

RESUMPTION OF SERVICES



May 5, 2020

PURPOSE

Slide 2

To safely resume health care services in order to meet the service needs of the province while ensuring a safe environment for all.



OUTLINE

- Considerations
- Immediate Actions
- Phases
- Triggers
- Interdependencies
- Summary



Considerations

- Our focus is on everyday health services – those that help Saskatchewan residents stay healthy and live well, receiving care as close to home as possible.
- New ways of working are an important consideration. Online programs and virtual care have become essential to our services and will continue to be central to delivering care across the province.
- We need to adapt and expand to:
 - prevent community transmission of COVID-19
 - meet the projected COVID-19 patient demand, while
 - continuing to deliver services to non-COVID-19 patients throughout the duration of the event.

Considerations

- A provincially coordinated and locally delivered plan is necessary for the resumption of services in both urban and rural settings using a phased approach.
- The implementation of each phase will be determined by our ability to successfully limit the spread of COVID-19. We must be monitoring key indicators to identify triggers and measure performance, for example:
 - Adequate supply of personal protective equipment (PPE)
 - Safe flow of patient/providers through facilities
- There will be variation in how the resumption of services is operationalized in the different areas of the province. We must consider the risks to implementation of each phase and current status of COVID-19 positive patients in the community.

Considerations

- Extensive planning is required to accommodate the interdependence of various programs and services, including functions such as laboratory medicine and pharmacy.
- In-person appointments where necessary will begin to increase.
- Designing patient flow through facilities in a way that will limit exposure for our most vulnerable and staggered appointments will limit the number of patients in a facility or program area at any one time.
- Many educational programs have been forced to suspend or cancel clinical learner placements. Keeping learners on-schedule is critical to the health system's workforce.

Phases of Service Resumption

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Phases

Phase 1: Resume some everyday services & expansion of surgeries and diagnostic imaging (timing = May 19, 2020)

Phase 2: SHA-operated specialty clinics (timing = TBD)

Phase 3: Further expansion of everyday services (timing = TBD)

Phase 4: Full resumption of services (timing = TBD)

Important: Implementation will vary across the province depending on

- Outbreaks
- Capacity
- Ability to adhere to Public Health Orders
- Timing between stages will be considered carefully

Phase 1:

Resumption of some everyday services & expansion of surgeries and diagnostic imaging

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Phase 1

Surgical Services	<ul style="list-style-type: none">• Phased expansion of surgeries from three week urgent and emergent cases to six week urgent cases<ul style="list-style-type: none">• ex. Cataracts, hysterectomy, cochlear, thoracic• 75% day surgery and 25% inpatient surgery
Diagnostic Imaging	<ul style="list-style-type: none">• Increase outpatient volumes<ul style="list-style-type: none">• ex. MRI, CT, X-Ray, Ultrasound
Endoscopy	<ul style="list-style-type: none">• Continue for urgent and symptomatic patients• Colorectal screening and positive FIT tests
Ambulatory Care	<ul style="list-style-type: none">• Expand urgent minor surgical procedures<ul style="list-style-type: none">• ex. breast biopsies• Pre-operative clinics• Expand outpatient urgent infusions
Physical Medicine, Rehabilitation and Therapies	<ul style="list-style-type: none">• Outpatient clinics• Orthotics and prosthetics services• Outpatient orthopedic and neuro therapy• Adult day/wellness programming

Phase 1

Primary Care Clinics	<ul style="list-style-type: none"> • Expand availability of everyday health services within communities <ul style="list-style-type: none"> • ex. chronic disease support, baby care, prenatal care • Continue to use virtual appointments, where appropriate • Prioritized in person visits for those living with chronic diseases
Home Care	<ul style="list-style-type: none"> • Moderate risk client needs will be prioritized • Home care nurses facilitate virtual appointments with physicians • Bathing services
Public Health Nursing	<ul style="list-style-type: none"> • All routine immunizations • Reintroduce face-to-face visits for vulnerable clients • Infant/mother post-birth programming and breastfeeding clinics
Public Health Inspections	<ul style="list-style-type: none"> • Prioritize high risk inspections • Enforcement of adherence to public health measures • Increase inspections of LTC, Personal Care Homes, Group Homes

Phase 1

Maternal/Child	<ul style="list-style-type: none"> Expand outpatient and developmental pediatric clinics
Kidney Health	<ul style="list-style-type: none"> Home-based dialysis therapies training and in-person satellite hemodialysis visits Recipient work-up, listing and transplants
Mental Health & Addictions	<ul style="list-style-type: none"> Provide the option of in-person appointments as needed. Therapeutic and day programming for groups of <10 people Assessments for youth courts Re-open mental health short stay units
Harm Reduction	<ul style="list-style-type: none"> Resume regular hours, with appropriate screening Open face-to-face visits and education for high risk clients Sexual health and street health clinics
Learner placements (nursing, pharmacy, medicine)	<ul style="list-style-type: none"> Reschedule suspended placements to manage backlog before fall semester.

Phase 2: Specialty Clinics

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Phase 2

SHA-Operated specialty clinics:

- Continue with virtual care where possible
- Electrophysiology, cath lab, cardiac stress testing, outpatient heart monitoring
- Respiratory:
 - Level 3 sleep disorders testing
 - Respiratory Outpatient Clinic
 - Tuberculosis Clinic and treatments
- Eye centre testing
- Dermatology clinics
- Cast clinics
- High risk antenatal clinics
 - Increase fetal testing

Phase 3: Further expansion of everyday health services

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Everyday Health Services

- **Chronic Disease Management/Wellness Programs/Stroke Prevention**
 - LiveWell with Chronic Conditions
 - Heart health programs
- **Opioid Agonist Therapy**
 - High priority/risk clients seen face to face and screening for all clients
 - Increase the amount of carries that vulnerable clients have access to
- **Mental Health and Addictions**
 - Continued expansion of services
 - Opening of social detox and addictions inpatient treatment
- **Learner placements**
 - Plan for fall/winter semester for all health science learners
- **Specialized services for clients with developmental disabilities, Autism and brain injuries**

Phase 4: Full Resumption of Services

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Surgeries and Procedures

All remaining services and procedures to resume 'normal' operations, including

Surgical Services

- Addition of other scheduled electives and previously postponed surgeries
- Re-open hip/knee outpatient clinic

Triggers Between Stages

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Triggers

Resumption triggers

- Staff availability
- Physician availability
- Supply chain availability
- Current capacity

Slowdown triggers

- Prioritization to maintain COVID-19 related services
- Increase of COVID-19 positive patients in hospital
- Re-deployment of staff
- Workforce illness impacts
- Supply chain availability
- Public health orders
- Community transmissions
- Community outbreak
- Possible fire or flood disasters

Next Steps

- Focus on pre-requisites for service resumption
- Regular communication will occur as services are brought back online
- Health care teams will begin contacting patients on waitlists
- Interdisciplinary teams, including physicians will continue assessing their patients awaiting surgery and diagnostics
- Patient flow design will begin immediately
- Local information will be shared when available

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Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.