

COVID-19

Health System Readiness Update



November 26, 2020

PURPOSE

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SHA services will adapt and expand to meet the projected COVID-19 patient demand, while continuing to deliver essential services to non-COVID-19 patients throughout the duration of the event.



- Introduction
- Current State & Forecasted Growth
- Offensive Strategy
- Defensive Strategy
- Key Challenges
- Redeployment Plan & Service Slow Downs
- Questions

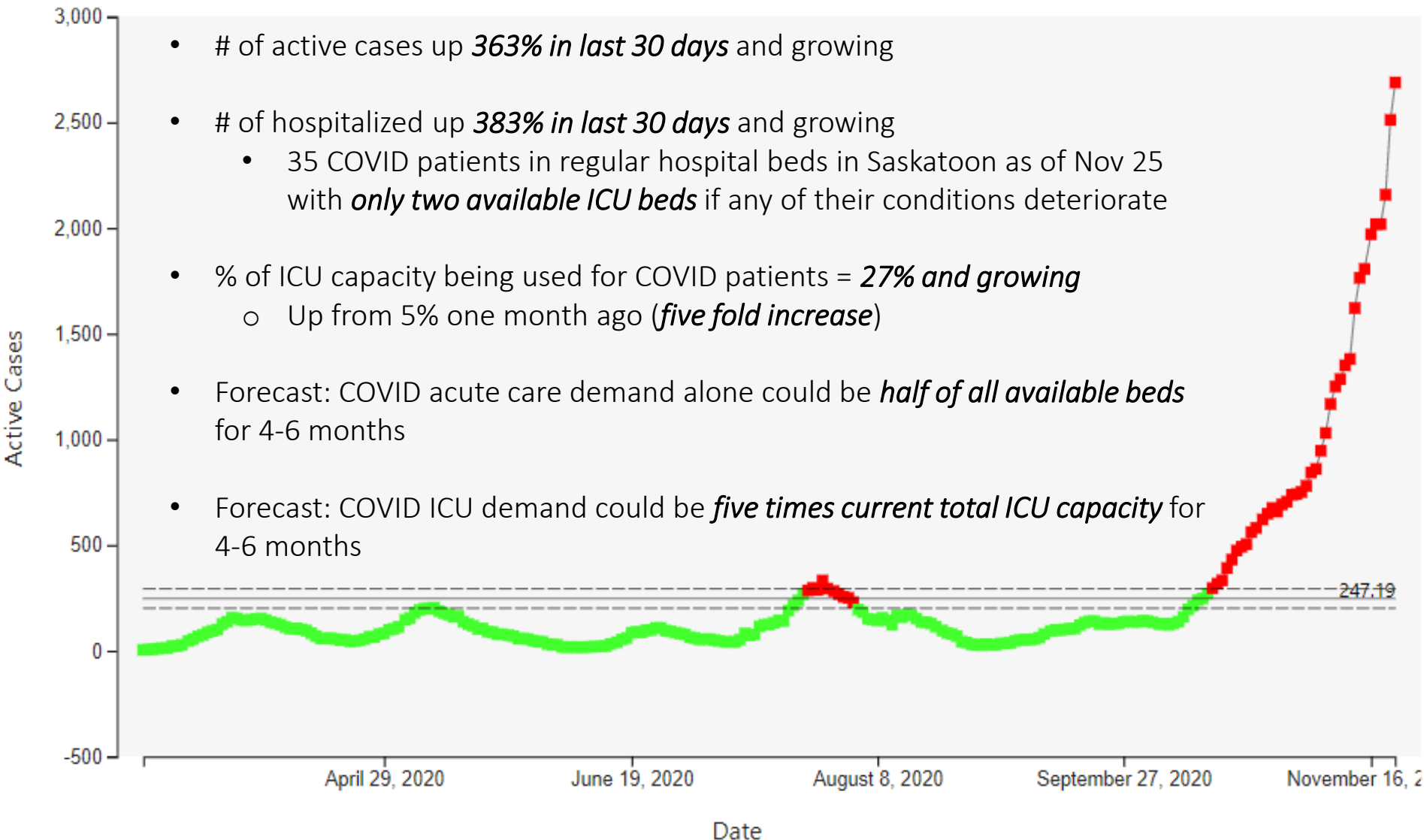
Current State & Forecasted Growth

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CURRENT STATE & FORECASTED GROWTH

BY THE NUMBERS



Offensive Strategy

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Overall Offensive Strategy

Key goal: contain, delay and mitigate the virus and promote population health

Key planks of the strategy:

- Testing
- Contact tracing
- Protecting vulnerable populations

TESTING STRATEGY

Key Strategies:

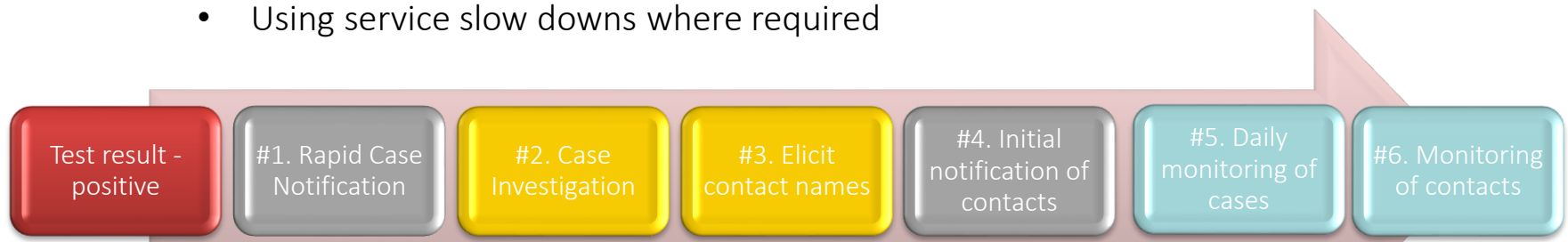
Ramp up to sustainably provide more than 4,000 tests/day by late December through:

- ✓ **Diversifying testing and lab processing options:**
 - SHA delivered high volume testing in Regina and Saskatoon
 - GeneXpert rapid testing in 19 locations around Saskatchewan
 - Point of Care rapid testing
 - 3rd Party testing
- ✓ **Enhancing staffing resources in Lab** = 76 positions in various stages of recruitment/training
 - 73.2 posted, 57.6 hired, 27 in training, 11.6 fully trained (as of Nov 23)
- ✓ **Ensure wide availability of testing** through different delivery methods
 - 50+ testing sites around Saskatchewan, plus mobile testing teams



Key Strategies:

- ✓ Use of SHA Contact Tracing Application to improve processes, reporting & monitoring
- ✓ Offloading negative test result callbacks from busy Public Health teams, including:
 - Deploying 80+ Nursing students from USASK
 - Incorporating support from Gov't of Sask through the Public Service Commission (PSC)
- ✓ Load leveling Public Health & ensuring skill/task alignment across the province
 - Sufficient Public Health Nurses for 450+ cases/day if doing right jobs (Steps 2 & 3 below)
- ✓ Adding staff capacity (delayed impact due to training/onboarding)
 - Redeploy licensed/certified staff for rapid case notification & contact tracing (Steps 1 & 4 below) through service slow downs.
 - Add resources through supplementary workforce for daily monitoring of cases/contacts (Steps 5 & 6 below), including by:
 - Adding personnel from Gov't through the PSC
 - Incorporating 35 Federal Statistics Canada staff
 - Using service slow downs where required



* Does not always occur in linear order above

Reality (#'s as of Nov 25):

- 76 cases in long term care when one is too many
- 27 outbreaks in facilities serving seniors or CBOs serving vulnerable clients when one outbreak among these populations is too many
- Community acquired COVID getting into health care facilities and resulting in large numbers of staff isolating, eroding our ability to serve vulnerable patients

Key Strategies:

- ✓ Visitor restrictions, robust entryway screening processes & staff cohorting
- ✓ Minimize health care worker exposure and promote best PPE practices
- ✓ Continuous improvement of outbreak protocols & education
- ✓ Use of assisted self isolation, secure isolation & hotels
- ✓ Expanding point of care testing options
- ✓ Making mobile testing teams available where needed (e.g. Lighthouse)

Key Message:

- To save lives among those who are most vulnerable, the public needs to help stop the spread

Defensive Strategy

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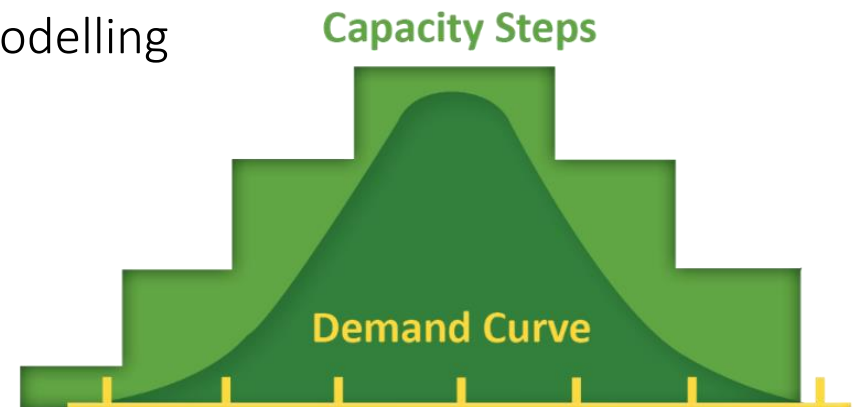
Defensive Strategy

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Key Goal: adapt/expand to meet projected COVID demand while maintaining essential services for non-COVID patients

Key Strategies:

- Surge acute capacity through use of surge spaces and field hospitals
- Employ combination of mixed, COVID and non-COVID hospitals where warranted by case increases
- Convert hospitals to ALC where required
- Field hospitals for contingency scenario only
- Maintain significant ventilator capacity
- Maintain 6 months + supply of key PPE
- Adjust/adapt strategy based on modelling



Current State:

- Unlike spring, system operating at capacity, leaving limited ability to reallocate internally to support surge
- Current average daily ICU demand province-wide: **97.3% of ICU capacity**
- Ongoing capacity challenges in Saskatoon
 - Current daily inpatient demand: **105% capacity**
 - Current daily ICU demand: **126% capacity**

Surge needed to accommodate forecasted peak:

- 1,324 COVID acute care patients (**61% of current state acute care capacity**, would be managed through both acute beds and field hospital locations)
- 412 ICU patients (**449% of current state ICU capacity**)
- 403 vented (**631 vents available**, though staffing surge would be required)

FIELD HOSPITALS

Prepare field hospitals with two stages of activation:

- Stage one: Required base infrastructure preparation complete and equipment available for activation within a predetermined amount of time
- Stage two: Capacity available for expansion of services as needed
- Key barrier: scaling up to staff field hospitals will require redeployment of staff, resulting in service slow downs
- Last resort option: health system is overwhelmed and all other steps in surge response have been activated

	Stage 1 Beds	Stage 2 Additional Beds	Total beds
Saskatoon (Merlis Belsher)	125	125	250
Regina (Evraz Place)	184	216	400
Total	309	341	650

Key Challenges: Offensive & Defensive Strategies

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Key Challenges

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- Strain and stress on front line health care workers
- Exponential growth in virus may outpace ability to scale up
- Capacity and availability of human resources
 - Limited labour pool re-allocation given service resumption
 - Highly skilled personnel required, but cannot solve problem through labour market
 - High absentee rates from staff required to isolate, miss work
 - High work volume from training/onboarding new staff
- Balancing COVID response with maintaining non-COVID services
 - Slow downs are required to save lives & protect our health care system, recognizing there are negative impacts when people can't access everyday health services

It's not just positive cases that can disrupt services!

Staff required to isolate as a result of community transmission is already disrupting services in many places across the province

System Redeployment Plan & Service Slow Downs

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Redeployment Plan & Service Slow Downs

Examples of slow downs to date include:

- Low-risk routine public health inspections
- Localized, time-limited surgical slow downs (e.g. Lloydminster, St. Paul's)
- Localized primary health care services
- Localized reduction of non-essential acute care services like ambulatory programs, specialty clinics, etc.
- Localized reduction of non-essential continuing care programs (e.g. active living programs)


*** Note:** expect similar type service impacts going forward

Longer term

- Continually assess based on modelling & case trajectory need for slowing down or resuming services.
- SHA to take a “dimmer switch” approach over the longer term, scaling up and down services as required for robust pandemic response while maintaining non-COVID services as much as possible.
- Changes in service delivery may happen in one area of the province, and not in others.
- Rapid and effective distribution and delivery of COVID vaccine, prioritizing key populations (vulnerable populations, health care workers). Ministry of Health led planning underway.

Key Messages

- Safety of our patients, residents and health care workers is our #1 priority
- Committed to:
 - ✓ Maintaining non-COVID services as much as possible
 - ✓ Keeping service disruptions as localized, targeted and time-limited as possible
 - ✓ Staging surges & slow downs to meet demand
- Protecting the health care system is in the public's hands, we need their help



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saskatchewan.ca/COVID19

Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.