Friday April 16th, 2021

Hamilton Health Sciences

Department of Medical Affairs

Weekly Physician COVID-19 Updates

COVID-19 Cases at a Glance (HHS)

Site	Number of Positive Cases
HGH	36
JH	34
MUMC	3
St. Peter's	4
WLMH	0
SHF	0
Rehab	1
Total	**78**

*updated 0800 morning of distribution

Whenever possible, please try and restrict movement between sites / areas. Understanding this may not always be possible across all areas / disciplines.

COVID-19 Wards

HGH – 5 West **(22 Patients)**
JH – F5 **(22 Patients)**

*updated morning of distribution

COVID-19 ICUs

HGH – ICU East / South **(14 Patients)**
JH – Level 1 ICU **(12 Patients)**

*updated morning of distribution

Critical Care Support

Starting April 13th at 0700, the HGH site will add a second ICU physician for daytime COVID support. The ICU beds at HGH have been redistributed as follows:

COVID ICU #1
South 1-9 + East 1

COVID ICU #2
South 10-13 + East 2-9

ICU East
East 8 + West 14-17

ICU West
West 1-12 + BTU bed

HIU (Satellite ICU)
Up to 14 beds

Please see the attached COVID Surge Map for a breakdown of the medical workforce supporting each area.

Protected Code Blue

Starting April 15th at 0700, HGH will begin scheduling a daytime Protected Code Blue (PCB) physician at HGH. The PCB physician will work alongside the RACE physician providing support for the care of ICU patients surged to HIU. The PCB physician will also provide support for the site together with the RACE physician.

HGH ICU continues to have an on-site intensivist covering COVID ICUs at night who will respond to Code Blue calls

JH ICU continues to have a PCB physician at night who will respond to Code Blue calls

HGH Protected Code Blue (PCB) Coverage and G-Code Modifier

Activating PCB means that all physicians at HGH will not be permitted to submit G-code modifier during the time of the PCB shift (0700-1900). Please see the excerpt from the MOH funding guidelines below. The G-code modifier is applicable when PCB services are not being used (i.e. from 1900-0700). Please know that we anticipate the need for PCB coverage at night in the coming days/weeks.

PCB coverage is ongoing for night shifts at the Juravinski site (1900-0700). As with HGH, we may need to enhance this to include dayshifts in the coming days/weeks.

*See attached MEMO for full details

Physician Redeployment

Should there be consideration of redeployment as a result of COVID-19 – Medical Affairs will work with physicians to identify opportunities for appropriate assignment.

MOH Compensation for Non-Clinical COVID-19 Activity

Funds have been received from the MOH for hours submitted for the month of **December**. Medical Affairs will begin to issue payment beginning the week of April 12th.

If you have any questions related to payment or account deposits – please email Lori Arbeau at arbealor@hhsc.ca

If you have any questions related to amount to be paid – please email Quinn Kolthof at kolthof@hhsc.ca

Reminder: Please submit April hours by May 10th

**Please find Submission Form Attached*

Information Regarding Non-Clinical COVID-19 Funding:

Given current uncertainties regarding the potential extent and duration of the pandemic, the ministry recognizes that additional temporary support will be required beyond March 2021. As such, the ministry and the OMA have reached an agreement to temporarily extend the COVID-19 physician funding outlined until **September 30, 2021**

Vaccination Updates

Vaccine Resources

City Vaccine Hotline: (905) – 974 – 9848

VACCINATION SIGN UP VIA SJHH/HHS Online Tool
PHYSICANS MAY USE "0" AS ID NUMBER IF THEY DO NOT HAVE AN HHS ID

CONSENT – please bring completed Consent Form (along with Health Card and Hospital ID) to your vaccination appointment. Please find Consent Form **HERE**

Updated FAQ Vaccine Document HERE

COVID-19 Vaccine After Care Sheet HERE

Additional COVID-19: Safety, Screening, Reporting, and Vaccinations Info **HERE**

HHS HUB News

UPDATE – April 16th: Pandemic Third Wave Response – Creating Critical Care and Staffing Capacity

A message from: Rob MacIsaac, President and CEO, Sharon Pierson, EVP Clinical Operations & COO and Dr. Michael Stacey, EVP Academic and Chief Medical Executive

The pressure within Ontario and on our hospital arising due to COVID-19 is escalating rapidly and is unlike anything we have experienced before.

The effort continues across Hamilton Health Sciences (HHS) to create capacity for critical care, and to ensure that the team members with the specialized skills and expertise required to care for the sickest patients are available and supported.

As a start, and in accordance with **provincial direction**, HHS has been ramping down scheduled surgeries and non-emergent, non-urgent activities to be able to free-up staff for the response. This response includes an expansion of ICU beds and inpatient areas designated for COVID-19 patients. During the next several days, we will be implementing a series of supplementary measures essential to achieving additional staff capacity for this expansion. This includes the following:

- temporarily closing the West End Urgent Care Clinic as of Monday, April 19;
- temporarily closing the West Lincoln Memorial Hospital operating rooms, and redirecting the site obstetrical service to Niagara Health as of Friday, April 16 at 3pm;
- ramping down Regional Rehabilitation Centre capacity by 50% over the next week;
- reducing ambulatory care volumes where possible; and
- returning all nursing staff from Project Odyssey back to clinical work.

These measures, while unwelcome by all of us, are necessary to respond to this third and most severe wave of the pandemic. Details are in the process of being shared with the affected teams. We will also notify our community about these changes through advertising and on social media

Highlights from Town Hall (Thursday April 15th):

Operational Update (Presented by Sharon Pierson)

- Pressures growing rapidly at HHS, in the region and across the province

- Provincial system approach to preserve critical care and human resource capacity
- Provincial directive – all hospitals to ramp down all scheduled surgeries and non-emergent / non-urgent activities
- Emergency orders to enable:
    - Transfer of patients to alternate hospital sites in situations where a hospital's resources are at significant risk of becoming overwhelmed
    - Redeployment of health care professionals and other workers currently working in Ontario Health and Home and Community Support Services organizations to hospitals
- 75 COVID-19 positive patients with 26 in ICU
- HHS ICU occupancy at 89% - HNHBB ICU occupancy at over 90%
- HHS adult impatient occupancy at over 90%
- Region has accommodated 91 out of region patients as part of provincial strategy; 24 at HHS
- HHS continuing to accept regional critical care transfers on a caser-by-case basis (ICU or ward – all patients)

What We're Doing:

- Opening additional ICU beds at JH (8) and HGH (12) – planning for 18 more
- Reducing scheduled, procedural and ambulatory care to align with provincial direction (exceptions: cancer, pediatric, regional care and urgent / emergent surgery)
- Working with HCC to support expedited access to LTC
- Maximizing SHF (Satellite Health Facility) capacity
- Redeploying staff to support critical care and inpatient areas
- Further planning underway and more significant measures to be shared next week

Mobile Health Unit

- Weatherhaven responsible for design / build / set-up and maintenance
- Fully self-sufficient
- Several connected structures (8 ward bed units)
- Each ward equipped with HVAC system, hepa-filtration; negative pressure; anteroom and one washroom
- General admission patients; LOS around 3 – 5 days – **no ICU**
- Provincial resources

Surgical / Procedural Impacts (Presented by Dr. Stephen Kelly)

- Ramping down non-emergent, scheduled care in a systematic and ethical manner
- Reducing adult surgical capacity at HGH and JH by 35%
- Reducing adult (gynecological, sports medicine, some ENT and plastics) surgical capacity at MUMC by approximately 25%
- Reducing endoscopy, HIU and arrhythmia procedures by 50%
- Scheduled care continuing for pediatrics, cancer, HHS regional programs (neuro, cardiac and vascular, spine, burns, etc.) and where clinically urgent

- All OR access to emergent / urgent surgery continues
- No change to scheduled care in diagnostic areas (DI and MDU) and interventional radiology

Ambulatory Care Impact (Presented by Bruce Squires)

- Currently evaluating any necessary adjustments to ambulatory services to support human resource capacity for critical and acute care demands

Level	Impact Details
Minor	Minimal impact on services. May require some change in service delivery. 0 – 10% overall reductions. Able to maintain service to all priority service areas as defined in the framework
Moderate	Will impact services. May require change in model of service delivery, cancellation of services to some populations and / or increased waitlists. 10 – 50% reduction in overall volumes. Able to maintain service to priority service areas 1,2,3 as defined in framework and priority 4 with some delay.
Significant	Unable to maintain >50% of service. Impacting priority service areas 1,2 and 3 as defined in priority framework. Significant cancellations of clinic visits (in person and virtual) and increased wait list. May result in increased emergency visits and / or in-patient admissions.

- Adjustments will be made with consideration to contribution to HHR needs, the possibility that virtual care can facilitate necessary care and the impact of delays in care
- More information to come as decisions are made
- In the meantime, patients and families should be reassured that all scheduled ambulatory visits are proceeding unless they receive a communication from their provider that tells them otherwise

Pandemic Workforce Redeployment (presented by Leslie Gillies)

- Current need is for internal HHS roles, mostly critical care rather than in the community
- Using ethical and equitable principles and processes to determine redeployment
- Educational and resilience supports available for entire workforce (please see “Additional Information” for Resilience Toolkit information)

Situation Today:

- JH 8 new ICU beds
- HGH 12 new ICU beds
- Staffing from: Perioperative and Procedural areas, Ambulatory care etc.
- Recognize that staff are coming from different areas and roles, and re working to align as closely as possible

More information on Ramp Down of Activity found on the **HHS HUB HERE**

*all figures are representative of the time of Town Hall presentation / recording

Epidemiology Update (Presented by Dr. Dominik Mertz)

- Case numbers continue to increase after a plateau around Easter province-wide, and within Hamilton. However, surrounding Public Health units have a more accelerated growth than Hamilton
- The modelling for Hamilton predicts that we are reaching the peak by end of April in terms of both, case numbers as well as Hamiltonians that require hospital admission. However, the pressure on the hospitals may continue to increase due to the regional model and the provincial load levelling with transfers from the GTA and potentially other harder hit areas
- For the first time, we have identified the two VOCs we have not currently identified in Hamilton: P.1 (first identified in Brazil), and B.1.351 (first identified in South Africa), in addition to B.1.1.7 (first identified in the UK) which is the most common strain we have in Hamilton now

Link to Town Hall (Thursday, April 15th) **HERE**

COVID-19 Policies to Review

Expectations for NEW Patient-Facing Eye Protection

All Patient-facing encounters require eye protection:

1. Staff entering clinical units for non-patient facing activities (e.g. huddles) are not required to don eye protection.
2. Staff in administrative (non-patient facing duties) only require a mask.
3. Staff who perform patient-facing duties, such as transporting patients (should don eye protection) or transporting specimens (do not need to don eye protection)

PPE is intended to protect staff, and is based on infection control principles. Please refrain from using eye protection if you are working in areas that do not require it. Continue to focus on what is most important in your area, including physical distancing, proper masking, and being vaccinated.

Read more on the **HHS HUB HERE**

Additional Information

MSA Members – Call for Nominations - Annual Awards 2021

On behalf of the MSA Executive, please find attached nomination forms for the prestigious Awards listed below, for your attention and consideration:

- **Humanitarian Award**

- **Dr. Stephen Garnett Distinction Award**

These awards would have been presented at the June 2021 MSA Awards Dinner; however, *the awards will not be in person this year due to COVID-19 restrictions*. Recipients will be announced and celebrated through the HHS HUB and MSA Website.

Please forward the attached nomination form and nomination letter by **Friday, April 30, 2021**.

Kindly contact Janet Young, Administrative Assistant to the MSA, directly if you have any questions at **MSA@hhsc.ca**

*please see attachments "MSA - Humanitarian Award Criteria Nomination Form" and "MSA - Dr. Stephen Garnett Award Criteria Nomination Form" for additional details

You're Invited to MSA Town Hall

Physician Town Hall on April 22nd, 2021

Link to join MSA Town Hall **HERE** (use to login to ZOOM at specified date / time below):

MSA Nominations for Elections

Call for nominations for Election – Closes on April 23rd

*please see attachments “MSA - Elections Timelines and Process” and “MSA – Elections 2021-22 Nomination Form All Executive” for additional details

Faculty of Health Sciences Women’s Symposium

Increasingly, we know that women are underrepresented in academia and healthcare settings. The 2021 Women’s Symposium will be a venue where we can bring together women and their allies to consider how we might close the gap over time.

This will represent the first of these events, which we are hoping will evolve into an ongoing annual conference over time.

All faculty members who identify as women and allies of women within the Faculty of Health Sciences (and beyond) are invited to join us.

Each session will have a mix of external speakers and FHS leaders interested in exploring key topics around how we might increase the number of women in healthcare leadership positions in both academia and clinical work.

Thanks to Dr. Smita Halder, Dr. Sonia Anand, Dr. Teresa Chan, Dr. Sharon Bal and Clare Mitchell (COO of Faculty of Health Sciences) who are the organizing committee and is proudly co-developed by the Ontario Medical Association.

There will be a virtual cocktail reception with an AI platform where your avatar can visit different “tables” and network!

Read more about this exciting event **HERE**

Register HERE

Resilience Support Toolkit

The pandemic resilience support plan at Hamilton Health Sciences (HHS), including the Resilience Toolkit, is based on the premise that those who work in health care are resilient and resourceful. During times of uncertainty anyone's coping resources are challenged. We know from research that social support is essential to weather challenging times, thus a suite of services has been developed at HHS to support our staff, teams, leaders and physicians. These include a web-based Resilience Support Toolkit for anyone to access, along with specialized services for HHS staff, including: Leadership Coaching Support, a 24/7 COPE Peer Support Line, and on-site Resilience Support Teams. This suite of services is grounded in the science of stress and resilience and is designed to integrate resilience practices into the workflow of health care, and to foster post-traumatic growth through the stress presented by COVID-19.

For more information access the Toolkit **HERE**