



## Department of Medical Affairs

### Weekly Physician COVID-19 Updates

#### COVID-19 Cases at a Glance (HHS)

Site	Number of Positive Cases
HGH	50
JH	48
MUMC	1
St. Peter's	0
WLMH	0
SHF	0
Rehab	0
<b>Total</b>	<b>99</b>

\*updated morning of distribution

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

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#### COVID-19 Wards

HGH – 5 West (**24 Patients**)

JH – F5 (**30 Patients**)

\*updated morning of distribution

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#### COVID-19 ICUs

HGH – ICU East / South (**24 Patients**)

JH – Level 1 ICU (**16 Patients**)

\*updated morning of distribution

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## Critical Care Support

HGH ICU has current capacity for 34 COVID patients, with ability to increase to 41 and beyond if needed.

JHCC ICU has current capacity for 26 COVID patients, with ability to increase if needed.

HIU has 12 ICU beds at present. BTU and PACU and HGH opening to manage non-COVID ICU patients.

### Protected Code Blue Team

HGH began scheduling a daytime Protected Code Blue (PCB) physician. 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.

*\*Please see attachment "HGH PCB Coverage G-Modifier Codes"*

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## Physician Redeployment

The decision to launch enhanced medical support will be a collaboration among physician leaders and administrators of a specific unit/department. Final approval must be obtained by the CME and SMO.

Physicians were asked to self-identify their skill level using the criteria as outlined below:

Tier 1	=	<ul style="list-style-type: none"><li>• Can function like a resident in this area</li><li>• Can be taught or do basic procedures</li><li>• Close supervision by a Level 2, 3 or MRP</li></ul>
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Tier 2	=	<ul style="list-style-type: none"> <li>• Has some good transferable skills</li> <li>• Can do basic procedures</li> <li>• Can manage most patients with some input &amp; supervision by a Level 3 or MRP</li> </ul>
Tier 3	=	<ul style="list-style-type: none"> <li>• Has formal training and/or attending experience in the past ~5 years</li> <li>• Can function as an independent MRP and supervise others</li> </ul>

Thank you to everyone who responded to the call for redeployment. When / if needed Medical Affairs will work with the Chief of the requesting department to facilitate scheduling volunteers to appropriate assignments.

*\*Please see attachment “CMOH Order Ramp Down – April 2021”*

### **Critical Care Learning**

The rapid rise and severity of COVID-19 cases may cause us to redeploy health professionals to critical care environments. As clinical teams are thinking about deployment strategies, we urge you to use the education resources at [criticalcarelearning.ca](https://criticalcarelearning.ca) that are being released at the direction of the Provincial Critical Care Table.

Here’s what you need to know before accessing [criticalcarelearning.ca](https://criticalcarelearning.ca):

- These resources are intended for anyone in the acute care hospitals, including those involved in the care of COVID-19 and other critical care patients, such as anesthesia assistants, nurses, physicians, physiotherapists, occupational therapists, physician assistants, registered dietitians and respiratory therapists
- These resources will continue to be augmented and updated, including the addition of other professions (e.g. personal support workers, pharmacists, speech-language pathologists), on the team – you will receive notification of updates after you create your account.
- While the learning platform is currently organized by profession, you are encouraged to visit the full set of resources across professions, especially where there are cross-disciplinary and overlapping scopes of practice
- There are four other important sections that address Team-Based Models of Care, Team Wellness and Resilience, Palliative Care and Bioethics. We will need to take care of each other more than ever as we care for our sickest patients together

### **How to Access Critical Care Learning:**

1. Go to [criticalcarelearning.ca](https://criticalcarelearning.ca)
2. Click Create new account
3. Enter registration information

4. Enter the access code **Trcc2020!**
  5. Wait for email confirmation from [donotreply@criticalcarelearning.ca](mailto:donotreply@criticalcarelearning.ca) with subject line “Critical Care Learning: Account Confirmation” – if you do not receive it within 2 minutes, check your spam/junk mail folder
  6. Login
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## 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 12<sup>th</sup>.

If you have any questions related to payment or account deposits – please email Lori Arbeau at [arbealor@hhsc.ca](mailto:arbealor@hhsc.ca)

If you have any questions related to amount to be paid – please email Quinn Kolthof at [kolthof@hhsc.ca](mailto:kolthof@hhsc.ca)

**Reminder: Please submit April hours by May 10th**

*\*Please see attachment “Funding Application for COVID-19 Non-Clinical Work”*

### **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**

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## Vaccination Updates

### **Vaccine Update (Presented by Bruce Squires)**

- Ontario: 4.13 million doses administered (now 136 000 / day) with 350 000 Ontarians fully immunized
- Hamilton: 160 000 doses administered, including 60 000 at HHS fixed clinic

Continuing Phase 2 of Provincial Vaccination Program

- Older adults: ages 60 – 79 (age band lowered weekly by five year increments)
- AstraZeneca vaccine: 40+ currently
- Individuals with health conditions – 3 risk categories

- Eligible through provincial booking – currently highest risk category (+1 caregiver)
- For HHS: patients who have received stem cell transplants and patients diagnosed with blood cancer in last year
- High risk congregate living settings and hot spots (by postal code)

Individuals with *Highest* Risk Health Conditions (including 1 caregiver)

- Organ / stem cell transplant recipients
- Patients with blood cancers diagnosed less than a year ago
- Patients with neurological diseases (MS for example) or with kidney diseases

HHS Role

- Identify and notify patients eligible and encourage them to get vaccinated
- Work with Public Health to determine appropriate vaccination clinics and how they would book into those clinics considering both first and second dose
- Coordinated and aligned approach for adults and pediatric patients
- Recommend patients register through provincial booking for large scale vaccine clinics

Individuals with *High* Risk Health Conditions (including 1 caregiver)

- These patients are eligible in some Public Health Units
- Includes patients with cancer who are receiving systemic therapy
  - Many patients have already been included according to age criteria
  - These patients require scheduling adjustment for their 2<sup>nd</sup> dose

HHS Role

- Same responsibilities as for Highest Risk Group
- Facilitate correct scheduling of 2<sup>nd</sup> dose for those who have received a 1<sup>st</sup> dose

Dosing Interval Exceptions

- Exceptions to the 16 – week interval between the 1<sup>st</sup> and 2<sup>nd</sup> vaccine dose : in these cases the interval should be maintained at the product monograph recommended interval
  - Patients with malignant blood cancers / tumors receiving immunocompromising therapy
  - Transplant recipients (including solid organ transplants and stem cell transplants)
- Patients who qualify for 2<sup>nd</sup> dose exceptions require a letter from the hospital / clinic or specialist to confirm that they are eligible to get a 2<sup>nd</sup> dose appointment at the monograph interval, identifying the reason for the exception

JCC COVID-19 Vaccine Help Desk

*\*Please see attached illustration “JCC COVID-19 Vaccine Help Desk”*

### **\*NEW\* Physician Remuneration for COVID-19 Vaccination Services**

Please read bulletin which provides guidance on how physicians should submit claims to OHIP in order to be paid for COVID-19 vaccination services [HERE](#)

*\*Please see attachment "Vaccine Clinic Billing Template"*

### **Understanding the Blood Clot Issue Behind the AstraZeneca Vaccine and its Safety**

Dr Menaka Pai, hematologist and thrombosis medicine physician at HHS, co-wrote an article for the [Toronto Star this weekend on the AstraZeneca vaccine](#), and [appeared on NPR](#)

**VACCINATION SIGN UP VIA [SJHH/HHS Online Tool](#)**

**\*PHYSICIANS 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](#)

- **City Vaccine Hotline (905) – 974 – 9848**

- **Updated FAQ Vaccine Document [HERE](#)**

**COVID-19 Vaccine After Care Sheet [HERE](#)**

Additional COVID-19: Safety, Screening, Reporting, and Vaccinations Info [HERE](#)

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## **HHS HUB News**

**Highlights from Town Hall (Thursday April 22<sup>nd</sup>):**

### **Operational Update (Presented by Sharon Pierson)**

- Sustained and intense provincial effort to create critical care capacity (beds and staffing)
- Modelled projection for critical care capacity more than available resources. Province has implemented measures to create up to 1000 new ICU beds
- Provincial directive (April 20<sup>th</sup>, 2021) – all non-emergent and non-urgent surgeries and procedures should be ceased
- Mainly to accommodate COVID-19 patients but hospitals also need to be able to treat non-COVID-19 patients who may require this level of care
- Provincial level-loading strategy:
  - Patient transfers to support GTA hospitals (ICU or Ward) continuing
    - 164 patients transferred to HNHBB region
    - 48 to HHS with more expected

- Goal to avoid situation that would require decisions regarding which patients continue to receive life-saving care and which do not
- Work continuing at HHS to ensure a fair and equitable ramp down of services and redeployment of staff to create critical care capacity
- This week:
  - Increase in Level 3 ICU capacity by 38 beds – from 88 to 126
  - 200 staff redeployed
- 102 COVID-19+ patients with 39 in ICU (many others recovering from COVID in ICU and Wards)
- HHS ICU occupancy – 83% (inclusive of new Level 3 surge beds)
- HHS adult inpatient occupancy – continually over 90%
- 107 staff and physicians self-isolating
- What else we're doing:
  - Working with HCC to support expedited access to Long Term Care (LTC)
  - Maximizing Satellite Health Facility capacity (SHF)
  - Closure of Urgent Care Centre (UCC)
  - Closure of OR/OB redirect at WLMH
  - Ambulatory service adjustments
  - Ramping down RRC
  - Preparing Mobile Health Unit (MHU)

### **Epidemiology Update (Presented by Dr. Dominik Mertz)**

#### **National**

- Multiple provinces doing better this week with potential that we could see a plateau or even a trend down
- Next few days will show if this will continue – potential to pass peak

#### **Provincial**

- May expect this week's new diagnosis to be lower than last week however, the next 1 – 2 weeks will see hospital admissions continue to rise
- Over the last three weeks there has continued to be an increase in both ICU admissions and those patients who require intubation

#### **ICU Modelling Ontario**

- Don't expect to see improvement over the next 1 – 2 weeks or a decrease in hospital admissions

#### **Hamilton**

- May be heading in a better direction and potential to have reached a peak – the next few days will provide more answers
- Hospitals ward / ICU / intubations are higher than we've seen throughout the pandemic
- Variants of Concern in Hamilton represent 65% of cases (this does not consider that all positive cases have not been tested for VOC's and therefore that number is likely higher)

Link to Town Hall (Thursday, April 22<sup>nd</sup>) [HERE](#)

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

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## COVID-19 Policies to Review

### **Emergency Standard of Care (ESoC) and Critical Care Triage Protocol (CCTP)**

There continues to be a significant effort at Hamilton Health Sciences and across Ontario to create much needed critical care capacity to address the third wave of this pandemic.

This is all occurring to avoid the direst situation when the scarcity of available ICU resources might necessitate the use of the Emergency Standard of Care (ESoC) and possibly the Critical Care Triage Protocol (CCTP) to decide which patients will receive critical care and which do not.

As part of our pandemic planning and preparedness, however, it is prudent to ensure that we all know what to do in the event that this extreme measure is required.

### **ESoC and Critical Care Bed Allocation**

The Ontario Critical Care COVID-19 Command Centre (OCCCCC) has created an Emergency Standard of Care (ESoC) to guide decisions in the event that hospitals need to begin to triage ICU admissions. Only the OCCCCC can invoke the ESoC based on a province-wide assessment of critical care capacity limits. The goal of the province-wide ESoC is to avoid preventable deaths, and ensure equity and fairness in decision-making, by offering critical care to those most likely to survive longer than 12 months. If it is invoked, the ESoC will become the standard of practice for critical care admission.

This means that any physician working in an adult hospital ward, surgical ward, emergency department or ICU could be called upon to complete a Short Term Mortality Risk Assessment Tool (STMR) for any patient who may need ICU care. An HNHB Regional Triage Team will support the triage process and the allocation of critical care resources regionally.

### **CCTP**

The CCTP can only be implemented by the OCCCCC in the event that the Ontario Cabinet approves an executive order to allow the withdrawal of care without consent. If this occurs, more information will be shared.

*\*Please see attachments "Emergency Standard of Care Package and MEMO"*

### **A Commitment to Safety for All: Year One of the PPE Task Force**

The PPE Task Force has advanced important work directly related to the safety of our staff, physicians and learners, and ultimately, our patient centered approach to care. [Read Leslie Gauthier's Blog Post in Voices](#) (available on the Hub through Citrix)

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## Additional Information



### Ongoing Effort to Create Critical Care and Staffing Capacity

There continues to be a significant effort at Hamilton Health Sciences and across Ontario to create much needed critical care capacity to address the third wave of this pandemic. By the end of this week, we will have increased ICU capacity at HHS by 38 beds - from 88 to 126 - and supported the redeployment of 200 of our highly valued staff. Read more on the [HHS HUB HERE](#)

### Which COVID-19 Vaccine is Better?

Spoiler - they're all good. In the below video, Dr. Samir Gupta explains how the four COVID-19 vaccines now approved in Canada (Pfizer, Moderna, AstraZeneca, Janssen) work and why efficacy rates aren't the most important number to look at. Watch video [HERE](#)

### 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](mailto:MSA@hhsc.ca)

*\*Please see attachments “MSA - Humanitarian Award Criteria Nomination Form” and “MSA - Dr. Stephen Garnett Award Criteria Nomination Form”*

### **MSA Nominations for Elections**

#### **Call for nominations for Election – Closes on April 23<sup>rd</sup>**

*\*Please see attachments “MSA - Elections Timelines and Process” and “MSA – Elections 2021-22 Nomination Form All Executive”*

### **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](#)

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