

## Summary: May 12, 2021

View the session: <https://cast.tbrhsc.net/townhall/archived/>

### Strategic Planning 2021-2026

- We have held 71 interviews, 6 focus groups, and have received feedback through almost 200 surveys. Surveys close on May 14<sup>th</sup> (<https://comms.tbrhsc.net/strategic-plan-2026/>).
- The Strategic Planning Advisory Committee (SPAC) consists of internal staff, physicians, PFAs, and external partners. Their role is to provide advice during our planning process.
- A number of priorities are emerging:
  1. Further enhancing Patient and Family Centred Care
  2. A comprehensive health and human resource strategy
  3. Anti-racism, diversity, inclusion, and health care equity
  4. Technology infrastructure and digital innovation
  5. Integrated and aligned strategy for the Research Institute with the Hospital
- Task Force working groups were formed to do initial exploratory work on these topics.
- We are wrapping up our Thought Leader sessions and theming ideas.
- Next steps: We plan to have the broad Strategic Directions determined and endorsed by SLC and the Boards by June.

### Directive #2

- Directive #2 was issued by Ontario's Chief Medical Officer of Health on April 21, 2021 replacing the Directive #2 issued on May 26, 2020.
- We have paused non-emergent/non-urgent services as identified by Directive #2, to preserve system capacity and deal effectively with the impact of COVID-19.
- Emergent and urgent surgeries at our Hospital **will not** be impacted. Patients will continue to have access to other health services, including services that are peripheral to surgical services.
- As per Directive #2, triaging regarding cessation or postponement will be completed by the responsible Clinician, while guided by the principles of Proportionality, Minimizing Harm to patients, Equity, and Reciprocity.
- Refer to <https://comms.tbrhsc.net/wp-content/uploads/2021/04/Memo-Hospital-Response-to-Directive-2-April-23-2021.pdf>

### COVID-19 Status Update as of May 12<sup>th</sup>

Presumptive Cases in Hospital	Total Positive Cases in Hospital	Positive Cases in ICU	Hospital Occupancy	Active COVID-19 Cases in the TBDHU district	Our Hospital's Internal Response Level
2	4	2	71%	29	GREY

- IMT will be looking at and evaluating our Hospital's Internal Response Level which is currently Grey and the status of our COVID-19 unit.

## **2<sup>nd</sup> Vaccine Doses for High-Risk Health Care Workers**

- The province has announced a change around the timing of 2<sup>nd</sup> vaccine doses for high-risk health care workers.
- Our team is validating the list to ensure that the highest priority groups previously identified still meet the provincial criteria set out now for high-risk health care workers.
- We wait for direction from the TBDHU.
- The process will be similar to last time. Staff will be given a validation code by their manager. There will be a check to ensure that the staff is eligible for 2<sup>nd</sup> dose.

## **Aerosol Generating Medical Procedures (AGMPs): Things to Consider**

- Does the patient have any signs or symptoms of airborne infection or acute respiratory infection?
- Try to perform AGMPs in an airborne infection isolation room, or private room/procedure room when possible. Keep door closed.
- Limit number of health care workers in space to only those necessary to perform procedure.
- Do a point-of-care risk assessment to select appropriate PPE before entering.

### *What do I wear when performing an AGMP?*

- Staff are required to wear at minimum a N95 respirator, a gown, gloves, a bouffant and eye protection when performing AGMPs in all patient areas.

### *AGMP Signage*

- Display an 'AGMP in Progress' sign on the outside of the patient's door or curtain prior to starting the AGMP.
- Once AGMP is complete, display an 'Air Clearance in Progress' sign with filled-in information until clearance is complete.

### *AGMPs: Key Highlights & Changes*

- Please follow all AGMP requirements as indicated in the Aerosol Generating Medical Procedures Guidance Document ([https://comms.tbrhsc.net/wp-content/uploads/2021/04/Guidance\\_AGMP\\_V3.pdf](https://comms.tbrhsc.net/wp-content/uploads/2021/04/Guidance_AGMP_V3.pdf)).
- A current list of procedures that are AGMPs can be found in the Guidance Document.
- If you are unsure of air clearance time for a specific room, defer to the longest possible clearance time within the Aerosol Generating Medical Procedures Guidance Document.

## **Are staff and learners now only obligated to self-isolate for 7 days (vs 14 days) upon return from vacation within Ontario prior to return to work?**

- Travel restrictions outside of Northwestern Ontario remain unchanged.
- As per current Hospital process, 7 days of isolation are to be followed post-travel unless outside of Canada.

- The travel form must be signed off by your manager prior to submission to Occupational Health & Safety. The form can be found at <https://comms.tbrhsc.net/wp-content/uploads/2020/11/Travel-form-REVISED-Oct-2020.pdf>.

**Will Hospital staff who have opted not to be vaccinated for COVID-19 be permitted to work alongside their vaccinated co-workers?**

- We encourage all staff to get the vaccine, for the safety of themselves and others.
- At this time, we have not received information or direction from Public Health about unvaccinated people in the workplace.

**Will there be changes to screening and quarantine times when staff have received their 2<sup>nd</sup> dose of the COVID-19 vaccine?**

- Everyone entering our Hospital will be required to complete screening and wear a mask.
- Public health recommendations to isolate/quarantine in case of travel or recent exposure remain the same.
- Getting your vaccine is incredibly important; however, there will likely be a lot of the same policies in place until we have reached herd immunity.

**Once we all have the 2<sup>nd</sup> dose of vaccine, are we all equally immune to COVID-19?**

- Vaccine efficacy with Pfizer-BioNTech and Moderna 14 days after the 1<sup>st</sup> dose and up until the 2<sup>nd</sup> dose is estimated to be 92%.
- For AstraZeneca, the efficacy after the 1<sup>st</sup> dose was reported to be 67%.
- Someone is considered fully vaccinated two or more weeks after their second dose.

**Why are not all admitted patients swabbed for COVID-19?**

For surgical procedures:

- In areas with low community transmission of COVID-19, testing prior to a scheduled surgical procedure is not required.
- In areas where community transmission of COVID-19 is not low, any patient with a scheduled surgical procedure requiring a general anesthetic should be tested 24-48 hours prior to procedure date.
- Patients should self-isolate for at least 14 days prior to a scheduled procedure.
- In the event of a positive test result, the scheduled non-urgent/emergent procedure should be delayed for a period of at least 10 days and until cleared by public health.

**Why are we using a 'pull from everywhere' approach to redeploying staff?**

- The purpose of redeployment is to match available staff to areas of need, and the aim is to match skills and experience. This may result in more than one move.
- Redeployment involves an intricate balance of skill sets, existing shortages, multiple needs, various shifts, and individual circumstances.
- The type of nursing model also impacts assignment decisions.
- Managers, staffing, practice, human resources are all consulted in the redeployment process.