggested it could. I know you both said it was a difficult decision to cancel the surgeries, but can you address people who are wondering if this was the right call to do it in the way that you did, given the space that we have had over the last couple of months.

Dix: It was absolutely the right call. You'll recall, back in March, there was a very different discussion about COVID-19. We saw images every day on television about what had gone on in Italy. We are working in the health care system and what this has allowed us to do in the health care system, is respond at the acute care level, at I think an extraordinary level of skill and care for people who are dealing with COVID-19.

So, it was the right decision at the time, to ensure that our health care system was prepared. That the extraordinary anxiety that that system was facing, seeing what was happening in places such as Italy and then New York, in our health care system, was that we were able to undertake that effort with the calm that Dr Henry was asked for. So I think it was absolutely the right decision, that we have to continue to be prudent and I think it's a good opportunity to remind everybody of the sacrifices that have been made, particularly by those who were scheduled for surgeries and have had their surgeries delayed.

Those sacrifices have been profound and why we continue to have be 100% all in, even as circumstances change, because our ability to succeed on the surgery plan and so much else of what we're trying to do, depends on people's commitment to one another, to the ones that they love and to the ones that they don't know. This has been our success as a province. It was not inevitable. It was the result of extraordinary work by public health officials in communities. I think we would say all the people who worked on contact tracing, all the people who helped break the links of transmission, all of the people who made sacrifices in our community. Was it worth it? You bet it was. You bet it was.

Horgan: Just going back to Rob's question, absolutely the right thing to do. But we need to put into a context that today is the day after we announced our slow and focused restart plan, and the first order of business is to say to those who made a significant sacrifice by having their surgeries cancelled that they're at the top of the priority list for us going forward.

This was a very difficult decision to make, the right decision to make. But as we made it, we were mindful that these were not just numbers on spreadsheets; these were human beings, people, in many cases, who had been waiting a long, long time. And we are going to focus. And the resolve is fairly clear from the technical briefing, the commitment that we anticipate from health care providers, the resources that the treasury will be providing, so that health care, the fundamental principles of health care, that tenet of Canadian citizenship that is so important to us, is the first order of business. Absolutely the right decision, and this is absolutely the right response.

Reporter: You've been very specific in saying that you need 400 surgical nurses and where you will get them. But in terms of surgeons and anesthetists, how many do you need and where will you get them?

Dix: We're confident to do that. I think it's fair to say that over the past decades, sometimes the relationships between health authorities and anesthetists and anesthesiologists have been challenging. But we're making progress with that, and we need to recruit there as well. So everybody is committed to this. We obviously need to increase our capacity in every area.

One of the key areas, though, and has been over the last period, is surgical nurses. That's been a challenge over a period of time, so it's why we give focus to that today. We're going to require

more medical office assistants, more skilled health care workers, and obviously surgeons and anesthetists. I think what's been sometimes a restriction in our health care system is the amount of operating room time people have, not necessarily the number of surgeons. So this expansion of operating room time is going to help us as well. It's a combination of that operating room time, of the work of the system to prepare people for surgery so that the outcomes are good. It's going to require significant investment in post-operative care, because that's critical to the success of any surgery. So what you're talking about is major investment in people to make this go forward. But it's in all of the areas, including, of course, nursing.

Reporter: I wanted to clarify. What is the percentage of beds that will be left in COVID-designated hospitals in case there is a surge? Is there a percentage? And can you tell me what the balancing act is between the temptation to do a lot of day surgeries and hip and knee surgeries that can be done quickly and weighing that against complex surgeries that may include multiple days in hospital and extensive follow-up that would impose on COVID beds if you needed them?

Dix: The key question is the urgency of need. You've seen that during this period. We have successfully completed, across health authorities, 17,000 urgent surgeries and emergency surgeries in this time. The priority there of people who required surgeries for things with shorter required wait periods -- two, four and six weeks -- so the people who needed the care urgently got the care urgently. And 17,000, in the context of what's happened with COVID-19, is important.

So what you're going to continue to see is the clinicians, the people who are responsible for doing the surgeries, setting priorities. That means in part doing surgeries that we're able to do, for example, in the private clinics, where we just did between 12,000 and 13,000 surgeries in 2018-19, and increasing that capacity. And all of that surgery is day surgery, in that case, because in none of those places are people able to stay overnight. So that's all day surgery, on the one hand. But it's prioritizing patients.

One of the great successes we have had, represented in effort by members of the Legislature, extraordinary effort by a skilled surgeon named Dr Honey in Vancouver with a surgery called deep brain simulation, which takes hours and hours and hours. That has been a priority as well. So we all know that a seven- or eight-hour surgery counts as one, just as a surgery that only takes an hour. But we have got a balance off those things, and that is our intention too.

In our processes, there is no gaming of the stats. We need to do all kinds of the surgeries, day surgeries, of course, but also the more serious surgeries we've talked about. And they are already being given urgency in the system.

Henry: Just to speak a little bit about some of the thinking that we have around what do we do if there is a resurgence and what proportion of beds would be COVID beds, etc. We obviously have considered that, including looking at critical care. So there are some surgeries that people are more likely or will likely need to be in ICU afterwards. That has an impact on our ability to provide critical care both to people with COVID and people with other things. So we are very much looking at that balance and ensuring that in different parts of the province it may mean transporting someone for surgery to a different area.

And then as we go into the fall, in particular, assuming we don't see any resurgence of COVID-19 in the summer, and that is what we will be focusing on, of course, but in the fall, when we start seeing influenza season again and there is a potential for what we are calling a second wave, or a resurgence of COVID-19, then we will be looking again. As you know, we talked about having 19 COVID-19 hospitals that we had available and ready to go through this period of time. We will be looking more strategically come the fall, because we do know more about this virus. And we will be ensuring that we have our surveillance and our public detection out there so that we can respond a little bit more nimbly and also with more precision come the fall. It may be that not all 19 hospitals will need to be available right away for a COVID-19 surge, and we will be able to titrate that in a better way.

So those are the things. Obviously, it's very complex, and those are the things that we are thinking through as we move forward.

Reporter: I'm just going to go through. Many of my questions have been asked. I wanted to know. What's going happen to people from out of province who had been scheduled for specialized surgeries in BC and had them cancelled? Will they be allowed to travel here to undergo their surgeries?

Reporter: This is for the Premier. One of the things the education system is seeing both in K-to-12 and post-secondary is going to be a huge drop-off in international students. There are already concerns being raised that this drop-off will mean teachers need to be laid off and could there potentially mean other changes because of decrease in revenues. How much does this concern you for both levels of schooling?

Also, are you considering, on a related note, salary top-offs for essential worker, as we have seen from the federal government?

Horgan: Firstly, with respect to the top-up, this is a cost-shared program. All the provinces have agreed to join with the federal government. Minister James is working with the federal government to put in place the plan for BC.

Many of the frontline workers in residential care for example, where some of the focus of the federal government has been, are already well above what the threshold number would be. So BC will be developing a plan in concert with the federal government that meets the needs of a broader group of employees. But we are grateful to have the federal resources, and we are going to be doing our part to address the need in that area.

When it comes to international students, this is at the post-secondary level. As we see people retooling for the new economy, what the world will be like for them going forward, we need to ensure that we have a maximum number of spaces in our post-secondary institutions, whether it be for skills training, whether it be for training to become care aides, to go into some other medical field or any number of other areas.

We are fairly confident that our post-secondary sector has the capacity to take in those new students who, because of other work that we have done on adult basic education, for example, and English language learning, will be able to meet the needs of the community right here in BC.

We also understand the value of foreign students, international students coming to our post-secondary institutions. We will be working with the university presidents on how we deploy spaces for that cohort.

When it comes to the K-to-12 system, every district has a different approach to international students. Minister Fleming and I will have more to say about the K-to-12 system in the weeks ahead as we look to the wrap-up of this year and prepare for the beginning of the 2021 school year. And international students may have a key role to play in that. And that will be determined district by district. But certainly, we are not contemplating layoffs; quite the contrary. Education is the key to success for individuals and for communities. It is the great equalizer in our society. We have been committed from the beginning to expand access to education for all BC'ers, and we will continue to do that.