

COVID-19 HEALTH SYSTEM RECOVERY PLAN

OVERVIEW

While the health system continues to respond to the needs of COVID-19 patients, evidence shows the pandemic's fourth wave has peaked, plateaued and is now on a downward trend. COVID-related hospitalizations, including admissions to ICU, have seen a reduction in the past two weeks. This has allowed for a gradual and carefully phased return to pre-pandemic operations amid ongoing planning for the recovery of services impacted over the past two years.

COVID-19 remains a significant area of focus and operational priority across the health system, with plans in place to ensure system-wide capacity to restore critical COVID-19 services should a surge in demand occur. As Manitoba's health system prepares for the provincial lifting of public health restrictions, planning has been focused on ensuring plans and resources are in place to balance the day-to-day demands of COVID-19 with the need to fully restore health services relied upon by all Manitobans.

The COVID-19 Health System Recovery Plan has been developed with the input of clinical and health system leaders and reflects both the ongoing operational priority of COVID-19 as well as the urgency of a return to pre-pandemic operations. Planning includes both prioritization of services (for an increase or decrease according to the circumstances), triggers for the movement of redeployed or reassigned staff (either to a priority COVID-19 service or back to their "home"), and activities to support health system capacity for all Manitobans, including COVID-19 treatment options, virtual treatment, inter-region transfers and resources for individuals experiencing long-term effects of the virus.

At its core, health system planning and ongoing service delivery are grounded in the availability of a professional and highly skilled health workforce. Manitoba's health-care workers have made enormous contributions to the health and well-being of their patients, clients and residents over the past two years and will be key to our health system's recovery. Efforts to train, recruit, support and strengthen the individuals and teams working across our health system will be a priority within every phase of this plan.

CRITICAL CARE CAPACITY

Ensuring capacity remains in place – or can be quickly established – to care for the most severely ill patients, both COVID and non-COVID related, remains a priority. Plans are in place to ensure the health system is able to support patient needs over the longer term as public health orders and restrictions are lifted.

Manitoba's critical care capacity will maintain a consistent baseline of 110 adult ICU beds, up from the pre-pandemic baseline of 92 (72 adult ICU beds, 20 cardiac ICU beds). Within these 110 beds, Manitoba will maintain 87 adult ICU beds (up from 72) and 23 cardiac ICU beds (up from 20).

To support the maintenance of a reliable critical care bed base, additional staffing resources are being trained and recruited on an ongoing basis to ensure a long-term supply of appropriately skilled and trained critical care nurses. The Critical Care Nurse Orientation Program (CCNOP) will now run four times per year, allowing for up to 120 nurses to complete the program annually.

CRITICAL CARE CAPACITY – CONTINGENCY PLAN

Hospitalization rates and admissions to ICU are being closely monitored as triggers to indicate any anticipated surge in COVID-19 activity requiring a rapid acute care response. Plans are in place to incrementally add ICU capacity across the health system as required by these indicators.

Should a significant expansion of the critical care bed-base be required, it will rely upon redeployment and/or reassignment of staff from other areas/services of the health system. Lead time of five to seven days has been identified for the expansion of beds by approximately six to 10 beds per phase.

Each phase will redeploy or reassign staff from an identified area, resulting in a corresponding decrease to activity and services as workforce shifts occur. Criteria have been clinically determined to establish appropriate prioritization and provincial standardization of services impacted and the sequence by which they are reduced.

SURGICAL RECOVERY

Increased demand on critical care capacity throughout successive COVID-19 waves drew heavily upon human resources redeployed from other areas of care, including surgery. While emergency, urgent and life and limb surgeries were maintained at Manitoba's most acute facilities (HSC Winnipeg, St. Boniface Hospital, Grace Hospital and Brandon Regional Health Centre), many elective and non-urgent surgeries and diagnostic procedures were impacted by these surges in COVID-19 activity. This has resulted in thousands of patients whose appointments were cancelled or postponed.

Resuming elective and non-urgent surgeries is also a priority as COVID-19 demands subside. Staff redeployed and reassigned to support COVID response elsewhere in the health system will be returned to their "home" area as soon as is operationally possible.

This will happen in carefully planned phases that are being coordinated provincially to ensure the highest priority activities are resumed as soon as possible. The sequence by which services are returned is clinically informed and will occur across an anticipated four phases, detailed below.

PHASE ONE has already taken place with staff returned to a number of rural sites, allowing for the resumption of pre-pandemic levels of surgical activity at various facilities in Prairie Mountain Health, Southern Health-Santé Sud and at Victoria General Hospital in Winnipeg.

PHASE TWO is scheduled to begin the week of March 14 with staff returning to Victoria General Hospital, Concordia Hospital and St. Boniface Hospital. These shifts will allow for a return to normal slating/operations at Victoria, the resumption of endoscopy slates at Concordia, and the addition of three cardiac critical care beds at St. Boniface with cardiac surgery slates returning to

pre-pandemic levels, as well as the restoration of a nine-bed intermediate medicine care unit at the site.

The return of remaining staff redeployed within Southern Health-Santé Sud is also underway, with plans in place for the resumption of many services at Boundary Trails, Carman, Portage and Bethesda in place for the month of March.

PHASE THREE is anticipated to occur the week of March 21 with staff returned to the Transplant program at HSC as well as to Seven Oaks General Hospital. These shifts will allow for a return of transplant services (HSC) and endoscopy (Seven Oaks).

PHASE FOUR will remain dependent on operational readiness and ongoing monitoring of health system indicators. Shifts are anticipated to occur as early as mid-March and may extend into April with staff returning to Pan Am and Misericordia sites, as well as surgical beds located at the Grace Hospital returning to service (these beds are currently occupied by Medicine patients who will be decanted to other locations in advance of this shift).

Also in this phase, Ste. Anne Hospital, located in Southern Health-Santé Sud, is scheduled for a resumption of services in the month of May.

MANITOBA'S DIAGNOSTIC AND SURGICAL RECOVERY TASK FORCE is tasked with the development and prioritization of initiatives to address diagnostic and surgical backlogs, as well as related services, that have been created or compounded by COVID-19 response.

MEDICINE CAPACITY

With the emergence of the Omicron variant, the number of COVID-19 patients admitted to hospital reached a new high in the pandemic's fourth wave. While more infectious than previous variants, Omicron did prove less severe for most individuals, particularly those who were vaccinated against the virus.

The increased number of active COVID-19 patients in hospital did challenge capacity in medicine units across the province, requiring ongoing and increased use of the inter-region transfer protocol for stable patients in order to maintain capacity at the province's most acute sites.

MEDICINE CAPACITY – EXPANSION

During this period of recovery, planning is underway to identify opportunities to increase medicine capacity and improve patient flow.

Additional overcapacity/flex medicine beds will be required to accommodate patients who require admission to medicine units (both for COVID and non-COVID reasons), reduce ED congestion, support physical distancing requirements and support the transfer of patients from ICU to medical units -- ensuring maximum availability of ICU beds in the system.

Planning is actively underway to determine the post pandemic medicine bed map as well as to align medicine capacity with the newly expanded ICU bed base. Staffing and resource requirements are being identified with recruitment and training requirements a core component of this planning work.

MEDICINE CAPACITY – INTER-REGION TRANSFERS

Inter-region transfers of clinically appropriate, stable patients remains a strategy to ensure ongoing capacity within medicine units across Manitoba. While patient transfers to different sites can be upsetting for patients and their families, the acute care inter-region transfer protocol continues to be necessary to maintain capacity for COVID and non-COVID patients across the province.

Care teams carefully assess patients who are suitable candidates for transfer to another region, including their immediate and ongoing care needs, and carefully match them to a receiving facility able to provide that level of care.

Inter-region transfers will continue and may increase in the coming weeks as weather can be expected to play less of a limiting factor. Reimbursement processes have been put in place to ensure that families whose loved one is transferred out of region do not incur financial hardship when visiting their loved one at the receiving facility.

VIRTUAL COVID OUTPATIENT PROGRAM (VCOP)

Virtual care options continue to support patients with COVID who are stable enough to be cared for at home, with some support. Patients requiring home oxygen are admitted to the VCOP program and monitored virtually by a medical team throughout their recovery. VCOP is available in Winnipeg, Brandon, Portage la Prairie, Steinbach, Winkler, Morden and Selkirk.

As of March 14, 2022, VCOP has cared for 512 patients and saved approximately 3,849 inpatient days in hospital, providing COVID patients with appropriate ongoing care while maintaining capacity in hospital.

LONG-TERM CARE

Long-term care (personal care homes and supportive housing) remain a core component of Manitoba's health system, providing appropriate, compassionate and high-quality care across the health continuum. Manitoba's ongoing recovery from the effects of COVID-19 includes consideration of the services relied upon by individuals living in long-term care, the staffing and human resources required to ensure quality care, and the preventative measures that will remain an essential part of PCHs over the long term.

Learnings from the experience of long-term care during COVID-19 have resulted in the development of a [Provincial Long-Term Care, Personal Care Home Pandemic Plan](#). This plan will guide preparations and planning for future pandemics while also providing standard guidance and requirements for the identification and management of outbreaks.

It also provides for the ongoing implementation of robust and standardized infection and prevention control protocols to support the protection of a population that is at increased risk of serious illness during an outbreak or pandemic situation.

PRIMARY CARE AND OUTPATIENT SERVICES

RESUMPTION OF IN-PERSON SERVICES / MAINTENANCE OF VIRTUAL CARE OPTIONS

Primary care and outpatient services are returning to the provision of all regular patient care services. Practices may continue to offer virtual visits where appropriate, anticipated to be approximately 20–25 per cent of visits, with variation according to the specific practice.

Patient and staff screening remain in place and PPE and physical distancing guidance remain in effect. Updated guidance includes strategies for the delivery of patient care, regardless of vaccination status as well as for the care of patients with mild to moderate COVID-19 symptoms. Considerations are also provided for the delivery of care and/or services to individuals who are not masked, aimed at ensuring the ongoing availability of services for all Manitobans while also ensuring care spaces and environments remain safe for patients vulnerable to the most severe effects of COVID-19.

COVID-19 TREATMENT

While Manitoba moves into the next phase of pandemic management, with recommendations replacing requirements and public health restrictions, it is anticipated that COVID-19 activity will increase and hospital admissions and ICU admissions may also rise. In an effort to mitigate the most serious effects of the virus on individuals at higher risk, Manitoba has pursued an aggressive approach to the administration of approved COVID-19 treatments.

COVID-19 treatments, including monoclonal antibodies and antivirals, are expected to reduce the severity of illness and hospitalization rate for some patients. These treatments must be offered very quickly after symptom onset, so nearly immediate testing and referral is required in order for treatment to be given in the five to seven-day eligibility period.

Manitoba's eligibility criteria are the most expansive in the country, including both vaccinated and unvaccinated Manitobans as well as those who meet underlying health condition, age, and demographic criteria. Treatments are available in several forms, with referral available from primary care providers, facility-based pharmacists, Health Links-Info Santé and in hospital.

As of March 9, 2022, approximately 212 oral antiviral treatments had been dispensed, along with 502 doses of monoclonal antibodies. Eligibility criteria continue to be assessed and efforts to expand awareness of the availability of these treatments are underway.

RESOURCES AND CARE FOR LONG-COVID

A Provincial Long-COVID Working Group has been established to compile and facilitate access to resources and services for Manitobans living with the long-term effects of COVID-19. The working group is developing a webpage with information for patients as well as guidance and recommendations for health-care providers treating this condition and its symptoms.

A variety of self-management strategies and techniques will be made available for both children/youth and for adults/older adults. Tools to identify when, where and how to seek support or care from a health-care provider are also in development, with a specific focus on addressing gaps to accessible community-based services and care.

VISITOR GUIDELINES

Efforts to cautiously expand visitor access to inpatients and personal care home residents will continue as COVID-19 activity in the community is monitored. An increase in the number of fully vaccinated visitors was implemented in recent weeks, followed by expanded visitor access as proof of vaccination requirements were discontinued. Hospitals and personal care homes continue to take every available preventative measure to reduce the risk posed to vulnerable inpatients and residents, as well as health-care workers. These include ongoing use of requirements such as appointments and visiting hours, use of personal protective equipment, wearing of masks and staff and visitor screening.

As COVID-19 indicators permit, further expansion of visitation will occur, including scheduled social leaves as well as overnight leaves for PCH residents. Infection prevention and control experts are guiding these expanded opportunities for visitation, making every effort to balance the benefits of social interaction with the need for ongoing preventative measures to protect the most vulnerable Manitobans. Visitor guidelines continue to be reviewed.

WORKFORCE HEALTH AND WELLNESS

For more than two years, Manitoba health-care workers have invested their time, energy, and skillset to the provision of compassionate, high-quality care for patients, residents and clients across Manitoba. They have seen changes to their work or work environment and to their teams and have navigated these changes with professionalism and dedication for all they care for. As part of Manitoba's overall COVID-19 recovery, addressing workforce health and wellbeing and providing resources and support for the recovery of all health-care workers is a top priority.

A Psychological Safety Steering Committee has been established to support this work and will be responding to the feedback gathered from Manitoba's health workforce in response to a provincial Employee Resilience Survey conducted in late 2021. Focus groups and interviews are gathering a deeper understanding of the pandemic's longer-term effects on health-care workers.

Health-care workers continue to have access to a number of resources and supports through their employer as well as to online tools available at the [Mental Health and Wellness Resource Finder](#).

COVID-19 CONTINGENCY PLANNING

This COVID-19 Health System Recovery Plan, developed with the input of clinical and health system leaders from across the health system, reflects the continued operational priority of COVID-19 across all areas of the health system as services return to more normal pre-pandemic levels of operation.

Health system indicators, including surveillance testing, hospitalizations and ICU admission, are being closely monitored to inform decisions in the event of a surge in COVID-19 activity. Contingencies have been developed to support the incremental expansion of Manitoba's ICU bed base if required, along with clinical prioritization for redeployment and reassignment of staff from other areas of care. The addition of overcapacity/flex medicine beds, continuation of

inter-region transports and use of virtual outpatient treatment for COVID patients will help to maintain capacity in hospital for the treatment of Manitobans requiring both COVID and non-COVID care. Widespread availability and eligibility of approved COVID-19 treatment regimens will further support individuals at greatest risk of the most severe effects of the virus, offering effective treatment in the days immediately following the onset of symptoms. For Manitobans experiencing the long-term effects of COVID-19, resources to support self-management and guidance for providers will ensure access to information and care.

This recovery plan outlines the necessary steps, sequencing and resources required to refocus our health-care system on the operational and patient care priorities that exist beyond COVID-19 while maintaining the safeguards that will be relied upon by Manitobans in the event of a future pandemic surge.