Modelling, Acute Care and Community Surge Plan Updates

The Saskatchewan Health Authority (SHA) continues to respond to the COVID-19 pandemic with a strategy of contain, delay, mitigate and population health promotion.

- The SHA is releasing a new data point to help in evaluating Saskatchewan’s performance on combatting COVID-19. As of April 25, 2020 the Effective Reproductive Number is 0.7. This value reflects strong public compliance with public health measures and restrictions.

- New data shows that Saskatchewan’s Basic Reproductive Number is 3.12, meaning that when the entire population is susceptible and no interventions have been undertaken, for every one person infected, the virus will spread to 3.12 others. This new data will be used to help adjust SHA’s planning to ensure the health system is ready for all possible scenarios.

- More information on SHA’s latest modelling information, along with updates to acute care and community surge plans can be found at Saskatchewan.ca/COVID19 under Health System Pandemic Response.

Strengthening Our Offence

The SHA offensive approach tackles COVID-19 in the areas of Public Health and Community Care, and proactive measures to protect health care workers.
Public Health

Testing

- Access to testing is available to Saskatchewan residents at more than 50 sites around the province. This distributed approach to testing makes us a leader in the nation in testing accessibility.
  - The clinical guidelines for getting tested are among the most expansive in the country, enabling virtually anyone with even a single symptom to be prioritized for testing.

- Aggressive testing for COVID-19 is important to contain the spread of COVID-19. Already, more than 28,000 tests have been performed and processed. SHA currently has capacity to perform more than 1,500 tests per day:
  - Roy Romanow Provincial Laboratory / Royal University Hospital Molecular Laboratory have the ability to confirm positive COVID-19 cases without sending to the national microbiology lab for confirmation, meaning quicker turnaround on results.
  - New molecular testing processes are being introduced to 19 locations around the province to speed the process and capacity for identifying presumptive positive results, with eight locations already doing this work. This will help serve our patients better and facilitate initiation of contact tracing efforts sooner around presumptive positive cases.
    - This type of molecular testing has gone live in Prince Albert, North Battleford, Meadow Lake, Tisdale, Moose Jaw, Swift Current, Weyburn and Yorkton.
    - Locations in the north west including La Loche and Ile a la Crosse have been prioritized for implementation immediately.
    - More locations across the province will be brought online in the coming weeks.
  - While the number of tests performed by SHA varies each day, there is an overall decreasing trend since a peak of 1,048 tests on April 8 that has been attributed to decreasing prevalence of respiratory illness, including COVID-19 and seasonal influenza; decreasing referrals for testing (via current screening, referral and testing processes), and decreasing public interest in testing. Work is in progress to scale up testing – which is important as we monitor and evaluate each phase of the “Re-Open Saskatchewan” plan. This work includes:
    - testing asymptomatic contacts identified through public health contact and outbreak investigations
    - outreach to populations less likely to seek testing
    - expanding access to rapid testing through GenExpert and testing/assessment sites
    - sending consistent messages to the public and health care providers regarding testing

Contact Tracing

- A provincial SHA Contact Tracing application, go.Data, went live this past week. The database is used by SHA staff and is an important component of a centralized contact tracing approach that supports management of capacity to respond to surges in the number of COVID-19 positive cases and contacts.

- This database is unique in Canada and makes Saskatchewan a leader in best public health practices in Canada. Saskatchewan is the only jurisdiction to implement go.Data as a provincial approach, which involved collaboration between the SHA, First Nations (NITHA, FNIHB) and Athabasca Health Authority.
SHA has a plan to surge contact tracing to stay ahead of demand, including the ability to meet any scenario up to 618 news cases per day in Saskatchewan;

Population Health
Visitor Restrictions and Compassionate Care- Update

- Updates have been made regarding temporary changes to visitor restrictions for compassionate as of April 23, 2020 for all Saskatchewan Health Authority facilities. The SHA continues to ask for the public’s support and cooperation to contain the spread of the COVID-19 illness by following the new visitor restrictions.

- **During this unprecedented time, visitors are NOT permitted in any Saskatchewan Health Authority operated hospitals, clinics, community and continuing care facilities, except for compassionate reasons.** We recognize how difficult this is for patients and families, but this decision is guided by the need to protect our patients and health care teams during COVID-19.

- Until we are able to safely allow visitors back into our health care facilities, we encourage you to consider other ways to stay connected with your family members or friends in our hospitals and long-term care facilities, such as phone calls or online means of communication. We encourage families to consider virtual visiting through electronic applications such as FaceTime, Skype and WhatsApp.

- Understanding that it is difficult for families to have loved ones in hospital or other care areas, we are working to support families with virtual visitation options, including making phones available in hospitals and iPads more accessible to long-term care residents to assist with virtual visiting.

- The full guidelines can be found at [Updated Compassionate Care Visitor Restrictions at All SHA Facilities](#).

Long-Term Care Cohorting: Protecting Our Most Vulnerable

- The health and safety of our employees and physicians is of utmost importance, and keeping the people we serve healthy and safe is paramount to the work we do each and every day.

- As people can be unaware that they are infected with COVID-19, we need to limit the opportunities for vulnerable people to be exposed to the virus. One way the virus can be spread is if a staff member unknowingly carries the virus to more than one worksite, potentially causing an outbreak.

- On April 17, 2020, Dr. Saqib Shahab, Chief Medical Health Officer, issued a Public Health Order to restrict the movement of Staff Members among Facilities (long-term care and private care homes) by ensuring that each Staff Member works in only one Facility, otherwise referred to as 'cohorting.' This approach has been implemented for other outbreaks, including influenza, but has never previously been implemented province-wide.

- Through the cohorting process, the SHA and Employers are committed to ensure the allocation of staff is managed in such a way as to meet the needs of each facility.

- Effective April 21, 2020, we implemented cohorting between long-term care homes and high contact areas (namely, COVID-19 positive units and COVID-19 testing/assessment sites).
• Effective April 28, 2020, we will have implemented cohorting as per the Public Health Order limiting staff who work at long-term care and personal care homes to a single site. This implementation will be utilizing an exemption process as outlined in the Public Health Order to ensure appropriate staff can still attend and provide services within long-term care homes while maintaining appropriate safety precautions and infection control practices.

• To provide context on the magnitude of this offensive strategy, the SHA and its Affiliates operate 5,400 and 3,400 LTC beds respectively, at over 150 worksites. There are also approximately 250 licensed personal care homes providing approximately 4,600 beds to the Saskatchewan community.

Personal Protective Equipment Update

• Personal Protective Equipment (PPE) Bulletin: The PPE Bulletin for April 24 includes information on additional PPE, updates to the list of aerosol-generating medical procedures, a protocol for operative management of adult surgical patients during the pandemic, information on the PPE reprocessing strategy, and a Q and A of commonly asked PPE questions.

Strengthening Our Defence: Planned Hospital Capacity

Our defensive approach will be staged according to increases in demand. Continuity of essential and urgent health services will always be sustained for non-COVID-19 patients.

Plan for Phased Resumption of Services

• The SHA and Ministry of Health are currently developing a plan for a phased resumption of services, including community services, elective surgeries and diagnostics that were impacted by earlier service slowdowns. This will be released in the near future.

• The elements of this plan will be activated in phases, with each phase triggered by surveillance data on transmission of the virus in the community. Identification of which services will resume will consider factors such as highest priority patient needs, risk of transmission of the virus, impact on COVID-19 surge capacity, impact on inventory of personal protective equipment and other factors.

Building a physician pandemic workforce

• To meet the needs of patients across the province, a flexible contract was created that would allow physicians to both expand their services to support clinical operations for COVID-19 patients and continue to meet the needs of their current patients.

• Effective April 6, 2020, the SHA, Ministry of Health and Saskatchewan Medical Association negotiated a Pandemic Physician Services Agreement. Over 1,200 physicians have expressed interest in this contract in which they agree to redeploy and support care delivery within their own or other Saskatchewan communities as needed during the pandemic. These contracted physicians will support test centres, assessment centres, community-based intermediate care, field hospitals and in-hospital acute care services, and will help ensure a
distributed physician workforce across the province. This important partnership will support continuity of care through established offices and teams while also creating the flexibility and commitment that is integral to our province’s pandemic response. The SHA appreciates the support of all our physicians in ensuring safe and effective care for all our patients, clients and residents during these uncertain times.

Health care workers are here to help

- Effective April 17, 2020, a temporary Letter of Understanding (LOU) was signed by the SHA, SAHO and all five health care unions including SUN, HSAS, CUPE, SEIU-West and SGEU to support the creation of a temporary Labour Pool and the cohorting of staff to address health care needs related to COVID-19. The Roy Romanow Provincial Laboratory is not included in the LOU.
- Our staff are one of our most valued resources, and the LOU achieves the ability to ensure that we have the people where and when we need them. The LOU allows for a supplemental workforce to be utilized after all other processes related to offering work to internal employees have been pursued.
- Cohorting may include the temporary assignment of staff within a single facility or community or the redeployment of staff to another facility or community, as needed.

Including the Patient Voice in Our Planning

- The Saskatchewan Health Authority continues to partner with patients and families during this time of COVID-19 to ensure that patient and family perspectives are incorporated into our response.
- When the pandemic was first declared, the focus was on information sharing with patients, families, and our Patient Family Advisors (PFAs). The newly formed SHA PFA Facebook page provided a forum for PFAs to reach out to each other and share information.
- As pandemic planning progressed, PFAs were consulted on key activities including ethics framework development, critical conversation guides, messages around visitation, and specific pandemic plans.
- Emerging engagement opportunities for PFAs include supporting the work of the Integrated Health Incident Command Centres, partnering on the development of supports for virtual visitation and family presence, and connecting to patients and families who have received care during this time of COVID-19.
- At a recent Advisor Partnership Forum, PFAs shared additional ideas on how they can be engaged including supporting connections to communities, creating education materials for patients and families, and mentoring each other on ways to stay connected.
- For general inquiries on including the patient and family perspective in your work, or to make a request for a Patient and Family Advisor, please contact Donna McLeod (donna.mcleod3@saskhealthauthority.ca).