

Summary: February 9, 2022

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COVID-19 Status Update: Provincial

- Preliminary signs of wave exit in the next few weeks as hospitalizations are increasing at a slower pace.
- Hospital occupancy across the province is 2059 cases
- ICU occupancy provincially is 449 cases and of those, there are 275 on vents.
- Continuing to see 14 day increases in cases being reported with some PHUs across the province.
- Directive #2
 - Was reinstated during the first week of January; the Ministry of Health paused non-urgent surgeries to deal with the Omicron wave.
 - Allowed hospital's to create capacity and accommodate pressure brought on by Wave 5 as well as it freed up staff for redeployment to pressure point areas in hospital.
 - Has been revised, as of yesterday, for a phased in approach. Initially, activities related to diagnostic imaging, cancer screening and some ambulatory clinics will be increased. This approach will be done cautiously and assessed against response needs and public health indicators.

COVID-19 Status Update: Regional

- TBDHU reporting 310 active cases.
- Northwestern Health Unit (NWHU) reporting 248 active cases.
- TBDHU reporting 11 Outbreaks in High-Risk Settings.
- NWHU reporting 3 High-Risk Outbreaks.
- Regional hospitals have 16 cases.
- Vaccination Status in TBDHU district is 83.7% of ages 5 and up received 2 doses.
- Vaccination Status in NWHU district is 87.6% of ages 5 and up received 2 doses.

COVID-19 Status Update: TBRHSC

As of February 9th at 10am

Total Positive Cases in the Hospital	40	Current COVID-19 Outbreaks in the Hospital	0
Positive Cases in the ICU	6	Percentage of Active Staff, Professional Staff and Volunteers Compliant with 1 st dose or Fully Vaccinated as of January 28th	100%
Number of Patients on the 3B COVID-19 Unit	29		
Active Lab Confirmed Cases of COVID-19 in the TBDHU district	310	Our Hospital's Internal Pandemic Response Level	Grey (Lockdown)

TBRHSC Response: Incident Management Team (IMT)

- Our Hospital moved its internal COVID-19 Pandemic Response Level from Red (Control) to Grey (Lockdown) on January 17th and new measures were implemented.
- Patients are limited to one ECP, with exceptions being vetted through unit managers to the Incident Management Team. "Hot zones" will only have ECPs that are essential to the care of patients. ECP guidelines for palliative care continue to be supported as per previous guidelines. If you have questions, please talk with your manager.
- As part of our response efforts, all surgery patients regardless of vaccination status will be required to have a COVID-19 PCR swab completed. COVID-19 Rapid Antigen Testing results will not be accepted.
- Staff Vaccination Policy went into effect on January 14th staff, professional staff and volunteers must have had at least one dose by January 28th. 100% of all active staff are vaccinated.
- IMT continues to meet daily and each division additionally meets with their branch leads.

Hand Hygiene, Mandatory Masking and Eye Protection

- ALL staff, professional staff, learners, volunteers, and contractors while in any Hospital location, must wear a mask and eye protection immediately upon entry until exit and at all times.
- Masks and eye protection can only be removed if you are in an approved break area when eating, drinking and when able to maintain a distance of two meters / six feet or more from others (this includes patients and co-workers) or if you are in a private office or workspace.
- Practice proper hand hygiene.
- This applies to all Hospital sites (including 980, 984, 1040 Oliver Road and Munro Street).

- Thank you to all who have remained diligent with their compliance; please hold yourself and each other accountable to all Infection Prevention and Control requirements.

COVID-19 Assessment Centre

- Effective Monday, January 17th, our COVID-19 Assessment Centre's services have expanded.
- In addition to testing the Assessment Centre is offering clinical COVID-19 assessments.
 - There are now spaces to begin providing care to patients with mild to moderate COVID-19 symptoms and who would benefit from a clinical assessment and treatment.
 - Patients will be able to access this assessment through referral from the Emergency Department, Primary Care, Public Health or Telehealth Ontario. Appointments must be made in advance. Walk-in appointments will not be available.
 - Spaces will also serve as an Emergency Department (ED) alternative.
- Monoclonal Antibody Therapy is also available for eligible patients.
 - Patients will be assessed by a nurse and physician and provided with symptom management advice or referred for additional services.
 - This program provides treatment for outpatients with COVID-19 who are at high-risk of progression to severe illness.
 - Patients will need to be referred to the Monoclonal Antibody Therapy clinic by the Thunder Bay District Health Unit, or their health provider.
- In the future we will be adding Paxlovid as an additional treatment option for COVID-19 patients.
- While the first line of defense against COVID-19 is vaccination, the intent of these treatments is to help address the growing number of hospitalizations in high-risk individuals.

Celebrating Successes

- Helping hands on the 3B COVID-19 Unit.
- The unit is well supported with Leaders and support for those that are new to the clinical environment.
- Taking up these extra shifts and/or volunteering to be assigned to the Unit demonstrates incredible leadership and commitment to your colleagues, patients and families.

Staff Support and Appreciation

- Many people have already gone above and beyond the call of duty in terms of responding, planning, redeploying, cancelling vacations and staying informed as the COVID-19 pandemic continues.
- We would like to show our appreciation for employees and professional staff during the COVID-19 pandemic.

- Additional appreciation activities planned to coincide with Employee Recognition Week in February. This includes coffee cards, meal vouchers, baked goods, and break room baskets.
- Employee recognition week expenses have already been budgeted by Human Resources.

Accreditation (May 15-19, 2022)

Accreditation happens on a 4-year cycle. Accreditation ensures quality and safety standards are in place to drive better outcomes. It encourages collaboration and teamwork and embeds quality improvement through ongoing assessment.

The importance of Accreditation during the COVID-19 pandemic

- Response efforts relate to Quality, Patient, Family Centred Care
- Innovative
- Team work
- Striving to improve is continuous
- Learn from our response

We will be evaluated based on 19 standards that expand across all levels of the organization.

	Standards
1	Ambulatory
2	Cancer Care
3	Critical Care
4	Diagnostic Imaging
5	Emergency Department
6	Governance
7	Inpatient
8	Infection Prevention and Control
9	Lab
10	Leadership
11	Medication Management
12	Mental Health
13	Obstetrics
14	Organ Donation
15	Perioperative Services and Invasive Procedures
16	Point of Care Testing
17	Reprocessing of Reusable Medical Devices
18	Telehealth
19	Transfusion

During the onsite visit, the surveyors will be assessing how we meet the various criteria within these 19 standards.

What to Expect and How to Prepare

- 5 surveyors will be on site to observe and interact with teams, patients and caregivers to gather evidence about the quality and safety of care.
- Surveyors will be using a tracer method to observe patient care and interact with teams, patients, families and caregivers.
- A tracer is a method used to evaluate organizations against accreditation standards. It follows the path of a patient or process, asking questions or making observations to determine if the standards and Required Organizational Practices (ROPs) are met.
- Tracer activities include:
 - Reviewing client files and documents.
 - Talking and listening. Individual interviews and group discussions.
 - Observing. Direct observation and tours.
 - Recording. What is read, heard and seen.
- Review ROP posters
- Attend Accreditation prep sessions and dry runs in your areas (Feb to Apr)
- Visit the Accreditation Page on the Intranet

It is important to note - surveyors are not evaluating individual team members' performance, but observing processes and procedures to assess compliance with the standards.

Is the Helping Hands initiative still voluntary or has Senior Leadership identified certain nursing units as mandatory?

- Providing support to the 3B COVID-19 Unit is a priority for the organization right now.
- We know that some departments have capacity based on their current volumes or activity levels. The point of Directive #2 was for hospitals to be able to shift their operations to meet urgent and emergent COVID-19 priorities. In that way, it's mandatory.
- We will always try to work with staff to identify those first who are voluntarily willing to go work in a new area or on a new assignment. Sometimes we do have to be more directive and that will usually happen on a shift to shift basis and in those cases, we work with patient and staff safety in mind. Appropriate supports have been put in place to make sure that it's a supportive environment.
- We are using all methods to try to meet the needs of our Hospital including reassignments that are shift-to-shift, redeployments, and additional shifts.

Do we keep stats on how many COVID-19 patients are unvaccinated?

- We have been collecting this data for at least the past 4 – 6 weeks.
- Right now, what we don't know is how many doses each patient has received just that they are vaccinated or unvaccinated. A patient is considered fully vaccinated if they have received 2 doses.

- These statistics are not listed publicly due to privacy concerns.

Closing Comments

The circumstances right now aren't easy and you're being asked to do things that aren't a part of your typical day-to-day work. We appreciate your willingness to step up. It has been a part of our success throughout this wave. Thank you to all of you who have stepped in and stepped up to work in these challenging conditions to help support patients and families in Thunder Bay and across the Northwest region as well as helping to support your colleagues.