

Health Sector Plan for Fall/Winter 2020-2021 Management of COVID-19

Prepared for BC Ministry of Health
September 09, 2020



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- Following the easing of a number of public health measures over the summer, **COVID-19 cases have trended consistently upwards**. This was both expected but is also a cause for potential concern if the trend does not flatten or if hospitalizations start to significantly increase over the months of September and October in advance of the fall flu season.
- We are announcing a **comprehensive health system plan** to manage both normal routine demand for health services and the ongoing pandemic through the fall and winter of 2020/21.
- The foundation of the plan is based on the need for a **strong and ongoing focus on sustaining the range of infection prevention and control measures across commercial, work, and social settings to minimize pressure on the health system over the fall/winter**.
- The plan has a strong focus on **strengthening public health; protecting vulnerable seniors and individuals at risk** because of underlying medical conditions; putting in place **robust medical in-patient and critical care hospital capacity**

Building Out Public Health Capacity

- Building out **testing capacity** to approximately 20,000 tests per day for the fall/winter when there is a higher prevalence of flu and colds in the community with the need to quickly and accurately assess COVID-19 cases.
- Increased **contact tracing and case management** capacity of approximately 600 additional staff to assist in suppressing transmission.
- An enhanced **fall flu immunization** campaign with close to 2 million doses available.

Example: Fall flu immunization campaign

- To further protect vulnerable British Columbians, the Ministry of Health is providing \$374 million for public health measures. This includes \$18.8 million to significantly build out the fall flu immunization campaign.
- As part of this, 45,000 Fluzone-High Dose immunizations will be made available to all long-term care residents and assisted living facilities. Fluzone-High Dose is a higher dose vaccine designed specifically to protect people over 65 from influenza.
- In addition, an additional 450,000 influenza vaccine doses will be made available in the 2020-21 influenza season for a total of approximately 2 million doses.

Protecting Vulnerable Seniors

- Ensuring we have in place robust **infection prevention and control practices** across all assisted living (AL) and long terms care facilities (LTC) with funding to hire up to an **additional 2000 staff**.
- **Major recruitment and training strategy for additional health-care aides, cleaning and food service staff across the long-term care sector – up to 5000 new staff to add additional capacity. This brings up to a total of 7,000 additional staff in AL and LTC homes.**
- **Making Fluzone-High Dose immunizations available to all LTC and AL residents as part of the fall immunization strategy.**

Example: Protecting Vulnerable Seniors in Long-Term Care

- The Ministry of Health is dedicating \$44.1 million to recruit an estimated 7,000 health-care workers positions in long-term care homes and assisted living facilities throughout the province.
- The program will provide a path for interested applicants to receive formal on-the-job, modular training.
- New hires in the program start in a health-care support worker position and receive paid training that leads to full qualification as a health-care assistant.

- The campaign is open to all interested individuals but will also specifically target people who have lost their jobs due to the COVID-19 pandemic, in particular people previously employed in the hospitality and service industry.
- The starting salary for health-care support workers is approximately \$20 an hour with fully qualified health-care assistants earning approximately \$23 an hour.
- For more information on the Health Career Access Program, visit: www.gov.bc.ca/careersinhealth

Strengthening Primary and Medical Specialist Care for At-Risk Patients:

- Developing **patient care guidelines and best practices for COVID-19 patients including rapid referral pathways to higher levels of care** as required.
- Developing **patient care clinical guidelines and increased access to virtual care for older patients and/or individuals more likely to experience a serious form of the illness due to underlying chronic medical conditions** (cardiac, diabetes, renal, respiratory, cancer, compromised immune system).
- Planning to position the Urgent and Primary Care Clinics and other designated primary care clinics as **“acute respiratory illness centres”** for the coming fall/winter flu/COVID-19 season as required.

Increasing Patient Transport and Access to Care in Rural/Remote

- Implementing the Rural, Remote and Indigenous Community Framework to provide more **in-community support and testing, timely ground and air transportation to access urgent hospital care.**

Preparing for Increased Inpatient Hospital Demand

- As was done in the spring of 2020 we have mapped our current inpatient hospital bed supply against likely demand
- Hospital occupancy from 2019 (pre-COVID-19) based on fall/winter months including the effects of typical influenza season where there are more respiratory admissions
- Additional inpatient surgical demand (due to surgical re-start/catch-up strategy)
- Possible COVID-19 demand

Modelling Possible COVID-19 Demand

- Preparing for four potential fall/winter scenarios:
 - **Low COVID-19 cases** (this mirrors the June situation with low numbers of daily new cases and admission; represents a minimal number of COVID-19 beds required among a limited number of sites) – **ICU 25/Acute 57 occupancy**
 - **Moderate COVID-19 cases** (increasing transmission, resulting in a moderate number of COVID-19 cases and admissions) - **ICU 55/Acute 98 occupancy**
 - **High COVID-19 cases** (the number of COVID-19 new cases and admissions mirrors the March-May epidemic high point levels) - **ICU 108/Acute 201 occupancy**
 - **High++ COVID-19 case** (the number of COVID-19 new cases and admissions mirrors an extreme scenario with twice as many cases as during the March-May epidemic experience as is being used a “stress test” scenario for contingency planning purposes only) - **ICU 214/Acute 400 occupancy**

Strengthening Hospital Capacity and Services

- Robust hospital **infection prevention and control practices** across all hospital sites
- Implement hospital COVID-19 management strategies:
 - **Operationalize surge bed capacity** for early fall to meet routine, increased surgical bed, and COVID-19 demand for scenarios 1-3 and will develop contingency plans for Scenario 4
 - Establish **Emergency Department COVID-19 and Routine Pathways** (respiratory/non respiratory)
 - Maintain restricted **visitor policies**
 - Implement **COVID-19 “Cohorted” Wards** and ensure isolation capacity
 - Continue **Critical Care and Ventilator management** strategies (ICU/High Acuity Units).
 - Prototype hospital at home model and other inpatient bed management **strategies to reduce inpatient medical bed demand**
- Ongoing focus on building, strengthening, and planning health human resource capacity across hospitals

Example: Hospital at Home

- To reduce the chance of patients being exposed to COVID-19 in B.C.'s hospitals, the Ministry of Health is also dedicating \$42.32 million to the launch of Hospital at Home, an innovative program which has seen success in other jurisdictions around the world.
- Through Hospital at Home, admitted patients who meet the criteria will be offered 24/7 care at home rather than staying in a hospital but remain under the direct care of the hospital.
- Hospital at Home will first launch through the Victoria General Hospital and then through additional health authorities and hospitals over the coming months.

Access to Personal Protective Equipment

- Additional funding and ongoing efforts to source and strengthen reliable supply chain and build out on-hand capacity of PPE for mid-fall/winter
- From March to August 31, the following PPE has arrived in BC:
 - Over 6,300,000 N95 or equivalent respirators
 - Almost 50,500,000 surgical or procedure masks
 - Over 2,600,000 pieces of eye protection, including goggles and face shields
 - Over 90,000,000 pairs of gloves
 - Almost 8,000,000 gowns

- The Ministry of Health has received an **operating budget increase of \$1.6 billion and capital budget increase of \$150 million for 2020/21** to respond to the health-care requirements of COVID-19. This includes:
 - \$374.0 million for public health measures
 - \$416.6 million for community and long-term care measures
 - \$783.9 million for recovery and increased health capacity
 - \$150 million for renovations and equipment to support the health-care system to respond to COVID-19
- This includes approximately \$850 million for a number of initiatives already announced (including increased contact tracing staff, the enhanced rural remote transportation framework, single site staffing initiative, the surgical renewal plan, and increased spending for personal protective equipment).

Summary

- With nearly **\$1.6 billion in additional funding and a comprehensive set of actions** now underway, the B.C. health system is well placed to meet demand with the back stop of knowing that we can successfully implement more extreme hospital access control measures if required.
- With planned **surge bed capacity** in place it will be less likely that we will need to reduce access to services. If required, there will be a **staged approach to regionally managing surges in demand** in contrast to the system-wide reduction in hospital bed occupancy used in March 2020.
- **Focus on continuing to build out needed health human resources** – hiring, training, and effective deployment remains a priority.

- Hospital planning is focused on **nineteen COVID-19 sites** with remaining hospital sites caring for a small number of local cases. This approach is supported by work underway to ensure a responsive **patient transportation and support service in rural areas of the province.**
- Taking a range of **additional measures to strengthen our capacity to manage COVID-19 and reduce normal historical demand on inpatient medical beds** throughout the Fall/Winter of 2020/21.
- **Notwithstanding these actions, there is an ongoing need for all of us to sustain the infection prevention and control measures across commercial, work, and social settings.** These actions will remain critical to reducing pressure on our health human resources and health system.

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