



Shared health
Soins communs
Manitoba

COVID-19 Wave Three

Acute Care Capacity Planning

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Agenda

1. Introduction and Briefing

- **Lanette Siragusa**
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- **Dr. Perry Gray**
Provincial lead, medical specialist services & Chief Medical Officer, Shared Health
- **Lee Heinrichs**
Provincial Clinical Integration Lead, Shared Health
- **Monika Warren**
*Executive Director, Acute Inpatient Services, HSC Winnipeg
Provincial Operations Chief – COVID Incident Command*

2. Question and Answers

What We Are Seeing – Wave Three

COVID-19 cases are rising quickly in Manitoba and we have seen hospitalizations and critical care admissions increase significantly over the past week.

Characteristics of Manitoba's Third Wave

- Younger Patients
- Anticipated longer length of stay
- Increased ratio of active COVID-19 to recovered COVID-19 in hospital and in ICU
- Vaccines are contributing to a lower rate of infection amongst PCH residents and health care workers

Increasing Capacity through Improved Patient Flow

Ensuring our capacity is preserved for patients whose care needs must be met in-hospital remains a priority.

Initiatives to improve patient flow and transition patients whose care can be safely supported in a non-hospital setting have been a focus.

This includes support for both COVID and non-COVID patients.

1. Virtual COVID Outpatient Program (VCOP)
2. Alternate Level of Care/Paneled Patient Transitions

Improved Patient Flow

Virtual COVID Outpatient Program

Eligible patients are supported remotely with home monitoring and daily virtual assessment by a clinical team. Partnership with emergency response supports patients whose symptoms worsen and require assessment or bloodwork.

Implemented at HSC in December 2020 and expanded to St. Boniface and Grace Hospital in March 2021.

Improved Patient Flow

Virtual COVID Outpatient Program

Since launching, has supported **107 patients** and saved **588 inpatient days**.

Current status: supporting **28 patients**, including 18 requiring home oxygen.

Improved Patient Flow *To Personal Care Homes*

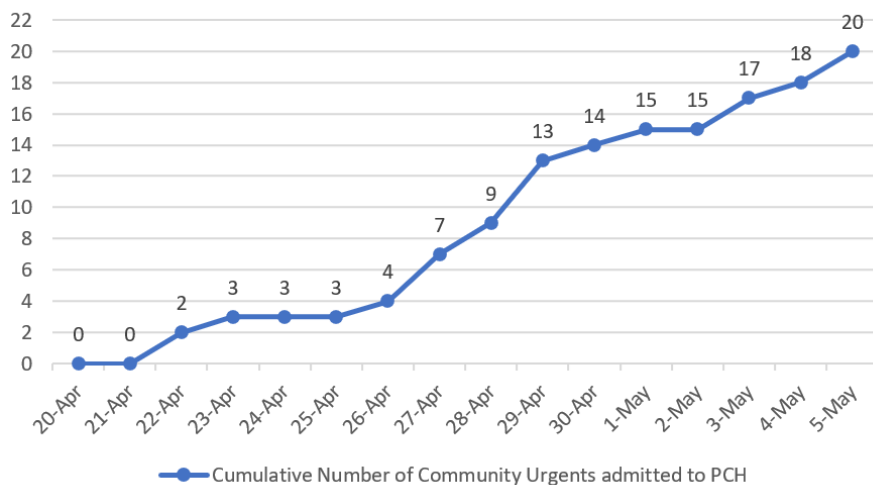
Expedited placement in available PCH bed for appropriate alternate level of care or paneled patients.

~90 percent have been placed in a PCH within their health region.

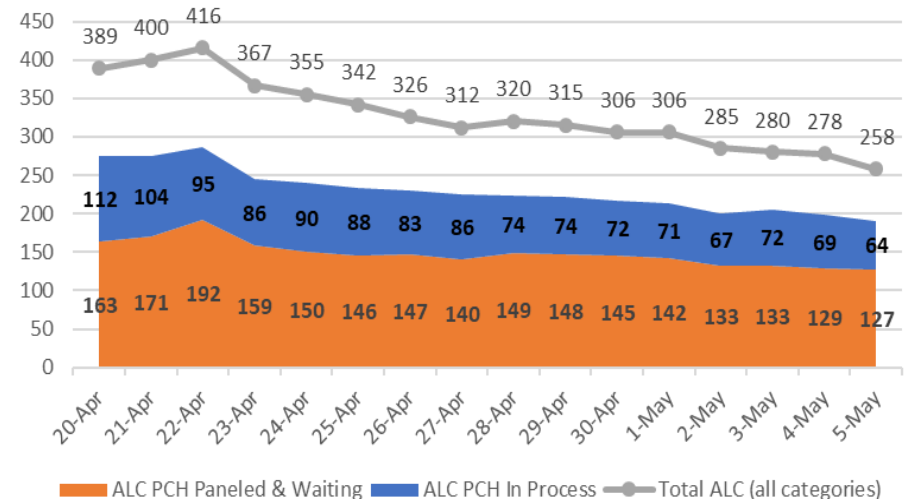
Improved Patient Flow To Personal Care Homes

Since April 2021, **205 patients from hospital** and **20 urgent community clients** have been placed in PCH.

Manitoba Cumulative Community Urgent Admits



Manitoba Daily ALC Counts



Increased Capacity

Staff Planning

1

Current Staff

As in Wave Two, efforts to identify our most experienced and specialized staff working in critical care, medicine, surgery, ambulatory care settings.

2

Specialized Training

Over the past several months, we have trained additional critical care nurses.

3

Enhanced Orientation

We have enhanced the orientation available for staff new to critical care and invited nurses from across the health system to participate in this training.

4

Redeployment

Memorandum of Understanding remains in effect, with a premium for staff disrupted by a redeployment to support care of COVID-19 patients.

Increased Capacity

Critical Care nursing

Since April 2020, **130 nurses have graduated** through the Critical Care Orientation Program. Including **39 new graduates** in April.

Current orientation is focused on supporting nurses to work in our ICUs with a two week blend of online classroom, technical lab skills and clinical orientation in a buddies learning environment. These nurses will work as general ICU nurses, supporting their new teams and will be supported in the units with clinical educators.

Increased Capacity

Critical Care nursing

23 nurses have completed the accelerated orientation, with **17 scheduled to begin** the program in the coming weeks.

Further efforts to recruit interested nurses are underway.

Increased Capacity

New staffing positions

To support this, we are adding **60 EFT** nursing positions to the system for nurses who wish to work in critical care.

These positions in Brandon and at the Grace, HSC, and St. Boniface, once hired, will support an increased bed base for the foreseeable future.

Brandon: 12.6 EFT or 3 nurses 24/7

Grace: 12.6 EFT or 3 nurses 24/7

St. Boniface: 16.8 EFT or 4 nurses 24/7

HSC: 16.8 EFT or 4 nurses 24/7

Increased Capacity

Critical Care Capacity

Facility	Baseline Critical Care	Current Critical Care	Wave Three Surge
HSC	39	52	58
St. Boniface	14*	24	28
Grace Hospital	10	12	16
Brandon Regional	9	9	13

*Does not include cardiac care

Increased Capacity

Alternative Isolation Accommodations

AIA's have supported over **5,500 clients**.

Currently we have **18 sites across the province**.

Overall AIA **provincial occupancy is 52%** and increasing with some sites at full occupancy and others with significant capacity remaining.

VCOP partnership - **45 clients** have been supported while in AIA
New COVID-19 Testing capabilities – established at primary site

FNHSSM team/Turtle team providing cultural supports and activities for all clients in isolation

Increased Capacity

Emergency Departments

Emergency Departments continue to see a high volume of patients. In anticipation of increased volume, the HSC Emergency Departments (Adult and Children) will make the following changes:

Adult Emergency – Ambulatory Care Clinical Staff are being asked to pick up shifts to support low acuity, unlikely to be admitted patients while they wait for labs, diagnostics or consult.

Children's Emergency – Effective May 11 will begin seeing older adolescents – up to the age of 19. This is anticipated to take some pressure off the Adult ED. More information will be shared with the public in the coming days.



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