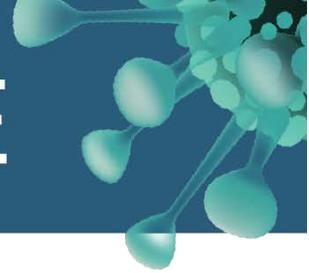


COVID-19 UPDATE



Physician Coordination Centre Bulletin

May 7, 2020

Update on new and existing COVID-19 cases

- On May 6th, the Ministry of Health confirmed 23 new cases of COVID-19 in B.C. for a total of 2255 cases in the province. Fraser Health has had 1046 cases.
- Of this total, 19 patients are in intensive care or critical care units.
- Total number of deaths as of May 6, 2020 was 124 deaths in B.C., with 40 deaths in Fraser Health.
- Fraser Health has 41 current hospitalized patients of which 11 are in our ICU/HAU settings.

Source: CEO Update May 6, 2020 & BCCDC

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

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 (www.slido.com; event code #medstaff)
 - **SLIDO remains open.** Post your questions early [here](#) for our upcoming Monday conversation.
 - Upcoming Meetings: May 11 & May 25 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

TOP QUESTIONS FROM PHYSICIANS

Here are the last of the unanswered questions from the April 27 COVID-19 Townhall. Dr. Kevin Afra, Medical Director AMS, Dr. Andrew Larder, Medical Health Officer and Dr Akber Mithani, RMD LTC have provided these responses.

Q: Do you recommend using D-dimer testing in COVID-19 suspected inpatient management, if yes how?

- There is no evidence to support using D-dimer values to guide intensity of anticoagulation, nor should D-dimer levels alone guide the decision to order imaging for VTE. For these reasons, routine testing of D-dimer in admitted COVID-19 patients is not recommended pending further evidence.

Q: Have we assessed the impact of COVID-19 specific measures on care of patients with non-COVID-19 related illness i.e. are we compromising care of these patients?

- There is a provincial initiative underway to monitor the unintended negative impacts of the measures put in place to control COVID-19 infections.

Q: Do we know if infection confers immunity?

- We do not know if infection confers immunity, although it is likely. More importantly, we do not know how long any immunity will last.

Q: How do you explain the discrepancy in social distancing in community and many works sites vs the lack of physical distancing that exists in hospitals?

COVID-19 UPDATE



- The level of infection control practices in hospitals (environmental controls, hand hygiene, and use of PPE) is far greater than in non health care workplaces. Thus the risk of transmission in health care settings is very low – a fact supported by the relatively low numbers of HCW cases due to transmission in the workplace.

Q: What is happening with the isolation centers for homeless and under housed people in Langley, New West and Maple Ridge? Are those cities delaying the opening?

- Negotiations are underway to open centres in these and other communities. All municipalities are fully cooperating with Fraser Health, but these discussions do take time.

Q: Should a patient moving from a COVID-19+ hospital to LTC be tested prior to transfer?

- All our hospitals have COVID-19 patients. ALL patients are screened prior to admission into LTC. And, if the patient has been on a COVID-19 positive ward in acute care, they should have two negative swabs before they get admitted to LTC. It has also been recommended that ALL admissions to LTC be isolated for 14 days with droplet precautions (understanding that some facilities may have limited practical ability to do this.)

On Monday, May 4th, 220 physicians joined Dr. Victoria Lee and medical experts at the weekly COVID-19 Town Hall. Panelists included Drs. Elizabeth Brodtkin, Neil Barclay, Feisal Mohamedali, Dave Konkin, Aamir Bharmal, Laurie Leith, VP and other senior leaders. Following are the top unanswered questions with responses by Dr. Feisal Mohamedali, RMD/RDH Anesthesiology Network, Dr. Dave Konkin, RMD/RDH Surgery Network, Dr. Susan Roman, Regional Division Head of Medical Microbiology, Dr. Neil Barclay RMD Emergency, Elizabeth Brodtkin Medical Director IPC, Dr. Roland Guasparini, MHO and Rita Ciconte, Leader IPC. Future bulletins will provide responses to the remaining questions.

Q: The medications for OR are in shortest supply, like NMB and propofol. How will we ensure that we have medication to respond to surge that results from ramp up?

- We are closely monitoring the situation around medications required in the OR. We have sequestered the 20 ml propofol vials for use in the OR and we currently have over two months supply based on historical usage prior to COVID-19 times. Anesthesiology has also started using more local, regional and neuraxial techniques which will further help mitigate drug issues. We have some domestic manufacturers that will also ramp drug manufacturing within Canada. We will continue to monitor the situation closely as we start the ramp up process.

Q: Will anti rooms only be used for COVID-19 positive surgical cases? How will exposure be mitigated - at presentation to OR?

- We are waiting on the new provincial algorithm plus there is a regional working group that is currently working on this issue. More information will be forthcoming to sites prior to the start of the ramp up.

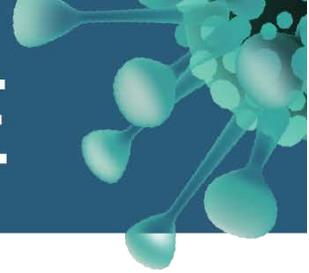
Q: Will all patients undergoing surgical procedures be screened for COVID-19?

- We will be following provincial guidance on COVID screening. Currently, there is NO INDICATION for screening asymptomatic individuals as part of their elective surgery planning. Screening will be based on risk stratification.

Q: How will Fraser Health support longitudinal care delivery in the community?

- Fraser Health will continue to work with Divisions of Family Practice and other partners to develop mechanisms including the use of technology that help link family physicians to teams and to their patients in a way that supports patient centred relationship based care.

COVID-19 UPDATE



Q: Two weeks ago we were told masks could not be provided for all ED patients due to supply chain issues. Given lack of physical distancing surely this is needed?

- We currently provide masks for all ED patients with respiratory symptoms. The decision to mask ALL patients would be a wider discussion at EOC to apply to all patients in hospitals.

Q: Considerations have been for patient/family distancing - what about staff in change rooms, lunch rooms etc.?

- Efforts need to be made to organize use of staff change room spaces and lunch rooms such that the principle of physical distancing (minimum 6 feet between each occupant) is followed in the staff common areas. If you believe this isn't being achieved in the change rooms and lunch rooms associated with your work area or site please discuss with the applicable site/department leadership.

Q: What additional engineering controls will be put into ED to protect front line staff and patients aside from Plexiglas triage, and enhanced triage?

- Our sites and departments are utilizing the principles of physical distancing wherever possible and increased frequency of cleaning and disinfection of surfaces. Where physical distancing is not possible measures, physical barriers have been added, e.g. glass enclosures at registration and triage (if not already in place). If you have ideas on further improvements in the ED please discuss with the Medical Director and the unit manager.

Q: In COVID patients does cough and sneezing qualify as aerosolizing generating events - if so what is the risk to staff that are not using AGP type PPE?

- No, COVID-19 patients coughing and sneezing do not qualify as aerosolizing generating events. The PPE that should be worn if providing care is droplet precautions which includes procedure or surgical mask, eye protection, gown and gloves. For more information on what procedures are considered AGPs you can review the [Aerosol Generating Procedures \(AGP\) in Acute Care Standard Operating Procedure](#). (note: Intranet link)

Q: Is the COVID-19 testing we are using similarly sensitive for the different strains of COVID-19?

- The gene targets of the assay should detect the virus regardless of strain variation, however, specific studies looking into such differences in sensitivity in any great detail have not been performed at this point in time.

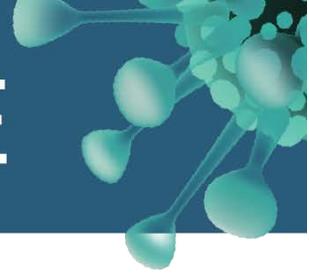
PHYSICIAN RESOURCES

What we heard at the May 4 forum

COVID-19 Testing

- No specific start date for serology tests being available to the public; several assays being validated.
- Phased approach underway to address prevention and infection control in LTC, independent living facilities & processing plants; currently in Phase 2 that includes use of PPEs, increased cleaning and other comprehensive measures. Mobilized SWAT teams for cohorting, contact tracing, screening + increased testing of all.
- BCCDC [dashboard](#) and [daily surveillance reports](#) carry detailed information on health care worker infections. ~29 staff and nine physicians have tested positive. No medical staff are currently infected, all have recovered. The pattern seen in HCW is similar to the community i.e. age related
- [Testing](#) suggested for all respiratory/systemic symptoms compatible with COVID-19; not asymptomatic.
- Repeat the testing including sputum, and if two consecutive negative swabs go with clinical and radiographic diagnosis. New PPO with an algorithm will be released soon – not everything is known yet.

COVID-19 UPDATE



- Not testing surgical staff returning from treating acute patients as confident PPEs are protecting them.

PPEs

- [Find information for staff on self-monitoring and self-isolation](#), along with additional resources, including [PPE information](#) and [videos for donning and doffing PPE](#).
- A new algorithm will be used to divide patients into three categories - high-medium-low risk. This will determine the PPE the staff will wear. The low risk cases will not require staff to wear N95/PPE.
- Not all COVID-19 patients or providers are being detected in a timely way. In order to protect both from each other, the Ministry made the decision that all providers will wear protective equipment.

Surgical Recovery

- Hot off the press [BC's Surgical Recovery Plan](#). The work to resume surgeries has started with surgeries targeted to begin May 18. From this plan, each site will put together their site specific restart plan.
- Utilizing a regional dashboard to monitor site occupancy and make evidence-based plans. Will add surgeries to the dashboard i.e. number of surgeries, beds available and continue the focus on flow to keep occupancy rate <95%.
- We are calling patients to know who is actually ready, willing and able for their surgery as we open up. Those not meeting all three criteria will remain on the waiting list.

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:
 - For mental health resources and tools, including additional videos from Dr. Van Den Berg on managing stress and anxiety and coping with uncertainty, visit [here](#).
 - Other key links include [Fraser Health Intranet](#) COVID-19 updates and [Staff Support](#) for COVID

Slides and Transcript from the provincial news conference – May 4

- [Read here](#) a joint statement from Minister Dix and Dr. Henry
- [Modelling presentation](#) of May 4.

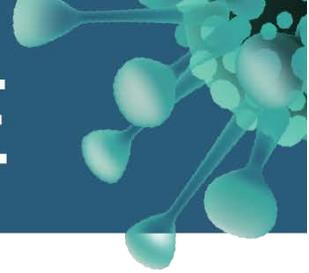
Supporting Long Term Care during COVID19

- Established resources to provide direction to physicians on issues specific to COVID-19 in funded long term care homes. Visit the Clinical Resources & Forms section on the [Medical Staff COVID web page](#).

PPE Supplies for Community Physicians

- **NEW** PPE supplies for [specialist](#) community practitioner offices can now be ordered per week based on a derived estimate. For details on ordering, contact PPECommunitysupport@fraserhealth.ca or phone 604-561-2037.

COVID-19 UPDATE



- Family physicians in the community should contact their Divisions of Family Practice for supplies.

Home Health Monitoring for COVID-19 acute, emergency and community patients

- Launched home health monitoring service for patients who are, or suspected COVID-19 positives.
- Identified patients must have an email address, smart phone, tablet or computer for daily use.
- Refer to FYI for physicians [here](#).

Medical Health Officer Updates

- Updated COVID-19 Testing Guidelines were released April 24. For most recent updates [click here](#).

Information Technology Resources

- NEW** Access the information you need to care for patients remotely, such as diagnostic imaging reports and provincial lab results with Unifying Clinical Information (UCI). For help refer to the [IMIT section](#).
- 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.
 - A dedicated [mailbox](#) has been set up to support physicians with non-urgent inquiries related to any IT issues, including but not limited to email support, remote access & Meditech; response time < 4 hrs.
 - **TEXT ALERTS:** Receive COVID-19 updates via **text messaging**. Sign up [here](#) using keyword 'COVID'.

Community Discounts and Appreciation of Health Care Workers

- To show support and say thank-you, several businesses and organizations are offering discounts to health care professionals. Visit the [Medical Staff COVID-19 page](#).

CARING FOR SELF - WELLNESS & SUPPORT

Medical Staff Psychological and Well Being Supports available

- **New** opportunity for medical staff. [Get trained](#) to join frontline staff huddles to strengthen team engagement & reduce staff anxiety. Led by Dr. Marietta Van Den Berg.
- UBC Medical Students have put together a comprehensive [handout of resources](#) for physicians and families.
- [Supports](#) vary from in-person to telephone conversations and group sessions. These include emotional support, mental health and well being, stress and anxiety management and self-care tools. More tools also posted [here](#).
- [ABC123](#) a memory aid and psychological first aid tool providing techniques to reduce anxiety and distress, and
- Canadian Society of Physician Leaders COVID-19 Crisis [Bulletin](#) shares the five C's Resilience Framework.

COVID-19 UPDATE



Physician Coaching Service (30 or 60 minute virtual sessions - no charge)

- Certified coaches provide 1-1 coaching to support decision-making and urgent action
 - Medical Leaders – contact physiciancoordinationcentre@fraserhealth.ca
 - Frontline physicians, retired physicians, residents, medical students – contact Physician Health Program 604-398-4300 or info@physicianhealth.com
 - Article from a group of physician coaches: [Thriving while surviving – why we need more healthcare coaching support during the COVID-19 crisis.](#)

HUMAN RESOURCE PLANNING

Medical Staff Availability for COVID-19

- [Thrive Physician Availability Tool](#) allows physicians to share their schedule and availability on a rolling 14 day cycle. Watch the [video](#). Sharing your availability does not imply that you will be required to work.
- For any issues with sign-in or technical concerns contact supportc19ccrm@thrive.health.

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

Physician Coordination Centre

physiciancoordinationcentre@fraserhealth.ca

Previous Bulletins:	March 31, 2020	April 3, 2020	April 8, 2020	April 16, 2020
	April 21, 2020	April 24, 2020	April 30, 2020	

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. Connie Ruffo, Dr. Akbar Mithani, Dr. Pam Thornton, Dr. Michael Yatscoff, Jag Sandhu, Kavita Sarwal, Jemimah Membreve, Tomi Daramola

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