TOWN HALL SUMMARY

June 9, 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, VP Public Health & Chief Medical Health Officer
- Marko Peljhan, ED, Geo 4, EOC Lead
- Kent Flint, Director, HR Client Services & Organizational Development
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs
- James Hanson, VP Operations & Support Services

INTRO/GENERAL UPDATES:

V. Schmid – Welcome.

K. MacNeil – Territorial acknowledgement and introductory remarks.

Many have expressed concerns about the constraints on visitors and patients/residents not having family members on their care journey. We are patiently awaiting the guidance by Minister Dix and Bonnie Henry on the relaxation of the visitor policy. We are one health system, so anything one area does impacts all areas, which is why we have to be consistent in our approach. Richard Stanwick is advocating at the medical health officer table with Dr. Henry and I also advocate with the CPOs and deputy ministers. We are eagerly awaiting changes there.

The other decision we are waiting on is around parking fees. That is also a provincial decision and we will be following suit with all other health authorities once that decision is made.

There was a question asked about Island Health having an anti-racism policy: **As IH leaders, how will you model and support staff to take action on systemic racism, & specifically address anti-Black racism & anti-Indigenous racism?** We have made a commitment around Indigenous anti-racism and given the context that we find ourselves in I think it's time that we broaden that circle and think about the practices and supports we need to look at discrimination in all forms. We have a commitment to creating psychological safety in our work and care environments. We can't have psychological safety in our organization if we have discrimination – if we judge or exclude people. We as leaders hold a large responsibility – every time we fail to act, we are reinforcing the behaviours we walked by. So, there's a real leadership call-to-action here on anti-racism, on discrimination and exclusion. As we work with Dawn Thomas, our Executive Lead for Indigenous Health, wrapping in more voices to have a more comprehensive approach to ending discrimination is important. Discrimination hurts and it does harm, and we're a health-care organization that helps and heals, and those two approaches don't fit together.

R. Stanwick – Happy to celebrate the boring – as our numbers have remained flat. I want to emphasize that we can't be complacent. Especially as we look south of the border and resurgences that they are seeing there as they roll-back restrictions. This is coupled with the Federal Government's decision to relax some of the restrictions for cross-border travel. This means that as of June 23rd, people who are immediate relatives to Canadians can cross the border. They will have to go into a 14-day quarantine and will be signing an understanding that they need to self-isolate. Nevertheless, it is a concern and reminds

us of just how easily we could see cases again. The other concern people have expressed is travel from other provinces – particularly Quebec and Ontario. While we have not closed our borders to those provinces, the request for those individuals and those they visit, is to monitor themselves for symptoms of COVID-19 and maintain increased vigilance.

M. Peljhan – Last Thursday we discharged our last patient from RJH – which was really impactful. We continue to be prepared and ready for a second wave. We continue to ramp-up each week and are at 90-100% in most areas in diagnostics, surgery and ambulatory care. We're looking at automated solutions to screening patients before they enter our hospitals, as that is taking up a lot of time for our clinicians. We're hoping to have more on that in the coming weeks.

Hospital occupancy has been stable at most sites – creeping up at a few sites. Our trigger points for occupancy are much lower than what are resting rate was before, to maintain physical distancing and safety for staff and patients. We are enacting key aspects of our acute recovery plan that set the key drivers of our hospital occupancy – namely, we have sites focusing on long-stay patients and we've had an uptick in our ALC patients. So we're doing a deep-dive to look at how to get patients home safely and address extraordinary discharge barriers on a site-by-site basis. That continues to be our work to ensure our sites remain below 100% occupancy and managing and supporting physical distancing.

K. Flint – There were several questions on pandemic pay. We have a working group from finance and HR who are taking guidance from the provincial government and HEABC on eligibility. The period of eligibility is from March 15 – July 4. The plan is communicate organizationally (not individually). The timing on that communication on eligibility and payment timing (single payment) will be on/around July 4.

Regarding working from home: if you transitioned to home in March, please continue. Yes, there will be opportunities for positions to convert to working from home partially or fully after COVID-19 ends. We will be using the data from the survey (1600 responses) to determine the working from home policy, which will also include how to bring people back to work safely. Leaders will determine their own plans for their teams using complex process decision making resources that will be provided to them. Again, not in a rush to do that. To be clear – if a work-at-home is not feasible for you and the preference is to come to an office environment, we will work to accommodate your workspace on site.

QUESTIONS & ANSWERS:

Can you provide additional information on seasonal allergies and the need to be tested for COVID?

R. Stanwick – People who have seasonal allergies may overlap with symptoms of COVID-19. What has been suggested is that people who have chronic season allergies should know what their allergy symptoms are. If symptoms are unusual or more severe than usual, they should be tested.

Will Island Health be participating in phase 3 of the vaccine clinical trials?

R. Stanwick – That is still to be determined. There have been 5 major companies identified as potential producers of a vaccine. Depending on who is successful in identifying the vaccine in early trials, their network testing may, or may not, include us.

Will Island Health look at space to support community health services programs that are packed in like sardines to support physical distancing (i.e. Grant Avenue in Nanaimo)?

M. Peljhan – We do need to look at space options in all Geos. To date, our response has been supporting people to work from home, virtual care options, safety barriers, adjustments of space, staggered starts

and monitoring site safety plans. We want to continue to work with all of these options. Space is a constraint across the health authority, so as we are able to, we are looking at expansion options.

How are protests and rallies allowed to happen and yet LTC residents still have no visitors? There was no physical distancing and many weren't wearing masks.

R. Stanwick – This is a question that has been put to Dr. Henry and Minister Dix many times, but, we should not mix the visitor policy with gathering regulations. We know LTC facilities are operating within stringent requirements and expectations – without the support of volunteers or visitors – and this is a burden on our existing staff resources. The decision to accommodate visitors has to be taken in the context of all of the measures we're taking with COVID-19. Nobody wants to see families separated. We encourage you to continue to be advocates for your patients and residents and we'll continue to funnel that feedback forward.

If we're being told to physically distance as much as we can – why are some colleagues sluffing it off and saying we have no cases here so we don't need to?

Ben Williams – I hear in this question two things: 1) our staff recognize what a good job islanders have done in keeping COVID-19 at bay, and 2) we recognize that it wouldn't take that long to come back. Our obligation is that we have to keep each other and our patients safe. We want to be able to spend time with one another and connect, but here are the principles: we don't come to work sick, we maintain physical distancing, we don't take our position for granted, we wear a mask if we can't be physically distant, and we practice good hand hygiene.

The masks smell like chemicals to me. Can you please guarantee that there are no harmful toxins in the masks and provide a list of ingredients?

V. Schmid – There has been a lot of change in the world of PPE. The normal supply chain that we've relied on for the past 15 years took a beating when the whole world needed the same supply. Frontline care providers have really felt the impact – often with totally new equipment in front of them that they have not have used before. That is our current reality as we move forward with products that will keep staff and patients safe – and as we work through our supply chain to get consistency. PHSA (central supply) has been in a reactive state to get PPE out the door to this point, but going forward there will be product change notices and introduction materials for each new piece of PPE, including what testing measures that piece of equipment has been through.

Why is it declared safe for kids to play at public playgrounds, but adults have to keep a safe distance? Kids are more likely to tough their face, etc.

R. Stanwick – Adults can pass the virus to children, but generally speaking, children are not rife transmitters. Adults need to maintain physical distancing (2 meters), but for children, we're asking that parents reduce the physical contact and practice good hand hygiene. If the children are sick – then the children need to stay home.

What is the plan for September if schools are only in session for 1-2 days per week? Parents have not budgeted for 6+ months of camps and it's unrealistic in the long-term.

R. Stanwick and V. Schmid – Health helps to establish the guidelines for schools, but how schools operate falls under the Ministry of Education. They have the final say regarding how the health and safety

guidelines will be implemented for the education experience. What we want to do before September is send out a pulse check to see how many people working at Island Health are impacted, so we can better understand how we can support our people through this. When we have updates, we will post those on the COVID page.

Some areas feel there is poor planning in regard to mitigating the spread of COVID and how will this be addressed?

V. Schmid – We have had the experience of wave 1 and we will be taking those learnings to build a plan for wave 2, which will include site recovery plans.

If the US/Canada border opens up later this month and we have family that visit from the US, will Island Health employees have to quarantine if the visitors stay with us?

R. Stanwick – If individuals from the US plan to stay with you, they need to be isolated from you and your family for 14 days (separate areas of the home, separate meals, etc). A better recommendation is for US relatives to stay in a hotel. US travellers will be making a commitment at the border to quarantine and monitor symptoms for 14 days before socializing, moving about freely, so if people plan to visit, they need to plan well in advance to build in this time.

Is taking temperatures at entrance points at LTC necessary? This can give us a false sense of security.

R. Stanwick – This is part of the requirements for LTC facilities – individuals must have a temperature check twice a day on the work site. This is just one measure in a series of activities to keep seniors safe (a very high-risk group). It may seem like an extreme measure, but it is working.

Home nursing care has seen an increase in acuity and complexity and we don't feel we have the resources to meet these increasing demands. How will we be supported going forward?

M. Peljhan – We are looking at how we increase resources to meet this demand for complex care in the community. There are a couple of initiatives happening that focus on home support hours and we are adding professional services in multiple municipalities through primary care network planning. We have seen a proportional increase in both professional and non-clinical staff in the HCC portfolio in the last year or two, and this is where our focus needs to be in the coming years. It's something we need to continue to address if we want to keep our hospital capacity below 100%.

What is the plan for funding increases for housekeeping services?

James Hanson – We have seen an increase in housekeeping requirements during COVID-19 in high-touch areas and broadened the resources to do so. This will be ongoing while COVID is with us. We will also be investing in cleaning materials for staff so that they can wipe down their own services.

Why is there not more plexiglass being put up in office spaces to ensure safety? It's hard to orientate and train new staff and welcome newcomers when we don't have this up.

V. Schmid – Plexiglass is also a material that is in demand around the world. As we go through this time where we need what everyone else needs, we ask that you maintain distance (2 meters) where you can. Where you can't maintain distance, then we need to look at getting barriers. We are taking a strategic

approach (island-wide) to utilizing plexiglass so that we place it in the most vital places for the protection of staff and patients.

V. Schmid – Closing remarks.

Note: remaining questions will be answered in an FAQ – and posted to this link at the end of the week.