

# COVID-19 UPDATE

## Physician Coordination Centre Bulletin

July 30, 2020

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

- On July 28, the Ministry of Health confirmed 23 new cases of COVID-19 in B.C. for a total of 3523 cases of which 3 patients are in intensive care or critical care units in the province.
- Fraser Health has had 1800 cases. 5 patients are currently hospitalized of which 3 are in our ICU/HAU.
- Total numbers of deaths as of July 28, 2020 are 194 in B.C, with 79 deaths in Fraser Health.
- Fraser Health staff and medical staff that are currently COVID-19+ are 8.

Source: CEO Update July 28, 2020 & BCCDC

For detailed case counts visit the BCCDC COVID-19 [Dashboard](#) & Surveillance Reports [webpage](#).

### LATEST NEWS



#### Medical Staff Rules **NEW!**

- Medical Staff Rules have been revised recently. See [Draft Rules here](#). You can provide feedback by email to [MSRulesFeedback@FraserHealth.ca](mailto:MSRulesFeedback@FraserHealth.ca) or through your local Medical Staff Association until Aug15, 2020



#### Fraser Health COVID-19 Experience Survey – invitation to participate

- We want to ensure you have the well-being and psychological supports you need now and in the event of a second cycle of COVID-19. Take the organization-wide pulse check to see how you are doing. It's confidential and can be completed on any computer or mobile device. [Click here](#).
- A Workforce Recovery and Resilience Coordination Centre has also been established to provide you with relevant resources as we continue to address COVID-19.



#### **NOW AVAILABLE 24/7 Addiction Medicine Clinician Support Line**

- 24/7 Addiction Medicine Clinician Support Line provides telephone consultation to physicians, nurse practitioners, nurses and pharmacists who are involved in addiction and substance use care and treatment. Addiction Medicine Specialists are available to help with diagnostic clarification, medication recommendations and treatment planning. Support is available for a wide range of substance use concerns like opioids, alcohol, stimulants and benzodiazepines. Call 778-945-7619. More information [here](#).



#### **New Fraser Health webpage provides information about COVID-19 public exposures**

- Fraser Health has launched a [new webpage](#) that lists locations and times of known possible public exposures to COVID-19. For information on exposure locations across B.C. [click here](#).

### CEO TOWN HALL WITH PHYSICIANS

#### JOIN US FOR A CONVERSATION WITH THE CEO AND MEDICAL EXPERTS AUGUST 24

- 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 August 24.

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- **Topic for August 24:** 'Virtual Care – Part 2'
- **Upcoming Meetings** – Sept 14 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)

## TOP QUESTIONS FROM PHYSICIANS

On Monday, July 20, 77 physicians joined Dr. Victoria Lee and Medical Experts at the weekly COVID-19 Town Hall. Panelists included Dr. Grace Park, Dr. Shelley Tweedle, Rafael McRaven, and other senior leaders. Below are the unanswered questions. Dr. Elizabeth Brodtkin, EMD IPC, Dr. Aamir Bharmal, MHO, Dr. Neil Barclay, RMD Emergency, Dr. Grace Park, RMD Home Health, Teresa O'Callaghan, ED Access & Flow and Rafael McRaven, Director Innovation & Virtual Health have provided the answers.

**Q: Given the issue of potential for airborne transmission indoors, when will a bi-directional mask policy become universal for all direct outpatient care?**

Health care workers wear a medical grade mask and eye protection when providing direct patient care. All patients in emergency and all patients with respiratory symptoms (e.g. cough) are given a mask. Patients without respiratory symptoms are not required to mask, although they may do so if they choose.

**Q: Emergency departments remain overcrowded and congested. When will Fraser Health seriously support patient safety by mandating immediate movement of admitted patients from emergency to ward?**

Moving admitted patients out of the emergency department is important to Fraser Health; achieving the "10 hour rule" is one of our five patient safety priorities. Emergency operations structure continues to be in place with daily calls concerning regional access and flow, focusing on reducing the number of admitted patients in emergency.

Additional staff have been dedicated to patient access and flow and a position for Executive Medical Director Access and Flow has been posted.

Early signs of success are positive. Admissions through the emergency have reached pre-COVID-19 levels. Despite this admitted patients waiting for an inpatient bed in the emergency have dropped from an average of 197 over the last two years to 108 this week.

**Q: What is the status of a universal masking policy for all emergency patients who can wear one?**

As of July 2, all emergency patients and visitors are encouraged to wear masks. If patients or visitors do not have a mask one will be provided for them. Visitors refusing to wear a mask will not be permitted in emergency departments. Patients will not be refused care if they do not wear a mask, but efforts will be undertaken to isolate them effectively from other patients and staff if they do refuse.

**Q: Mask wearing indoors where physical distancing is impossible is promoted in other provinces. Why is there no requirement in B.C. hospitals?**

Health care workers are required to wear a mask and eye protection in all patient care areas, including outpatient areas. Mask wearing is not required in non-patient care areas, although they should be worn when physical distancing is not possible.

**Q: Since the ED work environments were supposed to be inspected by June 30<sup>th</sup>. What is being done to create safer work stations for providers?**

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Each site and department will have different recommendations for ensuring staff and patient safety. This could include considerations on the use of engineering controls, establishing clear physical distancing indicators, guidance on maximum occupancy (e.g. elevators, staff only spaces, waiting rooms), provision of education and training, and ensuring processes are in place for provision of PPE where applicable. The Fraser Health COVID-19 Safety Plan is posted online and there is a Manager Guide to Assessing the Workplace available via the Fraser Health Management Centre.

The Emergency Network has completed a review of “lessons learned” from COVID-19 and created a document that has been shared with facilities management and all Local Department Head or Department Manager. Many suggestions regarding process and design are contained in these documents. Meetings have occurred with sites undergoing renovations/rebuilds to assess the possibility of incorporating these suggestions into the ongoing construction.

To answer specific questions you have related to work layout and social distancing challenges, we suggest you reach out to your Local Department Head or Department Manager.

**Q: It is hard to keep up with the media public exposure locations reports. Can Fraser health link websites with BCCDC or alternative sources?**

Whenever possible, Public Health will follow up directly with people who have been exposed who are identified by a case. In situations where people cannot be readily identified (e.g., an event where names of patrons aren't available), Public Health may issue an exposure notice. Notices can be found [here](#).

Notable provincial exposures, particularly, international and domestic flights with an identified passenger with COVID-19 on-board are listed on the BCCDC website [here](#).

**Q: For the first time in months, I passed large groups of joggers yesterday, on my solo run. The risk to me seems minimal, but what about each other?**

Key conditions that contribute to COVID-19 transmission are large crowds spending time in indoor spaces for prolonged periods of time with extended face-to-face or close contact. Jogging outdoors is low-risk. Groups of joggers should not congregate and should minimize close contact with each other as much as possible to minimize their COVID-19 risk.

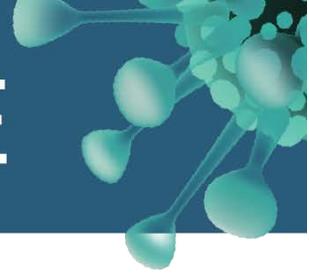
**Q: Many CTAS 4 and 5 emergency patients can be managed virtually by experienced emergency doctors. Older emergency specialists are an excellent resource to use in this way. Any plans?**

We have tried to address this issue with Division of Family Practice (FP) in White Rock/South Surrey with some success (Right Care Right Place project). The problem of CTAS 4 and 5 is one that should be tackled in collaboration with community GP via Divisions of FP. While the presenting issue may be dealt with in the emergency, the problem of ongoing follow up and continued support for the patient need to be addressed. The community GPs are well positioned to do this especially as they have a longitudinal relationship with the patients. The expertise in emergency and the ongoing demand for emergency resources requires multiple perspectives to optimize use and promote capacity. Interested physicians can approach the Virtual Health team to gain support and connection with community practitioners. Collaboration with stakeholders take time and resources and the time is now to innovate.

**Q: What part do GPs play in the virtual gateway?**

GPs play a central role in the Virtual Service Gateway (VSG) model. The program holds attachment and longitudinal care as a priority focus. Any client accessing the VSG is linked back to their GP or their closest Urgent Primary Care Centre (UPCC) or Primary Care network (PCN) for specific scenarios for unattached people.

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**Q: If we can demonstrate that we are doing “all the right things.” Can you share what all the right things are that we need to do?**

The “right things” relate to ensuring we have good processes in place that we are focusing on quality of care and effective discharge planning; that our resources are aligned with our activity. If our ALOS:ELOS, ALOS, itself, quality indicators, ALC utilization and use of our emergency’s all fall within the desired parameters and our demand still exceeds our capacity, then we have “done all the right things”, and this ties into the next question, at that point we must consider that we simply don’t have enough capacity.

**Q: Why not more acute care beds? Can you define "using the beds appropriately"?**

If we demonstrate that we are providing the best care in the most efficient manner and still cannot achieve the desired occupancy due to demand this will signify that perhaps what we need is to increase our acute bed base. We have to first prove that we are using what we have in the most efficient manner possible (i.e. have used beds appropriately). “More” of anything is not always the answer. Sometimes it is and we have to demonstrate the need.

**Q: Performance against what we believe to be best practices relative to access and quality. Can you define best practices relative to access and quality?**

Best practices would include employing clinical practice that supports best outcomes for patients, all patients, regardless of setting or resource allocation. Elimination of costly variation where it exists. Promotion of high quality practices that will not only improve the patient experience but that of the provider. Maintaining sufficient capacity to ensure our emergency departments don’t become over-crowded and de facto inpatient holding areas. Sustaining the Infection Prevention and Control Practices (IPC) COVID-19 has precipitated.

## PHYSICIAN RESOURCES

### July 20 Forum – What we heard

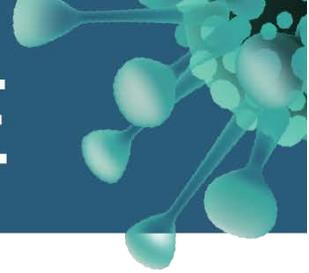
#### *Virtual Care*

- The concept of virtual hospital is very early at present. Started with COVID-19 acute care patients, and now expanding to include congestive heart failure. Currently, no clear concept of who will staff the virtual hospital. This is an open invitation for all medical staff to think about and come forward.
- As patients get involved virtually, they need support, including technical. We are looking at building purpose tools and designing programs to enable equitable outcomes and services.
- 811 is a separate service to ‘Virtual Gateway’. This is a solution bringing a Fraser Health focus to patient calls by providing central access to the services that are available within Fraser Health. The hope is to link patients directly with things closer to home.
- Home Health is thinking of doing more virtual care rounds (GPs, patients, families and home health staff). Commencing work to ensure frail seniors have access to imaging in a way that will be easier for them.

#### *PPE*

- The universal masking policy has been challenged primarily because of supply. If we require masking, we have to supply the masks. Awaiting confirmation from the Ministry on supplies.
- Reference was made to the open letter that was sent a couple of weeks ago describing the possibility of airborne transmissions. We are not seeing airborne transmission as a major driver here and have been managing clinically and in the community through droplet precautions.

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- There is a large gradient in terms of how COVID-19 might be transmitted, from large droplets to aerosols. A possibility, for transmission by aerosol exists especially within poorly ventilated indoor areas. This has occurred experimentally and evidence continues to be generated.
- In terms of the management for many of these cases, especially in clinical settings, they have been managed through droplet precautions. This has been as successful within community setting.

## *Emergency Departments*

- Fraser Health (along with other provincial Health Authorities) have developed COVID-19 Pandemic Recovery Safety Plans which include completing visual inspections of each department using an Infection Prevention and Control recovery checklist to identify compliance levels with recommended Infection Prevention and Control and Health and Safety exposure control measures and any gaps that need to be addressed. This includes considerations on the use of engineering controls, establishing clear physical distancing indicators, guidance on maximum occupancy (e.g. elevators, staff only spaces, waiting rooms), provision of education and training, and ensuring processes are in place for provision of PPE where applicable. These inspections are to be completed by June 30 and will identify any additional control measures that may be required. The Fraser Health COVID-19 Safety Plan is posted online and there is a Manager Guide to Assessing the Workplace available via the Fraser Health Management Centre.
- Each of the sites have Infection Prevention and Control experts who have audited all sites to look at specific ways that we can put in place engineering controls for physical distancing or guidance on occupancy for areas to promote physical distancing. This is being done on a unit-by-unit basis. If there are concerns contact the emergency manager or the local department head in the areas and talk to them about the audit results to identify any local changes that can be made.
- Physical distancing is a big concern for nurses and physicians in emergency department. To address concerns, there have been significant investments in the renovation and redesign of our facilities that include, six emergency department projects currently underway.

## *Surgery*

- Awaiting formal provincial direction on next step plans. We are ramping up pre-surgical screening, monitoring PPE and hospital capacity while working on details of a phased approach.

## *Regional Executive Operations Committee (REOC)*

- REOC replaces the executive EOC meeting three times/week. They have three primary functions:
  1. Get us back to something that closely resembles "business as usual" safely.
  2. Keep the lights through cycles of infections until we reach herd immunity either through large numbers of infection or through an effective vaccine.
  3. Monitor the cycles to be prepared for next steps.

## **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:
  - To date contacted ~ 17,000 patients for their elective surgery; between May 18 - July 19 completed 15,109 total surgeries; conducting approximately 85 per cent of pre-admission sessions virtually
  - Provincial state of emergency extended through to Aug. 4, 2020. [Read more here.](#)
  - Review two provincial public health orders: Food Service Establishments, Liquor Services and Events and Vacation Rentals [here.](#)

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- Implementing Substance Use Integrated Teams (SUIT) program to support Hope and Abbotsford communities, both impacted by the overdose crisis.
- Supporting Emergency Response Centres and Isolation Centres in Surrey, Abbotsford, Burnaby and Hope communities to connect homeless individuals to addiction medicine, home health and other social services.
- Sustaining an average general occupancy below target of 90%.
- Dr. Bonnie Henry and Minister Dix presented new modelling recently that you can [review here](#).
- See updated requirements for all staff/medical staff entering B.C. following travel. Travel outside of Canada is subject to the [Quarantine Act](#), as well as the [BC Provincial Health Officer's self-isolation order](#). Following international travel, staff are required to self-isolate for 14 days with a self-isolation plan in place. More information on the [here](#) and on the [BCCDC website](#).
- [Read update here](#) from the Federal Government announcing assistance with procurement of personal protective equipment to help essential workers, protecting the most vulnerable, like seniors.
- Primary Care Network implementation on track in Port Moody and Maple Ridge; planning underway at Burnaby Metro town

## Provincial Website News

- B.C. is in the middle of two concurrent public health emergencies: COVID-19 and the overdose crisis.
- Pandemic has accelerated Fraser Health's 'virtual first' approach. People can now access group education for surgery from home. Also enhanced our ability to provide medical consults, rehabilitation and other services using virtual means.
- Provincial health officer Dr. Bonnie Henry issued a B.C.-wide single-site work order, followed by bumps in pay for over 7,000 care aides to go along with strong infection control measures and universal masking for all health care providers.
- Drive-in testing is available in Langley, Maple Ridge and Mission.

## Physician Activity Reports (PARs) - **STARTING TO ROLL-OUT**

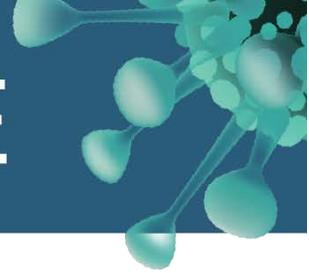
- You have often asked for data on your performance to help focus your performance improvement activities. All Departments are creating individual/group PARs over the coming months to provide timely and relevant feedback to their physicians on measures selected by them.
- PARs will be distributed to you via email from your physician leader. The email will include a link that enables you to access your report as a pdf in addition to an interactive dashboard that is automatically updated with the most recently available data.
- It is important that you use your Fraser Health email to access your report when on the network. Or access your Fraser Health emails directly on your own device - [instructions on how to setup emails on your mobile device](#) - without enrolling into Workspace ONE.
- Departments of Medicine and Mental Health have received their PARs. Departments of Hospital Medicine, Surgery and Pediatrics will be receiving theirs this week, with other departments following soon.

## 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, August 20 from 1:00 to 3:00 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))

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## Surgical Renewal Plan Update

- [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](#).
- For more highlights: [A Commitment to Surgical Renewal in B.C. progress report #1 May-June 2020](#).
- Updated COVID-19 Procedure/Surgery Assessment released. [See KYI](#) under Clinical Resources and Forms.

## Medical Health Officer and BCCDC Updates

- New Medical Health Officer Update released June 11. [See recent updates](#).
- New guidance documents just posted by BCCDC July 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 Akber Mithani and the Long Term Care (LTC) team for excellent implementation of Virtual Care in LTC. An important factor in managing and preventing COVID-19.

## CARING FOR SELF - WELLNESS & SUPPORT

- 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

## 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>	<a href="#">July 2, 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. Dayan Muthayan, Dr. Amyeen Hassanali, Elizabeth Armstrong, Dr. Neil Barclay, Dr. Peter Barnsdale, Rita Ciconte, Dr. John Diggie, Dr. Paul Johar, Dr. Joshua Greggain, Dr. John Hamilton, Dr. Rob McDermid, Dr. Sarah Ostler, Dr. Akbar Mithani, Dr. Pam Thornton, Dr. Feisal Mohamedali, Jag Sandhu, Kavita Sarwal, Tricia Hollyer, Claudia CamberoCalva, Tomi Daramola

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