Southern Health-Santé Sud

Capacity Management Protocol Actions Specific to Respiratory Virus Season

- The Southern Health-Santé Sud (SH-SS) Respiratory Virus Season (RVS) Plan 2024-2025 has been created using the guiding principles and foundation of the Manitoba Capacity Management Standard developed by Shared Health, Version 2 on June 28, 2024.
- The focus of the SH-SS RVS Plan for 2024-2025 includes all programs/services across the continuum of care.
- RVS causes a strain on the health care system every year. A planned and unified response is required. Reducing the burden of respiratory viruses, including viruses such as influenza, RSV and COVID-19, is particularly important to protect the clients we care for.
- All Southern Health-Santé Sud Acute Care and Personal Care Home (PCH) facilities carry out RVS preparation activities to mitigate the effects of influenza infection, to encourage routine surveillance in identifying respiratory illness cases and to implement infection control measures in a timely way.

Each program and facility within SH-SS follows the Capacity Management Protocol (CMP) and Standard Actions outlined within their program. See Capacity Management Protocol CLI.4110.PL.030, based on the following Safety Risk Levels:

Level		ED Overcrowding Score (NEDOCS/CEDOCS/ ED/UC OCCUPANCY	Site Occupancy
0	Level 0 (White) – No Safety Risk - Capacity Available	< 50	Occupancy < 70%;
1	Level 1 (Green) – Low Safety Risk Due to Overcapacity	51 - 100	Occupancy* 71 - 85%;
2	Level 2 (Orange) – Medium Safety Risk Due to Overcapacity	101 - 140	Occupancy 86 - 90%;
3	Level 3 (Red) – High Safety Risk Due to Overcapacity	141 - 180	Occupancy 91 - 100%;
4	Level 4 – (Black) System Safety Risk and Exceed Available Capacity	Greater than 181	Occupancy exceeds 100%

GUIDING PRINCIPLES

- Morbidity and mortality can significantly impact the health care system's operations.
- Sites, programs and services operate as one system – sharing resources, balancing their needs, and coordinating patient care. This is required to meet the demands of the respiratory season, mitigate the various risks, and to protect public health.

- Health Care Workers (HCWs) with direct patient contact consider it their responsibility to provide the highest standard of care, which includes influenza and COVID-19 vaccination in accordance with the current provincial recommendations.
- Routine Practices and Additional Precautions are required within all healthcare settings (see Shared Health Routine Practices and Manitoba Health Routine Practices and Additional Precautions) including, but not limited to:
  - Hand hygiene with alcohol-based hand rub (ABHR) or soap and water;
  - Respiratory etiquette/hygiene;
  - Personal Protective Equipment (PPE) such as gloves, gowns, masks, eye protection, and N95 respirators.
- Preventing transmission of respiratory viruses within the health care delivery settings requires a multi-faceted approach that includes:
  - Ensuring Infection, Prevention & Control (IP&C) measures are implemented to prevent spread of respiratory viruses.
  - Providing staff education.
  - Offering immunization (i.e., influenza, COVID-19, pneumococcal) to patients and staff as appropriate, who meet the criteria established by the National Advisory Committee on Immunization (NACI) and Manitoba Health.
  - Ensuring facilities have adequate supplies in the event of an outbreak.
  - Providing timely antiviral chemoprophylaxis and/or treatment as appropriate.

ALL SYSTEM RESPONSE

- Each Acute Care Facility is responsible for updated site-specific CMP plans that operationalize this Provincial Capacity Management Standard.
- Bed capacity is maximized within regions with plans to ensure:
  - All licensed beds in the region are in operation.
  - Plans are in place for the staged opening of overflow beds, as required.
- It is expected that programs utilize all aspects of the collective agreements to support surge plans.
- SH-SS works to fill every available bed coordinating with Provincial Patient Flow and patient transport/Virtual Emergency Care and Transfer Resource Service (VECTRS).
- Proactively offer and provide timely vaccinations to patients, clients and residents. See below for program specific expectations and planning.
- Infection Prevention and Control (IPC) practices such as cohorting are assessed based on risk to optimize patient flow and capacity management.

CAPACITY MANAGEMENT STRATEGIES

- Coordination and Site Plans - coordination of patient flow and identification of priority areas of concern related to overcapacity requires active management of overall beds, across all services within a facility. Prioritization (inflows/outflows) considerations, based on degree of risk occurring related to overcapacity, include:
  - Patient need;
  - Specialized services only available at specific sites;
  - Capacity across all service deliver organizations; and/or

- Provider resources including physical space.
- Site plans include all safety risk levels and standard actions required within each level. Site plans are available for leadership (Clinical Resource Nurse (CRNs), managers, directors) to access at the unit/site level. The actions within each level are progressive, each building off the other across each level.

ESCALATION AND COMMUNICATION PROCESS

- When capacity and flow challenges are not able to be resolved within the Service Delivery Organization (SDO) and are resulting in barriers to timely repatriation or negative impacts on patient flow, issues are escalated to the Associate Chief Medical Officer for Shared Health and the Shared Health Director of Provincial Patient Flow. This may include but is not limited to where temporary bed closures, Emergency Department (ED) closure, or service disruptions result in system risk.
- Escalation pathways are clearly identified in CLI.4110.PL.030.FORM.01 Community Acute Capacity Management Protocol Site Plan or CLI.4110.PL.030.FORM.02 Regional Centre Capacity Management Protocol Site Plan.

TRANSFERS

- Lower acuity patients flow from higher acuity EDs/facilities reporting higher occupancy levels to the site closest to the patient's home within their home health region that can meet the patients care needs.
- Transfers to a facility outside a patient's home health region is considered if the patient needs to be moved further away from home within their home region than to the site outside their home region.
- Sites with available beds do not delay or refuse acceptance of patients when safe patient care can be provided at the facility with available capacity.
- Where patients and families have concerns regarding repatriations, transfers or destination decisions, patient flow along with clinical teams and leadership work with the patients to support the transition of care. Provincial tools are available to support teams/staff.
- No Refusal - sites are required to accept patients that:
  - Require access to higher or lower level services/acuity based on patient's needs.
  - No longer require higher level of care, need further hospital care, and are residents of the receiving health authority.
  - Are inpatients being repatriated for compassionate reasons.
  - Require transfer to a maternity facility that providers obstetrical care. Reunification of separated mother/neonates should take place within 24 hours of birth.

VACCINE PROMOTION AND ROLL OUT

- Influenza campaign begins mid-October and includes signage (posters and 'sandwich boards'), access to info sheets on vaccines, FAQ documents as well as consent forms.
- Regional communication occurs announcing available resources on 'Admin Update and Clinical Updates' for vaccine administration to both clients, patients and residents and staff.
- Use of MB Health recourses occurs to inform both staff and the public which focus on debunking myths about vaccines and addressing vaccine hesitancy.

    - Questions & Answers about Manitoba's Seasonal Influenza Immunization Program | Health | Province of Manitoba (gov.mb.ca)
    - Flu Myths and Facts | Health | Province of Manitoba (gov.mb.ca)
- Community - communication of information related to dates and times of vaccination clinics (public and staff) being offered in SH-SS will occur, including posting on social media platforms, posters at community centers, radio etc.
- Vaccine education developed by province and circulated throughout clinical programs.
- Anaphylactic protocols are reviewed with all program areas prior to start of campaign.
- All staff document date of vaccine active offer and client/patient decision in applicable patient medical record (paper or electronic). Timely entry into Public Health Immunization Monitoring System (PHIMS) is prioritized throughout all programs.
- Staff immunizations offered through site clinics which includes roving carts.
- Staff Clinics - if staff cannot get to a clinic ensure they know to reach out to their supervisor/manager and have an opportunity to attend a clinic within their work schedule.

PROGRAM SPECIFIC EXPECTATIONS AND PLANNING

Acute Care Inpatient Units, PCH and TCUs

- Offer vaccination at point of care for patients presenting to Acute Care and Transitional facilities, residents in Personal Care Homes.
- Include resources available – Fact Sheet and Q&A documents as provided by MB Health.

Emergency Department

- Consider opportunities for rapid assessment areas to manage lower acuity presentations.
- Maintain active partnerships with primary care to refer low acuity presentations when true Emergent/Urgent care not required.
- Consider flexible staffing plans in regions to manage ED surge, high admitted volumes, and staffing shortages including options for physicians to cover sites with highest need.

Special Care Units

- Prioritize flow of transferable critical care patients to mitigate needing overflow capacity and ensuring efficient access to critical care beds.

Surgery

- Scheduled surgical slating is optimized so that the system has capacity to respond to the anticipated demands of RSV.
- Consideration to move to Same Day Surgery (SDS) only Operating Room (OR) slate, if bed capacity on inpatient units is unable to accommodate due to a surge of off service patients.

Medicine

- Plan staffing to accommodate a staged opening of all available overflow beds for the respiratory virus season if applicable.
- Medicine and Surgery teams integrate strategies to manage Medicine overcapacity while minimizing surgical impact at sites.
- Every effort is made to ensure all beds are operational during periods of high staff illness.

Primary Care and Public Health-Healthy Living

- Regions provide increased access to primary care services; potential options include:
- Consider enhanced Primary Care Clinic at Regional Centres;
- Extended hours at ACCESS centers, quick care clinics, minor injury clinics or other primary care clinics/sites to offer evening and weekend services to create walk-in availability;
- Increase options for virtual visits.
- Collaborate with other health services to provide outreach vaccination services to patients who are at high risk (i.e., Indigenous Health, Long Term Care facilities, congregate living, homeless shelters).

Home and Community Care

- Minimize transfer to acute care where safely possible promoting care.
- Flexibility and creativity are used to ensure timely and safe return of patients 7 days a week to their home, and this includes a proactive plan with appropriate handover.
- Consider opportunities to support increased home care discharges through improved weekend coverage (i.e. Occupational Therapy/Physical Therapy and Home Care Case Coordinators).
- Home bound and vulnerable clients are prioritized for vaccine administration.

Laboratory and Diagnostics

- Increased respiratory virus testing infrastructure and capacity to support efficient and rapid disposition of patient flow.
- Increased capacity for surveillance testing.
- Increased access to facility-based point of care diagnostics done within clinical programs (non-lab-based).
- Decentralized testing locations (community-based testing by allied health professionals).
- Early and integrated adaptation of home-based testing by patients (consumer grade testing).
- Re-triage of existing and incoming diagnostic and lab requests prioritizing opportunities that reduce facility and system overcapacity risks. For example:
- Delay, cancel or substitute lab tests and diagnostics for modalities that can optimize capacity within respective departments.
- Departments and facilities redistribute internal resources away from elective and/or lower priority diagnostics to account for increased volume and frequency of RVS specific diagnostics.

Patient Flow Coordinator (Monday to Friday)

- Monitor capacity and identify flow risks in alignment with Capacity Management Protocol CLI.4110.PL.030.
- Lead daily regional flow call that includes on an ‘ad hoc’ basis primary and community stakeholders which reviews site-based reporting, escalation of flow risks, patient safety risks, potential or imminent service disruption, opportunities to facilitate regional cooperation that mitigate flow risks and reduce length of stay (LOS).
- Monitor patients’ LOS and hold regular case planning/rounds to ensure monitoring and discharge planning occur.

- ED and direct admissions of lower acuity are safely directed to community, primary care or lower acuity facility (including Transitional Care Unit), active presence of home care coordinators in ED to facilitate discharge to community.
- Bed management – units/sites are actively reporting bed census in Electronic Personal Record (EPR) including beds in operation, bed closures, ED closures and ventilated, transferrable patients in critical care, alternate level of care (ALC) designations, occupancy and patient discharges and sites experiencing outbreaks.
- Review repatriation requests and refer to appropriate site contact between regional centers and community hospitals to support patient movement that allows access/flow. Sites with available beds may not delay or refuse acceptance of patients when safe patient care can be provided at a facility with capacity.
- Monitor risks across the SDO related to capacity and disruptions.
- Work in partnership with Provincial Patient Flow Teams to coordinate incoming transfers to sites that provide specialized services in a manner that aims to distribute and mitigate risk.

REFERENCES:

Manitoba Capacity Management Standard, Version 2 (2024)

CLI.8011.PL.007 Respiratory Virus Season – Planning and Response

Respiratory Virus Season Infection Prevention and Control: Planning and Response (2020)

Interlake-Eastern Regional Health Authority: Respiratory Virus Plan 2024/2025 (2024)