April 14, 2020

The Saskatchewan Health Authority has based our response to the COVID-19 pandemic on a strategy of contain, delay, mitigate and population health promotion. Updates provided below relate to new information or work on the next phase of SHA’s pandemic response released April 8, 2020.

MODELLING DATA AND “WHAT IF” SCENARIOS

The SHA’s “what if” scenarios remain unchanged. SHA offensive and defensive strategies remain in place as outlined on April 8, 2020. This information can be found at saskatchewan.ca/covid19 under Health System Pandemic Response.

STRENGTHENING OUR OFFENCE

The SHA offensive strategy focuses on actions being taken to tackle COVID-19 in the areas of Public Health and Community Care, and proactive measures to protect health care workers.

Public Health

Testing and Contact Tracing

The target is to perform 1,500 tests per day by the end of April. The SHA averaged performing 780 tests per day last week, an increase of more than 24% over the week previous.

The SHA currently has capacity to deploy over 250 full time equivalent (FTE) staff for contact tracing, a significant increase over the baseline capacity of 62 FTE. The SHA has a contingency plan to surge up to more than 400 FTEs to meet contact tracing demands.

Laboratory Testing Expansion

The SHA is in the process of expanding COVID analysis outside of Saskatoon and Regina to improve the turnaround time of test results. The goal of expanded molecular testing will allow for quicker turnaround of presumptive positive results, expediting the initiation of contact tracing.

Meadow Lake and Prince Albert are the first communities, outside of Saskatoon and Regina, to go live with this molecular testing within the Laboratory Medicine Provincial Program. More communities in the north and rural areas will be added in the coming days and weeks. This includes working with our First Nation and Métis partners to ensure all patients of Saskatchewan are provided equitable care. Prince Albert and Meadow Lake were identified as one of the first sites to start with this testing platform due to both their geographic location and quantity of testing.

While the SHA utilizes a transportation plan to ensure specimens collected in the assessment sites are delivered to one of our laboratory testing locations, having a site closer to communities capable of providing analysis will reduce the time it takes to get results to patients. The specific number of tests being done at each location will vary based on demand. The SHA is working with multiple vendors to ensure we have the capacity to meet demand.
COMMUNITY CARE

Healthline 811
Since improvements were made to Healthline 811 in March, 811 has handled close to 65,000 calls with over 60% of them related to COVID-19.

In addition, the Covid-19 Screening Site, accessed through 811, has trained over 250 clinicians to screen and refer patients for testing. Wait times are reported twice daily and have consistently reported a zero minute wait time over the last week.

Virtual Care Models
There are currently over 1,100 clinicians set up as expansion of virtual care options for physicians and health care workers to facilitate access for patients virtually.

Testing and Assessment Sites
As part of the SHA’s Community Care response for COVID-19 readiness, SHA has established Testing Sites in 38 communities and have seen 10,715 individuals within those specific dedicated sites. Testing Sites are for screening and testing only. No patient assessment or care is performed at these locations.

Assessment and Treatment Sites
Currently, seven communities in Saskatchewan now have Assessment and Treatment sites established. These are located in Saskatoon, Regina, Moose Jaw, North Battleford, Prince Albert, Weyburn and Indian Head. As of this week, 466 patients were seen at these locations with under a dozen referred to hospital for care.

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 clinics.

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. All patients require a referral to the COVID-19 Assessment and Treatment Sites before arrival.

POPULATION HEALTH

Protecting Patients & Health Care Workers: Strengthening Screening/Masking Requirements
The SHA is implementing a provincial standard of daily health care workforce (HCW) screening with temperature checks and continuous masking for patient-facing workers across SHA facilities and programs including long term care facilities, hospitals, primary care sites, as well as affiliates. These precautions are being implemented to ensure no one is presenting with influenza like illness (ILI) and in an effort to decrease the chance of spread of COVID-19. These procedures will include all physicians and staff, volunteers, learners and trainees, and vendors and contractors.

More on these initiatives can be found in today’s news release.
Protecting Patients & Health Care Workers: Personal Protective Equipment Update

Personal Protective Equipment Bulletin

On April 9, 2020, the SHA’s first Personal Protective Equipment (PPE) Bulletin was issued to improve the communication regarding the recommended guidelines, process and provincial supply of PPE. This bulletin will provide ongoing direction to health-care providers and update you on important developments as they occur.

The SHA and Ministry of Health, along with other health partners are actively monitoring and managing current supplies of Personal Protective Equipment (PPE) across the health system.

- Saskatchewan currently has approximately a one month or more supply of most essential PPE items, including surgical masks, N95 respirators and gloves.
- We continue to purchase and aggressively pursue supply through a variety of methods to meet the needs of our health sector, including:
  o Ordering through regular supply channels: we are continuing to receive orders through these channels, but are monitoring closely given global supply issues.
  o Working with the federal government to receive Saskatchewan’s share of any PPE procured through federal channels. Some early orders with small quantities have started to come in, but more orders are expected in the future.

Partnering with University of Saskatchewan’s Vaccine and Infectious Disease Organization-International Vaccine Centre (VIDO-InterVac) to help ensure a supply of N95 respirator masks

The Saskatchewan Health Authority (SHA) and the Vaccine and Infectious Disease Organization-International Vaccine Centre (VIDO-InterVac) at the University of Saskatchewan (USask) are partnering on a way to safely decontaminate and reuse N95 respiratory masks that are normally thrown away after each use. That news release can be found [here](#).

STRENGTHENING OUR DEFENCE

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

Planned Capacity

Slow-Down of Non-Essential/Non-Urgent Services

The discontinuation of all non-urgent/elective surgeries, procedures and diagnostics as of March 23 remains in effect. This action allows the SHA the ability to redeploy nurses and other staff and ensure medical supplies and personal protective equipment are available when needed and reduce risk of further exposure to our care providers and patients. The SHA will continue to provide services to patients who require emergent and urgent care. Cancer, urgent and emergent surgeries will continue as planned. Patients will be contacted regarding their scheduled service.

Currently, this work has freed up more than 1,000 hospital beds.

In addition, primary health care services have also been reduced throughout the province with care provided through alternate means such as virtual care.

Bed Flow Coordination

Work is underway to create a centralized bed flow coordination service to better serve all patients. We currently anticipate sharing more on this in next week’s update.
Transfer of Alternate Level of Care Patients from Regional/Tertiary Care Hospitals
Work continues in rural areas to temporarily convert some hospitals to support alternative level of care patients over the next 4-6 weeks, to create capacity at tertiary and regional hospitals. This will include a temporary suspension of emergency services. No suspensions of rural emergency services related to this work have occurred to date. Updates will be provided as services change.

COVID-19 Patient Co-Horting – Units, Hospitals
Plans are underway to cohort COVID-19 positive patients as much as possible as numbers increase. Field hospitals will be used to assist with this process where demand exceeds facility based capacity.

Labour Pool Strategy
Work on redeployment of staff to areas facing highest demand and patient, client and resident care need, is underway. In addition, work is underway to identify volunteers to help with our planned response and potential implementation of contingency plans. On April 7, an internal call went out for individuals who may want to assist in different roles to support the health system response to COVID-19. To apply to become a volunteer, please visit: Become a COVID-19 Volunteer. The SHA will reach out to successful applicants within one to two business days to discuss opportunities that may be suitable for you.

Contingency Capacity
Work continues on contingency capacity to respond to potential surge in patient demand.

Field Hospitals
Field hospital plans continue in Saskatoon and Regina with contracts being confirmed, and clarification of capital items and supplies required. This includes identifying clearer triggers and timelines for activation of these hospitals and other patient co-horting required.