HEALTH SYSTEM READINESS FOR COVID-19: Community Care

May 5, 2020

Health services continuity and community surge plan

Saskatchewan Health Authority

saskatchewan.ca/COVID19
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Purpose

Saskatchewan Health Authority (SHA) services will adapt and expand to meet the projected COVID-19 patient demand, while continuing to deliver essential services to non-COVID-19 patients throughout the duration of the COVID-19 event, in order to minimize loss of life.

Situation

The SHA response to the COVID-19 pandemic is based on a strategy of detect, contain and mitigate.

The application of Population Health, Public Health and community measures will be fully applied in order to detect and contain transmission to the extent possible.

The results of these efforts will have a significant impact on the scale of mitigation required. In response to this demand, exceptional measures are required to ensure success in the following areas:

- Public Health measures, including active surveillance and contact tracing.
- Protecting the health of Special Care Home residents and other vulnerable Senior Citizens.
- Creating capacity to meet the clinical needs of COVID patients.
- Maintaining non-pandemic related care services.
- Aligning acute and community surge capacity with demand based on an epidemiological modeling of the outbreak.
- Protecting the physical and mental health of our allied and health care workers, which will be critical to maintaining care capacity.
- Ensuring supports are in place for those most affected or impacted by Public Health measures and the social determinants of health (such as homelessness, food security, social inclusion).
- Promoting inclusive messaging for community well-being, hope, resiliency, health equity, countering stigma and discrimination.

One of the primary goals of the Saskatchewan Health Authority is to create a system that enables health-care providers to ensure every patient, client and resident receives high-quality, timely care, regardless of where they live. The organization aims to position itself as a high performer and leader across the country with the care that it delivers and the results that it achieves.

Fostering team based care in the hospital and the partnership with team based care in the community is essential in achieving these goals. This work is foundational for establishment of a sustainable health system into the future.

Connected Care advocates for inter-disciplinary community based teams working collaboratively to provide needs-based, culturally safe and responsible services with a focus on wellness and prevention of illness. Teams in health networks are tailored to meet the needs of patients and communities in their networks, prevent admissions to the hospital, prevent premature admissions into Special Care Homes, helping patients have more timely discharge from the hospital, and maximizing the time patients can live independently in their homes. Patients are supported to manage their care in the community, and
will be supported to receive the appropriate level of service / care based on their needs (e.g. meet higher acuity, severity, complexity needs with appropriate service and location of care).

Connected Care for the People of Saskatchewan is the SHA’s service delivery model. Throughout COVID-19 pandemic planning, the SHA continues to mobilize in a way to ensure we meet the objectives of our pandemic planning strategy: detect, contain and mitigate while maintaining the foundation of our health care system: connected care.

Health Networks exist within a small, defined geography. Services are delivered through a collaborative, interdisciplinary team of health care professionals, providing care that is accessible, coordinated, timely and centred on the needs of the patient by adapting to the needs of the population served. Health Networks include community services (primary care, community pharmacy, public health, health promotion, etc.), intermediate services (community paramedicine, home care, chronic disease support, etc.), and complex services (seniors house calls, IV therapy).

Health Networks are designed to:
- benefit providers by working in collaborative, cross-functional teams,
- benefit all patients by offering integrated, consistent care,
- shorten the use of acute care services by reducing length of hospital stays, allowing patients easier transitions home,
- reduce Emergency Department wait times by improving access to community based services,
- support local physician leadership,
- improve connections with First Nation communities and the health care services impacting them,
- assist in the delivery of culturally appropriate, safe care,
- be reflective of the needs of the communities/ populations served,
- evolve and adapt services as needed.

**Objectives**
- Maintain capacity for non-COVID care in Community.
- Increase and create capacity for COVID care in Community.
- Conduct surveillance, screening and testing to identify COVID positive cases.
- Contain spread by supporting individuals to isolate, tracing contacts and managing outbreaks.
- Protecting at-risk populations by screening staff, implementing fit-to-work strategies, continuous masking policies and cohorting staff.
- Determine patient flow for COVID and non-COVID patients.
- Monitor and mitigate negative impacts of Public Health measures.

**Guiding Principles**
- Our primary focus remains on minimizing the loss of life by increasing capacity to provide care.
- Connected Care for the people of Saskatchewan remains an anchor as to how the SHA organizes service delivery throughout the pandemic.
- Seamless, high-quality transitions of care will occur.
- Our offensive strategy will:
  - Aim to ensure accessible care, with services as close to home as possible;
  - Provide integrated care, with all necessary services wrapped around the patient;
o Include needs-based, culturally safe and responsive services;
o Benefit every patient by offering integrated, consistent care;
o Benefit every provider through collaborative, cross functional teams; and
o Shorten hospital lengths of stay and allow for better transitions back home.

• Cohorting of positive clients will occur where possible.
• An integrated provincial response to the COVID pandemic will occur.
• All patients will receive care in the appropriate location, in an expedited way to maintain flow.
• Slow down/stop of non-essential services will occur in order to reduce transmission, preserve essential resources and create capacity to care for COVID patients.
• Continuity of health services will be sustained for non-COVID patients.
• Staff will be redeployed to areas of greatest need while limiting staff movement between services caring for COVID and non-COVID patients.
• All health care professionals will function at optimal scope of practice.
• Intersectoral and community partnerships are vital for success.

Maintain Capacity in Community for COVID and Non-COVID Care

Care in Community
• Safe, appropriate and essential home care services for non-COVID patients will be maintained, including intermediate care services.
• Services such as hot spotting, seniors house calls and community para-medicine will continue.
• Support patients in their homes by mobilizing home care and other health care staff (potentially allied health professionals), paramedics and physicians to monitor condition of COVID positive patients.
• Rely on the majority of COVID positive patients to be able to self-isolate properly at home, given advice on how to do so.
• Address the needs of vulnerable COVID positive patients who are unable to reliably/safely self-isolate, through coordination with communities and service organizations.
• Support home assessment and caregiver education using virtual care options.

Enable Safe and appropriate In-person Care
• Primary Care services will be provided in the community by physicians and other health care workers when it has been mutually determined that in-person care is required.
• Patients will be screened prior to in-person appointments being made using established, standard screening tools in order to reduce risk of exposure.
• Infection Prevention and Control practices will be employed in community settings to reduce risk of asymptomatic transmission.

Utilize Virtual Care Options to Care for Patients
• The province has expanded Virtual Care options for physicians and health care providers to facilitate patient visits virtually. Pexip is SHA’s approved videoconferencing software solution for face-to-face collaboration with patients using a PC, laptop, tablet or mobile device.
• Virtual care will be used to provide care to patients in the community, where possible, to reduce risk of community spread.
• Information flow through EMR interoperability will enable continuity of information back to most responsible physicians.
Increase Capacity for HealthLine 811

- HealthLine 811 is a confidential, 24-hour health and mental health and addictions advice, education and support telephone line available to the people of Saskatchewan. It is staffed by experienced and specially trained Registered Nurses, Registered Psychiatric Nurses, and Registered Social Workers.
- HealthLine 811 is free. Services are offered in English, with translation available in over 100 languages.
- Capacity has been added to HealthLine 811 by hiring 250 additional staff and replacing the existing phone system resulting in modernized features including additional lines for callers as well as callback features so callers do not have to wait on hold. Healthline 811 is providing first line triage and assessment.
- HealthLine 811 will direct patients to the appropriate care settings, including emergency departments, testing and assessment sites.

Increase and Create Capacity for COVID Care

Increase access to Testing:

The World Health Organization (WHO) recommends that all countries increase their level of preparedness, alert, and response to identify, manage and care for new cases of COVID-19. Laboratory testing is an integral component of this strategy. Testing is a public health strategy to inform surveillance (epidemiology) and follow up (case and contact investigation, isolation and quarantine). Test results (if positive) confirm a diagnosis of COVID-19 and may inform patient care decisions. Negative test results do not rule out COVID-19 and may not change individual patient management. In the context of evidence showing significant asymptomatic spread, “aggressive testing” for COVID-19 is a component of the SHA’s offensive strategy to delay and contain the spread of COVID-19.

A robust testing strategy is required to maintain adequate testing levels, and prevent and manage outbreaks. The SHA’s testing strategy continues to adjust based on how the province is responding to current public health orders and our COVID positive case numbers.

- The Saskatchewan Health Authority has established 39 testing sites across the province to enable access as close to home as possible.
- Testing also occurs in homes when needed, Emergency Departments and Assessment Sites.
- Local teams use standard testing guidelines that adjust to the changing situation.
- Testing criteria have been revised to include a broader range of symptoms with consistent and simplified communication to health care providers and the public.
- Patients are advised to use a self-assessment tool to determine if they should be tested for COVID-19. Those who fit the criteria and suspect they may have COVID-19 can obtain a referral to a community testing site by phoning:
  - HealthLine 811.
  - Their local Public Health Communicable Disease Control office.
  - Their family physician.
  - Their nurse practitioner
- Barriers to support testing of all symptomatic individuals and improve outreach testing capacity (e.g. mobile testing in community) are monitored and addressed.
- The expansion of asymptomatic testing to priority populations has commenced with contacts of cases and those associated with outbreaks.
In addition to continued testing of symptomatic individuals, and ensuring capacity in the system to support testing associated with outbreaks, prioritization of additional groups in whom asymptomatic screening may be indicated will occur.

Establish Assessment and Treatment Centres (See Appendix A for provincial guidance on Assessment and Treatment Site)

Assessment and Treatment Sites for COVID-19 are established across the province, with additional sites to open in the coming weeks. The purpose of the COVID-19 Assessment and Treatment Sites is to provide in-person intermediate care, assessment and treatment for individuals presenting with escalating symptoms consistent with COVID-19, those confirmed positive with COVID-19 who have other health conditions, or those in self-isolation due to travel or a public health directive. The intent of these sites is to reduce in-person visits to Emergency Rooms, other primary care clinics and physician offices. Services are similar to what an individual would expect to receive during an examination at a physician’s office or primary care clinic but for COVID-19 only. This may include services such as diagnostic imaging and IV antibiotics.

Referral-only

All patients require a referral to the COVID-19 Assessment and Treatment Sites before arrival. Criteria for referral are as follows:

- individuals in isolation for confirmed or suspected COVID-19;
- escalating symptoms consistent with COVID-like illness that do not require hospitalization;
- individuals that are demonstrating COVID-like symptoms and require care for comorbid conditions;
- barriers to accessing primary care due to self-isolation related to Public Health Directives; or
- inability to access family physician.

Partnering with family physicians for testing, assessment and treatment sites where possible are key in supporting continuity of care and mobilizing physician resources to where the current surge is required.

Provide for Intermediate Care Needs in the Community (see Appendix B for provincial guidance on cohorting intermediate care clients in hotels)

The Saskatchewan Health Authority (SHA) has a plan to address surge of COVID-19 cases that require intermediate level care in the community. Intermediate care includes a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to Special Care Homes; support timely discharge from hospital; and maximize independent living. Intermediate care services are usually delivered for no longer than six weeks and often for as little as one to two weeks. Four service models of intermediate care are available: bed-based intermediate care, crisis response, home-based intermediate care, and re-enablement. (National Institute for Health and Care Excellence, 2017)

There is the potential for a large number of patients infected with COVID-19 that will require a level of care beyond what can safely be provided with current homecare capacity but do not need to be hospitalized. Cohorting such patients in pre-identified and purpose specified hotels is an option that enables safe, efficient care for such patients.
Vulnerable Populations Strategy for Care in the Community (See Appendix C for provincial guidance on assisted self-isolation sites)

Anticipating and mitigating surge requires proactive identification of symptomatic persons with facilitation of testing for all such persons and appropriate isolation supports. Identifying early community transmission in the homeless population is critical to helping to time the deployment of additional resources as required.

- A vulnerable population pathway outlines how those experiencing homelessness will be supported to self-isolate and receive care in the community.
- Working with the Ministry of Social Services, individuals without financial and social means will be supported to safely and effectively self-isolate as directed by the Provincial Public Health Order.
- A standard approach to assisted self-isolation sites (ASIS) has been developed provincially and implemented locally based on local resources and preferences:
  - Provide emergency shelters, drop-in centres, other community partners, and ASIS with general information and guidance regarding COVID-19
  - Work with emergency shelters, drop-in centres, other community partners to seek out individuals experiencing homelessness and to screen them for symptoms
  - Referral to an ASIS is followed by an individual assessment by an interdisciplinary team, including physician specialists as needed, to determine the appropriate care plan and location for the individual (i.e., community-based care (i.e., with friend or relative), an ASIS, an acute care facility). Assessments could be conducted virtually.
  - Initiate discharge planning with Ministry of Social Services shortly after an individual arrives at an ASIS.
- ASIS will be established throughout the province, aligned with municipal emergency (pandemic) preparedness plans activated by the local Emergency Measures Organizations (EMO). Specific locations for the sites will be determined locally and could include hotels, schools, churches, etc.
- Across communities with relatively high numbers of people experiencing homelessness, ASIS will be coordinated.
- An ASIS network will have the ability to implement and expand capacity based on needs (e.g., virtual assessment, secure cohorting of sub-populations, additional sites).
- An integrated system for active case finding, monitoring, sentinel surveillance including triggers for surge, and public health reporting is underway.

Seniors Care

Jurisdictions across the country are facing outbreaks in senior’s housing complex settings, resulting in a significant numbers of deaths. Saskatchewan has a number of Special Care Homes across the province; approximately two thirds of the Special Care Home beds, are owned and operated by the SHA, and the other one third of Special Care Home beds are a contracted service, provided by Affiliates or designated Health Care Organizations. There are several Personal Care Homes, which are privately owned and operated, but regulated by the Ministry of Health, as well as large Seniors Housing Complexes.

Special Care Homes

Within the Special Care Home setting, outbreak management protocols have been implemented and readiness assessments are ongoing to ensure that all of the appropriate practices and applicable Public Health Orders have been implemented. To date these include:

- Restricted visitor access.
- Limiting gatherings to <10 people.
- Cohorting staff to ensure that each staff member works in only one facility.
- Screening staff and continuous masking.

Personal Care Homes/Assisted Living Facilities
- A team, led by the Ministry of Health, has been mobilized to develop a standard approach for supporting personal care homes and assisted living facilities, which will include identifying resources and training.
- A toolkit is in development to support these sites. This will include ethical guidelines.
- This response may include mobilizing resources within Health Networks.

Isolate and Contain Through Surveillance and Cohorting

Implement Robust Contact Tracing Process (See Appendix D for Contact Tracing Surge Plan)
- Contact tracing is essential to identify cases, facilitate testing and curb potential spread. A strategy must include a standard, provincial approach.
- During the early phases of the COVID-19’s arrival in Saskatchewan (i.e., the containment phase when sporadic cases were occurring in Saskatchewan), detailed reporting of epidemiological data and contact tracing by Public Health was implemented as a part of normal surveillance and public health measures.
- It is recognized that effective implementation and deployment of Public Health Measures (PHM) used to reduce and delay community transmission is dependent on robust and timely surveillance and contact tracing processes.
  - Case and contact investigations and risk-based recommendations for self-isolation and self-monitoring.
  - Risk-based testing recommendations (including travel history, close contacts).
  - Surveillance will also inform enhanced testing measures to support the principles of contain, and delay.
  - It should be understood that contact tracing surge plan applies to Public Health, Contact Tracers, Occupational Health and Safety, and Infection Prevention and Control staff. To ensure the SHA has the necessary training resources to support appropriate contact tracing, the following plan establishes a phased approach to monitor and proactively enhance staffing.

Community Outbreak Management Strategy
- A community outbreak strategy is in development. This is a joint undertaking with the Ministry of Health.
- This document will be updated once that work is complete and an appendix will be included.
- Outbreak management protocols are in effect and will be followed by all Special Care Home sites under the direction of a Medical Health Officer and supported by public health and Continuing Care staff.

Secure Isolation Centre
- A secure isolation containment centre has been set up in Regina for those who repeatedly violate the Provincial Public Health Orders.
- Other sites will be established based on need. This is a joint initiative with Ministry of Corrections and Policing and Ministry of Health. SHA provides a health care assessment and supports individualized care plans for individuals placed at the centre.
Patient Flow for COVID and Non-COVID Patients (See Appendix E for the COVID Pathway)

Develop a Community Care Pathway

- A community care pathway that outlines how patients will access and receive care in the community has been developed.
- There are clear linkages to the acute care pathway and to the vulnerable populations pathway.

Support Community Flow through System Flow Coordination Centres (SFCC) (See Appendix F)

- SFCCs will link to the community and acute care pathways to facilitate the smooth movement of patients through the system in a single, coordinated manner.
- SFCC’s are supported by a single physician access line.

Link Community and Acute Care Pathways

- There are clear points in the community and acute care pathways that outline how the patient enters and exits from the respective pathways.

Monitor and Mitigate Negative Impacts of Public Health Measures

- There will be a process to anticipate, monitor, and intervene where current Public Health Measures are negatively impacting on our population health. Potential impacts related to physical distancing and self-isolation include:
  - Substance use
  - Domestic violence
  - Food insecurity
  - Self-harm
- Targeted messaging will be implemented to reach vulnerable populations, acknowledging that important public messaging may not resonate with those individuals (e.g., as applied to a street-involved culture, an unsafe home environment, multi-family or crowded living conditions).

Communications (See Appendix G for sample communication materials)

Through our communication efforts, the Saskatchewan Health Authority aims to increase awareness on COVID-19 public safety measures and services provided to help both our health care workforce and the public. Communication with the public on COVID related topics and preparedness has been focused on providing consistent and factual information through the use of web (Saskatchewan.ca/covid19), social media (both facebook and twitter), and regular ongoing media status updates (which includes live media availability both provincially and locally). In addition, communication materials, posters, one-pagers and graphics have been created to quickly and easily provide visual cues on public health orders and information on how to keep themselves and those they love safe. SHA communications complemented work ongoing by the Ministry of Health and other health partners, using a combined approach to providing up-to-date information to the public. Ministry communication efforts also included traditional communication methods like local newspapers.
Interdependencies

This plan requires additional resources or coordination, including:

- Ethics Framework
- System Flow Coordination Centres
- Virtual Care
- HR Strategy/Labour Pool/Occupational Health & Safety
- Physician Labour Pool strategy
- Supply Management particularly PPE and testing supplies /Environmental & Dietary Services
- First Nations and Métis, and coordination with Indigenous Services Canada
- Emergency Social Services and Income Assistance
- Saskatchewan Public Safety Agency and emergency/pandemic preparedness plans
- Community based organizations and community leaders
- Special Care Homes operated by Affiliates and Designated Health Care Organizations
- Licensed Personal Care Homes and Assisted Living Facilities
- Contracted Service Providers

Resources

Appendix A Provincial Guidance for Assessment and Treatment Sites - See COVID-19 EOC Sharepoint Site – SHA Planning/COVID-19 Community Surge Plan


Appendix D Contact Tracing Surge Plan - See COVID-19 EOC Sharepoint Site – SHA Planning/COVID-19 Community Surge Plan


Appendix F System Flow Coordination Centre (SFCC)