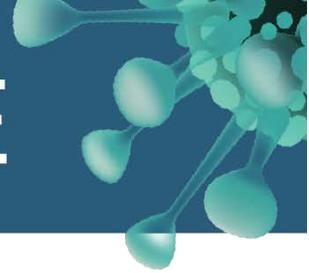


# COVID-19 UPDATE



## Physician Coordination Centre Bulletin

July 2, 2020

### Update on new and existing COVID-19 cases

- On June 30, the Ministry of Health confirmed 26 new cases of COVID-19 in B.C. for a total of 2904 cases of which 5 patients are in intensive care or critical care units in the province.
- Fraser Health has had 1529 cases. 11 patients are currently hospitalized of which 2 are in our ICU/HAU.
- Total numbers of deaths as of June 30, 2020 are 174 in B.C., with 76 deaths in Fraser Health.
- Fraser Health staff and medical staff that are currently COVID-19+ are 1.

Source: CEO Update June 30, 2020 & BCCDC

For detailed case counts please refer to the BCCDC COVID-19 [Dashboard](#) & Surveillance Reports on their [webpage](#)

### BREAKING NEWS!!



#### ★ Therapeutic Recommendations - June 29

- **NEW! Infographic** summarizing the therapeutic recommendations as of June 29 released by the British Columbia COVID-19 Therapeutics Committee (CTC). Dexamethasone recommended for patients with COVID-19 requiring supplemental oxygen; recommended for patients with COVID-19 who require ICU care.

#### ★ New Physician Orientation

- If you're a new physician to Fraser Health or you are a physician leader with new physicians joining your team, here are the details for upcoming new physician orientation sessions
  - **Dates:** Thursday, July 30, August 20 from 1 to 3 p.m.
  - **Log in** to [Learning hub](#) to register. If you need help with registration, refer to the [help guide](#).
- If you have any questions contact Dr. Dayan Muthayan ([dayan.muthayan@fraserhealth.ca](mailto:dayan.muthayan@fraserhealth.ca)) or Tomi Daramola ([tomi.daramola@fraserhealth.ca](mailto:tomi.daramola@fraserhealth.ca))

### CEO TOWN HALL WITH PHYSICIANS

#### JOIN US FOR A CONVERSATION WITH THE CEO AND MEDICAL EXPERTS

- Update from Fraser Health CEO, Dr. Victoria Lee followed by a moderated conversation and general Q&A using SLIDO (<https://www.sli.do/>; event code #medstaff)
  - **SLIDO remains open.** Post your questions early [here](#) for our next conversation on July 20.
  - **Topic for July 20:** 'Virtual Care – Part 1'
  - **Upcoming Meetings** – July 20, Aug 24 from 5:30 to 6:30 p.m.
  - Connect by [Skype or t-con](#). Details in your email & text message invites; or, request the [physiciancoordinationcentre@fraserhealth.ca](mailto:physiciancoordinationcentre@fraserhealth.ca)

# COVID-19 UPDATE



## THANK YOU

### LEARNINGS FROM THE MEDICAL STAFF SURVEY

Thank you for participating in the survey! We heard 55% of respondents say they were satisfied with the Bulletins with 74% wanting to receive it every two weeks. 52% said they have been participating in the Town Halls, of which 57% would like them to continue monthly and 93% are satisfied to somewhat satisfied. 68% have visited the [COVID-19 web page](#) with 96% satisfied to somewhat satisfied.

### WINNERS of the \$20 Starbuck gift cards

Our ten randomly selected winners are (using an internet based tool) Drs. Nigel Findlay-Shirras (JPOSCS), Belinda Rodis (ERH), Paula Meyler (RCH), Josh Koczerginski (RCH), Josh Karram (ARH), Frank Ervin (RMH), Melanie Madill (CGH), Melanie Brown (RCH), Ken Burns (RMH) and Ursula Lee (SMH).

## TOP QUESTIONS FROM PHYSICIANS

On Monday, June 22, 109 physicians joined Dr. Victoria Lee and Medical Experts at the weekly COVID-19 Town Hall. Panelists included Dr. Neil Barclay, Dr. Mike Paletta, Teresa O'Callaghan, and other senior leaders. Below are the unanswered questions. Dr. Elizabeth Brodtkin, EMD IPC, Dr. Aamir Bharmal, MHO, Dr. Roland Guasparini, MHO, Dr. Ralph Belle, EMD, Kathleen Chouinor, ED Primary Health Care & CDM, Teresa O'Callaghan, ED Access & Flow and Rita Ciconte, Leader Health & Safety have provided the answers.

### Q: Why is the COVID-19 testing clinic closed in New Westminster?

- The Fraser North West (FNW) assessment and testing centre, an arrangement between the Division of Family Practice and a private physician clinic, is closing with very short notice as the space has suddenly become unavailable. The closure is unrelated to any health authority activities. Given the short notice, the site will not be relocating at this time and the health authority is working closely with the Division to plan an effective testing and assessment centre should this be required going into the fall.

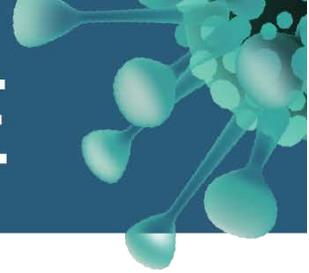
### Q: Why is our ALC rate 10-15% when we have empty long-term care (LTC) beds?

- The ALC rate captures all categories not just those destined for LTC where we currently have capacity. There are several factors that have impacted the transfer of patients to LTC including: staffing challenges with the team responsible for matching LTC clients to available beds, new legislation involving consent, interim beds and prioritizing pull from community and newly implemented COVID-19 Infection and Prevention Control (IPC) constraints.

### Q: Discharging is complicated, can't be done by one person. Services are reduced on week ends e.g. social work. Can we increase services on weekends?

- Discharging and care planning isn't about the discharges on the day, rather it is about the whole care planning process and takes a team to coordinate. One of our over-arching goals in addition to maintaining an occupancy of 90% or less we is to smooth resources across the system to provide transition support seven days a week. In order to do this, we need to look at all resources including access to specialists and continuity from hospital based physicians which includes GPs who have retained privileges. Allied health staff, lab and imaging resources, access to equipment rental, and access to facilities all need to be available to us seven days a week.

# COVID-19 UPDATE



**Q: If we know that when we had 60-70% of normal emergency volumes we had good flow with our existing bed base, why don't we advocate for more acute care beds?**

- Prior to saying we need more beds we need to be able to demonstrate that we are using the beds we have appropriately and before COVID-19 hit we certainly could not say that, not across all sites. One thing we are monitoring now is performance against what we believe to be best practices relative to access and quality. If we can demonstrate that we are doing "all the right things" and still can't sustain the desired occupancy level then we must look at the number of beds.

**Q: Why is the B.C. testing rate for COVID-19 (29,200/m) so much lower to Canada's rate (61,000/m)?**

- B.C. capacity currently exceeds the number of tests being done, so current capacity is not an issue. B.C. has also controlled the outbreak earlier than many other provinces, which results in a lower testing rate.

**Q: Alberta is offering public testing with no symptoms. Is this any use given poor detection rate of Nasopharyngeal (NP) test? Any utility for all admissions to hospital or transfer to residential care?**

- Alberta began offering NP NAT testing to all asymptomatic persons around May 30, with the stated purpose of "helping understand the full extent of COVID-19 in the province as more businesses begin to open". In B.C., based on current evidence, NAT testing of asymptomatic individuals outside of an outbreak scenario is likely to be of low yield and is not an effective use of health system resources, and is therefore not recommended.
- A Medical Health Officer may order testing of asymptomatic contacts of cases in some situations, such as outbreaks or clusters, where testing can help to control the transmission of disease.

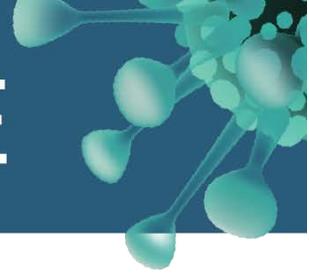
**Q: If health care providers crossing interprovincial or international borders quarantine for four days, are asymptomatic, and test negative on swab, would they not be safe to work?**

- Federal and B.C. governments require that health care providers who return from international travel self-isolate for 14 days (or if designated by employer as an essential worker, work with appropriate workplace infection control precautions). Testing during the self-isolation period, while continuing to be asymptomatic, is not recommended. COVID-19 nucleic acid amplification testing (NAT) is not particularly good at ruling out disease, especially in asymptomatic people. This can lead to a false negative result due to being early in infection and would lead to someone working while being actively infected with COVID-19. Importantly, NAT is a screenshot of an individual's viral status at a particular point in time and does not reflect the possibility of developing COVID-19 infection later in their self-isolation period.

**Q: There is a noticeable change in the brands and types of PPEs and hand sanitizers being used in hospital. What is their availability in case of larger second wave?**

- For all PPE items (eye/face protection, gloves, gowns, procedure/surgical masks and respiratory protection) we have a substantial supply on hand of either regular items or alternatives and additional supplies continue to arrive daily. There are dedicated teams that include PHSA Supply chain leadership, Health and Safety, and Infection Prevention and Control working to continue to procure PPE, hand sanitizers and surface disinfection products required for current use and to continue to grow our inventory in preparation for any future waves of COVID-19. This work will continue throughout the Pandemic and includes working with local manufacturers, which have produced some of the alternate hand sanitizers currently available in our facilities.

# COVID-19 UPDATE



**Q: Can you update re: N95 stock? I have heard that the hospital stores are running low and therefore supplies to areas ex. ORs are delayed.**

- In addition to standard 3M N95 models, alternate N95 respirator models and reusable respirator implementations have been completed or are currently underway, which will help reduce demands on the standard models so they can continue to be used in other areas. Currently any staff or physicians that were fit-tested to the 3M 1870+ are asked to attend a fit-test session to be fitted to an alternate model, as the 3M1870+ is a model that will no longer be provided by the manufacturer. Also implementation of reusable respirators in community hospital ICU is currently being planned for August. Respirator supplies are on provincial allocation and the Fraser Health supply is managed centrally and at times may require requests through site PPE logistics leads and potentially moving supplies between hospitals.

**Q: As we increase visitations how do we decrease risk of PPE being diverted away from high risk areas?**

- PPE is being centrally managed with oversight by a clinical leader and a PPE Logistics lead. Decisions regarding allocation of PPE to particular sites, departments and service delivery areas are based on patient population, types of care activities undertaken and information on respirator requirements provided by health and safety. The goal is to ensure that all staff have access to the correct PPE needed for the tasks/procedures to be performed when they need it.

**Q: The Fraser Health COVID-19 Safety Plan addresses “Most traditional non-clinical office environments...”. Will you add shared clinical work spaces to this document?**

- The Fraser Health COVID-19 Safety Plan includes a series of [Recovery Checklists](#) to support the variety of work environments within Fraser Health. Clinical work space checklists include ones for Acute Care, Ambulatory Care and tools for Community Health and Long-Term Care/AL are currently being firmed.

**Q: Increasing student/resident numbers makes physical distancing more difficult in clinical areas where it’s already challenging. How are you going to address this?**

- Professional Practice leadership are working closely with post-secondary programs and Fraser Health clinical leadership to identify how to proceed with student practice placements in the fall. This includes determining what our capacity is to support these placements recognizing that there are additional limitations during COVID-19 and the physical distancing requirements to maintain a safe environment for staff, students, patients and the public.

**Q: Given two recent long-term care (LTC) outbreaks were connected to Mission Memorial Hospital, are we going to make 14 day isolation and droplet precautions mandatory on admissions from acute?**

- We have always strongly recommended that admissions from acute to LTC have 14 day isolation and droplet precautions. This will now become a requirement. We are developing a clear process and algorithm that will have details on how this will need to be implemented which will be circulated to physicians and clinical leadership in our LTC facilities in the next few days.

**Q: How many LTC beds are in Fraser Health now as compared to Feb 28, 2020? Was acute capacity achieved by “buying LTC beds” ?**

# COVID-19 UPDATE

- LTC has not “bought” any new beds during the COVID-19 outbreak to increase capacity. An extensive process around access and flow was developed by prioritizing admissions from acute to ensure that bed capacity was available to support our acute care sites during COVID-19.

**Q: When cold and flu season starts up in the fall again, what plans are there for mildly ill people to be seen? The emergency cannot handle all of these if offices won't.**

- Fraser Health has worked hard to support family physicians as they work through the challenges of providing care to community patients that minimizes risk for both the patients and providers; PPE supplies have been made available to family physician offices that have been unable to secure supplies from their usual distributors. Doctors of BC and WorkSafe BC have given guidance for reopening offices to support patient care and most COVID-19 assessment centres continue to operate at this time. We expect that this provision will be responsive to the levels of need seen in the communities as fall approaches.
- We are innovating with community partners to strengthen the virtual links between public facing acute and community services including 811, Urgent Primary Care Centers (UPCC) and Home Health to reduce unnecessary emergency room visits and support continuity of care for discharged patients.

**Q: How likely will there be interprovincial mandatory isolation periods during a possible second wave? Some colleagues travel between Alberta and B.C., and we have locums from other provinces.**

- We will continue to take direction from Dr. Bonnie Henry. We don't believe there will be interprovincial quarantine rules unless one or more of the provinces has a significant upswing and Dr. Bonnie Henry changes her guidelines. Recommendations regarding arrivals from outside of Canada recently changed. In this phase, she is recommending self-quarantine for all health care workers unless this affects patient care. There would need to be an exemption to this policy, decided by the local department head or site medical director after discussion with the physician involved. This direction will be communicated shortly.

**Q: Reduced emergency volumes decreased emergency physician's income. Any pandemic pay for emergency doctors?**

- There have been discussions at a provincial level and at Doctors of BC regarding pandemic pay for physicians that have been economically impacted due to COVID-19. There is no current plan to rectify this. Plans for future expansion of APP contracts to various groups is ongoing.

## PHYSICIAN RESOURCES

### What We Heard At The June 22 Forum

#### *Outbreaks*

- Mission Memorial Hospital outbreak was not driven entirely by asymptomatic infections. Most of the effected had identifiable symptoms but, given age and complexity not recognized until after the fact. Contact tracing protocols followed and the site continues to be monitored. A report is being put together and will be shared.
- Report for the Abbotsford Hospital outbreak shared with the site and others through the Critical Care Network. Four key learnings – presentations not always typical, staff to be hyper vigilant, food sharing an absolute no-no and housekeeping and de-cluttering very important.

#### *Vigilance Moving Forward*

# COVID-19 UPDATE



- Preparing for a second wave by keeping the pilot light on in some areas such as the ICU, continuing to strengthen long-term care and infection prevention and control areas by leveraging and building on learnings from the first wave.
- Teams are improving on contact tracing by being more nimble and by using specialized processes to scale up as the need arises (increased from 14 to 200 members); new benchmark is to follow up cases < 24 hrs.
- Plan for elective surgeries include virtual pre-admission clinics, surgical algorithms, in-hospital distancing plan, engineering plans for ante-rooms at each site, PPE dashboards; no plan to stop surgery suddenly.

## *Policy and changes*

- Regular visitations to LTC facilities still restricted. We are developing a provincial approach to family visitation to LTC. We have obtained a donation of 70 ipads for use in compassionate family visitation.
- Adopted universal masking of staff in emergency with a large majority of patients wearing masks too.
- Multiple emergency department renovations underway where we are incorporating learnings from COVID-19.

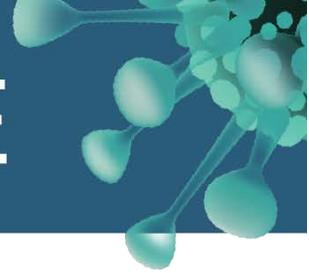
## **CEO Updates**

- Check your Fraser Health emails for [daily CEO Updates](#) (note: intranet link) for specific data, comments and responses to questions on COVID-19. Recent highlights include:
  - Restarted our services; now in [Phase 3 of BC's Restart Plan](#).
  - Continue to manage the COVID-19 outbreak at Mission Memorial Hospital.
  - 40 per cent of home health services are being provided virtually; approximately 1050 visits per day.
  - See [Safety Plan](#), for measures aimed to prevent exposures and reduce transmission of COVID-19
  - MOH policy on visitors and essential visits [posted here](#)
  - Implementation of a patient-centered update of Meditech called Expanse has started. [Details here](#).
  - Beginning a phased rollout of Microsoft Teams across Fraser Health.
  - Between May 18 and June 21, completed 8,141 total surgeries surpassing our target; now conducting more than 85 per cent of pre-admission sessions using virtual means.
  - Meeting all surgical and virtual health targets for surgery across the region.
  - Achieved an occupancy of less than 90 per cent and discharges exceeding site-based targets.
  - Latest modelling presentation and information from the province is available [online](#).
  - June school restart sets the stage for September. [Read more here](#).
  - VCH alerting all who attended Brandi's Exotic Show Lounge to monitor themselves for 14 days.

## **Provincial Website News**

- Fraser Health is strengthening pandemic preparedness and response, increasing the number of scheduled surgeries and MRIs, and accelerating a "virtual-first" approach i.e. access to group education for surgery from home, as well as to many other health-care services using virtual means.
- All emergency departments, urgent and primary care centres and mental health and substance use urgent care and response centre remain open.
- One step closer to a modern, state-of-the-art medical and surgical health care campus at Burnaby Hospital. For more information, visit [www.fraserhealth.ca/bhredevelopment](http://www.fraserhealth.ca/bhredevelopment).
- Delta Hospital soon getting a new infection control robot.
- Work continues to contain outbreaks where people are most vulnerable.
- B.C. is in the middle of two concurrent public health emergencies: COVID-19 and the overdose crisis.

# COVID-19 UPDATE



## Critical Care Network News

- The June 2020 Critical Care News provides reflections on where they have been, where they are now and where they are headed to. For your copy of the news, email Julie Mick - [julie.mick@fraserhealth.ca](mailto:julie.mick@fraserhealth.ca)

## Surgical Renewal Plan

- [Virtual pre-admission for surgery to keep you safe at home – May 11, 2020](#)
- Additional elective surgery information can be found [here](#).
- For information on B.C. government surgical renewal plan click [here](#).

## Medical Health Officer and BCCDC Updates

- New Medical Health Officer Update released June 11. [See recent updates..](#)
- New guidance documents just posted by BCCDC June 23. Click [here](#).

## PPE Supplies for Community Physicians

- Connect with the Division of Family Practice in your region to place orders for PPE. For care providers who are not supported through their division or are unsure where to go, contact the PPE Community Support Desk at [PPECommunitysupport@fraserhealth.ca](mailto:PPECommunitysupport@fraserhealth.ca) or call 604-561-2037. [View more details.](#)

## Kudos

- Dr. Joshua Greggain, recipient of the 2020 Rural Service Award, Society of Rural Physicians of Canada.
- Prince William and Kate thank Fraser Health staff for COVID-19 work <https://www.youtube.com/watch?v=fvFjuDTkUM>

## CARING FOR SELF - WELLNESS & SUPPORT

### Medical Staff Psychological and Well Being Supports available

- Visit [Medical Staff COVID-19 website](#) section on 'Wellness, Support and Coaching' for information on wellness training opportunities, available supports and resources, anxiety reduction tools, resiliency framework and more

## REMINDER ABOUT MEDIA

If you receive a media inquiry or see media at any of our locations please contact the Fraser Health media line at 604-613-0794 or by email at [media@fraserhealth.ca](mailto:media@fraserhealth.ca).

### Physician Coordination Centre

[physiciancoordinationcentre@fraserhealth.ca](mailto:physiciancoordinationcentre@fraserhealth.ca)

Previous Bulletins:	<a href="#">March 31, 2020</a>	<a href="#">April 3, 2020</a>	<a href="#">April 8, 2020</a>	<a href="#">April 16, 2020</a>
	<a href="#">April 21, 2020</a>	<a href="#">April 24, 2020</a>	<a href="#">April 30, 2020</a>	<a href="#">May 7, 2020</a>
	<a href="#">May 14, 2020</a>	<a href="#">May 21, 2020</a>	<a href="#">May 28, 2020</a>	<a href="#">June 4, 2020</a>
	<a href="#">June 18, 2020</a>			

The information in this bulletin pertains to physicians and medical staff and is a summary of updates and new resources on COVID-19. Please continue to visit the [Fraser Health Medical Staff web page](#) for additional up-to-date information and resources.

For Physician Coordination Centre membership see [here](#).

Dr. Kevin Afra, Elizabeth Armstrong, Dr. Neil Barclay, Dr. Peter Barnsdale, Dr. Ralph Belle, Dr. Elizabeth Brodtkin, Rita Ciconte, Dr. John Diggle, Dr. Raymond Dong, Dr. Joshua Greggain, Dr. Roland Guasparini, Dr. John Hamilton, Dr. Rob McDermid, Dr. Sarah Ostler, Dr. Sarah Ruffo, Dr. Connie Ruffo, Dr. Akbar Mithani, Dr. Pam Thornton, Dr. Michael Yatscoff, Jag Sandhu, Kavita Sarwal, Jemimah Membreve, Tomi Daramola

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