



The SHA is providing a status update on the first phase of the COVID-19 surge plan announced [December 3, 2020](#).

Highlights from this work are detailed below. All data is point in time and often changes day-to-day.

Offensive Strategy

Key Goal: prevent, contain and mitigate viral spread and promote population health

COVID-19 Testing

Current Sustainable capacity:

- Maximum test site **capacity** = 4,654 tests/day
- Sustainable **daily** Lab **capacity*** = 3,400/day

Updated timelines/targets for stepped up capacity:

- Consistently seeing unused capacity at test sites.
- Lab **Projected Daily Capacity*** = **4,000 by Dec 31**

* Does not include additional capacity being onboarded through Point of Care Testing options and third party testing (i.e. Quantum Genetix)

Contact Tracing

Current capacity:

- Currently, with cases averaging 262.4 per day for the week of December 8 to 14, SHA teams are reporting that they are generally meeting target times for positive case notification but struggling to meet targets for contact notification and daily case monitoring.

Efforts to escalate capacity:

- Efforts to reach target capacity of 562 cases per day remain challenged by the availability of licensed health care professionals for key components of the work.
- 206 additional unlicensed staff have been identified through the Government of Saskatchewan (Ministries & Saskatchewan Public Safety Agency) and Federal Government (Statistics Canada) to support contact tracing

Defensive Strategy

Current Status of ICU Surge:

- Target: Enable care for up to 64 COVID positive patients requiring ICU admission.
 - There remains challenges in meeting this target. The primary barrier to meeting this target is staffing challenges in Saskatoon, though general staffing pressures exist in all areas.

New testing initiatives:

- Rapid Point-of-Care Testing
- Expanded hours in Regina & S'toon to 7 days/week in January
- Improving public communications to highlight non-peak periods for testing to help reduce wait times and increase testing capacity



Current Status of Acute Care Surge

- Target: Enable care for 250 COVID positive patients requiring hospitalization.
 - Resources have been identified to meet this target if required. COVID positive census in hospital is 91 as of December 15.

Major challenges

It is critical to note that while ICU and hospitalization census numbers remain well below surge targets, two critical factors are severely straining the SHA's capacity:

- A high volume of cases in long-term care and personal care home settings are requiring significant capacity. The SHA's emphasis on providing care in place in these homes, wherever possible, is diverting patients from hospital but requiring more staff supports than are typically available in these care settings, necessitating redeployment of staff.
- The high volume of outbreaks is resulting in significant number of staff isolating, often hindering business continuity for key SHA units and third-party service providers. This is necessitating redeployment of staff on extremely tight turnaround times.

Escalating efforts to respond to outbreaks

A key strategy for the SHA to assist with outbreaks in hospitals and care home settings is to establish a pool of skilled resources to be available as outbreaks occur and large numbers of staff are required to isolate. This has been a bigger draw on SHA resources than anticipated in surge plans, particularly given the needs to support third party providers.

To date, the SHA has approximately 90 staff identified for redeployment for this purpose. This is in addition to the staff that have already been directly deployed to outbreak settings (e.g. 70 plus staff to date redeployed to Extencicare Parkside in Regina). Given the high volume requirements for response to these situations, the SHA is aiming to continually identify more staff appropriate for this purpose until the risks these situations present show signs of deescalating.

In addition, the SHA is undertaking a number of measures to proactively identify gaps and strengthen its ability to respond, including:

- Continuing to identify sites of high risk and perform Infection Prevention and Control (IPAC) and safety inspections;
- Providing more IPAC and safety resources where there are outbreaks;
- Continuing to review and identify facilities that may have poor ventilation and mitigate risks;
- Identifying resource needs and redeployments required to support vaccine rollout to key sites with vulnerable residents/patients; and,
- Expanding point of care testing to facilitate early detection and rapid response to outbreak situations.

Personal Protective Equipment (PPE) Supply:

- PPE stock remains stable. All key PPE supplies remain above six month target for estimated days of supply. Usage



rates are falling within the expected parameters.

Ventilator Capacity:

- Ventilator demand is sufficient for capacity at present:

Total Ventilators	Vents on Patients	Vents on COVID-19 Patients	Vents Available
634	87	23	546

Redeployment Plan & Service Slow Downs

Current Status:

Of the more than 900 services the SHA is tracking to identify the necessary resources to respond to the pressures of the pandemic, the SHA has approved slow downs for approximately 200 services, however, many of these services continue as normal until appropriate opportunities are identified for redeployment to pandemic response. Additional details by program and geographic area are available in the Appendix on the next page regarding the status of service slow downs.

Other significant updates from service slow downs include a reduction in surgical volumes in major centres, including:

- Temporary, localized 35 percent reduction in surgical volumes in Saskatoon and Regina, except for third party surgical providers in these cities, who are not impacted.
- Temporary, localized disruption to all elective surgeries in North Battleford.
- Temporary, localized disruption to nearly all elective surgeries in Prince Albert.
- In all of these sites, urgent/emergent and cancer surgeries are prioritized and continue.
- Outside of these sites listed above in the other sites where surgeries are performed, elective surgeries and endoscopy procedures are continuing at relatively normal volumes.

Services are also being impacted by additional safety precautions around aerosol generating medical procedures. These procedures pose extra risk of transmission. As a result of case surges, the SHA has increased safety precautions where these procedures are required, indirectly resulting in delays from the extra time required between procedures for safety reasons. The main area where this has an impact is on surgical procedures.

Since the December 3 service slow down announcement, staff assigned to the labour pool has increased by 377, accounting for 64 percent of the target set for this work. However, sustained high case growth and high volumes of outbreaks are still requiring resources beyond those made available through service slow down. These resources are being pursued through a mix of external hiring, allocation of Government personnel, reintegration of retired personnel and volunteers. It should be noted that staff identified for redeployment continue to work, it simply means that processes are in place for rapid reassignment when an appropriate placement is ready.



Appendix – Status of Service Slow Downs

