TOWN HALL SUMMARY

island health

March 24, 2020

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TRANSCRIPTS:

SPEAKERS (in order of speaking):

- Victoria Schmid, Executive Director, Quality, Safety & Improvement
- Dr. Richard Stanwick, Chief Medical Health Officer
- Elin Bjarnason, VP, Clinical Operations
- Dr. Ben Williams, Interim VP, Medicine, Quality & Academic Affairs

INTRO/GENERAL UPDATES:

Victoria Schmid – I just want to start by acknowledging that we do our work on the traditional lands of the Lekwungen speaking people, and Esquimalt and Songhees, here in the South Island. We want to provide a brief overview of where we are from a preparatory point, as an organization, hopefully answer some of your questions, and leave you in a good place to support your teams and communities.

Dr. Richard Stanwick - One of the critical things we have been attempting to do is making sure that we have good cross communication in terms of the different groups are attempting to do and accomplishing.

In terms of an update, we are seeing numbers on the island continue to escalate. I think yesterday it was 47 we're going to get an update from Bonnie today, which would be significantly more. We are also reporting a little differently. For example in a family setting if an individual member of the family is ill and tested positive and there are two or three members of that same family displaying the very same symptomatology. Rather than sending to a testing center and in the community unnecessarily, we are not testing, but it is important to have them counted as an epi-linked case. Bonny Henry is working to establish a legitimate category with the Public Health Agency of Canada who before insisted it has to be lab-confirmed before they would count. We've got to move away from that in a pandemic situation. The issue is we've got to use our facilities for testing judiciously because it's a limited resource the message keeps getting out there that the reagent supply is limited that we need to again intelligently use our supplies. You are going to hear this about our supply chain. We need to again be careful and utilize what we have as carefully as possible, so that's there when we need we have what we need.

All you have to do is look at Vancouver to see what we're probably going to be experiencing. Now the phrase keeps coming up "what we do today will predict and determine what's going to happen 10 to 14 days from now." If you want to see a Canadian example of where this actually transpired was Quebec. About 10 to 14 days ago their spring break ended and there was a significant influx of individuals who were visiting France. We know France was a hot spot and continues to be a hot spot and as of yesterday

Quebec is now up there with the other provinces in terms of number of cases. They are experiencing a significant number as a result of what happened previously - so you get to predict the future by your actions today. That's why we're meeting today to explain the situation.

The other request I'm going to have of you, in addition to all the amazing work that you're doing within our facilities, is to model the desired behaviors we would like to see practiced by the community. That is social distancing and in particular physical distancing. We have seen many situations in the media where people are being "COVID rebels", people who are seemingly ignoring the sound advice of Bonnie Henry and other experts who are saying you know we need to social distancing to slow this down to be able to use our health care resources to provide care when we need it. We are not saying when you go home to lock yourself in your house, but if you are getting out please model the behavior we are asking. Be seen using hand sanitizer, if you cough, cough into your elbow or use a tissue, throw it away and then use some hand sanitizer. If you're out, and probably equally important, practice that physical distancing. If you're sick, stay home.

We continue to reinforce to the public that these are serious times. We see Bonnie Henry closing down non-essential businesses and forcing restaurants only provide take out. We know that we have some big challenges ahead of us and the health authority is working on a variety of issues in the community ranging from dealing with the social distancing and physical distancing to some of our more vulnerable populations.

We're trying to think of everybody and be inclusive and also just anticipate the unintended consequences of our actions that we certainly don't want to deny anybody necessary health services which they normally would receive. We are in an abnormal time, but we want to make sure that those very same people who have chronic diseases are not put in a position of being extra vulnerable. So again, we're asking you to please be a full partner in this and be an exemplar for your community.

I want to thank everybody for everything they doing currently and now I'll hand it over to Elin it's her turn now.

Elin Bjarnason - I'm the vice president of clinical services for Island Health. I want to reiterate what Richard said. We are 30,000 strong in Island Health. If we all role model social distancing for our families for extended families for good friends, and they all do it, we literally can affect at least 50 percent of the population on the island and help to stop the spread. One of the clinical directors in our area was talking to me yesterday. She has a daughter on lockdown because of who her mom is. Her friends aren't. So, this is critically important, we need to be role models. I just want to say we have a lot of power as such a large workforce on Vancouver Island.

I know we've done a number of these updates, so I'm just going to give kind of a high level and then Dr. Williams our VP Medicine will follow up and talk a bit more about some of the clinical aspects of some of this work. We've got robust work plans. I know a lot of you will know that from your service area, working across all service streams of the organization. Dr. Williams, myself, Cheryl, co-lead our

operations response. We have amazing work happening in our communications department, our logistics and support department, human resources, planning that's really an island-wide and an Island Health-wide response. From a clinical service delivery perspective, we have response plans that escalate from zero COVID cases through to hundreds of cases. We've modeled out our response in emergency departments, in ICUs, on inpatient units, for renal patients, inpatients, outpatients, from surgery, pediatrics, ambulatory care, heart health, through long-term care and seniors care.

Reaching out to partners, we're doing significant work around the underserved population through Cheryl's portfolio and with Keva Glynn and Richard Crowe we are really looking at those people in the community for who will be very hard to socially distance and isolate. So across all of those service streams, our lab laboratory streams, with infection prevention, control in public health and as well as our community services. We worked out all of that scenario planning and response planning. We're really working at the more advanced levels. If we get a much wider spread and significant volumes of patients in our facilities requiring care, how do we staff? How do we support? How do we decant hospitals?

Many things that we've done already, is preparing our emergency departments. All of our emergency departments are fully zoned for respiratory and droplet precautions in a specific zone supporting other patients to be in different zones. We have streaming happening in those departments and some of the smaller departments are starting to set up triage tents outside of the department to create a safe zone for triaging and intake. So very robust work with the emergency departments. They've been working with their colleagues across the province around personal protective equipment, how to best protect themselves, but also how to preserve supplies.

In our intensive care stream, we've worked provincially for months. We have a very extensive plan that goes across the Island on how we support that care, how we keep our health care providers safe and provide the best care possible for our patients. We modelled through to the scenario that Italy is in, where they stopped all activity except emergency activity related to COVID. We have a number of patients in hospital, in Island Health now, we have a small number of COVID patients. We know that the lower mainland is ahead of us. We can't say where we're going to be in 10 days or 14 days, but we can anticipate that we will have more patients, more critical care patients and an increasing number of cases.

We've also done a lot of work in determining where we are going to care for our patients. I think it’s important to talk about the two different types of patients. We have individuals who through their MOST (medical orders for scope of treatment) and in working with their primary care providers have identified they wouldn't want critical care and intubation. Then we have patients who do want that level of care, so we're going to provide the best care possible to everyone based on their personal wishes. For those individuals who would want advanced care and critical care, we're looking at cohorting patients, primarily at Nanaimo at NRGH and then in the South Island at RJH. Transport is important and we're working a lot with BCEHS and our staff around that. Cohorting COVID patients is the best practice

provincially. It helps us to preserve our PPE and to create units that are the safest as possible as opposed to having patients everywhere. We've also identified where our community hospital patients, who don't want advanced care, would be. We have modeled all of that out.

I want to note the significant effect in Vancouver Coastal Health related to the long-term care. So Mark Blandford and Dr. McDonald and Cheryl have been working extensively and connecting through our medical health officers and with Vancouver Coastal about how they're managing that population and the outbreaks that they've had. We're really moving forward to best practice in those areas and getting ourselves ready. We're actively working our plans, whether it's decanting acute hospitals or preparing ourselves for long-term care cases.

The last thing I'll comment on is laboratory services and testing. This is a big area. A real call out to our lab services for both being proactive historically to give us the capacity to be able to do our own tests, but also for tripling the amount of testing that we're able to do on the Island. We're able to maintain all of our swabs on the island and have a 24 hour turnaround time. As we go over 300 a day, we will have a variable turnaround between 24 and 48 hrs, but we're in a very good position. Supplies, as Dr. Stanwick said, are limited.

Provincially, Dr. Henry has identified that we've shifted in criteria. We were testing people who had traveled, who had direct contact with someone who traveled or been a mass gathering, plus had symptoms. That was a testing criteria up until about a week ago. The testing criteria now for the general public, is if you have if you require hospitalization, are hospitalized or you're likely to require hospitalization. People who have some significant symptoms. It also has criteria for health-care workers who have any range of symptoms for respiratory that would be consistent with COVID. As well as individuals identified by public health who could be individuals at risk and anyone in long-term care.

This means our testing numbers are different. Things changed about five or six days ago and we're not testing the mildly symptomatic or those who also have a travel history. I want people to know that we're following this practice in the province because we have limited supplies of swabs and reagent. We need to ensure that health-care workers are a priority, that they're healthy, that were not spreading COVID. If we have it so that we're able isolate and get back to work. We're really working around assessment centers and how we support the community, family practice to do their work and continue to provide good care for the public.

The message that is key is that COVID is in our communities, we need to practice social distancing and we need to follow the recommendations of our federal government, our provincial government and the chief medical health officer. The level of testing isn't necessarily going to be what helps us to flatten the curve, it's going to be our response. Many people with COVID have very mild symptoms, they can be cold-like. Many people wouldn't even be seeking testing but they could be shedding the virus. I think that's it's important just to understand our numbers and that an increase of only three doesn't mean that we're out of the woods.

Dr. Ben Williams - I will start with PPE. PPE is the personal protective equipment that we use to keep ourselves and our patients and our families safe. It's critical to the work that we do and we use it all the time and right now the whole world is using it and we have problems in the supply chain that most PPE in the world is manufactured in China. As the Chinese economy shut down in response to COVID that supply of new PPE slowed down around the world. We are working very closely with other health authorities and the province. The province is working with the federal government. We're working with the private sector, with other health-care providers who are not doing their regular work now, to source PPE. We're looking at other types of PPE. It's incredibly important to conserve the PPE we have.

We've been lucky in Island Health that we've been ahead of other health authorities in tracking PPE, making sure we have the minimum amount needed on wards, so we have access to it. But we continue to need to be mindful.

The province will be looking at more measures to conserve PPE and to do things differently, to use an evidence informed approach. Cohorting is part of this. It is really important that we put patients with respiratory disease in the same place so we don't need to reuse all of our PPE from room to room. As we get more patients with COVID, it'll be important to cohort those COVID positive patients together because that will help us save on PPE.

There's lots of meetings going on today provincially for a provincial PPE strategy. Island Health is well positioned compared to other health authorities but we exist in a provincial system and we will be running into challenges in certain types of equipment and certain mask types. So more to come on that. Please conserve, use it when you need to protect yourselves and your family and don't use it when you don't need to. I think we're all here now but we need to be very serious about PPE not leaving our buildings to go home or to go to other places.

A lot of questions are on PPE and primary care, we're trying to address that knowing that primary care providers have the same shortage that we do. We're going to have to probably identify a few limited locations in communities that have the appropriate PPE when it's needed because there's not enough equipment to go everywhere. We have to make sure it is there when it is most needed.

Elin spoke about the work that we're doing internally to model disease and be ready for it. I want you to know that we are partnering provincially to do that. For capacity for critical care for modeling the number of patients who might need ventilators. We're working closely with ICU clinicians around the province and with the BC Centre for Disease Control and their epidemiologists to look at the number of patients who might be required. They're using a very good evidence-based approach. They look at different countries like South Korea, areas like Hubei in China and emerging evidence from northern Italy. How many patients might be we be talking about, what might be the magnitude of disease here. In those projections we actually look pretty good, but they could be wrong. No model is perfect and so that's why it's so critical that we maintain extra capacity in our hospitals and that we have the surge capacity we do in ICU and for our ventilators.

That same modeling has happened on the inpatient beds. Probably about a third of people who come in with COVID will require critical care. That that means that 2/3 don't and we need to have those resources available at all of our hospitals. Our hospitals and our teams have done an incredible job decreasing our capacity. I don't think I ever thought in my career we would see our hospitals have the kind of capacity they do today. It wouldn't have happened without your help and without clinical and medical leaders and staff coming together throughout the organization. I shared with the board this morning what a privilege it is to work be working in healthcare right now, to see our teams together in this way and particularly to see how engaged our physicians are at every level of our organization and leading the kind of change that we need to be ready as numbers increase.

On the subject of teams coming together, we have lots of clinicians who are really engaged in this work and who feel part of the solution right now. We have clinicians members of our teams who haven't found their placement, who don't feel comfortable yet, who don't know what's going on or who don't know the work that's happening to plan in food service or in housekeeping or ICU and emergency rooms and long term care and primary care. They need a place to go to. Elin and I have asked that every geography and in every community we set up emergency operation structures where the leaders on-site can be part of those processes. Where all of the members of our clinical and non-clinical teams will have leaders on-site they can go to ask ‘where does my idea and information fit?’ That work is critical. We are sending out, I don't know how many, but I'm guessing it's tens and tens of emails a day with a lot of information. There's tons on the website it doesn't touch everyone. Not all of us can keep up and for some of us it's not a way we take in information. So what I'd ask of all of you that are watching today into to our leaders be with your teams be there to answer questions for them refer on to check out the next level of questions you can't answer and make sure that every person our team knows they have a role in this.

I think it's important to know that some decisions are local and some decisions aren't. Elin spoke about earlier how we've asked every emergency room have an area for patients for respiratory disease for other diseases. Elin and I can't possibly figure out what that should look like at every site, we rely on the local site to do that, same with where patients go and thinking about what kind of staffing might be needed in different scenarios. Some things aren't. There's some things where we adopt a national or provincial standard. What kind of PPE we wear. What the appropriate standards are for disinfection, that's not a decision for me or for Elin or for one hospital in community. We have to rely on our experts. Provincially we rely on Dr. Henry and our team at the BC Centre for Disease Control. There's a national structure that mimics that. In Island Health, we rely on a Dr Stanwick or Dr. Kibsy to give us that information.

It's really important that we follow their advice so that we can support all of our teams and doing consistent work and with the right information. There is almost always a correct source of truth about that on our website there will be more information in the coming days on PPE but we need to go to that common source of truth.

Dr. Carson asked me to talk a little bit about advanced care planning. Dr. Carson is a nephrologist and she leads some of our regional end of life work. What she points out is that it's important to be talking to our patients about advance care planning and their MOST status all the time. It's especially important right now that we do that. We have some new tools to share on that. In the electronic health record, all members of the clinical team now can document and advanced care planning discussion with a patient or their decision makers - that's really important. It's really important in primary care and long-term care and in our acute settings that MOST statuses are up to date. Whether they're documented electronically or on paper, that we have that down - because as patients come in we want to honour their wishes. There are some patients who will tell us they want everything done, they want every shot at continuing to live. There will be other patients who will say I've had a good life and if I pass away that's okay. It's our job to respect that and it is important to do that though we know we have a disease that affects primarily older people with significant comorbidities. Some of those patients will have come to a conclusion they don't want that a particularly aggressive treatment and we need to honour that.

We need to be calm right now. I know there's a lot of anxiety and our communities are looking to us to be their leaders. If you work inside the halls of Island Health, regardless of your role, the community expects you to have information that they don't, they expect you to know what's going on and they will take from your actions and our actions what they should be doing. That means when we talk about basic things like social distancing and hand-washing that we need to be the leaders now. We need to be the models for our community. It means that when people are scared and they're getting boxes and boxes of toilet paper that we are not those people and we say that not required right now and that we exude the calmness that we would want of all leaders right now. That is among the most important things that we can do for our community, so be calm wash your hands have good social distance and go to the sources of truth for the information.

QUESTIONS AND ANSWERS:

Victoria - I want to mention that there is a huge team behind the leaders here today including our practice, IMIT, communications, logistics, housekeeping, food services. There is a massive team of people all coming together daily to support these efforts. I know all of you are linked in at the team level. We want you all to know how vital those teams are and how important they are.

Another just quick piece of housekeeping is just a reminder that as much as we all love Bonnie and Adrienne providing the daily update please don't livestream it at to work. It will be transcribed and placed on the internet as soon as possible, but we will crash our systems even more than what you've been experiencing over the last couple of weeks. Please don't overwhelm our system.

So one of the questions that came up a couple of times in the slid.o was really around our community services so Elin I wonder if you could come up and maybe speak broadly to the plan for community services and provide some reassurance.

Elin Bjarnason - There's a couple things happening in the community so the first thing I'll talk about is what people traditionally call home and community care. Our home care and home support services have a lot of work happening right now in relation to services. How we support critical care services and non-critical care services. If you're isolated, getting a bath which would be identified as a non-critical service is pretty important for social contact. So we're really being thoughtful about how we approach this.

There's three things that we really have to consider in providing care in the home in community setting. One is about our utilization of PPE, Ben talked extensively about PPE. It is in short supply globally so we all we need to ensure that we identify how we're using that appropriately. Our home care workers are going into people's homes and not necessarily knowing what to expect. The other thing we need to consider are the patient's themselves. Health-care workers are a major source of transmission of any virus so we need to protect our patients. The third thing is our community health workers also work in our long-term care facilities. They travel between community and long-term care facilities they can work multiple jobs and we need to ensure that we're using our resources where they're most needed. We have to kind of consider all of this.

Both the seniors long-term care team and the home and community care team are working jointly together and actively working to ensure that we're not going into homes we don't need to go into. That we are setting up virtual care to support nurses having interaction without entering the home but still providing care and having oversight. Lots of great things happening. We're also mapping this so if we don't do a non-critical visit this week we're making sure that we're connecting in with that patient within the next week. That is what might have been non-critical this week is really important for us to do next week. It's a complicated picture.

We also know that a lot of families are at home and there are lots of cancellations coming in because the family can provide care. So we're actively working to make sure we're doing it in the safest way possible providing care that needs to be provided.

The other thing we're doing in the community is community testing. We call them community testing sites, we're using the term assessment site. It was originally for the population when we have the criteria of you you're unwell you have symptoms consistent with COVID plus you could have traveled in a mass gathering etc. Those community testing sites are primarily related to health-care workers now. Our community response is most mature in Victoria and then Nanaimo where we first started them we're spreading into other areas. I think we're in every community as of today and there's a lot of work going on to support health-care workers to support identify people from our public health team from a mental health officers and also having call lines for the public and our staff.

The other type of community work is Cheryl Damstetter's team and Keva are doing a lot of work around vulnerable populations. Identifying housing options for those who may be symptomatic in high-risk congregant housing situations, ensuring we're testing individuals and helping them to be in a secure place or a safe place for the 14-day period. There is an entire stream of work there with so many things

going - whether it's at our overdose prevention sites with our community partners like Our Place in Victoria. Then there is long-term care, which is a community home setting, immense work by Mark's team ensuring safety and long-term care.

Q. What are the precautions that were using why we are choosing to use the precautions we're using when it's rumoured that other jurisdictions have moved in a different direction?

Dr. Richard Stanwick – The question is have we moved away from a droplet precaution to somehow universally dealing with this is airborne. There is no scientific evidence to warrant a change in approach and in fact, it again is one of these circumstances where now that we're getting closer to actually having to deal with it we just need to practice what we know. The PPE with proper donning and doffing of the protective equipment that we have with this particular virus you will be protected.

To reinforce, if it's an aerosolizing basically procedure such as intubation then we're recommending the N95 masks. Now this is something that people have to appreciate, that in some locale because of the shortage of surgical masks and an unavailability of the supply of N95 they may be pressed into service even though that is not the device that necessarily is needed for droplet precaution. So in terms of expediency in terms of providing some form of protective equipment we may be providing people with something that's well beyond what is needed. But that's what's available and so again if you have a surgical mask, basically a face shield, and the proper gowns and gloves, that will protect you. As you heard from the Dr. Williams, circumstances may arise that we may be forced to deploy other equipment. This is one of those issues where I know that there's a talk of a whole warehouse called in N95 masks found. What we've been recommending is still the recommendation based on science that may not be necessarily what we end up with based on what is available.

Ben Williams - Dr. Stanwick has a good point. As we move to reusable masks, they have a power for smaller particle size that are needed for this disease. One of the things we saw with this disease, is for a number of jurisdictions it brought back memories of SARS. Some jurisdictions were initially adopting a standard of infection control that wasn't needed for this disease. In particular, Ontario very early on was using airborne precautions. They moved back from that and the standard is droplet precautions. It's important to the right standard that we can all apply. If Dr. Kibsy were here she would tell us it's actually not so much around if the standard is droplet or contact but the area where health care workers get in trouble is in donning and doffing. The more complicated we make it, the harder it is to do. So some jurisdictions, not based on science, but based on concern have used very elaborate personal protective gear. You know three layers of gloves, kind of full head-to-toe covering, not just for intubation or for any contact with patients. The opinions of experts in this area is that that increases our risk because it makes it that much harder to doff the equipment properly. To take it off in a way that you're not contaminating yourself. So, if you're trained to go into a hot spot, this is what you do. If you're used to dealing with Ebola or Cholera you know walking on the bleach mats and all that stuff that we see in movies you're probably pretty good at that. If you're asked to do that today for a virus where that is not needed and doesn't help you it actually increases the risk of hurting yourself by taking it off incorrectly.

Question: There's also some themes around how we practice social distancing at work so for those of us that need to be at work particularly in health unit setting things like that where we're working with a patient chart what are some ideas around how we best practice social distancing in that scenario.

Richard - A very good point, Dr. Kibsy would again emphasize the ability to project droplets is about two meters maximum, so that's why we do the six foot rule. We recognize that under some circumstances that may be a little bit challenging, but again if we keep thinking of the social distancing. If you are in a situation where somebody is not engaging in the social distancing, a friendly reminder to keep your distance is being helpful rather than a threat. So again, we've got to take that in the spirit that Dr. Henry is intending, if possible you know create that space. A good example is when we had our meeting with the board this morning, the chairs were marked with big X's as where not to sit so that we again engaged in social distancing. If you model this type of behavior then you may be an ambassador in the community.

Carrying out the message and social distancing is something that we have to practice temporarily during the state of this public health emergency to keep this virus basically flattening in terms of the curve so where possible, please do so.

Question: For those of you who remember life before COVID, which I think was two weeks ago or something like that there was a thing called spring break and so many of us with kids had a plan for spring break. We had a plan for what we were doing with our kids and what I recognized is that spring break is rapidly coming to an end. Many of us are looking around in terms of what we're going to do for child care because many child care centers have closed. If we could speak to our approach organizationally and provincially on the child care front.

Richard - Childcare is basically top priority, we have raised this with Dr. Henry and we have been advised that the province wants to do this right, in terms of not rushing into a situation that's going to cause more difficulties for families. We do need to preserve child care and certainly this is an area of debate, so it is a top priority. It was on our discussions with Dr. Henry last night. Childcare is a priority that we have to address and the province has basically said yes we recognize the priority there's basically a group of individuals working on that subject. It's an inter-ministry group, and again they're not ignoring it it's on the agenda and expect something in the days to come.

Victoria - There's not a lot of clarity around who's working from home and who is essential to actually come into our buildings. I will take back to our communications team is to really help our leaders understand who on their teams can work from home and not be coming into our facilities. The more we can contain ourselves within our homes and not be out and about shedding the virus or catching the virus, the better off we will be as a health system.

Thank you for all those questions and we will endeavor to get clarity out on that in the next day or two for you so that we can deal with that anxiety that's coming up. For many of you who know me one of my favorite places is in the lineup that the Good Earth coffee shop because coffee is really important to me.

One of the things that I have realized through this is the importance of just having a few things that are normal. I think like many of you, I look out and I think everything's normal but it's actually not really normal. For me the ability to go and line up even with the big blue social distance gaps to get my coffee and feel like I just have that one small thing that I can consider normal in my life right now is really important. So there are a ton of amazing resources out there, I have Instagram and go on there for a little bit of time every day just to see what other great ideas people are leaning into to help them just maintain that little bit of normalcy.

I know that these are very different times for all of us and I know that collectively we have the strength and the passion and the dedication to get through this. I know that when this is over, we're going to look back on this, and the stories that are going to come to the top are going to be the stories of where we came together and how we held each other up and how we held our communities up and how we led. I'm so grateful for each and every one of you for taking part in the town hall and getting the latest information to share that with your teams, your communities and know what your point of truth is around the information. There's a lot of fake news and I know I have been fielding fake news for my family and my friends a lot over the last few days. So know the truth, stay home, socially distance yourself and step into this in the way that we all need to, which is in a way that is calm and clear and full of love and compassion for each other, so thank you everyone and have a great day.