

## Weekly Physician COVID-19 Updates

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

Site	Number of Positive Cases
HGH	47
JH	50
MUMC	0
St. Peter's	0
WLMH	0
SHF	0
Rehab	1
<b>Total</b>	<b>98</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 (17 Patients)

JH – F5 (32 Patients)

\*updated morning of distribution

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### COVID-19 ICUs

HGH – ICU (27 Patients)

JH – 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**

The PCB Code Blue Team has expanded to provide coverage 24/7 at both HGH and JH

NOTE: Activating PCB means that **all physicians at HGH and JH will not be permitted to submit G-code modifier**. Please see the excerpt from the MOH funding guidelines below. The G-code modifier is applicable at sites not supported by PCB:

#### **New Funding Alternative – In-Hospital Protected or Pre-Emptive Protected Code Blue**

The ministry is also providing a new option for hospitals as an alternative to reactivating their Protected Code Blue or Pre-Emptive Protected Code Blue response team funding.

Hospitals will now have the option to have physicians receive a 30% payment modifier on three Critical Care fee codes G521, G522 and G523 (G-codes) *instead of* activating the Protected Code Blue or Pre-Emptive Protected Code Blue response team funding, under the terms of the earlier Phase 2 agreement.

The G-code modifier will be payable to physicians who perform these services in the hospital for patients requiring resuscitation including endotracheal intubation who are COVID-19 positive or who are treated as at-risk of being COVID-19 positive under local hospital policy.

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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.

### **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

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”*

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## Vaccination Updates

**Vaccine Timeline (Presented by Bruce Squires)**

	Week of April 26 <sup>th</sup>	Week of May 3 <sup>rd</sup>	Week of May 10 <sup>th</sup>	Week of May 17 <sup>th</sup>	Week of May 24 <sup>th</sup>

<b>Allocation Method</b>	75% of all PHU + 25% to hotspots	50% all PHU + 50% to hotspots	50% to all PHU + 50% to hotspots	Allocation on per capita basis	Allocation on per capita basis
<b>Provincial Age Band</b>	April 30 <sup>th</sup> : Age band to 55+	Age band to 50+	Age band to 40+	Age band to 30+	Age band to 18+
<b>Hotspot Age Band</b>	April 27 <sup>th</sup> : Age band to 45+ in hotspots	Age band to 18+ in hotspots			
<b>Health Conditions</b>	Highest Risk Health Conditions	High Risk Health Conditions	At Risk Health Conditions		
<b>Cannot Work From Home</b>	April 29 <sup>th</sup> : Licensed childcare workers	Cannot work from home Group 1	Cannot work from home Group 2		

### **Vaccinations Numbers Update**

- **Ontario:** 5.5 million doses administered (88K/day) with 380 000 Ontarians fully immunized
- **Hamilton:** 200 000 doses administered, including 70 000 at the HHS fixed clinic – 37% of population so far

### **Vaccination Program Hamilton**

- All adults 40+ (pharmacies, primary care, mass vax clinics depending on age group)
- All adults 18+ from city's five hotspots (postal codes) via mass and mobile clinics
- Those who cannot work from home (can now book via provincial system)
- Other adults (Indigenous, congregate settings, homebound) via mass and mobile clinics

### **Vaccination Program Province – Wide**

- All Ontarians expected to be eligible for registration as early as the week of May 24<sup>th</sup>

### **Individuals with Health Conditions (Very High / High – incl. one caregiver)**

- Organ / stem cell transplant recipients
- Patients with blood cancers diagnosed less than a year ago
- Patients with neurological diseases or with kidney diseases
- Pregnant women
- High Risk category soon eligible in Hamilton

### **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 those clinics considering both first and second doses
- Coordinated and aligned approach for adults and pediatric patients

## HHS Staff

- HHS **required** to follow provincial direction on dose interval – regardless of role and work location
- HHS staff / physicians, including those who are pregnant, and want to be vaccinated can register on the [SJHH/HHS Online Tool](#)
- Registration provides ability to book through provincial Vaccine Appointment Booking System along with other eligible populations
- Being vaccinated does not mean anyone at HHS can relax their PPE and distancing practices

## 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](#)

## 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 May 6<sup>th</sup>):

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

- May 4<sup>th</sup> – Ontario Health request that hospitals stay the course on ramp down efforts to create critical care capacity (beds and staffing)
- Continued reliance on patient transfers to ensure no hospital is overwhelmed
- Regional transfers continue (as of May 4<sup>th</sup>):
  - 259 HNHBB Region (increase of 58 since last week)
  - 84 HHS (increase of 25 since last week)
  - Continuing to accept patients from GTA and elsewhere as needed
- Ongoing planning to add critical care capacity at HHS
  - To date: 43% increase in number of ICU beds – from 88 to 126

- Plans in place if further expansion required
- Thank you to the approximately 230 HHS staff redeployed to new areas or working in alternate care models
- Continuing to maximize SHF capacity and work with HCC to support expedited access to LTC
- Outbreaks at JH and St. Peter's
- 109% ICU occupancy (based on normal number of beds)
- 93 COVID-19 positive patients with 43 in ICU (many others recovering from COVID-19 in ICU and on wards)
- 105 staff and physicians self-isolating
- Mobile Health Unit Update on [our website](#)

Please read bulletin New Provincial Regulations and Changes to Scopes of Practice [HERE](#)

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

#### **National**

- Numbers slightly down this week but there have been steep increases in AB / NS and Nunavut

#### **Provincial**

- Possible that we have reached our peak in Ontario
- Number of cases are decreasing albeit slowly
- Hospital admissions – seem to have peaked approx. 2 weeks ago and while ICU admissions may have plateaued as well there has been no significant decrease

#### **Regional**

- Not as optimistic as provincial numbers, however some data reporting issues (since resolved)
- Slight decrease in hospital admissions
- ICU not quite at the plateau that the province is seeing

### **This is Our Shot Campaign (Presented by Dr. Dashminder Singh Sehdev)**

The Problem – 3<sup>rd</sup> Wave and Vaccine Hesitancy

- Variants
- ICU's overwhelmed
- Vaccination a key strategy "to get us back"
- Supply issues – improving
- Vaccine hesitancy (1/3 of Canadians hesitant or resistant – Angus Reid)
- People are tired of hearing about what they *can't* do

A Solution – This is Our Shot National Vaccine Campaign

- Union of multiple grassroots organizations that were previously culturally focused
- Motivating Canadians to unify for a common goal
- Informed decisions with information available in 30 languages – large and small town hall events
- FOMO (Fear or Missing Out) – 200+ influencers (media, entertainment, sports and politics)
- Everyone can participate with a t-shirt
- Average citizen becomes an ambassador

- Vaccine hesitancy → Vaccine confidence
- All proceeds go to Kids Help Phone

#### Our Allies

- Major corporations (Bell Media, Rogers, Engbridge, Rexall)
- Entertainment stars (Ryan Reynolds, Michael Buble, Jann Arden, Sarah MacLachlan, Deepa Mehta)
- Athletes (Donovan Bailey, Hailey Wickenheiser, Clara Hughes, Tessa Virtue, COC)
- Cultural icons (Chris Hadfield, Roberta Bondar, Arlene Dickinson)
- Health care institutions (Peel PHU, St. Michael's, Women's College, Fraser HA)

The Ask – Visit [thisisourshot.ca](https://thisisourshot.ca)

#### Individuals

- Get informed, buy a shirt; wear it and record a short social media message about why it is important for you to get vaccinated

#### Institutions

- Buy shirts and share them with employees

At HHS, focus on ED, ICU and COVID Wards; Vaccine Centers

- Morale
- HCW's are excellent ambassadors – vaccine hesitancy is still an issue in this group

This Is Our Shot and we all need to act now. This Is Our Shot is a movement aimed to rally as Canadians and encourage each other to replace vaccine hesitancy with confidence so that we can end the pandemic – together! Read more [HERE](#)

Link to Town Hall (Thursday, May 6<sup>th</sup>) [HERE](#)

\*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"*

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## **Additional Information**

### **Project Odyssey Update**

A slide deck that Odyssey physician leads can use to provide updates about the project at department and other meetings is now available on SharePoint. Click [HERE](#) to view/download the May 2021 update deck. This new resource will be updated on a monthly basis with "need to know" information and space for physicians to add workgroup updates. An appendix deck with stories, social media tiles and videos can be found [HERE](#). If you have any questions, please contact Alexandra Macgregor at [macgregora@hhsc.ca](mailto:macgregora@hhsc.ca)

### **Temporary Billing Process for Hospital Services Provided to Uninsured Patients**

On March 20, 2020, the MOH established temporary payment mechanisms to facilitate payments for all medically necessary insured hospital services provided to patients who are not currently insured under OHIP or another provincial or private insurance plan. Read more [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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