TOWN HALL SUMMARY

April 21, 2020

NOTE: This is a summary of the Town Hall - full audio links are hyperlinked throughout.)

SPEAKERS (in order of speaking):

- Jamie Braman, Vice President, Communications, Planning & Partnerships
- Kathy MacNeil, President & CEO
- Dr. Richard Stanwick, Chief Medical Health Officer
- Marko Peljhan, ED, Geo 4, EOC Lead
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs
- Heather Stewart-Drewry, Manager, HR Client Services
- Cheryl Damstetter, VP, Priority Populations and Initiatives
- James Hanson, VP, Operations & Support Services

INTRO/GENERAL UPDATES:

J. Braman – Welcome and territorial acknowledgement.

K. MacNeil - Good afternoon everyone. I want to thank Jamie for the acknowledgement of the land, it just reminds me of that concept of how important home is. And for many of you, you know that I'm a proud Nova Scotian so my heart is broken these days as I think of my home. Those of you who have reached out to me with your well wishes, on what is an unbelievable, an unspeakable tragedy in my home – thank you. Of the victims of that horrible event, two of them were healthcare workers and one was at work. As we move through the rituals of things that we do every day, sometimes the unspeakable happens. In trying to make sense of that for myself, what I'm realizing is I'm moving through trauma and grief on top of trauma and grief. This COVID response has traumatized all of us. Our normal is gone - we've got a new normal with us. And now for, my friends and family and people who I care deeply about, they're also going through their own trauma and grief. The other thing I also know is all of those people, myself included, all of us are resilient and we will come through this. We always do. Some of you may know of the song 'We Rise Again' – written by a Nova Scotian songwriter and sung by the Rankin Family, that's recently been picked up as a COVID-19 anthem by Voices Rock Medicine (a group of physicians and medical providers who have created a virtual choir). "Uncanny" is the song that they chose to sing. As many of you have indicated, we are all in different places and spaces as we move through this time of COVID, and just to acknowledge that we still live with lots of uncertainty as we move forward.

I do want to talk about what it looks like to move forward. Last Friday, Minister Dix and Dr. Henry talked a lot about those early models that were used to give us some sense of what we could plan for if we had the experience of COVID-19 here in BC as in another jurisdictions. And they shared some very good

news with us last Friday, which was that it's not likely that we will have that experience. Many of us breathed a sigh of relief when we saw that those peaks won't be as big as the peaks that other countries and other cities have experienced. The flip side of that, that message though, is that we will have COVID with us for quite some time. It's going to be a latent resting state in our communities because we haven't had a peak. We haven't had a lot of people sick. We need to wait for the vaccine that will come in probably 12 to 18 months. So we're going to be in this place of a new normal for quite some time. And so, how are we going to function in the new normal? How do we pull the learnings from what we've experienced into our new way of delivering health and care? And we are now in a position where we need to start planning for how we meet the needs of the community that we serve in a way that's safe and in a way that and protects are our care providers. You may have heard that Michael Marchbanks, the previous President and CEO of Frasier Health, has been engaged by the Minister to work with all health authorities in BC as we plan for surgery and diagnostic ramp up over the next number of weeks. Dr. Henry has talked about plans in two week windows of time, and so we're using some of those parameters as we look at what plans need to look like.

I also want acknowledge that we've not done this before. We need to give ourselves some space to learn and to integrate that learning, and probably aren't going to get it all right the first time. But I do want to say that our new normal will include things like the maintenance of physical distancing and those public health measures that we need to abide by. What does that look like for us to have those public health measures inside the health system? Also, the planning will involve things like protections of health-care workers and patients, and how we can plan for that.

It's incumbent upon all of us not to waste this opportunity to shape the health system in a new way. You know, we've had this time out and it wasn't that long ago when we're in such an overcapacity scenario. And we knew that we weren't feeling good about the quality of care that can be delivered in those overcapacity situations. In a nanosecond, we could be back there if we're not careful. So it's really important that we are deliberate and intentional in how we ramp our services back up.

I want to acknowledge the tremendous work that's been done in the LTC environments and Home and Community Care and mobilizing virtual care in our underserved population. I really want to shout out to our members of the MHSU team who are working in really unsatisfactory conditions in the outdoors, trying to deliver good healthcare services to people who really need their help – and how hard that is ethically and morally to be in that situation. What I see around me is great acts of service.

I'll close with a story that was shared with me on Friday by one of our partners – Telus – who partner with us on the virtual solutions that we use. They gave Island Health 50 free cell phones last week. This was because two social workers in the Nanaimo UPCC, Amy and Vanessa, saw that the clients they serve needed to have an ability to connect with them. So their initiative connected 50 people who wouldn't have had that service – and that is what we're made of. That is what we are at Island Health. We can come up with these creative solutions. We can take these times of challenge and find opportunity. And I

think we're just going to be invited into more and more opportunities over the coming weeks as we plan for service, a resumption to be creative and to not lose the sight of those opportunities to create our new norm. So thanks to Amy and Vanessa.

R. Stanwick – As you heard from Kathy, we are excited about the fact that we're looking forward at how we may be able to ramp some things back up. Bonnie Henry said this is going to be done in two week windows – it's going to be a slow process. We're going to try something, watch what happens and then see if it achieved the goal we aspired to, and did not increase the risk for the COVID-19 infection.

One of the areas that certainly is being looked at or this is the school system and daycares. I have been instructed to speak to our superintendents to talk to them about what would this could look like, so that these are areas that continue to be areas of important focus. How can we actually resume the education of our children and youth? At the same time, we're looking at other opportunities within the community where we could move a little bit back from the restrictions we've put in place. The reason we're cautious about this is that we have been extremely successful on the Island. We saw what was happening in Vancouver and we applied those lessons here on the Island, whether it was in the social distancing or the cohorting of staff in LTC facilities.

But if you get the opportunity to look at the modeling on Vancouver Island, we have a flat curve. This speaks to the amazing accomplishment. One of the major difficulties is convincing people that what we're seeing is as a result of those sacrifices and to continue making those sacrifices to keep COVID out of our community. We will continue to monitor the situation. Cormorant Island is giving us a glimpse of what can happen if you just let your guard down for a little bit. This virus still can readily spread within the community and of course we're taking the appropriate steps and working with that particular cluster. I think my other major concern is this weekend and going forward we will find out whether or not people social distanced during Easter weekend.

This is a critical time and we will see how successful those measures are in have been. We need to keep our vigilance up for the coming days as the weather gets nicer, having a lower number of cases and people having the opportunity to get out and get that exercise that is recommended. You're going to see new guidelines for testing. Minister Dix has made it clear that he wants people who are symptomatic with conditions that are equivalent to COVID. There'll be more information on that in the days to come, but it will mean that most BC residents will be able to be tested. One of the reasons for this is that you're seeing fewer and fewer cases of COVID-19. Seasonally a number of viruses that do cause cold-like symptoms are moving on, such as respiratory syncytial virus and influenza.

M. Peljhan – I'm here to provide you an operational overview. As has been mentioned, our hospital cases do remain really stable and flat. In fact, we have less patients that are hospitalized with COVID-19 in Island Health this week, than we've had in previous weeks.

Even though we are testing more, our criteria has increased and we have a higher volume every day of pending test results and those test results are coming in negative (for the vast majority). As we've stood up testing and assessment centers in our communities, we anticipate a significant impact and volume to those areas in the coming days. Our call center has seen a really high volume – and thank you to our staff that are working there and in the community testing sites. We are putting measures in place to increase the staff in our call centers and our testing centres, based on the volume that we see this week.

We are looking at how we increase services - how we thoughtfully bring online some of our semi-urgent patients first, followed by elective procedures. We are working with each one of our surgical divisions and ambulatory areas to consider how we do that coming in the month of May. We won't ramp up completely to what our pre-COVID process was, because we want to manage the spread, manage self-isolation and our PPE inventory.

B. Williams – I want to talk about those services that we are not providing or that we are providing less of. If you or your loved one is out there and there's a procedure you need done or your condition is getting worse, we want to see you. If you're waiting to see your family doctor or nurse practitioner, please go see them. If you're getting worse waiting for a procedure, please contact your primary care provider, contact your surgeon and we will make sure that appropriate care is provided. So if there are folks in the community now who are not getting the care that they need, it's our job to deliver that and we can do that in partnership with our medical staff.

Our surgeons, radiologists and other specialists are very happy to take phone calls from a primary care provider who says, "My patient is suffering and they need care." We have delayed thousands and thousands of imaging procedures, many surgeries and we are acutely aware of the needs of our population. They haven't changed. They haven't gone away and just want to articulate some of the principles that I think we need to look at – the first is public health. The message we give in the public around our services has to be consistent – we have to still respect physical distancing. We have to still not come into hospital or into work or for a diagnostic procedure that's not critical. When we're sick, we have to continue to minimize trips, so services that can be provided, can be augmented with home health monitoring. We should be doing all that. Public health continues to be the priority in service delivery.

The next priority is we have to have the personal protective equipment. Some types of procedures take a lot more PPE and that is more likely to run short than others. As we plan our service delivery, it's going to be making sure that our supply chain is intact for the type of PPE that's going to be required. The next consideration is we have to continue to be ready for a surge of patients. We don't anticipate being there in the next weeks and months, but it doesn't mean it won't happen. So, we still need to maintain an acute care bed base – in particular a critical care/ICU bed base – that can accommodate a surge of patient if that happens. As Dr. Stanwick says, we do something for a couple of weeks, we see the impact of that on the community, and then we react to that. Maybe we can increase services more. Maybe we

need to scale back. It won't just be healthcare – it will be all of our society. The last consideration is really focusing on need. What are the diagnostic tests, the procedures that we are not doing at the same levels now that are really causing people to suffer at home? Maybe because they're in pain because they're worried that or they could be a serious consequence of not being done and focusing first on those that are causing the greatest pain and suffering in our communities. This is really going to be our work going forward.

Last week, we told you that there'd be changes around PPE. We have moved now to a universal mask use for all direct care providers. This is broader mask use and I think we can anticipate that there'll be more changes on mask use going forward. Our PPE advice will continue to iterate, but for now it's a mask use for all care providers. As Marko said, we've instituted a lot of protection around our PPE so that we can continue to preserve equipment for when we need it. And we also heard from Minister Dix yesterday that in some areas, for specific PPE devices, there will be shortages. At that point we will respond with alternate products, and those alternate products will keep our staff and our patients safe. I'm sure we can anticipate more communication on that in the coming days and weeks.

The last thing I want to talk about today is we need to prepare for a marathon - 12 to 18 months until a vaccine is developed. We need to look at our work-life balance and how we do our business a different way. For many weeks now I've talked about getting rest and taking time off. Now that we know this is going to be with us for a long time, I think it's more important to make sure we're taking time off to plan for this as being a marathon - for our medical staff and leaders in particular, decrease our meeting burden so that we're not meeting 7-days a week for many hours a day about a problem that's going to be here for a long time. Take the opportunity, in whatever way we can, to step out of this space where all we talk about COVID. Find those other things in life that bring us joy and bring families together.

QUESTIONS & ANSWERS

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

When the return-to-work stage begins, will Island Health allow non-clinical staff to continue working remotely from home to support ongoing social distancing?

H. Stewart-Drewry - The short answer to the question is that it will depend. We need a thoughtful plan for how and when we look at bringing staff back from working remotely. We will likely look at a phased approach that allows our employees to maintain physical distancing to ensure safety. We will explore supporting some staff to continue working remotely where it makes sense and is an option.

How much PPE does Island Health have?

J. Hanson – It's a difficult question to answer because the amount of our inventories, and the amount in our PHSA and provincial inventories, change daily. What I can say is that we're not currently at-risk of running out of any specific PPE. We do anticipate that we will run into situations where we have to

utilize alternative PPE in the future. The ministry has provided guidance and we have provincial standards that we're working towards, including reprocessing of N95 masks and other devices (i.e. 3D printed shields goggles, different types of masks). We are monitoring this incredibly closely and we have multiple calls a day, so we know exactly how many days on hands we have provincially for any given PPE product plus what we have in our local inventories.

What recommendations and direction will be provided for schools to reopen to prevent transmission amongst children?

R. Stanwick – Viral transmission amongst children is something that has to be looked at very carefully. BCCDC was charged with a review of how effective children are in spreading the virus, and child-to-child spread isn't particularly significant – the disease tends to be mild. More importantly, it does appear that the ability of children to spread it to adults is actually quite small. The recommendation is that we should be looking at how we might be able to slowly get our schools back up and running. Again no dates are fixed, but there's active discussion in terms of how we can accomplish this. Which populations of students should be brought back first? Also, are there approaches in education that we've employed in this outbreak that could continue and might be preferred by some parts of the population? Likely by mid-May we'll see an indication of action.

Does Island Health have any plans for antibody testing?

R. Stanwick – We're looking as early as next week at doing serology. What this means is that we will be able to measure antibodies against this virus in people's blood (the same thing we do to find out whether you're immune to measles or other infectious diseases). What we don't know is how long that immunity lasts. Is it truly a sign of immunity? But, it's encouraging that there are numerous companies developing the technology, not only for us to use in the healthcare field, but also in private sector industries. It can be a very useful test and it's imminent that we will be seeing reports from Dr. Henry within the next couple of weeks as to progress on that sort of testing. It's a very promising development but it's not a substitute for a vaccine. The other suggestion is this means of finding out about herd immunity. It could be one of the ways of tracking to see what proportion of the population actually may have had COVID, with very low levels of infection. There's also a plan to see how well or how widespread was the virus within the general community. Serology is one of the most effective ways in making that determination.

With reports of increased domestic violence, especially towards women and children during this time, what is being done to help those at risk?

C. Damstetter – The uncertainty of what the future holds causes a significant amount of stress for us as individuals and families. We also know that some individuals and families are less able to deal with those stresses. Within the mental health substance use program, we've talked a lot about the need to be very prepared for the result of this pandemic on individuals and families as they seek more services in the

community. In terms of the specific question related to the domestic violence and child abuse, it is an essential service and the Ministries that provide those services are up and running to handle those situations. At Island Health, when we come in contact with a family that has experienced violence, we meet with the appropriate agencies to get them services.

Staff have shared the challenges around staff breaks and the ability to maintain physical distancing. So is there an opportunity to have some limited delineated seating available for staff breaks? Because staff spend most of their time on their feet. Eating lunch can be a challenge and how to maintain physical distancing.

R. Stanwick – Yes. Certainly you raise a really important point that people do need their chance to get their breath back after some very challenging times. Part of it is the creativity of the staff to be able to find the physical distancing and seating at the same time. It's about staggering breaks and lunch times to allow for some congregation at a distance, because one of the weak points is the spread of the virus from healthcare worker to healthcare worker. The challenge is to enjoy that time, use it to recharge, but not put yourself and your colleagues at risk.

How do we know when an asymptomatic person with COVID-19 is no longer spreading the virus? Can it be longer than 14-days?

R. Stanwick – Those people who aren't sick are the epidemiologists nightmare - it's like trying to count the number of dogs that don't bark at night. So the challenge is to measure events that you can't really detect – when symptoms are so mild that they don't realize that they've been sick. We've had anecdotes from Vancouver where a health-care worker coughed once and had a bit of sniffles and tested positive. So the question is, are these people truly asymptomatic or mildly ill? Some people's immune systems are so great that they can basically take this virus on and not manifest symptoms of sickness. In terms of how we're going to find out how much of that took place - when we go out into the community and start measuring people's blood levels (serology), we'll see whether they have an antibody or not. One of the questions will be, did you ever feel sick during this period? And if the answer is it, "I don't remember..." it gives us an indication of how much mild-to-almost-no illness was there in the community. It's going to be looking at that whole community picture that will tell us exactly how the virus behaved in this first wave.

All staff need to wear masks walking in the hallways. There's often less than two meters between those passing each other, putting non clinical staff at risk. Can non-clinical staff wear a mask?

B. Williams – Universal mask use is about making sure that I, as a healthcare worker, don't make my patients sick. And so we've moved to that for all clinical staff because we want to reduce the chance that any healthcare workers would make another healthcare worker or a patient sick. Universal mask use in society is something that's being talked about. Should we all wear masks all of the time – in the workplace or walking down the sidewalk? The risk is lower when you're just passing someone casually

for a second and they happen to be within two meters of you, than if you're in a confined space with them for 15 minutes providing personal care. I would not be surprised if over time the guidance changes. It may end up being that we should all wear a mask out in public or in the workplace, but that is not where we are now.

We're being told to distance and barely leave home. Why are nurses coming to work when there's little or no work to do and expose themselves to staff, patients, people?

M. Peljhan – As we're seeing our census low in acute care, we are supporting staff to take vacation. I know many areas have changed their unit scheduling guidelines to support more staff to be off in a 24 hour period. I encourage staff to take time off that they have earned and deserve – and rebook the vacation that they previously cancelled over the last month. We've also been looking at how to effectively reassign staff to areas throughout the hospital and into programs. Over the coming weeks, if we see this curve continue to remain flat, we'll be providing staff with mandatory education through virtual aspects. We expect it to get busier in relative short order, but for now, I encourage people to take time off.

Home & Community Care questions re: COVID precautions when going house-to-house with no access to running water / getting into a personal car / how to don/doff…

M. Peljhan – The take-away from the many questions asked by the Home & Community Care folks today is that within the next several days we will provide some education materials. I just want to acknowledge our home and community team and community health services professional staff who go in and out of people's homes. Just like going in and out of your personal car, it's complicated. And so based on the volume of questions where you are asking for clear direction and education, we will follow up on that.

Will there be reimbursements for employees working from home and the use of T2200 forms for tax purposes?

Please refer to last week's Q&A (p.6) on the COVID intranet page. There are no plans to reimburse employees for increased costs for working from home. There are existing policies which could apply for things such as long distance charges that may be outside your existing plan. Some internet providers have removed data caps and are providing free access to their WiFi services, and employees who are working from home are no longer paying for gas/transportation to and from work. We are going to be in this world for some time and we're learning as we go. So it's important for you to ensure you provide feedback about your experience because there may be something you're experiencing that we don't know.

Contract tracing has been called essential by epidemiologist globally to prevent a second wave of, of COVID-19. How has Island health implemented contact tracing and if not, why?

R. Stanwick – Contact tracing is following up with individuals who have been identified as being in contact with somebody who is a confirmed case. We spend much of our days doing exactly that. Good examples are where we have an individual who identified and tested positive and we then identify people who might have been exposed and contracted the COVID-19 from a variety of locations. Sentinel surveillance of the population, to see if the virus is circulating in the community broadly, is what we are very concerned about. Bonnie Henry has already indicated that there are plans to have a rollout of this Sentinel surveillance, possibly even coupled with a community survey. This will give us a very good sense of the number of people who have fallen ill, and to see what level of immunity they possess. And then going forward and continuing that central surveillance group, see whether or not the first wave has left and what is integral before a second wave arrives. This testing is ongoing – it is planned by BCCDC and we are full partners in that initiative.