Physician Town Hall
Hosted by: Dr. Susan Shaw
Dr. John Froh

May 13, 2021

Sailing on Lake Diefenbaker!
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!

www.saskatchewan.ca/COVID19
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.
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!
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<td>Opportunity to ask your questions live!</td>
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Update on the Critical Care Resource Allocation Framework

Dr. Sabira Valiani
Internal Medicine & Critical Care Medicine
Assistant Professor, College of Medicine

Dr. Melody Isinger
Director of Ethics

COVID-19
Health System Update

www.saskatchewan.ca/COVID19
Ethics and Resource Allocation Frameworks

• SHA Approved Frameworks:
  • *Ethics Framework for Pandemic Response*
    • Outlines general ethical principles and processes to guide decisions during a pandemic
  • *Saskatchewan Critical Care Resource Allocation Frameworks (CCRAF)*
    • Outlines Critical Care resource allocation if demand for critical care resources overwhelms supply
    • Adult and Pediatric versions developed
Purpose of Resource Allocation

• Goal is to provide **maximum benefit**
  • Defined as lives saved

• Decision-making in crisis standards of care considers not only the benefit of the patient but also distributive justice.

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Special Populations & Considerations

• Quality of life judgements do not factor into resource allocation decisions
  • Chronically ventilated patients
  • Disabilities
    • Intellectual, physical, developmental

• Only factors considered clinically relevant to treatment and its effectiveness should be considered in resource allocation decisions

www.saskatchewan.ca/COVID19
What does this mean for me as a Saskatchewan Physician?
## Standard Practice versus Pandemic Resource Allocation

<table>
<thead>
<tr>
<th></th>
<th>Standard Practice</th>
<th>Pandemic Resource Allocation</th>
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<tbody>
<tr>
<td>Occurs...</td>
<td>Everyday</td>
<td>Only when demand overwhelms supply</td>
</tr>
<tr>
<td>Prioritize...</td>
<td>Sickest patients</td>
<td>Patients most likely to have reversible critical illness*</td>
</tr>
<tr>
<td>Provide critical care...</td>
<td>In a shared-decision making process</td>
<td>In a process that ensures distributive justice</td>
</tr>
<tr>
<td>Patients can be excluded from critical care...</td>
<td>Only when mutually agreed upon (family, patient, and healthcare team)</td>
<td>If they are deemed unlikely to survive by Triage Team (based on clinical criteria)</td>
</tr>
</tbody>
</table>

*After stabilization
Critical Care Consultation & Triage Teams

- Stabilize patient
- Discuss case with ICU consultant
- ICU Consultant accesses Triage Team
- Triage team decision*

*If decision is not unanimous, the case will be referred to the Oversight Committee
*Most Responsible Physician can request a review of triage team decision via SFCC
Triage Team

• The Triage Team structure aims to:
  • Maintain the fiduciary relationship between the patient and his or her MRP
  • Ensure transparency, consistency, and accountability for resource allocation decisions

• All ICU admissions will be determined by the Triage Team structure if the CCRAF is activated

www.saskatchewan.ca/COVID19
Your Role as Most Responsible Physician

• Assess and stabilize potentially critically ill patients
  • Rule of rescue applies
• Discuss goals of care
• Access critical care consultation
• Advocate for your patient
If your patient is not an ICU candidate

- Standardized scripts have been developed to support communication to patients and family members
- Continue to provide the best medical care available to you
  - Depending on patient status, consider
    - Trial of full medical management therapy
    - Palliative care
  - Principles of *dignity* and *non-abandonment*
COVID-19 Surveillance and Epidemiological Trends

Dr. Johnmark Opondo
Medical Health Officer
SK now has the 4th highest new case rate in Canada after AB, MB & ON

Almost 35% of Saskatchewan’s population has received at least one dose of a COVID-19 vaccine.

Source: Public Health Agency of Canada: https://health-infobase.canada.ca/covid-19/vaccination-coverage/
Epidemic curve, SK-COVID-19 pandemic, by zone, Feb 1 2020–May 12 2021 (n = 43,673)

Source: Panorama, IOM

www.saskatchewan.ca/COVID19
New cases and test rates, 7-day rolling average, per 100,000, by subzone. (May 9, 2021)
Undiagnosed Infectious Individuals Trending Up

Lab Confirmed COVID-19 Cases/day and Undiagnosed Infectious Individuals per day
(7 day rolling avg)

Current Test Positivity: 6.4

Note: x-axis for new cases (blue) < 1/10th of axis for undiagnosed infectious individuals (orange)

Data Sources: CEPHIL Particle Filter Model; RRPL

April 27, 2021 = 236 new cases/day (7 day rolling avg)
April 27, 2021 ~ 11,500 undiagnosed infectious individuals, of which ~829 were newly infected that day.
Where are people catching COVID-19 in Saskatchewan? Jan 25 – May 6, 2021

Confirmed outbreaks are also a “tip of the iceberg”
Approximately 2/3 outbreaks are in **workplaces** (n = 139; 65.8%)
What kind of workplaces have been a source of COVID-19 exposure in SK?

- Healthcare/Education
- Mining and Natural Resources
- Manufacturing
- Corrections/Policing
- Shopping Centre
- Office
- Fitness
- Car Dealership/Automotive
- Eating Establishment
- Food Processing
- Construction
- Agriculture/Livestock
- Bar/Nightclub
- SPA/Nail Salon

Commonalities: shared airspace, poor ventilation, essential services, crowded conditions

Limitations: this information represents a subset of cases where a ‘most likely source’ available (n = 1,493)

Source: COVID-19 cases, most likely source of exposure, workplaces by type, March 2021, IOM Panorama
SK COVID-19 Vaccine Coverage (1\textsuperscript{st} Dose) by Zone

- Vaccine coverage range from 33% - 53%
- 87% of population aged 70+ have received 1\textsuperscript{st} dose
- Low vaccine coverage in Far North areas
Assessed Risk of Epidemic Transmission, by Zone
May 5 – 11, 2021

Colour * Threshold level for Epidemic Spread

- Dark red: High likelihood that COVID transmission is not controlled.
- Red: High risk that COVID transmission is not controlled.
- Orange: COVID transmission is controlled, but there is a risk of community transmission.
- Green: "The New Normal"

Previous week
Current week
Current situation

- High likelihood of uncontrolled community transmission
  - Epi-curve oscillates between steady and climbing – **high case rate**
- **Saskatoon critical care system** currently under pressure, on bypass
- **Over 500 people in Saskatchewan have died from COVID-19**
  - The majority of deaths occurred from Jan 1 to date (n = 338; 68%)
- Leading indicators: active cases, testing rates, # contacts, outbreaks
- Lagging indicators: hospitalizations and deaths
  - These indicators will surge 2-4 weeks after leading indicators
- Increase in P.1 variants – potential for vaccine escape
- Next door to **highest case rates in North America**

www.saskatchewan.ca/COVID19
Update from local Public Health

• Increase in cases related to travel from Alberta
• Provincial corrections outbreaks continue across the province
• Household and workplaces
  • Main sources of exposure and driving transmission rates
  • Complex, large numbers of cases and contacts
  • We see pockets of deliberate non-compliance to Public Health measures
• Freedom rallies have occurred and moving across SK in coming days
• Enforcement capacity is constrained
• Effective case and contact notification and investigation WORKS
  • Teams exhausted and their work is not slowing (not visible)
Re-Opening Roadmap

Announced May 4 2021:

- **Step 1:** Three weeks have passed since 70% of 40+ yrs received 1st dose AND vaccine eligibility for all adults (>18 yrs)
- **Step 2:** Three weeks have passed since 70% of 30+ years received 1st dose AND three weeks have passed since start of step 1
- **Step 3:** Three weeks have passed since 70% of 18+ years received 1st dose AND three weeks have passed since start of step 2
- Carefully understand the stage of Re-opening

www.saskatchewan.ca/COVID19
Offensive Strategy

Dr. Johnmark Opondo
Medical Health Officer

Kathy Rossler
PHICC Operations Chief

Trent Mitchell
Director, Digital Health – Provincial Services

COVID-19
Health System Update
Key goal: prevent, contain and mitigate viral spread and promote population health

Key work of Public Health:

1. Emergency preparedness and response, including cross-sector business and service continuity
2. Epidemiology and surveillance: understand patterns of transmission to adjust response measures
3. Case, contact and outbreak investigation and management
   • Population-based measure that aims to interrupt networks of transmission and control epidemic
   • Notification → Isolation/Quarantine → Investigation → Reporting → Monitoring → Evaluation
   • Assisted Self-Isolation Sites (ASIS), ASIS Medical and Secure isolation sites (SIS)
   • Risk assessment: case communicability period, acquisition, exposure setting(s), contacts
4. Testing strategy: symptomatic, active case finding (investigations), public health surveillance
5. Enforcement: Public Health Orders, Public Health inspection, compliance/education
6. Risk communication: public awareness, behavior change, population health promotion
7. COVID-19 Immunization planning and delivery
Negative Result Notification - Background

- Prior to late Oct local Public Health CD teams were responsible for notifying individuals of their negative result
- Late Oct – PSC offered 26 resources to assist with this work
- Regina began a pilot with 6 PSC staff Oct. 29
- Ereq introduced to our Community Test/Assessment Sites
- November 30, 2020 the centralized team took over the provincial workload for calling negative results
- Backlog caught up by end of Dec.
- Feb 26, – data glitch resulting in significant back log
- May 12 – caught up
Negative Result Notification

• Up to May 6 this team has made **314,637** calls

<table>
<thead>
<tr>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3139</td>
<td>74,690</td>
<td>57,826</td>
<td>33,485</td>
<td>62,408</td>
<td>67,196</td>
<td>15,893</td>
<td>314,637</td>
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</table>

• Significant number of resources
• Currently 215 people on our schedule to cover 7 days

[www.saskatchewan.ca/COVID19](http://www.saskatchewan.ca/COVID19)
Auto-Notification of Negative COVID Test Results

• Objective – Send out SMS texts to those patients that provide consent to receiving an SMS and provide their cell phone number
  • Limited to SHA Collection and Assessment Sites

• Go-Live Dates
  • May 14 – Site Opening – Start collecting consent and mobile phone numbers for those that would like to receive an SMS text if their COVID test result is negative
  • May 19 – 2000 hrs – Start sending SMS texts for those that have a negative COVID test result and have consented to SHA sending them a SMS text result
  • For those that do not consent and are have a negative COVID test result they will receive a telephone call from the Negative Callback Team
  • For those that are positive they will be contacted by Public Health
  • After May 19 – Notifications will be sent out the same day that the results are available before 5pm
Auto-Notification of Negative COVID Test Results

URGENT MESSAGE from the Saskatchewan Health Authority
GREG is NEGATIVE for COVID-19 based on the test taken on 10-MAY-21.

If you have been told you are a close contact to a case, or if you have travelled outside Canada, continue to self-isolate for 14 days from last contact or return date.

Please visit www.saskatchewan.ca/covid-19 or call 811 for more information.
1. Reply 1 to Accept
2. Reply 2 for Wrong Number
Reply with your choice number.
Vaccine Strategy
Dr. Tania Diener
COVID Vaccine Strategy Chief
Dr. Julie Stakiw
Physician Lead, Vulnerable Populations
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.

www.saskatchewan.ca/COVID19
Vaccine Administration per 100,000 Population

Doses Administered Per 100,000 population
As of May 13, 2021
https://covid19tracker.ca/vaccinationtracker.html
## Who has been immunized this week?

<table>
<thead>
<tr>
<th>Age</th>
<th>1st doses</th>
<th>May 06</th>
<th>1st doses</th>
<th>May 13</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 80+</td>
<td>88%</td>
<td>0%</td>
<td>88%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Age 70-79</td>
<td>86%</td>
<td>+1%</td>
<td>87%</td>
<td>+1%</td>
<td>1%</td>
</tr>
<tr>
<td>Age 60-69</td>
<td>78%</td>
<td>+2%</td>
<td>80%</td>
<td>+2%</td>
<td>2%</td>
</tr>
<tr>
<td>Age 50-59</td>
<td>64%</td>
<td>+4%</td>
<td>68%</td>
<td>+4%</td>
<td>4%</td>
</tr>
<tr>
<td>Age 40-49</td>
<td>45%</td>
<td>+12%</td>
<td>57%</td>
<td>+12%</td>
<td>12%</td>
</tr>
<tr>
<td>Age 30-39</td>
<td>16%</td>
<td>+15%</td>
<td>31%</td>
<td>+15%</td>
<td>15%</td>
</tr>
<tr>
<td>Age 18-29</td>
<td>14%</td>
<td></td>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 12-17</td>
<td>1%</td>
<td></td>
<td>1%</td>
<td></td>
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Remote Northern Residents 50+
1st doses = 62% May 06
1st doses = 63% May 13
+1%

www.saskatchewan.ca/COVID19
School-based Strategy

- In development
- Joint work between SHA and Ministries (Health and Education)
- 12 years and older will be offered in schools, pharmacies, immunization clinics, etc
- Start in beginning of June or earlier
- High Schools, vulnerable population
1. Suspend AstraZeneca for first doses. Why?
   - Age limitations remain
   - Currently low stock
   - Future shipments uncertain
   - Plentiful shipments of Pfizer anticipated
   - Safety

2. Use Remaining AstraZeneca for second doses.
   - Prioritize those who received AZ for first dose in these categories:
     - Solid organ transplant patients (over 40)
     - Cancer patients (over 40)
     - Patients over 80
     - Those nearing 12 weeks post first dose (over 40)

3. Await Results from Mix and Match studies to inform using mRNA Vaccine for anyone who received AZ for first dose.
Those who received AstraZeneca as a first dose did the right thing!
It is a highly effective vaccine. Each individual who receives a vaccine contributes to our collective goal of exiting the pandemic.

Why are some experts calling for a change in AZ use?

AstraZeneca’s COVID-19 vaccine is associated with a rare thrombotic (clot forming) thrombocytopenia (platelet removal) called VITT.

<table>
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<tr>
<th>4 factors determine continued AZ COVID-19 vaccine use:</th>
<th>BEFORE</th>
<th>NOW</th>
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<tbody>
<tr>
<td>1) How likely are you to die from COVID-19?</td>
<td>High risk in many areas</td>
<td>Falling risk (still high in some areas)</td>
</tr>
<tr>
<td></td>
<td>a) Prevalence of COVID-19 community</td>
<td></td>
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<tr>
<td></td>
<td>b) Mortality from infection</td>
<td></td>
</tr>
<tr>
<td>2) How effective is the AZ vaccine in preventing hospitalization/death?</td>
<td>Very effective</td>
<td>Very effective</td>
</tr>
<tr>
<td>3) How likely is VITT if you get the AZ vaccine?</td>
<td>Appeared very rare (1/250,000)</td>
<td>Appears more common (1/26,000 - 1/127,000, Mortality 20-40%)</td>
</tr>
<tr>
<td>4) If you forego the AZ vaccine, how long do you have to wait to get another type of vaccine?</td>
<td>Long for most people</td>
<td>Rapidly shortening (in most areas)</td>
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AAI, PharmD – May 10, 2021
CEV Populations and Letters

New

- Anti CD 20 MAB (Rituximab and Ocrelizumab) can receive 2 doses with minimum 28 day dose interval (need 4 weeks after vaccine dose to receive Anti CD MAB).
  - Letter is provided by Health Care Team
- Cancer patients and Solid Organ Transplant Recipients can book second dose to start May 17th.
  - MOH to directly mail their 2nd dose letter
- Adolescent 12-15 year old CEVs
  - Template letter given to them by health care team (not a mail out)
  - Pfizer only
  - ***Cancer and solid organ transplant recipient 12-15 year olds can receive the second dose after 28 days.
    - ***The physicians looking after these patients will instruct them to keep their letter for the second dose but eligibility and ability to book needs to be messaged to teams
Vaccine – Mix and Match Strategy

First Safety Data from Mix n’ Match Study

- 830 participants
- Systemic reactogenicity greater after prime dose of AZ and after boost dose of Pfizer
- Both heterologous vaccine schedules greater systemic reactogenicity compared to homologous counterparts
  - Fever:
    - 34% (AZ-Pfizer) vs 10% (AZ-AZ)
    - 41% (Pfizer – AZ) vs 21% (Pfizer-Pfizer)

Similar increases for fatigue, headache, joint pain, malaise, muscle aches

- No hospitalizations
- Most reactogenicity in first 48 hours
- No thrombocytopenia in any group by day 7 post boost
- Reactogenicity might be higher in younger age groups
Defensive Strategy Highlights

Dr. John Froh
Deputy Chief Medical Officer - Pandemic
John Ash
Executive Director of Acute Care Regina
Defensive Strategy

**Key Goal:** Adapt/expand to meet projected COVID-19 demand in hospitals.

**Key Strategies:**
- Surge acute capacity through use of surge spaces/processes.
- Utilize and balance capacity across the SHA to manage the care needs of COVID and non-COVID patients.
- Convert hospitals to Alternate Level of Care where required.
- Enhanced outbreak management mitigation and response capacity.
- Field hospitals for contingency scenario only.

*Performing well across all strategies despite extremely high hospitalization rates over the last 2-3 months.*

<table>
<thead>
<tr>
<th>Key Factors Going Forward</th>
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<tr>
<td><strong>Acuity of patients is higher than what was experienced in the fall/winter</strong></td>
</tr>
<tr>
<td><strong>Patients presenting to Acute Care are decompensating quicker</strong></td>
</tr>
<tr>
<td><strong>B.1.1.7 variant is 50% more infectious, 60% more severe and is impacting a younger demographic</strong></td>
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</table>
COVID-19 Daily Admissions

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

Digital Health Analytics. Data source: ADT, RRPL, Panorama
COVID-19 Hospitalizations

Note: Data is by where patients reside, not where admitted.
Area COVID-19 Daily Cases, Admissions, Census and Deaths

Digital Health Analytics; Data source: RHRI, ADT, Panorama. Census includes all patients in on a given day, not at one point in time. These graphs represent where patients reside and not where they admitted.
Changes to Care as ICU Demand Increases

**Daily Total (COVID + Non-COVID) ICU Census**

- ICU Weekly Average Census from May 10 - 13 = 86 pts

**ICU Weekly Average Census from May 10 - 13 = 86 pts**

**SYSTEM CRISIS; COLLAPSE IMMINENT**
- 150+ Patients
- CCRN: Patient Ratio Severe Altered
- Majority of Care Provided by Non-Traditional ICU Staff
- Disaster Triage Required

**SYSTEM SEVERELY CHALLENGED; SIGNIFICANTLY ALTERED CARE STANDARDS**
- 116-150 Patients
- CCRN: Patient Ratio Significantly Altered
- Utilizing Significant Non-Traditional ICU Staff
- Significant Service Slowdowns/Cancellations
- Triage Widely Applied, Commensurate to Occupancy

**SYSTEM CHALLENGED, CARE IMPACTED**
- 79-116 Patients
- CCRN: Patient Ratio Altered
- Utilizing Non-Traditional ICU Staff
- Service Slowdowns Required
- Some Triage Required

**SYSTEM EFFECTIVELY MEETS DEMAND**
- <79 Patients
- Baseline CCRN: Patient Ratio
- Utilizing Few Non-Traditional ICU Staff (NTIS)
- Minimal Service Slowdowns Required
- No Triage Required

www.saskatchewan.ca/COVID19
Saskatoon current COVID Capacity for ICU = 14 patients (infectious and non infectious).

This is one bed short of RUH ICU baseline capacity

Regina Current COVID Capacity for ICU = 18 patients (infectious and non infectious).

This is two beds short of all of ICU baseline capacity at RGH
Baseline Beds
75 till March 29th then changed to 79

Additional Capacity created and has been sustained for 5+ months

Near trigger to enhanced beds in Saskatoon

18,000 Hour Increase from Q1 2020
192.5%

Provincial ICU Surge Bed Capacity

Baseline Beds
75 till March 29th then changed to 79

Additional Capacity created and has been sustained for 5+ months

Near trigger to enhanced beds in Saskatoon

18,000 Hour Increase from Q1 2020
192.5%
The Plan

- Saskatoon is now considering moving to next Flex space based on occupancy
- Surgical planning for CC cases continues – slight increase in cases this week with plans to review next weeks OR slate
- Ongoing surge capacity – urban ICU beds will not be able to return to baseline capacity for a time
- Acute system adjustments to ICU flow if required – rehab, observation demands, heavy acuity of patient loads
- Saskatoon and Regina electronic documentation for Physician work underway.

The Team:

- PDSA for Regina and Rural completed – will review next steps and adjust accordingly
- Modelling and Planning Directives will determine ability to adjust surge beds
- Caution on supporting significant redeployment back to other services until ICU capacity stabilizes
Safety Update

Dr. Mike Kelly
EOC Safety Officer

COVID-19
Health System Update
Scan the QR code below for the latest Safety Bulletins:

19th Edition – May 10
• Cohortting Guidelines revised to address Variants of Concerns
• Isolation Signage to remain up until rooms cleaned and properly disinfected
• COVID-19 vaccine AEFI reporting
The Fundamentals of Civility

Dr. Alana Holt
Co-Lead Pandemic Physician Wellness and Psychiatry Response Team
Physician Health Program, SMA
Student Wellness Centre, U of S
Dept. of Psychiatry, College of Medicine

COVID-19
Health System Update
The Five Fundamentals of Civility

1) Respect Others and Yourself.

2) Be Aware.

3) Communicate Effectively.

4) Take Good Care of Yourself.

5) Be Responsible
Acknowledgement

Dr. Michael Kaufman, Medical Director (Ret.), OMA Physician Health Program.

Articles published in the Ontario Medical Review, 2014 – 2015

or discussed in a webinar at www.afmc.ca

Used with permission.
The Self vs. Service Dilemma

It is real and constant.

Must be managed consistently, and

Kept in harmony.

Be deliberate in addressing the self vs. service dilemma.

A burnt out physician cannot provide good service.

The true Culture of Medicine includes self-care.
What is Burnout?

1) Emotional Exhaustion

2) Depersonalization

3) Lack of efficacy or Reduced sense of Personal Accomplishment

Some antecedents include excessive workload, perceived lack of control, insufficient reward, poor community support, a lack of fairness and a lack of congruity between personal and workplace values. (Kearney, JAMA, 2009)
The Consequences of Physician Burnout

**PATIENT CARE:**
- Lower care quality
- Medical errors
- Longer recovery times
- Lower pt satisfaction

**HEALTH CARE SYSTEM**
- Reduced productivity
- Increased turnover
- Less patient access
- Increased costs

**PHYSICIAN HEALTH**
- Substance abuse
- Depression/suicidal ideation
- Poor self care
- MVA

Self Care

• Needs are different.

• Intentionally and regularly self monitor.

• Restoration and Regeneration.

• Regular exercise.

• Connection with colleagues, friends and family.

• Lead by example. Culture of Medicine- A Culture of Caring.

• Seek professional help when needed.
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

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

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

Take care of you to!
New President of the SMA:
Dr. Eben Strydom
Melfort, SK

www.saskatchewan.ca/COVID19
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!
1. Grant awarded to Dr. Julie Stakiw & colleagues across Canada:
   A Prospective multi-site observational study of SARS-CoV-2 vaccination immunogenicity in patients with hematologic malignancies

2. Society of Rural Physicians of Canada 2021 Award Recipients:

   **Rural Health Champion Award**

   “I work with an amazing team in La Ronge, and this award is as much about them as it is about anything I have done.”

   Melissa McNeil, Opioid Agonist Therapy (OAT) Coordinator, Saskatchewan Health Authority

Melissa McNeil, La Ronge, SK
Next Town Hall

Thursday May 20, 2021 - 1800-1930

Thank you for attending and see you next week!

www.saskatchewan.ca/COVID19