

TO: All Health PEI Staff and Physicians
FROM: Marion Dowling, JRT Co-Lead
DATE: May 1, 2020
SUBJECT: Moving to Level 2

This notice is to advise all staff that as of today, May 1, the Joint Response Team (JRT) has adjusted the system response to Level 2: Enhanced Monitoring and Planning.

This new phase will mean a shift in priorities and responsibilities. The Joint Response Team will continue to monitor the risks associated with COVID-19 and complete planning that is in progress.

The ease back plan to ramp up some health services will be led by Health PEI through a Services Reinstatement Team. This team will include four Executive Leadership Team members responsible for service operations, four Clinical Physician Leaders (Geriatrics, Internal Medicine, Family Medicine & Surgery), and two representatives from the Department of Health and Wellness. The Services Reinstatement Team will ensure services are brought back in a safe, co-ordinated way across the health system, in a manner that is appropriate during each phase of the Renew PEI Together plan. This work will begin the week of May 4.

Further changes from an Incident Command Structure perspective will be relayed next week. Please direct any questions you may have through your chain of command.

Thank you to all Staff and Physicians for your tireless efforts over these past number of weeks. Your collective efforts have allowed us to respond quickly and collaboratively to this serious public health emergency.

Also, as a reminder, tonight there will be a special announcement of recognition for health care workers at the Community Foundation of PEI Stay at Home Gala. This Gala is free to attend virtually, and will take place over an online video platform. It will include performances by local musicians and entertainers, as well as special guest appearances from some well-known Island athletes and personalities. The event takes place between 6 and 9 p.m. tonight. To register or get more information, [click here](#). We encourage those who are able to attend to do sign up in advance.

Thank you for your continued dedication and hard work.

Marion

HPEI Situation / Intel Unit (Heather Diamond-lead)

- Bed Management surge planning continues with ongoing monitoring of occupancy.
- Essential Services list updated to describe which services are/are not being delivered:
 - PCH update completed / forwarded
 - QEH update in progress; goal for completion May 4
 - Hospitals East update to be updated
- Surgery and Ambulatory Care (draft) reports submitted for review
- Bed Board changes (draft) have been submitted by CIS Team – to be validated
- HR continues to work with Payroll to submit reports daily and keep numbers accurate

CPHO / HPEI Modeling task group

- Task Group revising the Model(s) to better replicate PEI situation
- Planning for Hospital Surge underway using ‘moderate’ model for COVID-19 regular beds and COVID-19 ICU beds

HPEI Operations Update (Kelley Rayner - Section Chief)

- Change in HPEI Operations Deputy Director for Home Based Care Division - Deborah Bradley has stepped down and Dr Martha Carmicheal has agreed to take on this role.
- COVID 19 HPEI Operations Plan: Operations Leads have been developing, coordinating and communicating a high-level response plan for managing the surge of patients including identifying triggers and resource needs.
- Visitor Protocol revised and published for staff use. Supporting handout also developed and circulated to the Operations Team with accompanying policy. Will be reviewed every 30 days and as public health measures change.
- Interim Clinical Operational Plan recommendations are being reviewed by the Clinical Task Force. Various recommendations are being reviewed and developed by Task Force. They will be working with various clinical & administrative leadership to move these recommendations forward and will be imbedded into the Operations Response Plan where appropriate.
- Critical Care Triage Protocol moving to next steps for implementation based on process submitted and hand over to Dr. Andre Celliers to complete. Dr Pat McCrea and Hospital Branch Operations Team advised.
- PPE - All Operation Branch using the point of care risk assessment and infection control protocols for Isolation Precautions to determine PPE required with the exception of LTC facilities.

Home Based Care (HBC):

- The surge capacity plan for Home Care, Palliative Care & Geriatric Care will be circulated for approval on Tuesday by JRT.
- Team is continuing to update LTC surge capacity plan based on ethics review, broader patient populations, triggers, model, and needed space requirements.
- A communications plan is being developed for internal and external audiences including staff, families.
- Due to concerns from the Long Term Care Team regarding decanting the designated outbreak wing i.e. prior to outbreak, an ethics consult was requested and received. The team is reviewing

recommendations and incorporating these into their surge planning and communication plans. Communications are planned to be ready for Monday, May 4.

Hospital Based Care

- Hospital based team is escalating to JRT- adjusting occupancy levels: 50% at QEH and 60% at PCH. This was approved by JRT.
- Operating Room Plans for QEH and PCH approved as submitted and direction from JRT to manage surgery numbers within new hospital occupancy rates.

Laboratory Services

- Health PEI Testing Strategy Request form (sent on April 24th to Physicians and NPs). If provider is testing outside of current guidelines, the form must be completed and sent to Dr. German. Dr. German will take request to weekly testing group meeting and they will determine if any expanded testing will be completed.

Community Based Care

- Working with CPHO on screening site at Bridge and now planning for screening at the Ferry.
- Community Based Care is working on their surge plan. Draft was presented to the Operations leads who are developing the operations response.

Planning Section (Tanya Tynski - Section Chief)

- Continued analysis on the LTC facilities and multiple worksites. Specifically, identifying staff working from LTC to LTC to ensure employees can be identified for screening. Working through screening process, monitoring and HR implications.
- HR will be meeting with the managers from their respective portfolios to discuss and post summer temp positions, contingent on COVID situation
- Extension to Letters of Agreement and grievance abeyance.
- Mobility agreement for UPSE employees between Civil and Health PEI has been drafted to allow movement between the two organizations
- HR update memorandum will be sent to leadership group today. Numerous inquiries regarding vacation, staffing, childcare and immune compromised.
- Virtual Care Zoom Rollout expanded to Home Care and Long-Term Care and will expand to Public Health Nursing and Primary Care on May 4.
- Infoway Proposal Approved: Proposal includes options for video conferencing (Zoom for Healthcare); TeleMerge; Remote Patient Monitoring (RPM); and Unaffiliated Patient Platform or Scheduling solution.

Logistics Update (Kellie Hawes – Section Chief)

PPE Description	Boxes/Bags/Other Provincial	Weeks Available	Next Expected Shipment
Surgical Mask	2,473	3 Weeks	11-May & May 18
Surgical Mask with Visor	3,869	15 weeks	TBD
Visor/Face Mask/Goggles	2,856	TDB	N/A
Gowns- Disposable	1,493	1-11 weeks	11-May
Gloves (Chemo, Nitrile & Vinyl)	16,635	4-10 weeks	TBD
N95 Masks	636	3-16 weeks	TBD
Ventilators	29	N/A	Mid May

Notes:

- Weeks available is based on highest week usage over past 3 weeks and **does not include a factor for a significant surge or the implementation of Extended Use Guidelines over the entire organization**

Swabs and Test Kits

- As of April 30th Health PEI has ~ 4,800 swabs for testing (1,273 viral; 3,540 saline). Additional dry swabs are on hand which made-up for testing.

Equipment	Test Kit Inventory as of Apr 30	Testing Capacity
GeneXpert QEH & PCH	60 kits (10 tests/kit)	Overall weekly provincial testing capacity considering Human Resources supplies and kits: 2000
BDM maxx	TNA2 Extraction Kit: 74 kits (24 tests/kit) Altona COVID detection Kit: 6 kits onsite (384 tests/kit);	

