

August 26, 2020

To: Honorable Brian Pallister

Premier of Manitoba

CC: Honorable Cameron Friesen

Minister of Health

and

Beth Beaupre

Shared Health Provincial Lead – Health Workforce

As Public Health Nurses (PHN's) in Manitoba, we are writing to express our grave concern about the request for proposal (RFP) in relation to private CoVid-19 contact tracing call centre services.

Currently, Population and Public Health services in each health region of Manitoba provide Communicable Disease (CD) management services. Case investigations and contact tracing of CD's, like Covid-19, are the domain of Public Health Nursing science in order to protect the health of Manitoba's population via the Public Health Act. PHN's in the Winnipeg region need to have a minimum of two (2) years of experience and competency in public health sciences in order to be hired to practice. The minimum educational requirement is a Baccalaureate in Nursing (B.N.) degree but completion of a Public Health Agency of Canada skills module, a Canadian Community Health Nurses certification or a Master level course in Epidemiology are preferred. The RFP does not detail the importance of these qualifications and we are concerned that private call centre staff are likely to lack the experience and education comparable to a PHN in managing a public health crisis such as the CoVid-19 pandemic.

During this pandemic, PHNs have worked closely with their CD Coordinators, Medical Officers of Health (MOH's), Managers and Epidemiologists in each region with case investigations, contact tracing and daily contact. They have developed rapport and collaborative working relationships with staff from multiple facilities in the areas of Infection Control and Prevention (ICP), Occupational and Environmental Safety and Health (OESH), Manitoba & Federal Corrections, Remand Centres, Winnipeg Fire Paramedic Services, transport and stretcher services, alternate accommodation services, Canada Border Services Agency (CBSA), to name a few. Private call centres will not have the infrastructure and collaborative skills to work with other agencies.

In the Winnipeg region, Dr. Fatoye has managed a highly successful 12 PHN, 2.5 CD Coordinator team who are responsible in determining how individuals contract CoVid-19, understanding how this virus has spread and identifying all contacts of positive CoVid-19 cases. The level of skill employed in case investigation, contact tracing and daily monitoring by these PHNs has been effective in mitigating the rate of infection in Winnipeg. The Winnipeg CoVid-19 PHN team has expanded upon their expertise and perfected their skill set in COVID-19 case and contact follow-up since March 2020.

Private CoVid-19 call centre staff who are managed with private management principles operate very differently than PHNs, CD Coordinators and MOHs that have the epidemiological knowledge and guidance key to pandemic control. During contact with a PHN, CoVid-19 patients also ask medical related question related to their overall health and only a nurse can advise on these health-related concerns. PHN's often encounter patients with no telephone service when

nurse can advise on these health-related concerns. PHN's often encounter patients with no telephone service when working with structurally disadvantaged populations and have to go and provide in person care, which private call centre staff cannot do. There is evidence that private call centres in North America are unable to deal with these real service delivery issues in preventing the spread of CoVid-19 due to lack of this centralized coordination.

This combination of PHN experience, expertise, education and centralized management of CoVid-19 in the Winnipeg region, has proven to not only be successful in managing the pandemic and mitigating the risk of transmission; PHNs are also trusted by the public as they work closely with communities with other PHN services. Due to this level of trust with their communities and the skill of interviewing positive CoVid-19 cases to ascertain ALL contacts, PHNs have been successful with mitigating the spread of this virus in Winnipeg. This quality of effective and efficient services provided by PHNs cannot be replicated by private call centre staff.

Moreover, fiscal management of staffing resources within Public Health has not been analyzed since the beginning of the CoVid-19 outbreak. In fact, for the last two (2) years, the Winnipeg Community region, of which Public Health Services are a part of has been asked to find six (6) % cost savings. Population and Public Health (PPH) services in the Winnipeg region have managed within their budget thus far and have not received additional funds in dealing with the CoVid-19 pandemic as compared to other regions across Canada. Instead of relying on private contractors, we urge you to create additional PHN positions through the public system by increasing funding for Public Health.

During the H1N1 epidemic, the WRHA PPH program received funding for additional PHN's and just over twenty (20) nurses were hired to manage the volume of public coming in for H1N1 immunizations. Now \$53 million has been added to the education portfolio for additional substitute teachers and PPE without additional funding to public health nursing services in managing the CoVid-19 pandemic.

The WRHA has seen a steady increase in positive CoVid-19 cases in the last month, each with numerous contacts. The second wave of the pandemic has not yet occurred and the PHNs are feeling strained with the workload. This pandemic is unprecedented and PPH services need additional nursing resources within our existing structure to continue in managing the current outbreak and prepare for the second wave.

The best policy management in dealing with the current stressed nursing resources and to prepare for the second wave of CoVid-19 is to:

1. Fund the current PPH system that not only has the education and experience to manage this pandemic but has proven successful in managing the CoVid-19 case investigations and contact tracing ASAP so ongoing training can occur in a timely and effective manner;
2. Hire medical, nursing or other health profession students to support a Manitoba Public Health Call Centre for daily monitoring of all cases and contacts;
3. Maintain Public Health CoVid-19 management with case investigations and contact tracing in the current PH system structures with reporting to Shared Health Incident Command if established again for the second wave and
4. Consider knowledge translation of successful CoVid-19 management in the Winnipeg region, share with all the other regions in Manitoba and provide additional funding to make this activity possible.

The health of Manitobans has never been more paramount than during this pandemic and Public Health Nursing Services have been key in mitigating the spread of this virus. Now is not the time to risk these services by privatizing contact tracing and risk losing the ground we have gained in managing this pandemic. Now is the time to redirect public dollars to the current Public Health systems that are working in dealing with the CoVid-19 pandemic.