# Physicians Respond to
## Shared Health Pandemic Hospital Plan

November 10, 2020

Doctors Manitoba

# Executive Summary: Strengthening Pandemic Hospital Plan

This report offers feedback and recommendations to Shared Health Manitoba on their hospital pandemic contingency plan.

**There are 27 recommendations focused on:**

- **Rapidly addressing inadequacies in the planning for physician resources** to support a surge in hospital admissions.
- **Improving transparency and engagement with physicians**, who should be viewed as trusted partners in the pandemic response.
- Responding to **serious concerns about personal protective equipment.**
- **Including emergency departments in the hospital pandemic plan**, as ERs will be impacted by the surge in COVID-19 cases.
- **Strengthening the supports for and response to personal care homes** with outbreaks to avoid further tragedies.
- **Addressing increasing distress and burnout among physicians**.

While most physicians recognize the detailed planning that has occurred to identify space and procure equipment and supplies, there are serious concerns about the level of readiness to have the physicians, nurses and other health care workers in place to open those beds.

This report is submitted to Shared Health on behalf of the 3,000+ physicians in Manitoba. It is intended as constructive feedback to strengthen the health system pandemic response. Other advice from physicians about the public health and economic resource are shared routinely with provincial officials.

There is an urgency to acting on these recommendations. COVID-19 cases are surging and hospitals are being pushed to their limits.

The top priority for all physicians is to protect the health and wellness of Manitobans. Doctors Manitoba has offered—and continues to offer—to support the provincial pandemic response.

# Medical Advice to Improve Hospital Contingency Plans

Manitoba had its first case of COVID-19 on March 12, 2020.

Since that time, Doctors Manitoba has sought to be a partner in the response, identifying over 200 physicians willing to help in hospitals, testing sites and other settings.

We've been asking for basic information about the pandemic contingency plan, such as:

- How many additional ICU and hospital beds are planned if there is a surge in cases?
- How many physicians will be required?
- How is the system planning for back-up coverage for physicians who have to isolate or get infected with COVID-19?

Each day that passed has made physicians more anxious about the state of readiness for a surge in hospital admissions.

*"It is very concerning that we had to wait until the surge to hear the basics that is 'the plan.' Many of us have been asking these questions for months."*

- Hospital Specialist

*"I am terrified of what the coming weeks and months are going to mean for Manitoba. I think that the plan as presented does not fully acknowledge the enormity of the flood of COVID cases that is coming."*

- Internal Medicine Specialist

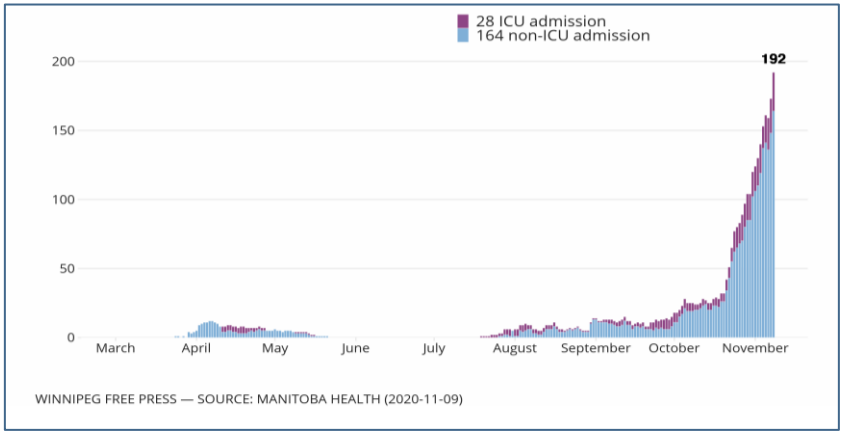
Finally, on November 5—238 days after the pandemic started—Shared Health hosted a town hall for health care providers to share their plan.

Doctors Manitoba asked for feedback from physicians about the provincial plan, including what was viewed as positive and what was missing or needed further development.

This report is submitted to Shared Health on behalf of the physicians of Manitoba. It is intended as constructive feedback to strengthen the health system pandemic response.

Cases and hospital admissions are surging in Manitoba and there are serious concerns resources could be overwhelmed within days. Acting on these recommendations, without delay, is imperative to be ready for what could occur in the days and weeks ahead.

**Hospitals and ICUs are being pushed beyond their limits**




Doctors Manitoba

# Physician Response to Shared Health Plan

Many physicians acknowledged that the Shared Health plan is an appropriate framework for a hospital pandemic contingency response, with its four pillars focusing on space, equipment, supplies and human resources.

- *"The four pillars of the plan as outlined are fundamental underpinnings of an appropriate response to this pandemic and they need support."*

However, physicians are overwhelmingly concerned about the level of preparedness for the fourth pillar: human resources:

- *"They have clearly not given any detailed thought to the fourth pillar - staffing. People are the most pivotal piece of this puzzle and I am quite frankly flabbergasted at the complete lack of granularity to 'The Plan.'"*
- *"Shared Health's staffing plans are based on a wing and a prayer."*
- *"The numbers for capacity may look good on paper but it's all contingent on having the staff to go with it. We have already been experiencing shortages and now healthcare workers are getting sick."*

The phased approach to opening up space during a surge was viewed as logical, though physicians question whether the system has planned effectively to flex up now that a surge of cases is emerging.

- *"They are discussing scaling over weeks to months and we need it over hours to days. "*
- *"They had 7 months. Why are they talking about STARTING to train people now. This should have been done."*

The remainder of this report includes specific concerns and suggestions, which have been grouped by theme with a focus on constructive recommendations to strengthen the COVID-19 pandemic response.

**85% of physicians are <u>not confident</u> the health system is ready for the second wave of the pandemic.***

Doctors Manitoba

* Doctors Manitoba survey of physicians in August/September 2020

# Rapidly Improve Human Resource Planning

The top concern among physicians about the provincial hospital plan is the human resources (HR) pillar. Based on what was shared, physicians see it as seriously underdeveloped and lacking in details, especially when it comes to physician coverage.

As Shared Health acknowledged in their plan, "the limiting factor in any pandemic plan will be human resources."

Based on the plan, as presented, and the responses so far to questions from physicians, there is a serious concern that the system may have the beds, the equipment and the supplies, but there will not be enough physicians, nurses and other health care workers to staff them.

*"The main concern about the recent plan from Shared Health about expanding hospital capacity is the availability of human resources."*

- Family Physician

*"They did not get to the key pinch points in the system and address the most important need, an integrated HHR plan."*

- Senior Medical Leader

*"When physicians get redeployed, what is the plan to cover their regular practices?"*

- Oncologist

*"There does not appear to be a plan in place to manage declining physician numbers due to Covid-related illness/isolation. Rather we were told that as independent contractors working as part of physician groups, it will be up to us to manage physician absences."*

- Anesthesiologist

*"When asked, they appeared not even to have anticipated the impact of absenteeism on physicians."*

- Infectious Disease Specialist

*"Employee absenteeism in our practice has been 50%. This pandemic plan is planning only on expanding minimally and incrementally, and is not ready for those providers to be 1/2 staffed."*

- Rural Physician

# Rapidly Improve Physician Resource Planning

## RECOMMENDATIONS

1. Clearly identify the physician coverage needed to match the planned extra capacity, and the number of physicians that must be added to cover additional beds.

2. Develop a clear plan for absenteeism due to isolation and illness. This should include:
    a. Shared Health and RHAs should accept responsibility for planning for physician absenteeism and back up coverage during this crisis; it is not appropriate to rely on smaller groups of physicians to do this with the level of absenteeism this pandemic can cause.
    b. Estimate physician absenteeism due to isolation and illness.
    c. Develop a back-up coverage plan, recognizing that this will likely rely on physicians who have existing clinical duties and practices. This should be approached systematically rather than individually.
    d. Identify how many physicians will be required for back up coverage.
    e. Expand rapid testing for health care workers to decrease absenteeism due to testing turnaround delays.
    f. Expand occupational health resources to ensure more timely review and clearance to return to work.

3. Recruitment of additional physician resources must include the following to be effective:
    a. Clear expectations of where/how physicians will be utilized in the response.
    b. Orientation and cross training for physicians working in new areas.
    c. Details about CPSM requirements and CMPA coverage for physicians working in areas outside of their normal practice.
    d. Support for physicians' existing practices. Being redeployed with little notice will be disruptive to physicians' practices and patients. Support will be needed to continue care for patients and to cover fixed overhead costs like clinic rent, staffing, equipment fees, etc.
    e. Finalized remuneration details.
    f. Support for physician isolation and illness.
    g. Immediate action, starting now. Recruitment and training take time. It should have started months ago.

4. Resident redeployment must be carefully considered, recognizing the impact it could have on their ability to fulfill their educational requirements as residents. Residents should be used to supplement gaps in coverage only after recruitment of physicians from other settings is exhausted.

# Increase Transparency and Engagement with Physicians

## RECOMMENDATIONS

There is a lack of transparency about pandemic hospital planning and a lack of engagement of physicians in the process. This has created an acute lack of trust and serious concerns about whether effective planning has been done. Many physicians mention that they hear information first from the media.

5. Engage physicians and seek their input. Recognize that physicians want to be partners in the pandemic, offering constructive feedback to strengthen the planning and response.
6. Keep physicians advised of the best practices to manage the virus, and the provincial response. Doctors recognize this is a novel virus, and that means our knowledge of the virus and our response plans will evolve as we learn more.
7. Partner with Doctors Manitoba to communicate with and engage with physicians, recognizing many are independent contractors or primarily work outside of the RHA system. Joint communication and engagement strategies could include:
    a. Advising physicians when new information is available.
    b. Offering frequent webinars .
    c. Using email, surveys and virtual town halls to seek feedback.
8. Utilize Doctors Manitoba as the skilled facilitator of effective physician engagement.
9. Share the detail of the plan with physicians. Sharing information instills confidence and trust. Keeping it secret does the opposite. In the absence of information sharing, physicians are left with the impression that planning is incomplete and the level of preparedness is seriously lacking. Suggestions of details that should be shared immediately include, but are not limited to:
    a. Additional detail on the bed map. Where is the capacity located, and what are the triggers to activate its use?
    b. Additional details about which services will be closed/postponed to support a surge in COVID-19 admissions. What triggers cancellations/closures?
    c. The response plan for northern, remote and rural communities. What is the plan to flex up smaller facilities and patient transportation?
    d. The research or evidence that guided the development of the hospital contingency plans.
    e. Information about facility outbreaks, including staff/physician infection (numbers, likely source of transmission, etc.).
    f. Incident command structure and membership, including how should front line physicians escalate their concerns internally?
    g. Further contingency options if/when the planned surge capacity is exhausted, or our physician supply is insufficient (e.g. calling in the military, Physicians without Borders, etc.).

# Confidence in Personal Protection Equipment

## RECOMMENDATIONS

Physicians are alarmed by the increasing number of staff and physician infections and the lack of information about why it is happening.

This is exacerbated by the recent emerging evidence about potential aerosol spread as well as concerns about the supply of PPE.

10. Rapidly address growing concerns that the existing PPE guidelines are not aligned with emerging evidence about aerosol transmission outside of AGMPs. Without clarity, there is a growing sentiment that guidelines are insufficient and N95s are required for any and all suspect or confirmed COVID-19 cases.
11. Clarify if the 90-day stockpile is based on existing use, or if it accounts for a surge in PPE use due to the surge in admissions.
12. Address the shortage of small N95s, which disproportionately affects and puts at risk female physicians and health care workers.
13. Provide regular "refresher" training on appropriate use, donning and doffing of PPE, along with regular spot checks to support effective protection.

*"The PPE Plan based on current use makes no sense as it's been used extremely conservatively and hardly at all compared to the ramp up that will be required."*

- Surgeon

*"What sort of PPE will be provided for physicians, particularly with new suggestion of aerosol spread of COVID?"*

- Hospital Specialist

*"Ongoing hospital outbreaks suggest that the current PPE approach is inadequate."*

- Anesthesiologist

# Emergency Department Planning is Needed

## RECOMMENDATIONS

Physicians were very concerned that the pandemic plan was silent on ED contingency plans, even suggesting no contingency plans are needed because volumes are expected to be lower than normal.

14. Recognize that EDs serve as overflow for all other areas of the hospital, including ICUs. As capacity in medicine and ICUs is stretched, these patients will back up into EDs as they always do. Also, recognize that EDs are often a first point of contact for patients entering the hospital, with or without COVID, and a surge in cases will put pressure on EDs.
15. Include ED in the pandemic planning, using the four pillars that guided planning for medicine and ICUs.

EDs are already constrained by access block, taking up at least a third of beds on average before the pandemic. Further, the need to separate and isolate patients requires more space, which is a challenge in both urban and rural EDs. Elsewhere, cities have had to erect tents to expand EDs during surges. What plans are in place to expand ED space?

# Areas for Further Action

## RECOMMENDATIONS

**Preparing Now for Difficult Decisions**

Physicians were distressed about the dismissive response from Shared Health regarding the need for a triage protocol if Manitoba runs out of life-saving resources. Physicians recognize and appreciate the additional equipment that has been secured, and they share the sentiment that avoiding the need for triaging should be the top priority. Not planning for this, or not being transparent about the plans in place for this, is not acceptable.

16. Apply an ethics framework to develop a triage protocol for allocating finite life-saving resources in the unlikely event that resources are overwhelmed. This information should be shared publicly and not kept secret.

*"There appears to be no plan about rationing of intensive care resources. This is a major concern given that ICUs almost always run close to capacity."*

- Hospital Specialist

*"Avoiding the discussion about triaging who gets a ventilator is condescending and dismissive. When I am on call in the ICU and fill up the last bed, the nurses come to me as the attending to ask what we will do next. I am not empowered to open new beds or make contingency plans."*

- Critical Care Specialist

**Surgery and Diagnostic Impacts**

Based on the impact from the spring that created a backlog of 7000 postponed surgeries, efforts should be made to minimize the number of procedures postponed. Physicians recognize how slowing down elective procedures can contribute to creating capacity for a surge in COVID admissions, but this must be offset with a post-surge plan to recover.

17. Explore options to minimize the disruption to surgeries and diagnostic procedures. This could include:
    a. Rapid testing of surgical cases.
    b. Maintaining a COVID-free hospital to continue surgical activity.
18. Ensure a robust surgical and diagnostic recovery plan is in place to fully address any backlog created.

**Palliative Care**

19. Palliative care should be involved in planning for a surge in hospital admissions, to ensure appropriate palliative options are available.

**Lab Resources**

20. A surge plan is needed for lab capacity to ensure fast turnaround times for COVID testing, and other medical tests, can be maintained.

# PCH Outbreak Response Urgently Needed

## RECOMMENDATIONS

In addition to concerns about some missing details in the hospital emergency plan, physicians are making the clear connection between system capacity and response, and the crisis in long term care.

Physicians make the following recommendations concerning immediate plans needed for the integration of hospital and system response and the long term care system:

21. Clarify the chain of command, reporting structure and protocols for escalating issues for rapid problem-solving and resolution.

22. Ensure a physician with expertise in care of the elderly is prominent on the Incident Command structure and other senior planning tables concerning the pandemic response.

23. Audit and augment staffing in PCHs ensuring, at minimum, the nurse and health care aide coverage is at or above recommended levels. Acknowledge these ratios were determined for non-COVID times, and make adjustments accordingly, especially during an outbreak.

24. Create and deploy rapid response teams to all PCHs with outbreaks to help monitor individual residents and support the facility in taking all the necessary steps to limit spread of the virus.

25. Create a larger pool of primary care physicians and geriatricians to offer increased to support PCHs during the pandemic, especially when outbreaks are declared.

26. While the surge in PCH cases is ongoing, intensify public health restrictions and response. Research has found that increased deaths in PCHs follow increased community transmission of the virus.

Physicians are already volunteering to help support the response in PCHs.

**31 PCHs in Manitoba have active COVID-19 outbreaks.**

# Support Physician Wellness Now to Prevent Burnout

## AREA OF CONCERN

There were concerning signs of distress and burnout in many of the responses from physicians. Burnout could be an additional significant cause of absenteeism during the pandemic.

The causes of physician burnout are complex and multifactorial, especially during this pandemic. They include:

- Workload pressures
- Moral distress about patients
- Lack of info / uncertainty
- Worry about infecting self/family
- Financial uncertainties

Some of these causes could be significantly alleviated through improved transparency and engagement, updating PPE guidelines, and finalizing HR planning to support the pandemic contingency plan.

27. Shared Health, Regional Health Authorities and system leaders should work with Doctors Manitoba to address all of the causes of physician distress and burnout, to preserve the physician workforce and to support safe care for their patients.

*"Staff are burning out at a tremendous rate, and not only because of the stress of an invisible enemy (COVID), but because we are left in the lurch by a government providing no communication, no cogent plan and expecting us to just figure it out."*

- Emergency Physician

*"I am angry. I am terrified. I am at a loss for how we can continue to care for our sickest, and even less sick patients. The only guarantee is that every day is completely different than the last. We will continue to play the most terrible game of musical beds making the best bad decisions we can every day to try to provide care to our patients as long as we can stomach it without completely giving in and breaking down."*

- Specialist