

Physician Town Hall

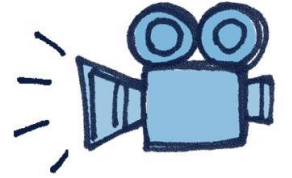
Hosted by: Dr. Susan Shaw

Thorburn Lake west of
Wollaston Lake, SK


November 4, 2021

Town Hall Reminders

- This event is being recorded and will be available to view on the Physician Town Hall webpage (Names, Polling Results, and Q&A are not posted unless a question is asked verbally).
- Please sign in using your full name!
- Watch for this icon during the event and respond to our live polls.
- Submit your questions using the Q&A function at anytime!

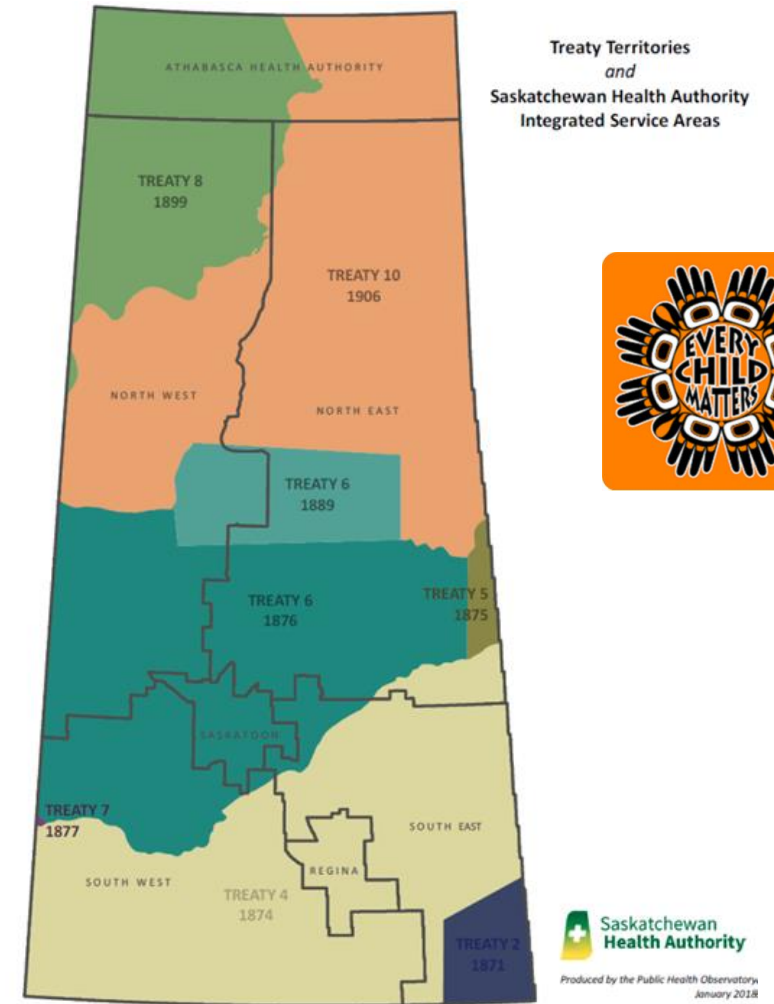


Panelists joining us this evening...

- Beyond the list of presenters on the agenda, we also have a number of colleagues joining us to support the Q&A.
- Panelists – please introduce yourselves in the chat. 
- Ask your questions during the event and panelists will try to answer!

Truth and Reconciliation

We would like to acknowledge that we are gathering on Treaty 2, 4, 5, 6, 7, 8 and 10 territory and the Homeland of the Métis. Recognizing this history is important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples. I pay my respects to the traditional caretakers of this land.



Agenda

| | |
|---|---|
| Special Topic: Physician Advocacy | Dr. Eben Strydom |
| COVID-19 Surveillance and Epidemiological Trends | Dr. Johnmark Opondo Dr. Jessica Minion |
| Offensive Strategy Highlights | Dr. Johnmark Opondo |
| Vaccine Strategy Highlights | Dr. Julie Stakiw |
| Defensive Strategy Highlights | Dr. John Froh John Ash |
| Safety Updates | Dr. Mike Kelly |
| Physician Wellness | Patty Stewart-McCord |
| Q&A | Opportunity to ask your questions live! |

Physician Advocacy

Dr. Eben Strydom

President – Saskatchewan Medical Association

COVID-19

Health System Update



Key Messages

- **Physicians have an obligation and responsibility to advocate** on behalf of their patients and communities
- Physicians are **trusted, respected influencers and leaders** in their communities. Your perspective is valued AND needed!
- **Seek every opportunity to advocate and influence** – at the hockey rink, grocery store, community & school meetings

It's not just the 4th wave; we need to get ahead of the 5th wave

1. Continue to encourage your family, neighbours, and community members to get vaccinated, as soon as they are eligible
2. For the next month, try:
 - reducing the number of contacts you have and/or the trips you are making by at least 50 per cent.
 - Limiting or avoiding travel outside of your home community.
 - Reducing or cancelling activities that require contact with others.
 - Working from home if you have the option.
 - Reducing capacities for events such as funerals, weddings, and places of worship (especially for those who are not yet vaccinated).

Local advocacy key messages

- As physicians, we are advocating for you, your families, your community
- Worst time in the pandemic is NOW
- Modelling data foreshadows a dire future without additional public health strategies
- Even with decreasing case numbers – little to no ICU beds available; flying people all over the province; delays in care
- Critical life impacting decisions are being made every day
- Numbers numb us to the reality (share your patients' stories)
- We want our lives back to normal as soon as possible



Are your patients hesitant about getting a COVID-19 vaccine?

This Guide supports better clinical conversations about vaccines. It differentiates common types of vaccine hesitancy that primary care clinicians may see. Browse through these types to help identify the sources of your patients' hesitancy, and find advice and resources on how to address them.

For an overview of how to use this guide, visit the [about](#) page.



Local physician advocacy at its best



- A group of SW area physicians effectively advocated changes to civic policies related to masking
- They continue to advocate and seize every opportunity to influence their community neighbours and community decision makers



So, to my brothers and sisters in medicine: forget about staying in our lane. This is our call to flood the freeways. We cannot stay parked in neutral. There is no more time.

Dr. Jillian Horton
Maclean's Magazine, November 1, 2021

Source: <https://www.macleans.ca/opinion/forget-about-our-lanes-its-time-for-doctors-to-flood-the-freeways/>

What Can You Do?

COVID-19 Surveillance and Epidemiological Trends and Offensive Update

Dr. Johnmark Opondo
Medical Health Officer

COVID-19
Health System Update



Key messages

Overview: The COVID-19 Daily Case Rate, and Active case counts in SK are declining, however this is coming from a high base of cases in the 4th wave (the biggest we have experienced thus far).

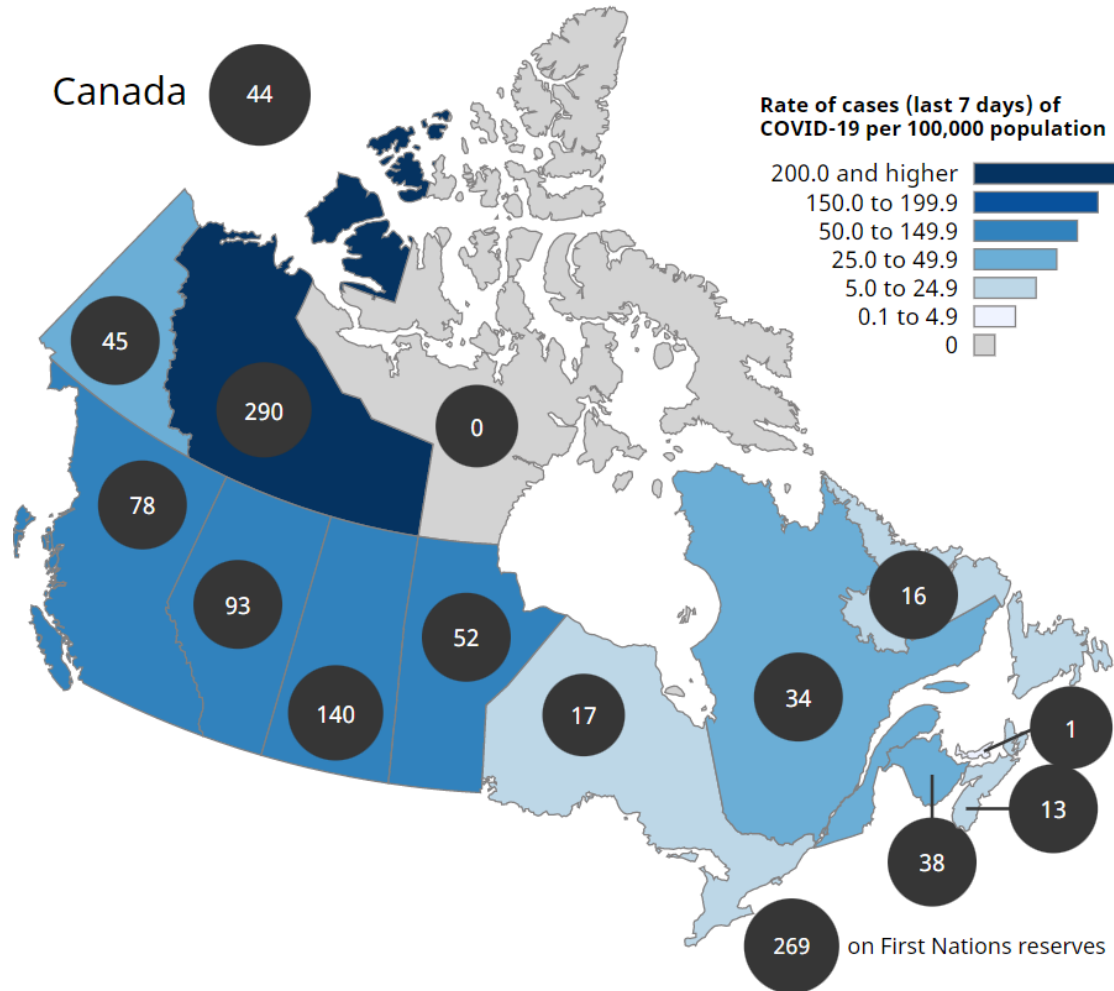
- With many testing pathways now available we tend to under-estimate the true number Covid-19 cases, however R_t and percent test positivity show **we have cases who may not attend any medical service.**
- **High case numbers come at a cost: outbreaks and break-thru infections**
- **Significant proportion of the population unvaccinated** + high community transmission rates in SK = VERY HIGH RISK population

Hospital admissions: Admissions and occupancy still remain at high levels likely to persist through the fall.

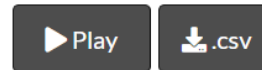
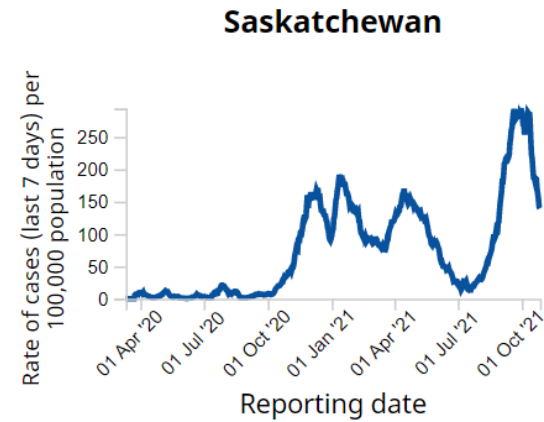
Critical Care Capacity: Over capacity

Variants: The delta variant continues to account for almost 100% of cases sequenced.

COVID-19 cases, rate per 100,000 (last 7-days), by province/territory, October 28, 2021



The rate of cases (last 7 days) of COVID-19 in Saskatchewan was 140 per 100,000 population as of October 27, 2021.

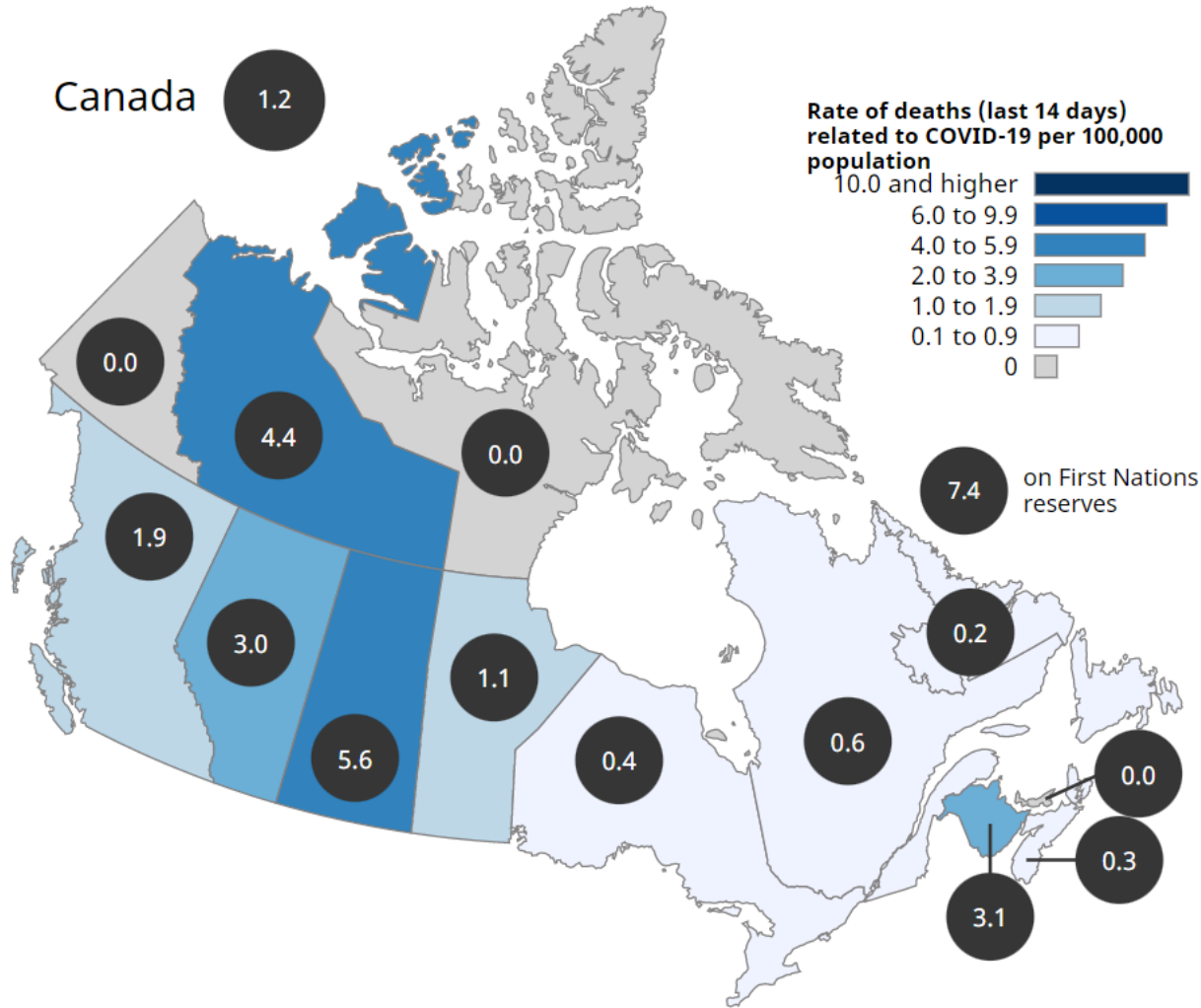


SK continues to have the **highest new case rate** among the provinces in Canada
Evidence of decline in case rates coinciding with proof of vaccination and messaging

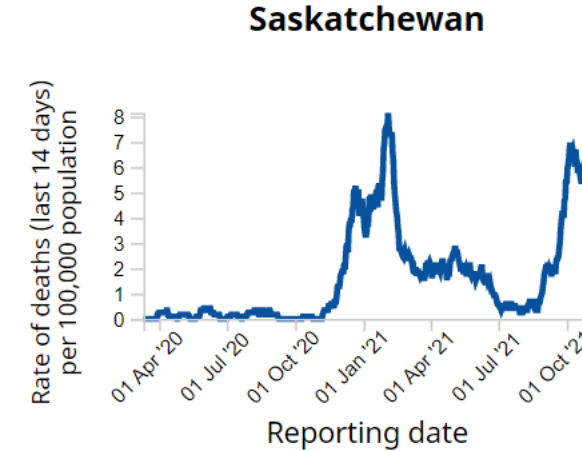
Note: Case rates **alone** are not our best indicator of transmission dynamics – susceptible to testing changes

Source: Public Health Agency of Canada <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

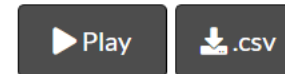
COVID-19 deaths, rate per 100,000 (last 14-days), by P/T, Canada, October 20, 2021



The rate of deaths (last 14 days) related to COVID-19 in Saskatchewan was 5.6 per 100,000 population as of November 2, 2021.

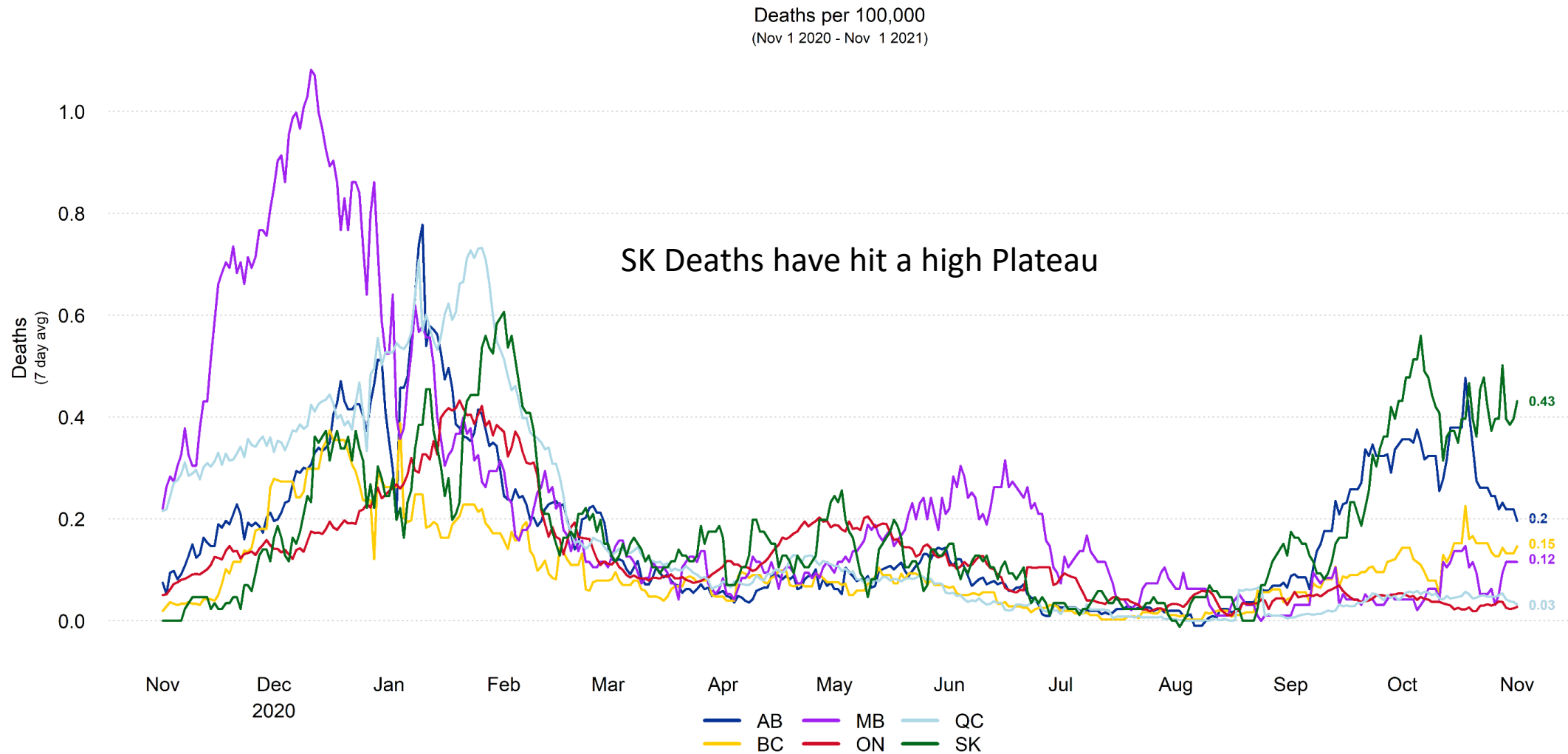


In the last 14-days, SK continues to ranks **1st in COVID death rates** in Canada



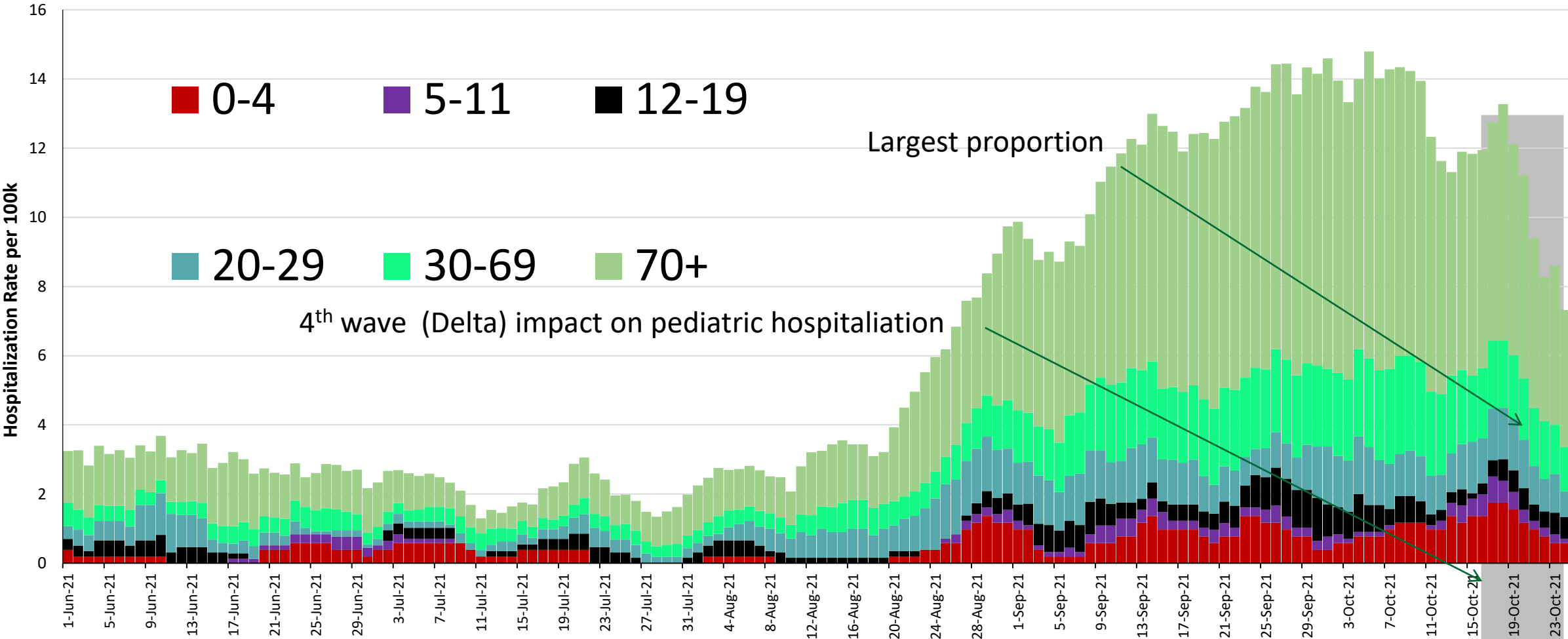
Source: Public Health Agency of Canada <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

Trends in COVID-19 death rate per 100,000 (last 7-days), by province/territory, Nov 1, 2020 – Nov 3, 2021



Source: SHA Modelling Team

COVID-19 Age at hospitalization rates per 100k (7-Day average), June 1 – Oct 24, 2021



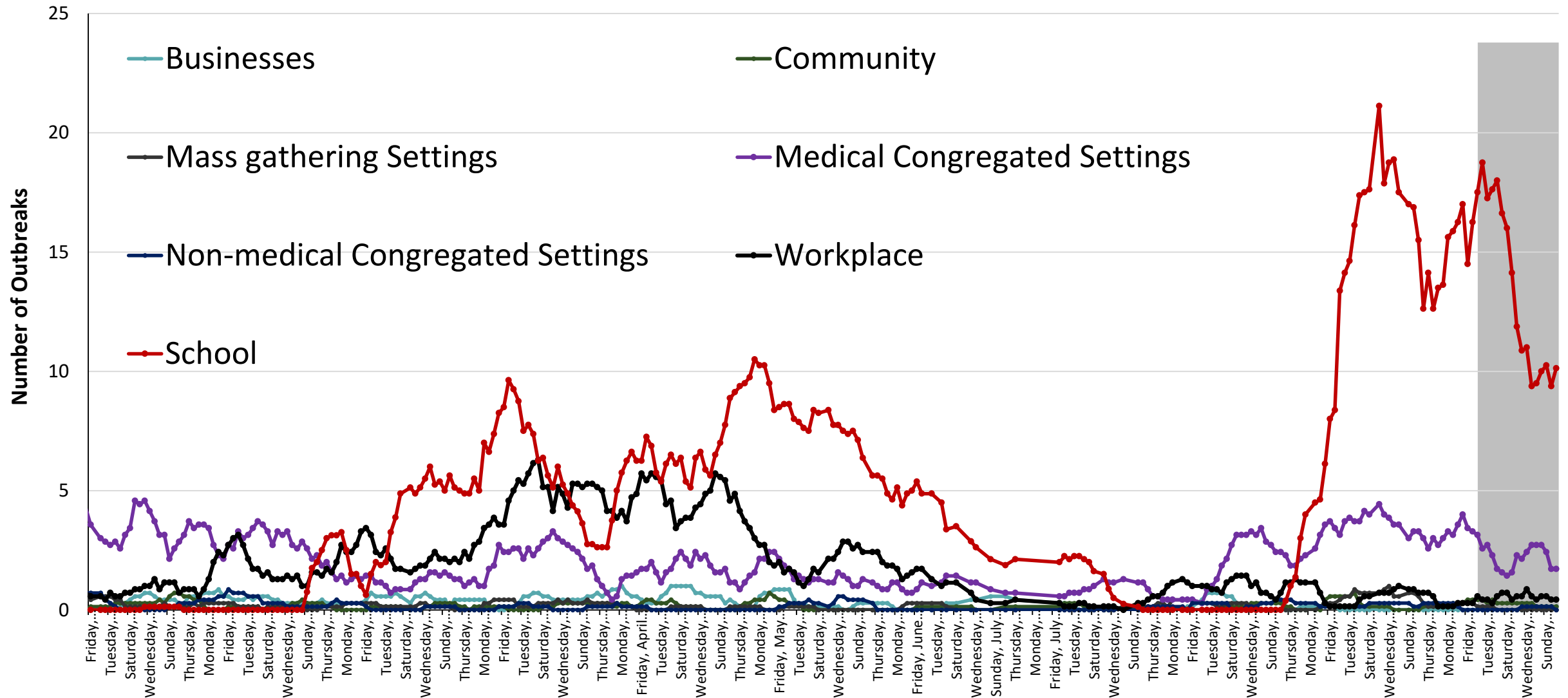
Current situation: Viral transmission

- SK has the **highest rate** of viral transmission amongst the provinces
 - Percent Test positivity exceeds 10% and provincial testing rate decreased this week compared to last (207 vs x/100k) = **more cases than we ‘officially’ know**
- **Leading indicators show some decline in many areas such as:** COVID-19 Daily Case Rate, and Active case counts in SK
- Evidence of a decrease in wastewater viral RNA load across SK (~35% decline)
- **Lagging indicators of acute care hospitalization and critical care census remain high**
- We are entering traditional respiratory virus season – non-COVID impacts on the system (influenza, RSV)
- Our **critical care** system in the province is over capacity– this week

Update from Local Public Health

- Contact Tracing has improved is now overall rated as yellow, although some areas are experiencing a plateau
 - Positive case management going well
 - **Auto-notification delivering majority of positive results**
 - **Case investigation meeting 24 hour TAKT time**
- School investigations remain high priority and busy at this level of social mixing
- Our capacity to maintain “Test, Trace and Isolate” are:
 - Taxed for Human Resources
 - Shoal Lake Fire Evacuation adds pressure to ASIS and Contact Tracing Work

SK COVID-19 outbreaks by settings (7-Day Average); Jan 1– October 26, 2021



Indicators– November 3, 2021

| Oct 27 – Nov 2, 2021 | 7 day average | | | | | Current | | | EPIDEMIC SPREAD RISK | 7 day average | | | | Current | |
|----------------------|-----------------------|--------------------------------|--------------------------|-----------------------------------|--------------------|---------------------------|----------------------|--|----------------------|--------------------------------|---------------------|-----------------------|-----------------|--------------------------|--|
| Zone | New cases per day (#) | Daily new case rate (per 100K) | Active cases per day (#) | Daily active case rate (per 100K) | Positive tests (%) | Unlinked active cases (%) | Active outbreaks (#) | Total [†] pop. fully vaccinated (%) | | Daily testing rate per 100,000 | Average TAT (hours) | Inpatient infectious* | ICU infectious* | Active Cases pending (%) | Eligible [‡] pop. vaccinated (1 st dose) (%) |
| Far North West | 6 ↓ | 20.6 ↓ | 75 ↓ | 251 ↓ | 15.0 ↓ | 14 ↑ | 3 ↔ | 46 ↑ | 137 ↓ | | 2.3 ↓ | 0.0 ↔ | 73 ↓ | 70 ↑ | |
| Far North Central | 0 ↔ | 0.0 ↔ | 0 ↔ | 0 ↔ | 0.0 ↔ | 16 ↑ | – | 48 ↑ | 70 ↓ | | 0.0 ↔ | 0.0 ↔ | 65 ↓ | 82 ↑ | |
| Far North East | 6 ↓ | 23.0 ↓ | 94 ↓ | 388 ↓ | 19.1 ↓ | 15 ↓ | 3 ↓ | 50 ↑ | 120 ↓ | | 0.0 ↔ | 0.0 ↔ | 72 ↑ | 77 ↔ | |
| North West | 14 ↓ | 17.5 ↓ | 187 ↓ | 226 ↓ | 11.9 ↓ | 6 ↓ | 16 ↓ | 61 ↑ | 148 ↓ | | 4.4 ↓ | 2.6 ↓ | 84 ↑ | 87 ↔ | |
| North Central | 15 ↓ | 17.3 ↓ | 187 ↓ | 210 ↓ | 16.0 ↑ | 5 ↓ | 27 ↓ | 62 ↑ | 108 ↓ | | 8.3 ↔ | 1.4 ↑ | 89 ↑ | 83 ↔ | |
| North East | 6 ↔ | 14.4 ↔ | 57 ↓ | 136 ↓ | 12.7 ↑ | 18 ↑ | – | 67 ↑ | 113 ↓ | | 2.7 ↔ | 0.0 ↔ | 70 ↑ | 85 ↔ | |
| Saskatoon | 43 ↓ | 12.8 ↓ | 509 ↓ | 151 ↓ | 8.8 ↓ | 22 ↑ | 45 ↓ | 66 ↔ | 146 ↓ | 17.1 ↑ | 33.3 ↓ | 11.4 ↓ | 34 ↓ | 83 ↔ | |
| Central West | 2 ↓ | 4.6 ↓ | 23 ↓ | 63 ↓ | 7.0 ↓ | 14 ↔ | – | 63 ↔ | 66 ↓ | | 0.0 ↔ | 0.0 ↔ | 43 ↑ | 80 ↔ | |
| Central East | 24 ↓ | 24.3 ↓ | 256 ↓ | 260 ↓ | 15.8 ↓ | 14 ↑ | 10 ↔ | 65 ↔ | 154 ↓ | | 4.7 ↓ | 6.1 ↓ | 60 ↓ | 82 ↔ | |
| Regina | 33 ↓ | 12.2 ↓ | 377 ↓ | 138 ↓ | 7.5 ↔ | 25 ↔ | 34 ↑ | 69 ↔ | 163 ↓ | 12.4 ↓ | 33.1 ↓ | 10.4 ↓ | 29 ↑ | 86 ↔ | |
| South West | 4 ↔ | 10.0 ↔ | 40 ↓ | 103 ↓ | 12.4 ↓ | 15 ↔ | 2 ↔ | 61 ↔ | 81 ↓ | | 4.0 ↓ | 1.0 ↑ | 56 ↑ | 77 ↔ | |
| South Central | 5 ↓ | 7.8 ↓ | 55 ↓ | 90 ↓ | 7.4 ↑ | 42 ↑ | 3 ↓ | 66 ↔ | 106 ↓ | | 0.6 ↓ | 0.0 ↔ | 11 ↓ | 83 ↔ | |
| South East | 17 ↓ | 19.2 ↓ | 210 ↓ | 235 ↓ | 15.9 ↓ | 8 ↓ | 15 ↑ | 61 ↔ | 121 ↓ | | 5.3 ↓ | 0.0 ↔ | 73 ↑ | 78 ↔ | |
| SK | 177 ↓ | 14.7 ↓ | 2,108 ↓ | 175 ↓ | 8.4 ↓ | 11 ↓ | 165 ↑ | 66 ↔ | 175 ↓ | | 98.7 ↓ | 33.0 ↓ | 71 ↑ | 86 ↔ | |

[†]Total SK population: 0+; [‡]Population eligible for vaccine: Age 12+; *Based on inpatient and ICU infectious census data from Oct 7 – 13, 2021

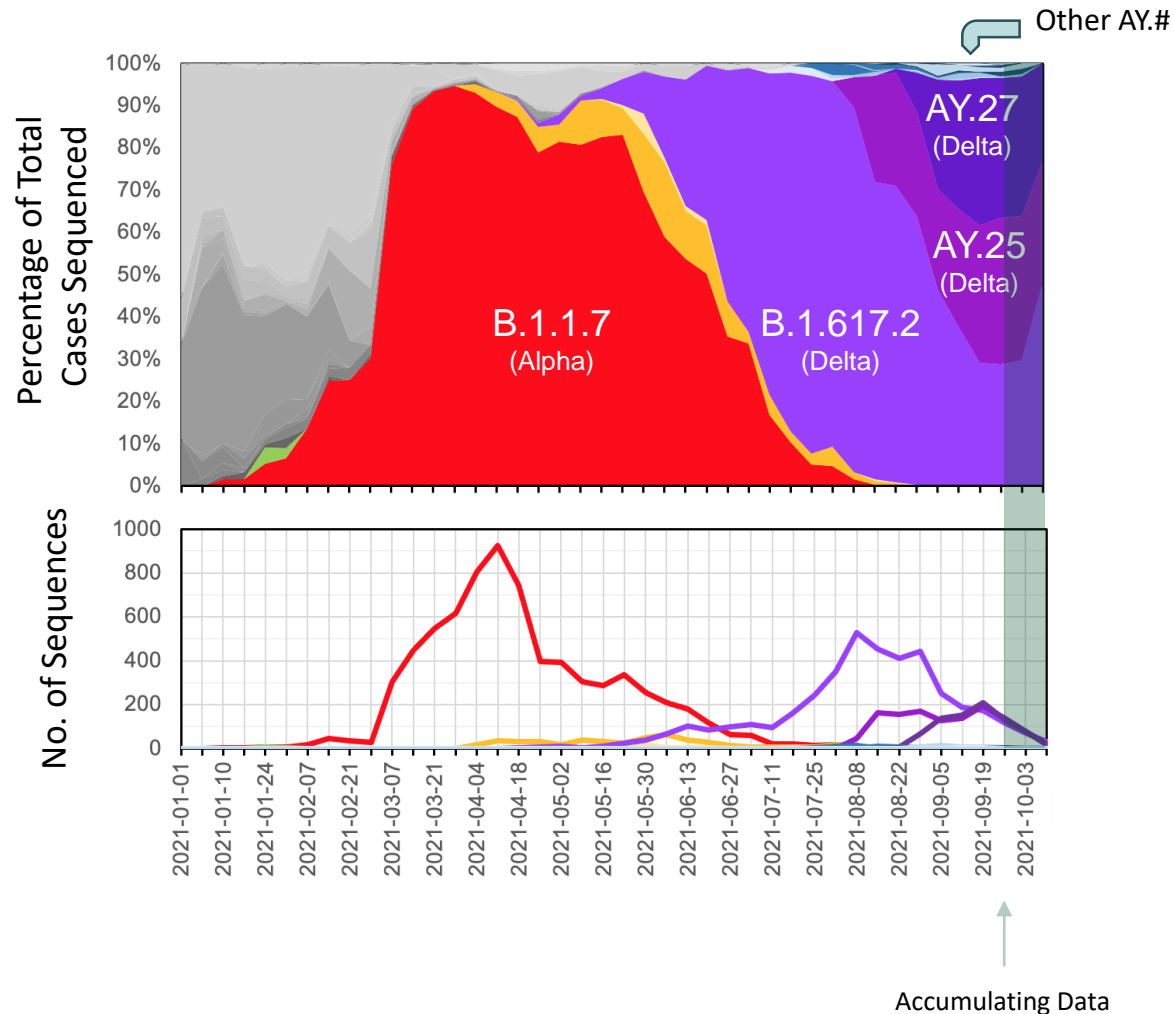
From previous week: Increase ↑ Decrease ↓ Stable ↔

Key public health messages

Public health action: Highest risk settings remain households and private intimate gatherings

- **Vaccination** -> **Need to continue to push for higher coverage rates**
- **Wear a mask in public indoor settings and crowded outdoor settings**, regardless of vaccination status, and avoid crowded situations.
- **Vaccinate against influenza** to prepare for flu season. In tandem, these actions will help **prevent further burden on the healthcare system**, in particular if Covid impacts drive us in to a 5th wave.
- **Following the 4th wave, a 5th potential is real**
- Factors that may drive this phenomenon
 - Fast waning immunity with continued Covid Delta pressures
 - Future impacts on health care by non-Covid pressures (Flu and RSV)
 - We are moving to a winter season of more indoor gatherings
 - All modeling points to AT LEAST early 2022 before surges are contained

SARS-CoV-2 Lineages in SK – Dr. Jessica Minion



- AY = Sublineages of parent B.1.617.2 (Delta)
- Designated by geographical clustering
- Designation does not imply functional biological difference from B.1.617.2
- >100 AY lineages and growing (75 as of October 25, 12 as of October 9)
- Expansion of certain AY lineages in different countries (AY.4.2 in UK, AY.23 in Singapore, AY.33.1 in USA)
- Hard to determine if AY sublineages have advantageous mutations, or benefit from “founder effect”

Delta “plus”

- **AY.4/AY.4.2** – expanding in UK and Europe
 - AY.4 has 2 additional mutations: one in spike (T95I) and one in replicative proteins (NSP3:A1711V)
 - AY.4.2 has 2 more mutations: both in spike (Y145H, A222V)
 - Epidemiology estimates ~10-15% selective advantage over Delta
- Compare:
 - Delta had 60% selective advantage over Alpha
 - Alpha had 50% selective advantage over vanilla

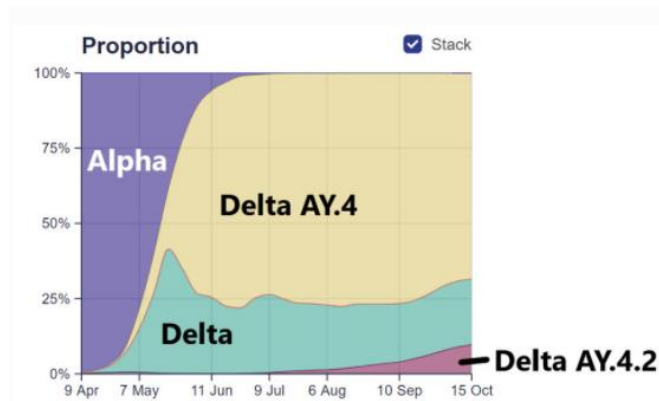


FIGURE 2: Proportion of SARS-CoV-2 infections by different viral variants sequenced in England from early April to mid-October. [-] SANGER INSTITUTE

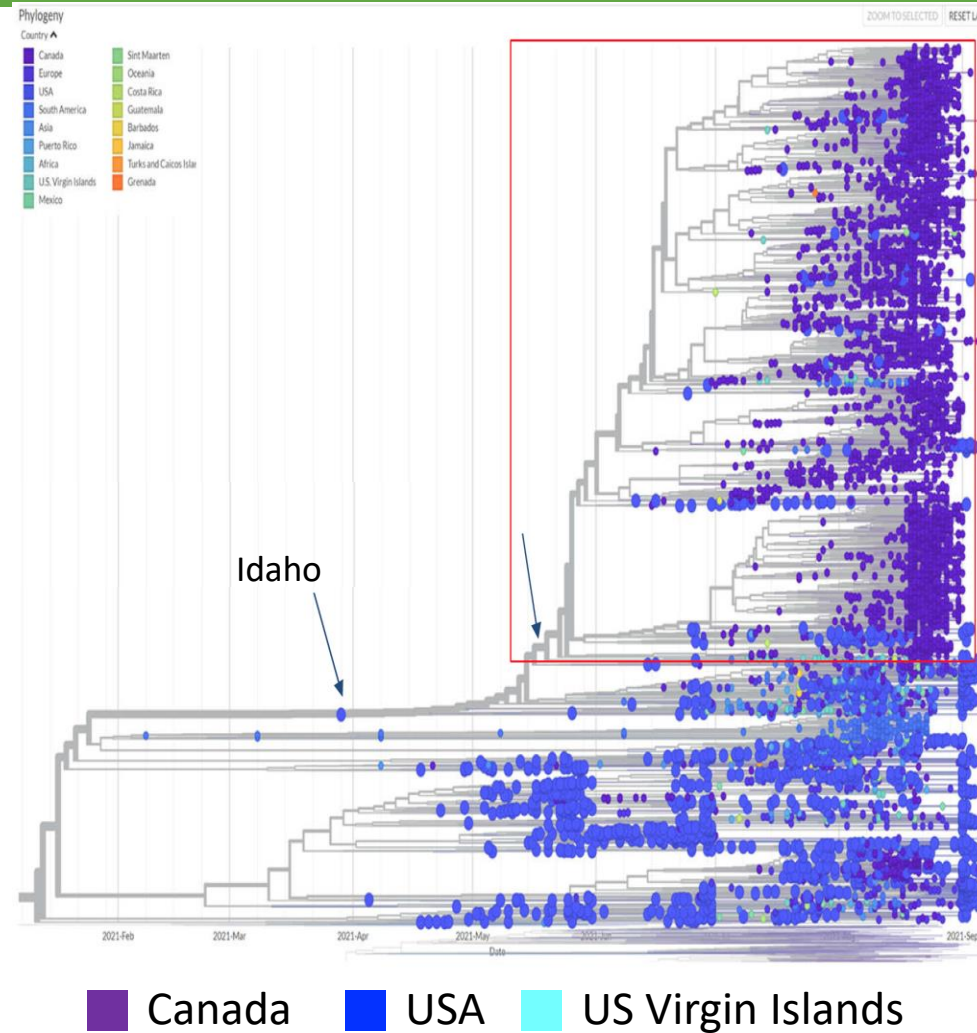
- **AY.33.1** – expanding in Northeast USA
 - Spike mutation Q613H
 - Estimates 10-20% replication advantage over Delta
- **AY.23/AY.23.1** – expanding in Singapore
 - A.23 has extra spike mutation V1264L, and ORF1a mutation T1496I
 - A.23.1 has another spike mutation T333M
 - Now >98% cases in Singapore

What gives a replicative advantage?

- Stability of virus in the air
- Avidity of virus spike protein to host cell
- Efficiency of replication
- Concentration of virus in secretions
- Duration of infectivity of patients
- Immune Escape: No evidence at this point

Evidence of Canadian AY.25 Clade

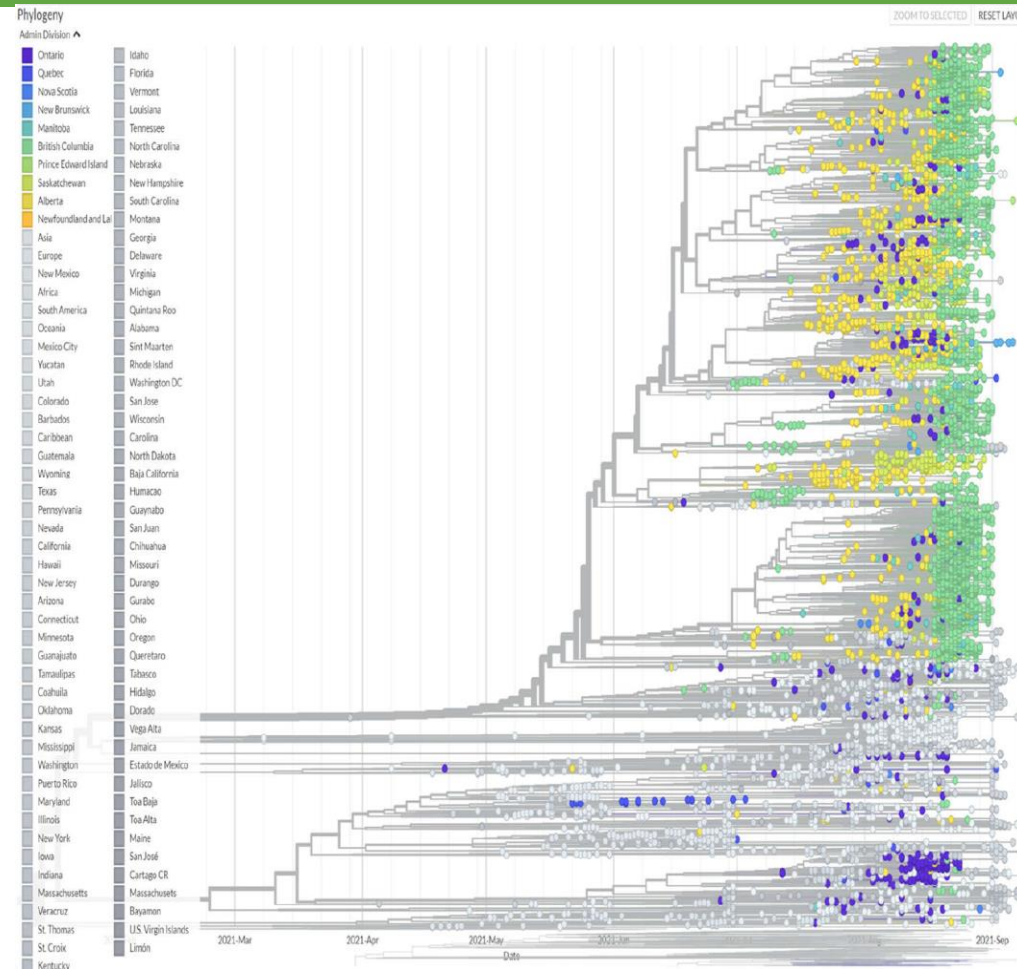
- Analyzed Canadian AY.25 isolates in context of USA and global AY.25 isolates
- Major clade of Canadian AY.25 pre-dated by USA isolates
- Extensive interprovincial spread and community transmission in Canada
- Requested designation of new Delta sublineage (AY.25.1)



Phylogenetic analysis by NML Bioinformatics
Data from CPHLN Variant Surveillance Working Group, 2021-10-07

Evidence of Canadian AY.25 Clade

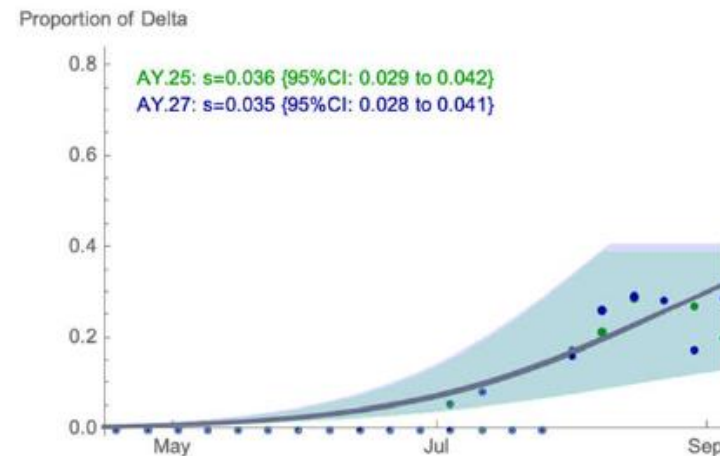
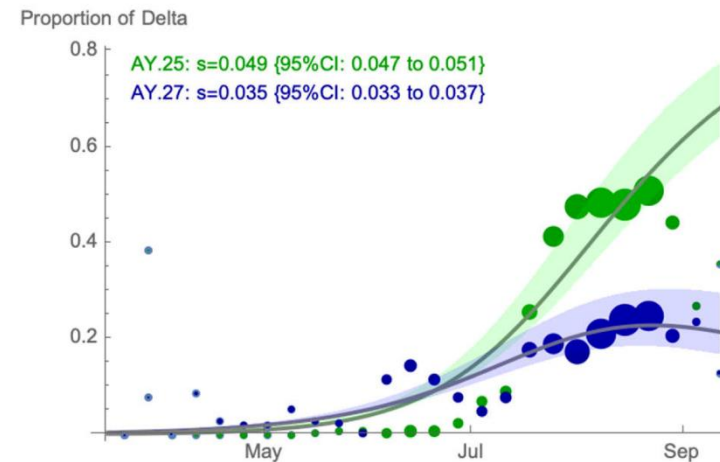
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Phylogenetic analysis by NML Bioinformatics
Data from CPHLN Variant Surveillance Working Group, 2021-10-07

Selective Advantage of AY.25 or AY.27?

- Canada (top):
 - Estimates ~5% selective advantage of AY.25 vs. other Delta
 - Weaker selection for AY.27, ~3.5%
- Saskatchewan (bottom):
 - Similar selective advantage for AY.27 and AY.25 ~3.5%



Other AY sublineages combined with B.1.617.2 in analysis
Data from CPHLN Variant Surveillance Working Group, 2021-10-07
Modelled by Dr. Sally Otto (UBC), Dr. Caroline Colijn (SFU) using genomes in federal database

Vaccine Strategy

Dr. Julie Stakiw

Physician Lead - Vulnerable Populations

COVID-19

Health System Update

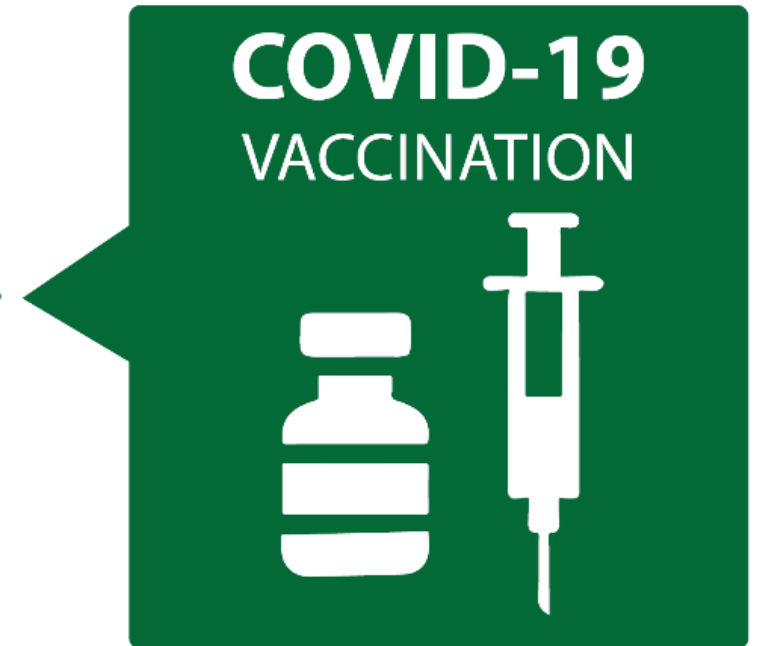


Vaccine Strategy

Key Goals:

- Minimize serious illness & death
- Protect health care capacity
- Minimize spread of COVID-19
- Immunize as many people, as quickly as possible; **safely**.

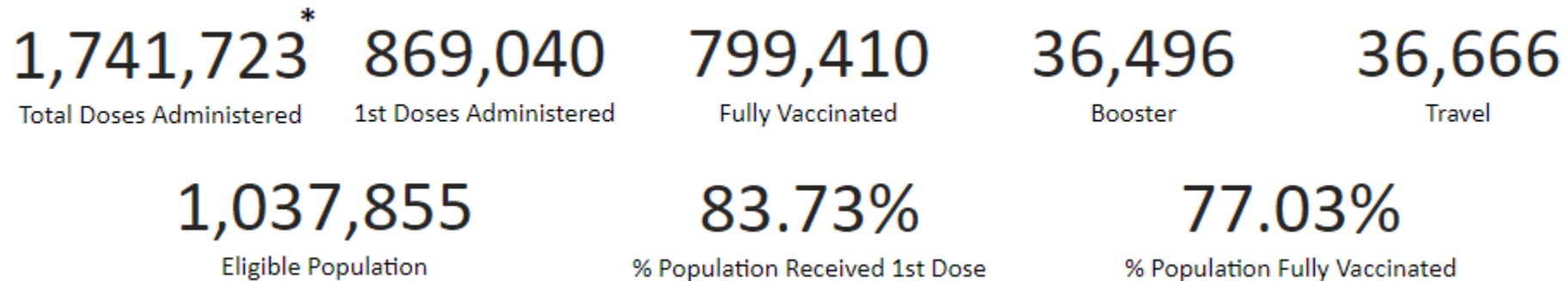
FASTER.
SMARTER.
SAFE.



Key Measures as of November 4, 2021

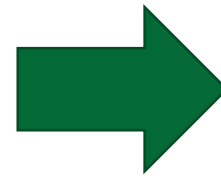
Complete – By June 30, 2021, all citizens who want a vaccine are eligible to have a first dose

Complete – By September 30, 2021, all citizens who want a vaccine are eligible to have a second dose



Vaccination for 5-11 year olds

- On November 2, CDC approved the Pfizer-BioNTech pediatric vaccine for 5-11 year olds
- Pfizer has made application to Health Canada, still waiting on results
- SHA is continuing to plan for vaccine roll out
- Scan the QR Code for additional information on the Pfizer-BioNTech pediatric vaccine



Phase 2B Eligible Populations effective October 25, 2021

| Eligible Populations | Interval from dose 2 to dose 3 |
|---|--------------------------------|
| Individuals aged 65 years and older | 6 months |
| Individuals living in the Far North and those living on First Nation communities, aged 50 years and older | 6 months |
| Health care workers who were originally prioritized for vaccination will be eligible for a booster dose at least 6 months after the date of their second dose | 6 months |
| Individuals born in 2009 or earlier with underlying health conditions that are clinically extremely vulnerable including: <ol style="list-style-type: none">1. People with severe respiratory conditions, including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)2. People with rare diseases that significantly increase the risk of infections (such as homozygous sickle cell disease)3. People who had their spleen removed4. Individuals with very significant developmental disabilities that increase risk (such as Down's syndrome)5. Individuals on dialysis or with chronic kidney disease (stage 5)6. People with significant neuromuscular conditions requiring respiratory support | 6 months |

Johnson & Johnson Vaccine Update

- J&J vaccine doses are expected to be delivered to Canada by the end of the week
- Saskatchewan will be allocated 2,500 doses
- Details and delivery still being worked out



Defensive Strategy Highlights

Dr. John Froh

Defensive Strategy Co-Chief

John Ash

Defensive Strategy Co-Chief

COVID-19

Health System Update



Strategy – Maintain our COVID-19 Defensive Strategy through ongoing readiness of the acute care system to match incoming demand (including ICU) while providing essential services to non-COVID-19

COVID-19

Health System Update



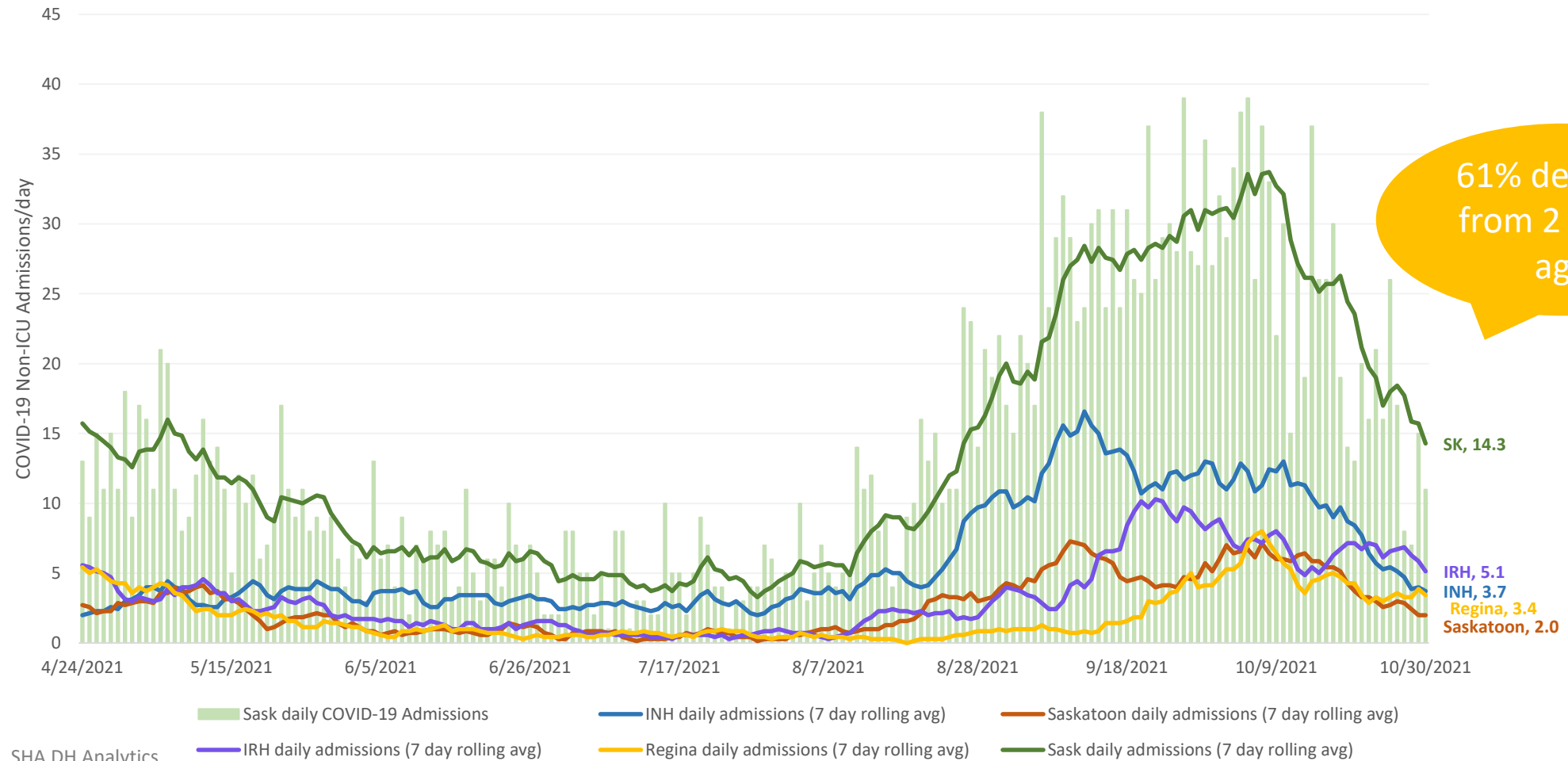
Actions

- ✓ **Maintain strategies to prevent COVID-19 transmission, and response to suspect and actual acute care outbreaks**
- ✓ **Maintain and update acute care surge plans based on modelling.**
- ✓ **Implement COVID-19 POC testing in the acute care setting**
- ✓ **Implement HCW antigen testing in the acute care setting**
- ✓ **Assess and develop plans to address the patients suffering long-term impacts of COVID**
- ✓ **Develop and implement operational and staffing plan to maintain acute and ICU capacity within operations and prepare for fall surge**
- ✓ **Utilize low acuity care transfers from tier 6 (tertiary) facilities to enhance load leveling and fully utilize acute care capacity.**
- ✓ **Develop and implement ICU Out of Province Evacuation Transport process**



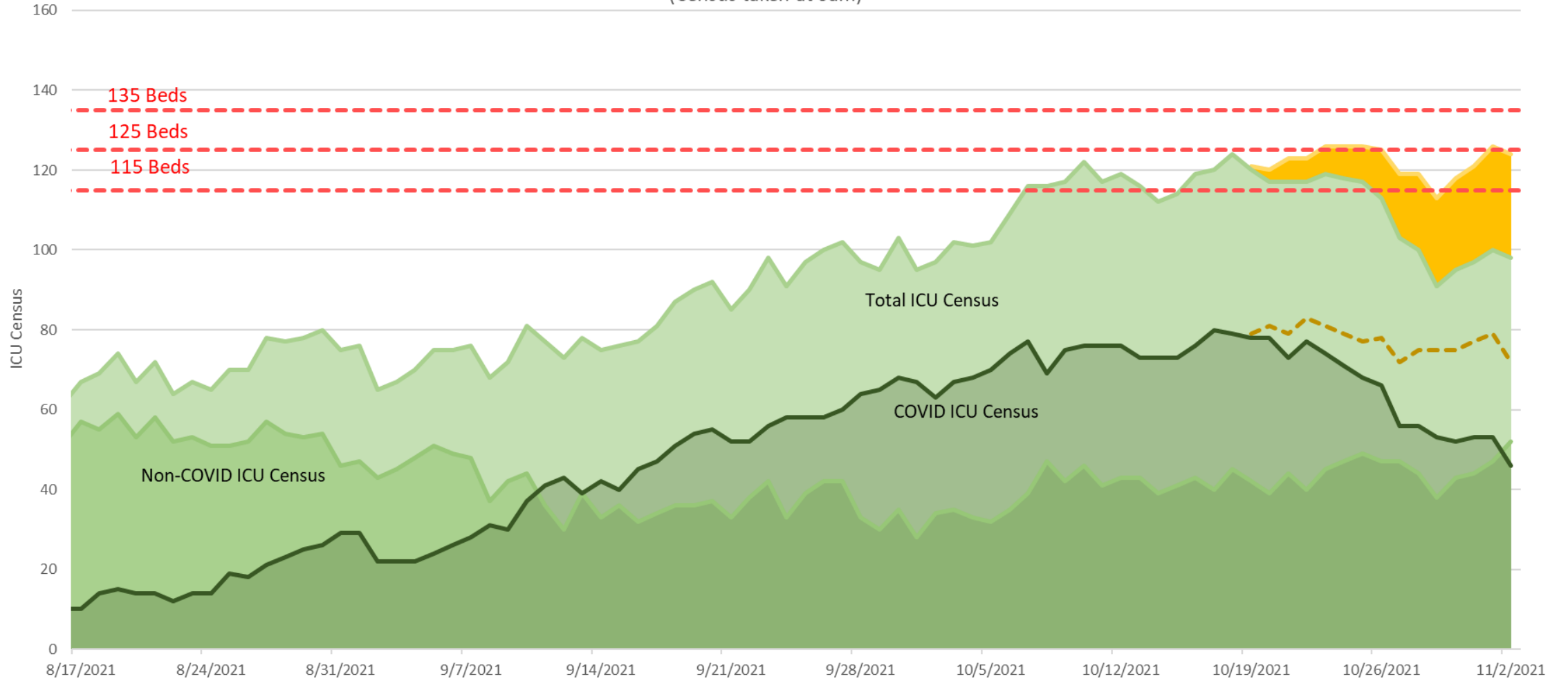
Daily COVID-19 Hospital Admissions

COVID-19 Non-ICU Admissions per day
(7 day rolling average)



Total ICU Census – Saskatchewan – Nov 2 2021

Non-COVID and COVID Adult ICU Census
(Census taken at 6am)



Out of Province Transfers as of 06:00 Nov 4

Current State

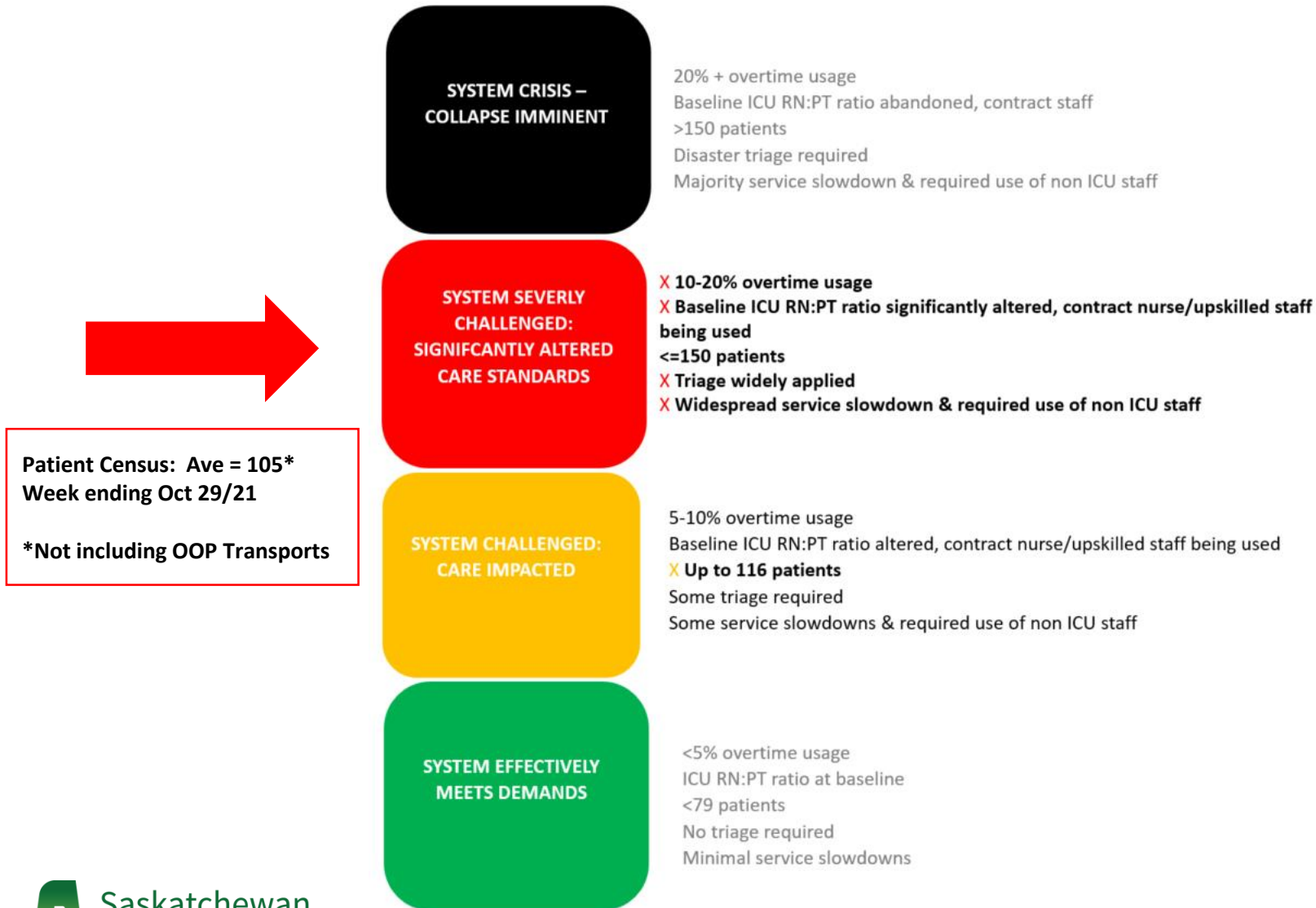
| ICU OOP Transfers Summary | | | | | | | | | |
|---------------------------|-----------|-----------|-----------|---------------|-----------|----------|------------|-----------|----------|
| Transfer Date | OOP | | | Repatriations | | | OOP Deaths | | |
| | COVID | Non-COVID | Total | COVID | Non-COVID | Total | COVID | Non-COVID | Total |
| 28-Oct-2021 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29-Oct-2021 | 2 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 |
| 30-Oct-2021 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31-Oct-2021 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1-Nov-2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2-Nov-2021 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 3-Nov-2021 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| Cumulative Total | 27 | 0 | 27 | 3 | 0 | 3 | 0 | 0 | 0 |

| ICU OOP Transfers Current Status | |
|----------------------------------|----|
| 3-Nov-2021 | |
| Total Transfers | 27 |
| Current OOP Transfers | 24 |
| Currently in ICU | 24 |
| Currently not in ICU | 0 |
| Total Repatriations | 3 |
| Repatriated back to ICU | 0 |
| Repatriated back not to ICU | 3 |
| Repatriated Home | 0 |
| Total OOP Deaths | 0 |
| Deaths in ICU | 0 |
| Deaths not in ICU | 0 |

Transport Providers

- SunWest – Crewed by STARS
- Canadian Air Force
- Fox Flight

ICU Pressures



Current Impacts of Managing ICU Capacity

- Ongoing fatigue of staff & reduced staffing levels
- Substandard care for those in critical need and/or at risk of death
- Reduction in critical care surgeries (including open heart and neuro patients)

Impacts as we managing within the red

- Continued requirement for transporting ICU patients out of province
- Increased preventable deaths

Health Human Resources Support -Supporting Acute and ICU Care

Internal

Physician and Physician Leadership

- Pandemic ACOS
- Hospitalists & Inpatient care
- Provincial Intensivists
- ICU Extenders
- Physician Upskilling and Deployments

Care Team

- Labor pools created to support redeployment of staff
- Additional temp positions created

Shifting Resources

- As community covid demand is decreasing health services will be resumed while maintaining safe delivery of acute and ICU care demands

External

Canadian Armed Forces

- Aeromedical transport for critical care patient transfers – **Available for continued utilization**
- 6 ICU nurses as to meet ICU needs in Regina – **Current deployment till Nov 19 with potential for extension**
- 2 Multipurpose Medical Assistance Teams (MMAT) to support pressures on Acute care (non-ICU) Total of 4 RNs and 4 MedTechs - **Current deployment till Nov 19 with potential for extension**

Canadian Red Cross

- RNs targeted to support ICU teams in PA and Yorkton **Current deployment end of Nov. with potential for extension**

Contract and Locums

- Nursing and Perfusionists .

OOP ICU Transfers – Repatriation Process

- OOP patients will be repatriated once they are considered ward ready and stable for transport for at least 48-72hours
 - Clinical criteria has been established for stability and the patient is assessed by both the Ontario MRP and our SK Evacuation Transport Physicians
 - MRP to MRP conversations will occur between the receiving and departing facilities on the day of transfer
- All patients are being repatriated to either Saskatoon or Regina depending on their home community
- Fox Flight (Air Medevac Service) can accommodate one family member on the way home, so long as they are fully vaccinated. (Must adhere to federal regulations)

Key Messages

- **ICU capacity remains high**
 - Out of province transfers have reduced the pressure in ICUs
 - HFO patients are appropriately moving into ICU
 - Non-Covid ICU demand is increasing
 - Staffing and ICU nurse to patient ratios remained stretched
 - Need to balance service resumption planning with need for continued deployment of additional staff to Acute and ICU
- **Anticipating current acute and ICU pressures will remain until December**
 - Need to learn from recent experience to recalibrate what is max safe surge ICU capacity
 - Need to understand the impact of Influenza and RSV season on our demand
- **Looking forward**
 - **Need to work with government to identify and establish appropriate ICU baseline capacity**
 - Long Covid care will require enhanced patient ventilator weaning, and chronic ventilated patient capacity
 - Covid care will add an additional burden on our system for near future and we need to understand the and plan for the impact on acute and ICU capacity

Safety Update

Dr. Mike Kelly
EOC Safety Officer

COVID-19
Health System Update



“Operational Immunity” ????

Immunity to COVID => only exists after double vaccination + 14 days

- **Prior infection alone does not provide adequate protection**
- **It is important to help inform patients**

Safety Talk - Mind full or Mindful

- At this point in the pandemic it is important that you not work extra hours and ensure you are getting enough rest and down time.
- When your mind is not on task, you are at increased risk of injuries to you and those around you.

MIND ON TASK:

- Keep your mind focused on the task, stay in the present moment, know the proper steps
- Limit distractions from others and your environment

Safety Talks



What Now?

Patty Stewart McCord, BGS, CCISM

International Critical Incident Stress
Foundation Faculty

Canadian Representative to the ICISF
Board of Directors

SHA CISM & Peer Support Co-Lead

COVID-19

Health System Update



Checking in right now...

- Identify the challenging situations of the day/ week and how you overcame those challenges
- Level of stress and how you responded to that
- Body Check – are there areas in your body that are requiring some attention right now?

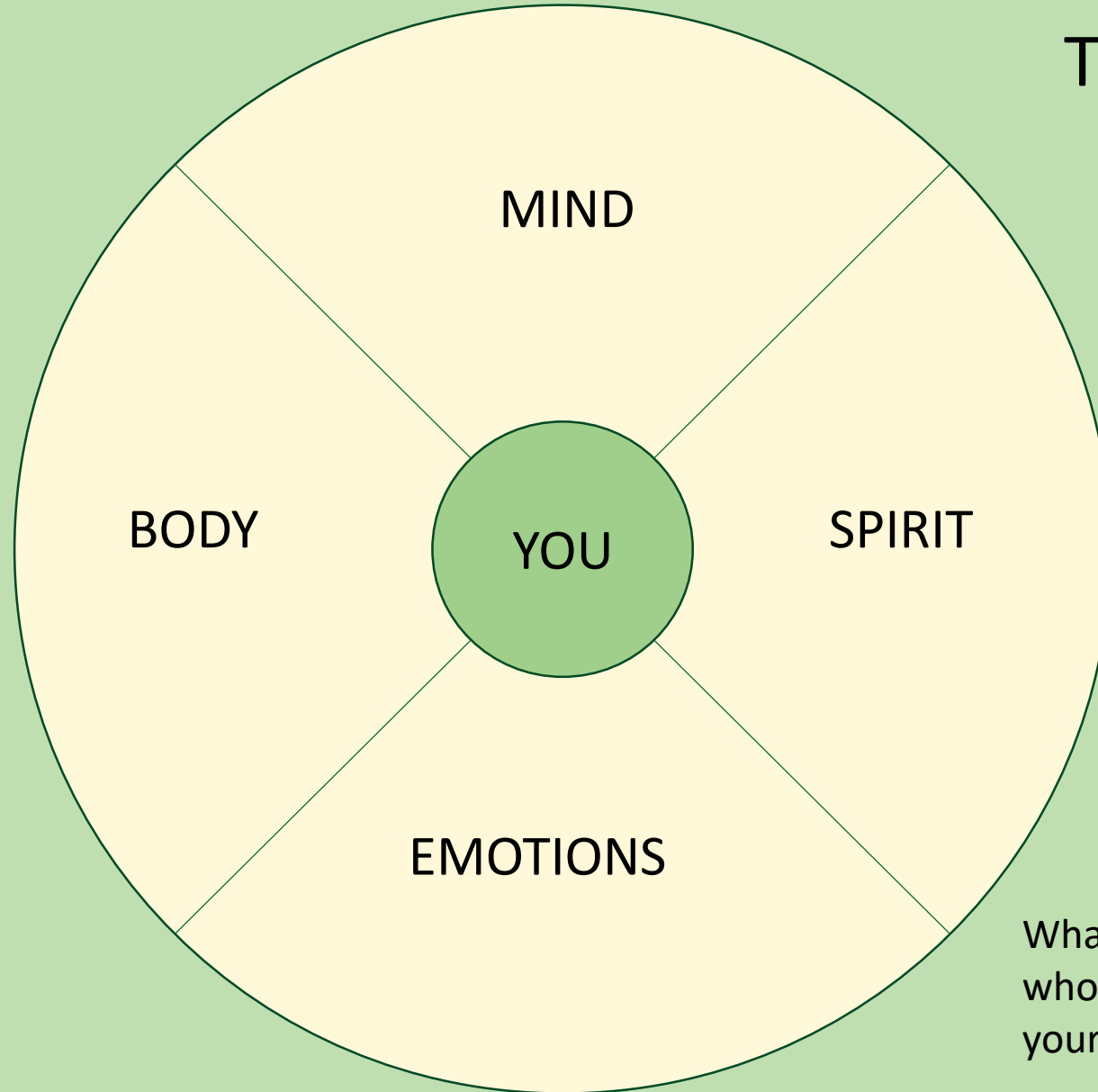
Where is your focus right now?

- In “operational mode” ...Head down and into work you go!
- Use the transition time between patients or task
- Occasionally look around at your team
- Team Boost:
 - Acknowledge the situation as it is
 - Acknowledge the challenging moments or situations
 - Acknowledge what you can control and also what you can't control
 - Acknowledge the effort as individuals and team

Positivity Resonance

One kind word can change the whole mood in the room.


THE MEDICINE WHEEL



What are you doing to restore your whole being so that you can sustain yourself through this?



just breathe

LIFE'S A DANCE  © 2021 Margaret B. Moss

Hands Up!



"Being kind to yourself
is one of the greatest kindnesses."
said the mole.

Your Physician Health & Wellness Supports

Scan the QR Code to access Physician Town Hall Wellness presentations and more!



Health Care Worker Mental Health Support Hotline:
1-833-233-3314 8am – 4:30pm, Monday-Friday



Physician
Health
Program



Saskatoon, NE, NW:
Brenda Senger
306-657-4553



Regina, SE/SW:
Jessica Richardson
306- 359-2750

Physicians experiencing reactions to the current health crisis is not uncommon. The Physician Peer Support Team are available to you upon request.

If you or a colleague have questions about the Peer Support program, or are inquiring about support, please email us at:

physicianpeersupport@saskhealthauthority.ca

Partners



Q&A

Please enter your question in the Q&A section

OR



Raise your hand and we will unmute you so you can comment or ask your question live



Please respond to the live poll!

Good News Story – Citizen of the Year!

- Dr. Kevin Wasko was awarded the SCBEX Citizen of Year award on Friday, October 29
- Congratulations Dr. Wasko!



Join us this Fall!

**Next Town Hall:
November 18th, 2021**