TOWN HALL SUMMARY

MAY 26, 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
- Sharon Torgerson, VP, People
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs
- James Hanson, VP Operations & Support Services

INTRO/GENERAL UPDATES:

V. Schmid – Welcome.

K. MacNeil – Opening remarks and territorial acknowledgement.

I want to start off with some good news today. Our friend Victoria Schmid, who has been the host for these town halls and who's been invaluable in the many things that she's picked up as we've walked along this COVID -19 road, has been recently named our interim VP of Pandemic Planning. Victoria's going to join a team of senior leaders from across the various health authorities to work with the Ministry of Health to continue the work of COVID -19 planning and response over the next 12-18 months. I want to thank Victoria for stepping into that role. We're putting a team together who will continue this work on a full-time basis, involving infection prevention and control, occupational health and safety, project management and planning, HEMBC liaison, PPE supply and distribution, communications support and public health support through MHO and environmental health services, contract tracing, testing and call center. So Victoria has her work cut out for her over the next little while and we are so grateful to her and to the team for coming together to continue this work.

I'm just reading some of the questions as well. While we may be through wave one, we're not through COVID-19, we know that this is going to be our normal for the next 12 to 18 months. So, questions like do I have to come back to the office now or do we go back to what it was like before? Or, do our clinics have the same hours? Those questions are all the right questions to be asking because we're in the middle of this. There's no going back to what we were doing before. It's what do things look like as we're in the middle of COVID-19 and so much of the work that people are engaged in now. How do we bring things back safely at a level that's safe and in a way that's safe, so that patients are safe and staff are safe? And, at the same time how do we deliver the high quality care that our patients deserve? I will say that the work ahead for the next few months is very much moving back to the future. Moving back to a planning phase for wave two. So much of the conversation we had in late February and early March around that planning for the first wave of COVID, we're now in that place of planning for wave 2. So, what did we learn? What worked, what didn't work? What do we need to do differently as we enter into this window of time before wave 2, which, right now we're talking about sometime in the fall? Nobody has an exact date, but for planning purposes, we're using October as a timeframe. We have more high acuity capacity for patients who might need that level of care. We're looking at mobilizing quickly the hospital at home so

that we can have acute care, patient safety cared for at home by a multidisciplinary team, including physician coverage at home and optimizing virtual care. We've seen such tremendous changes in how we deliver care that, you know, the, the future is there waiting for us to continue this work around how we optimize virtual care. So that's what our work plan looks like over the next number of weeks to focus on these areas of high acuity hospitals, home and virtual care all while delivering the great healthcare services we have been delivering all along.

I want to just speak for a moment about my gratitude for the creativity of our long-term care teams in supporting residents and families needs. This is a long haul for our residents and their families. I'm also a child of aging parents and it weighs heavily on my mind thinking about my parents and knowing that I haven't seen them now for six months. It's a long time for families to be apart, but our teams have been so creative and trying to find ways that families could stay connected.

I want to thank our IM/IT team, our foundations the staff coming together to find these ways that families can stay connected with their loved ones. And if you haven't had a chance, I would really encourage that you look at some of the videos that have been created by our multimedia team that are on our social media platform. So shout out to both of those groups who are very much some sometimes behind the scenes so you don't always see them or know their faces, but they do great work to get our message out and to celebrate the tremendous work of the people of Island Health. Those videos of thank you from family members are available to you on our social media platforms. And I love just hearing the voices of people who are so grateful. And I almost feel like when I'm listening to them, I get to know their loved ones by the stories they tell.

Most of you have seen that Cheryl Damstetter is leaving us to pursue other interests. Dawn Nedzelski is also retiring (her last day of work is Friday). And so, we'll be missing both of them. When people leave its's a natural time to pause and take advantage of that moment to make sure that we're structured and aligned in a way to do the best work we can to support the patients in the populations that we serve. There will be more to come around that alignment by the end of the week.

I got a message today in my email box and I just thought it'd be really perfect timing to share that with everybody here who's on the line. Many of you may know Leslie Moss, who worked here in a leadership role for a number of years. She wrote: *I want to thank all the nonclinical staff for their hard work and keeping the infrastructure behind the frontline staff operating during this difficult time. I've always thought the front line clinical staff are heroes every day and I applaud their dedication. I also know that without the leadership and dedication of those behind caregivers, it would be impossible for the healthcare system to continue. I would like to commend those heroes who received little public support. There's a long list of staff who deserve recognition, so I will not mention departments individually. However, I would like them to know that they are not forgotten as they provide essential services to our frontline.*

I want to echo Leslie's words. It takes a true village to do what we do here at Island health. Some people have the privilege of being close to seeing the impact of their care every day with patients and families. And some of us are very far in the background doing the cheerleading and providing the support for the leadership to make that happen. But I know one thing, we wouldn't be able to do what we do if it wasn't for every single one of us who do the work that we show up every day, despite what might be around us. And despite changing conditions, I am so grateful to the people who continue to serve and who I do that with. An open heart and open mind and back on the team.

Richard Stanwick – We're really looking forward to having Victoria filling that new role (VP Pandemic Planning) and working with her very closely to maintain a really significant focus. In terms of my reporting, some really good news – it's now being four incubation periods on the South Island without a single case, and two incubation periods up Island. So there still may be virus circulating on the Island, but because of the measures put in place, we're not seeing transmission of the disease in sufficient amounts. That doesn't mean we're stepping back. Surveillance is continuing and will be stepping up significantly as we anticipate the re-arrival of the virus at some point in the fall. Now again, we will be relying on other intelligence gathering mechanisms, other parts of the country. Some of the BCCDC work. But again, we will be using our own Sentinel groups to keep track of what's transpiring and looking at our emergency departments using something called basically any surveillance technique that we can match symptom to likely that it's caused by the virus. We've been using a very similar approach for overdoses. Syndromic surveillance is actually a tool that we developed for one thing and we are now able to use it for another public health emergency.

We've been supporting and working very closely with the WorkSafeBC to allow businesses to open up and give people a mental health lift. I had the opportunity to have some time on Saturday to wander through Cook Street Village and see people enjoying themselves. Physically distant businesses are recognizing that this is really not only for their benefit but for the benefit of the community. There are other groups that are looking at how they can open and we continue to work very closely with our daycares and schools to ensure that as we move forward that they can in fact operate safely and provided very valued service in particular. The instructions and guidelines that were prepared for daycares are very detailed. They deal with everything in how to deal with a sick child before they even arrive, the hand off of the children to the daycare, as well as what would happen to the child that comes becomes ill at the daycare. People who are anxious about daycare need to understand that a lot of attention has been given to the steps that can be taken to create a safer environment. Also, recognizing the children are not particularly good at transmitting the virus. We tend to transmit it to them. They tend not to transmit it to us. So with that knowledge, we're really hopeful that we will have sufficient daycare going forward.

One area that we've been seeing questions about is summer day camps for children. If precautions are followed in terms of the usual distancing, sanitizing, the services, etc. - there will be opportunities for children to engage at least some of the activities that they previously enjoyed.

Elin Bjarnason - Kathy talked a little bit about some of the critical recovery activities and planning for the fall. Just to update people a bit of where we are right now: we have called 2,800 of the 4,000 patients who were postponed for surgery. Almost 3,000 have been rebooked for surgery. Right now the surgical program is back up to just under 90% of their pre-COVID surgical volumes. There is some efficiency loss in relationship to being safe from COVID, so the goal provincially and internally is by June 15th we will have recovered 100% work capacity. Amazing work by the entire surgical team.

We've also done exceptional work in medical imaging, colonoscopy as well as in our outpatient labs and our ambulatory clinics. In all of these areas, as well as in all of our acute care units and through our home and community care, we've developed safety plans with occupational health and safety approval to ensure that we have safe practices for our staff and patients, that we're able to practice social distancing and whenever we're not able to practice social distancing that would have using the proper precautions, which includes PPE. Medical imaging extended the length of time in the day that they're open and the number of days a week to ensure they're able to bring people in safely. So they're not booking exactly as they were before to avoid waiting rooms. We've been using the patient portal to do pre-surgical screening

remotely and to be able to connect loved ones electronically. So we decreased foot traffic. So all of that work is ongoing.

There was one question around home and community care and the health units. There are some spaces we work in that are cramped spaces – in community and acute care. The rule applies that if we're not able to physically distance we should be wearing a mask. It's a pyramid approach. So we want to ensure we're also working around physical barriers around some of our practices. People who can work from home, work from home. We use virtual care and virtual options as much as possible. So we're continuing all of that for our current status.

The last thing I want to comment on is I think some people will be aware that we're moving forward with looking at how to utilize the Summit long-term care facility. We have it as our field hospital strategy. Our director for patient flow and restorative health is leading the process to identify our fall strategy in case we have a surgical visit combined with some influenza and seasonal illness. We're looking at the possibility of having a field hospital in South Island as well as one in Nanaimo to support both regions and keep people closer to home. We're working on that right now and we hope to have plans approved within the next few weeks. So more to come on that.

Sharon Torgerson - I want to start off this afternoon by promoting the COVID-19 HR FAQs which live on our intranet. We put in a table of contents because it was getting quite lengthy. It covers travel exposure and self isolation, health and safety in the workplace, leaves and pay the port for Island health, employee scheduling, redeployment, provincial order for working at a single site in long-term care, working remotely, child care and general questions. This is reviewed on a weekly basis and refreshed with new information and we've added a green update in front of every question that had been updated that week so you can quickly see what information has changed.

And of course we continue to get a lot of questions around working from home and remote working. To put it in simple terms - just because we've moved into phase 2 doesn't mean you have to come back to your office setting. There was a memo sent out on May 13th advising staff to stay working where you are for now. We've also created a task force to ensure that we are covering all the bases between IT, facilities, occupational health and safety, to make sure that we do this in a measured way. **If you have questions or concerns around working from home, please address them to your leader.** And if leaders need assistance or support with that, please reach out to your HR managers and HR consultant.

The most popular question today is around what is being done to explain, verify eligibility of Island Health's rules for pandemic pay. There was a public announcement around pandemic pay for frontline workers last week and we are working on those details with the ministry and the government. Everything to do with compensation is the purview of the public sector. Public Sector Employers' Council Secretariat has oversight for all things remuneration for all public sector. So, whatever our process is around this, it will be provincial.

QUESTIONS & ANSWERS:

We're looking for a very clear and concise answer on the guidelines for interim provincial travel to reduce ambiguity, recognizing that there's many of us that would like to see our family members.

Richard Stanwick - The message has been clear from both Dr. Henry and our premier: this summer, stay home. Parks are only accepting camping reservations from BC residents, so the emphasis is on staycations, and that where possible, people do not travel unless absolutely necessary.

What are our plans around ensuring that we have the right amount of flu vaccine and the right amount of clinics to ensure that people can get the flu vaccine this fall?

Richard Stanwick – The BCCDC tries to anticipate what the demand for BC flu vaccines will be before ordering. We now have more providers that can administer: nurse practitioners, pharmacists and primary care have stepped up in a big way, as well as our public health teams. When I hear more from Dr. Henry as to what the provincial strategy will be, I will pass that on.

I'm struggling with the response to the question about cloth masks being people's civic duty. We're obligated in healthcare to use evidence based practice.

Victoria Schmid – When we are in healthcare setting of any kind and cannot physically distance from a co-worker, we are to put on a medical grade mask. So DO NOT bring your cloth masks into a healthcare facility or a healthcare workplace. If you are in an Island health facility or providing services in your role with Island health, we will provide you with the PPE if you need it. You need to be safe. When you're on the bus, or shopping, etc. – the Public Health Officer of Canada is advising you to wear cloth mask so that you don't spread your germs, should you have any.

Why are RJH Ambassadors not following the Ministry of Health's updated visitor directive, released on May 19th, allowing essential visitors to patients?

Victoria Schmid – As we work through our interpretations of guidelines that come from the ministry we need to create robust supports for our ambassadors. We are doing that in as quick a way as possible - working with our patient advisory councils, working with educators across the Island and, and other groups of people who are interested in helping us create these supports so that we can have consistent approach. Visitors who come in and are told that they can't visit have the option for a second opinion. That option is clearly outlined by the ambassadors and they know how to direct those visitors for a second opinion.

If Island Health only has 1 active case (in hospital) and hasn't had any new cases since May 7th, what indicators are we going to use to ease restrictions?

Richard Stanwick – We always have to assume that there is the possibility for re-introduction of the virus. So, in moving forward, the Province continues to go with a consistent approach rather than allow each health authority to establish its own criteria. Dr. Henry looks at all of the data across the province and then provides it to us for implementation. This has worked very well on the Island and even on the lower mainland where they've had more cases. We've had great success, but it could be overturned in the span of a day if we were to get an outbreak somewhere. So, we walk a fine line between holding this fate and losing it.

What is the number for a small gathering size that is permitted at this phase?

Richard Stanwick – Dr. Henry has not moved from the maximum number of 15, and she still recommends a two bubble maximum in terms of social circles. However, you should be able to maintain the physical

distancing in businesses because they are embracing that 6-foot distancing. They are not giving customers masks, with the exception of a few hair salons.

What's our approach for visitors for residential care? When will we see this start to loosen up a little bit? Are there protocols in place for how many visitors at one time and how it will all be managed?

Richard Stanwick – Again, we are taking a consistent approach as other health authorities in the province. Dr. Henry is looking at how changes could be implemented – potentially opening it up to a single, consistent family member and that would even be written into the care plan. We're looking at probably sometime in June for opening that up. She is adamant that we move very slowly with this particular population. There are creative ways to engage in contact with family that are being pursued at facilities and hopefully that will continue.

Victoria Schmid – I just want to reiterate that we know that lack of companionship, lack of support, lack of physical touch, leads to lots of different problems that we need to be watching for. That is why we're looking to the provincial evaluation around the unintended consequences of the policies that have come forward during COVID. We recognize that the public health implications long-term around some of these policies need to be addressed, and that's part of our thinking as we go into wave two. So, we're not putting these things in place in a blind way, but that we will be evaluating it to make sure that we're, we're capturing those unintended consequences and then building better policies down the road.

The VGH cafeteria is now storage room. Is this permanent?

James Hanson – The space was used to store supplies that could be utilized in the event we had an overwhelming patient burden. We are working to move the remainder of those supplies out to a safe storage facility, so we'd like to see that completely out of the way by next week.

When walking in hallways at RJH, why are nurses not practicing physical distancing with each other in general areas around the facility?

Victoria Schmid – Our number one tool in maintaining safe work environments right now is in physically distancing. So please, where you have the space, maintain that six feet or 2 meters between you and a colleague. This goes back a little bit to our civic duty, but really it's around making sure that we stay healthy so that we're not passing this on to any of the patients or clients that we may be serving.

What are we doing around child licensing to reduce transmission in daycare spaces?

If precautions are followed (physical distancing, sanitizing, hand hygiene, etc.) there will be opportunities for children to engage in summer activities. Public Health is working with the daycare providers and ran through all of those precautions that daycares need to use. Hopefully they will be up and running soon.

Home & Comm Care (Grant Ave) has NO medium gloves today. How is PPE being controlled across all Island Health sites to ensure ALL staff have access to PPE for our job?

James Hanson – There is no shortage. In this specific case a delivery was missed. If you are experiencing a shortage of PPE, please talk to your manager or leader who can talk to, or put you in contact with logistics.

How effective and how sensitive is a nasal pharyngeal swab for asymptomatic people?

Richard Stanwick – If they have the virus it will pick it up. If they don't have the virus it won't. It's the most effective tool, but it's not the most pleasant swab for those people who've experienced it. If the person has the virus in their throat and but they are experiencing zero to normative symptoms, it will find it.

For clinicians in the community, now that we're in phase two, are we able to provide full services to our clients or are we still doing only essential visits?

Elin Bjarnason – I'm going to interpret clinicians as our home and community care staff for this answer. Overall, we didn't go down to essential service levels. For home support we looked at the nonessential visits and where we could scale back, so that if we had a particular challenge in a long-term care facility, we could put our staff there as opposed to the community. We definitely have contingency plans, but we didn't go to essential services levels overall.

CLOSING

Victoria Schmid – As we move forward with COVID planning for wave 2, if you have ideas, if you have thoughts, if you've seen gaps, can you please send me an email or get hold of me. I really want to gather what we have learned and what we've just experienced. What I don't want is in the rush of us moving into our recovery phase and trying to get things back to normal, we forget what it was like to come through the last three months. There is no downtime. We're recovering and also planning for wave two at the same time. We need to make sure that we quickly capture those things that we have learned and build on those.

And lastly, I want to put a plug in for our patient partners. At the beginning of COVID we asked our patient partners to not come into our meetings in order to keep them as safe as possible. They are really anxious to get back at it, so we've been meeting virtually with many of our patient partners for the last couple of weeks. For those of you who have quality councils or program meetings where you have patient partners involved, please bring them back in virtually. They are more than happy to be a part of our solution moving forward. Thanks everyone.

Here is a videolink to yesterday's town hall.

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