

From: Chang, Daniele L HLTH:EX <Daniele.Chang@gov.bc.ca>
To: XT:Flatt, Alexandra HLTH:IN <aflatt@phsa.ca>
Sent: August 19, 2020 11:04:42 AM PDT
Attachments: 1173118- Ms. Flatt.pdf

Good morning,

Attached please find correspondence from Dr. Ian Rongve, Assistant Deputy Minister of the COVID Response & Health Emergency Management Division, British Columbia Ministry of Health.

This email communication is intended solely for the person or entity to which it is addressed and may contain confidential and privileged information. Any review, dissemination or other use without the express written consent of the sender is prohibited. If you are not the intended recipient, please notify me at the telephone number above or by return email and delete this communication and any copies immediately. Thank you.



1173118

August 19, 2020

Alexandra Flatt
Vice President, Pandemic Response and
Chief Data Governance and Analytics Officer
Provincial Health Services Authority
1333 West Broadway
Vancouver BC V6H 4C1

Dear Ms. Flatt:

Thank you for submitting a business case on behalf of PHSA related to the creation of a time-limited Post-COVID-19 Provincial Clinical Program.

The Ministry of Health supports the implementation of this program. Recent evidence indicates an emerging need for post-acute COVID care. However, at this time, we are unable to provide the requested funding.

I want to thank you for your organization's work on this business case, and for your ongoing work in the fight against the COVID-19 pandemic.

Sincerely,

Ian Rongve, Ph.D.
Assistant Deputy Minister

**MINISTRY OF HEALTH
DECISION BRIEFING NOTE**

Cliff # 1173118

PREPARED FOR: Ian Rongve, Assistant Deputy Minister, COVID Response and Health Emergency Management - **FOR DECISION**

TITLE: Post-COVID-19 Provincial Clinical Program Business Case

PURPOSE: To make an informed decision regarding the Post-COVID-19 Provincial Clinical Program Business Case

BACKGROUND:

The BC Centre for Disease Control (BCCDC) has reported over 4,000 diagnosed cases of COVID-19 in BC as of August 13, 2020, but research in BC estimates the actual number people who have contracted COVID-19 could be eight times higher.¹

There is currently no cure or treatment for COVID-19. Increasing evidence shows that people are suffering from lingering symptoms after the acute phase of the illness has passed. Ongoing problems include fatigue, a racing heartbeat, shortness of breath, achy joints, foggy thinking, a persistent loss of sense of smell, and damage to the heart, lungs, kidneys, and brain.² A study from the Severe Acute Respiratory Syndrome (SARS) outbreak in 2012 found that 40 percent of survivors experienced symptoms of chronic fatigue following the illness.³ Evidence is also showing an increase in morbidities and mortality in people with pre-existing cardiovascular conditions.⁴ An online survey of almost four million people globally indicates that 10 percent of people reported persistent symptoms 25 days after diagnosis, and five percent reported still feeling unwell one month later.⁵

The short, medium and long-term consequences of COVID-19 remain unclear. In BC, there is currently no standardized follow-up or care for people who have had COVID-19, and it is likely falling to primary care providers and other specialists to support patients individually. Provincial Health Services Authority (PHSA) has submitted a business case to the Ministry of Health to create a time-limited Post-COVID Provincial Clinical Program (the Program). PHSA has requested a total of \$4,330,226 over three fiscal years.

DISCUSSION:

The goal of the Program is to ensure people recovering from COVID-19 continue to receive evidence-informed care when and if they need it. A provincial approach coordinated and managed centrally, closely connected to research, would enable rapid

¹ Government of BC (2020) *COVID-19: Going Forward*. Retrieved August 13, 2020 from <https://news.gov.bc.ca/files/Covid19-Modelling-Update.pdf>

² Carfi, A., et al (2020) Persistent Symptoms in Patients After Acute COVID-19. *JAMA* 324(6):603-605.

³ Lam, M. et al (2009) Mental Morbidities and Chronic Fatigue in Severe Acute Respiratory Syndrome Survivors: Long-term Follow-up. *Arch Intern Med.* 2009;169(22):2142-2147.

⁴ Yance, C.W. et al (2020). Coronavirus Disease 2019 (COVID-19) and the Heart—Is Heart Failure the Next Chapter? *JAMA Cardiology* doi:10.1001/jamacardio.2020.3575.

⁵ COVID Symptom Study (2020). How long does COVID last? Retrieved August 13, 2020 from <https://covid.joinzoe.com/post/covid-long-term>.

evidence generation and dissemination for other patients in BC and elsewhere. PHSA is proposing a hub and spoke model where they manage a centralized coordination unit while working with specialized clinics in each health authority and leveraging existing services including primary care networks, research and academic networks. This multidisciplinary approach is consistent with the Province's priority of team-based care, including what is in place for other complex illnesses in BC (such as PHSA's Complex Chronic Diseases Program).

The business case does not indicate how many patients the Program is expected to treat. With over 4,000 diagnosed in BC to date and the estimate that potentially over 30,000 people have contracted COVID-19 thus far, over 3,000 British Columbians and counting could benefit from such a program.

This Program provides an opportunity for the province to be a leader in centralized clinical care management that is actively learning from the evidence. The clinical data collected, including questionnaires and referrals to services, will be complimentary to the databases and bio banks that are already in place.

s.13

Option 2: Support the development of the Post-COVID-19 Provincial Clinical Program and direct PHSA to fund internally or by leveraging other funding sources.

s.13

s.13; s.17

RECOMMENDATION:

Option 2: Support the development of the Post-COVID-19 Provincial Clinical Program and direct PHSA to fund internally or by leveraging other funding sources.



August 19, 2020

Approved/Not Approved
Ian Rongve
Assistant Deputy Minister

Date Signed

Program ADM/Division: Ian Rongve, COVID-19 Response and Health Emergency Management Division
Telephone: 250 516-3411
Program Contact (for content): Gina McGowan, Director, Planning
Drafter: Carrie Murphy
Date: August 12, 2020

LEGISLATIVE SESSION - FACT SHEET

Post COVID-19 Interdisciplinary Clinical Care Network (Recovery Clinics)

TOPIC

In partnership with the regional health authorities, patients, and research organizations across BC, Provincial Health Services Authorities Post COVID-19 Interdisciplinary Clinical Care Network (PC-ICCN) aims to support the best possible outcomes for people who have experienced serious cases of COVID-19, through best practices, education, and research. Three Post COVID-19 Recovery Clinics have been established to date under the PC-ICCN umbrella.

CURRENT SITUATION

- Much is still unknown about the long-term impacts of COVID-19, with research suggesting some people experience symptoms long after they have passed the infectious stage. It is estimated by international studies that 75% of hospitalized patients and 10% of non-hospitalized patients will require follow-up care.
- BC has established care for people with post COVID-19 symptoms, including interdisciplinary clinics, supports for primary care providers, and resources to help those affected manage their symptoms.
- The PC-ICCN is the first network of its kind in Canada to standardize post COVID-19 care across health authorities and integrate real-time research into clinical care. Researchers involved in the PC-ICCN are affiliated with a wide range of institutions, including the BC Academic Health Sciences Network; Simon Fraser University Faculty of Health Science; University of British Columbia, Faculties of Medicine and Nursing and the School of Population and Public Health; Canadian Institutes of Health Research ; Michael Smith Foundation for Health Research; BC SUPPORT Unit; and the Canadian COVID-19 Prospective Cohort Study.
- The PC-ICCN provincial approach ensures that people in BC receive truly evidence-informed care from a group of committed physicians and interdisciplinary specialist teams with a common aim to improve outcomes for both patients and the system.
- The PC-ICCN aims to support the best possible outcomes for people recovering from lingering symptoms after COVID-19 infection, through research, education, and care.
- A core element of post COVID-19 research is PC-ICCN's patient registry and biobank. When a patient visits a Post COVID-19 Recovery Clinic (PCRC), a standardized set of tests are performed. If a patient agrees, biological samples from these tests can be used for research and stored in a biobank to support research.
- Patients will also be able to fill out questionnaires and be linked to several other research opportunities.
- COVID-19 survivors with complex presentations who do not receive adequate and evidence-based recovery care are at risk of lifetime disability and chronic diseases such as cardiovascular, respiratory, kidney disease and the known burden of depression and psychological impacts of chronic disease. These, in the aggregate, will lead to a high burden of care for patients, families and the health-care system.
- The PCRCs offer an opportunity to reduce hospital re-admissions for lingering COVID-19 symptoms and an opportunity to coordinate specialist referrals and reduce redundant lab and diagnostic testing. Working together as a network, the PC-ICCN can learn from and plan for the short, medium, and long-term resource needs for the population recovering from COVID-19.

KEY FACTS

- In April 2020, the PC-ICCN was conceived of and formalized in the fall of 2020. It was not designed as a long-term solution and is expected to continue to the end of March 2022, with a determination to be made at that time whether a further extension is required or if usual care teams and research processes can support the work.
- There are three PCRCs in BC under the PC-ICCN umbrella: St. Paul's Hospital, Vancouver General Hospital, and the Jim Pattison Outpatient Care and Surgical Centre in Surrey.
 - A clinic at the Abbotsford Regional General Hospital is being officially launched in July 2021 (following a soft launch in May 2021), and there are development plans for Interior Health Authority and Vancouver Island Health Authority clinics. It is estimated that the Interior Health clinic will launch in September, while the launch date for the Vancouver Island Health clinic is not yet known.

LEGISLATIVE SESSION - FACT SHEET

- The PC-ICCN is working with the Provincial Health Services Authority Office of Virtual Health and regional health authority virtual health teams to leverage virtual care when patients recovering from COVID-19 cannot attend one of the established PCRCs.
- As of May 4, 2021, 656 patients have visited post COVID-19 recovery clinics in BC and 1,400 people have registered. Of the visits to date:
 - 135 were to the Jim Pattison Outpatient Care and Surgery Centre in Surrey.
 - 235 were to Vancouver General Hospital.
 - 277 were to St. Paul's Hospital in Vancouver.
 - 9 were to the Abbotsford Regional General Hospital (as part of a soft launch ahead of the official launch of the clinic).
- Patients access PCRCs for a finite period of time, between 6 and 18 months depending on clinical status.
 - The PCRC model of care is to see hospitalized patients at 3, 6, 12 and 18-months post-symptom onset.
 - All other patients are seen at 3-6 months for follow-up.
 - Discharge occurs at 6, 12, or 18 months depending on the severity of the illness.
- PCRCs offer unique care and leverage existing resources and care pathways while helping patients and their General Practitioners navigate this new disease. These clinics save the health-care system the costs of multiple specialist referrals, redundant lab and diagnostic testing, and costs for patients to travel to obtain these services.

FINANCIAL IMPLICATIONS

- N/A

Approved:

May 27, 2021 – Ian Rongve, ADM, COVID Response and Health Emergency Management Division



1173118

September 11, 2020

Alexandra Flatt
Vice President, Pandemic Response and
Chief Data Governance and Analytics Officer
Provincial Health Services Authority
1333 West Broadway
Vancouver BC V6H 4C1

Dear Ms. Flatt:

Further to my August 19, 2020 letter, I would like to provide clarification regarding the Ministry of Health's position on the creation of a time-limited Post-COVID-19 Provincial Clinical Program.

Despite being unable to provide PHSA with additional funding, the Ministry is very supportive of the Post-COVID-19 Provincial Clinical Program and would like the PHSA to move forward in its development and implementation. The program will provide an opportunity for the Province to be a leader in centralized clinical care management that is actively learning from the evidence.

I hope that this letter helps clarify any outstanding questions or concerns regarding this business case. If you have any further questions, please contact Darlene Therrien, Executive Director, Planning, Analysis and Reporting Branch, at 778-974-2554 or via email at Darlene.Therrien@gov.bc.ca.

Sincerely,

Ian Rongve, Ph.D.
Assistant Deputy Minister

FW: ICCN PPT

From: Parte, Maura HLTH:EX <Maura.Parte@gov.bc.ca>
To: Armitage, Glenn HLTH:EX <Glenn.Armitage@gov.bc.ca>
Sent: February 5, 2021 9:58:20 AM PST
Attachments: 2021-02-04 VP Session.pptx

Hi Glenn, can you please start working up a summary of info in this PPT on ICCN?

SafeCare: <https://www.safecarebc.ca/> is an industry group supporting continuing care workers – LTC, AL, IL, etc.

They have asked whether these “long-haul” COVID clinics have a role to play in supporting RTW for employees who have had Covid.

Can you please work this up today in the response/request template we have been using for IGR, MO requests etc.

Thank you,

Maura

From: Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>

Sent: February 5, 2021 8:52 AM

To: Parte, Maura HLTH:EX <Maura.Parte@gov.bc.ca>

Subject: RE: ICCN PPT

From: Parte, Maura HLTH:EX <Maura.Parte@gov.bc.ca>

Sent: February 5, 2021 8:50 AM

To: Dauncey-Elwood, Alexandra HLTH:EX <Alexandra.Dauncey-Elwood@gov.bc.ca>

Subject: ICCN PPT

Hi Alex, do you have access to this PPT from yesterday's PPL? I need it quite urgently for a BN. Thank you

Maura Parte, Director, Response Planning

Planning, Analysis and Reporting Branch

COVID Response and Health Emergency Management Division

BC Ministry of Health

Tel: 250 213 6377

Email: Maura.Parte@gov.bc.ca

Provincial Pandemic Planning

February 4, 2021 8:30am-10:30am



Ministry of
Health

Territorial Acknowledgement



Ministry of
Health

We would like to begin by acknowledging that we are very fortunate to be able to gather virtually today on traditional territories of various distinct Indigenous Peoples across the province.

For those of us in Victoria, that is the traditional territories of the Lekwungen-speaking Peoples and Vancouver Island Métis Chartered communities, whose historical relationships with the land continue to this day.

We are grateful for the opportunity to live, work, and play on these lands.

Meeting Purpose and Agenda



Ministry of
Health

Emerging Issues and ICCN Discussion

Agenda:

1. Introductions, Purpose
2. Roundtable
3. ICCN Discussion
4. Vaccine Update
5. Meeting Frequency Discussion
6. Next Steps

Roundtable



Ministry of
Health

FHA-

Nothing urgent to report

Vaccines well underway including pre-trial centre

PHC-

Cases in VCH stable, cases in DTES are also pretty stable.

Vaccines have been rolling out in DTES – trying to reach shelters and those who are admitted.

Had fairly good uptake so far

Struggling through multiple outbreak wards – 3-4 are due to come off this week so hopefully through the worst of it.

One active outbreak is in the geriatric ward – all patients were vaccinated yesterday, hoping that will help.

Were prioritized to get acute care staff vaccinated as DTES numbers were remaining higher than they'd like.

Still dealing with outbreaks everywhere, but it seems like they are getting better

VIHA-

Sitting around 30 cases/day – managing

CCU capacity is good.

Staff are tired – can see the exhaustion. Looking to see how to support staff

Vaccine rollout going well – doing second dose for week 2 people who got their first dose in the clinics.

Slowly rolling through high priority acute with the leftovers, paramedics are included in that

Paramedics will be complete before moving on to med surg

Question- has anyone run a Metis clinic? Would like some information and partnership if available

Will be meeting with friendship centre and Metis nation in the next few days to make a plan

IHA- part of their engagement in the next phase, considering them as a whole with other populations, not Metis specifically

Contact tracing doing ok. Moved into a pod structure which has helped manage the increased cases

VCH

LTC issues and new case numbers are fairly stable

LTC outbreaks are trending in the right direction

Roundtable



Ministry of
Health

IHA-

Holding steady at 50-60 cases/day
Active cases are decreasing – down to 880 as of yesterday
51 hospitalized 16 CCU – has been holding in that range
1 active acute care outbreaks – Royal Inland continues to evolve. Have a high focus on IPCC in that site
Received FHA documents that were prepared for acute care outbreaks – being used to help with any lessons learned for containment
LTC outbreaks seems to be in a stabilizing trend
Immunization – busy with second doses
LTC- busy with data reconciliation.
Small amount of vaccine available for first doses – looking at priority acute care
Planning underway for phase 2 –phase 4 – looking at locking down spaces to use

FNHA-

Earlier this week had 200 cases in one day
Yesterday there were 44 – seems to be settling down
734 active cases as of yesterday – 50% in communities
Yesterday had 6 deaths – 2 were in or near community
Urban and away from home vaccine strategy as a partnered approach – working with Aboriginal friendship centres and others, trying to figure out how to partner in all the communities across the province
Continuing planning for second doses

PHSA-

Have been working on some of the allocations with the limited supply over the next couple of weeks
Submitted a list of long-term care facilities and resident and staff, as best as possible
Substantial amount of time went into it
Data has the denominator – total staff and residents as what was defined in the single site order or data that came from the Ministry/ numerator – number of people who have been vaccinated
Not clean - eForms didn't capture the level of data in the beginning, there were other ad hoc people who were vaccinated but aren't defined as employees of LTC homes, challenging to track
Being sent to HA's for validation – ask to focus on areas where there are low rates. Don't worry on being over 100%, but the low coverage rates and areas that were not previously identified in the data

NHA-

Cases are generally going down
Most cases in the northwest area – related to FN clusters and outbreaks
Industrial camps are in the restart process so not contributing to case counts as of right now
Hospitalizations around 45 patients, 12 CCU, 4 vented
Continuing immunization planning – looking for direction from meeting this afternoon
FNHA and NHA trying to resume some of the planned coverage of communities with any left over vaccines
Planning for second doses is challenging with people moving, etc.



COVID VP Meeting

Feb 4, 2021

Post COVID-19

Interdisciplinary Clinical Care Network

Recovery | Care | Research | Education

Page 16 of 40 to/à Page 27 of 40

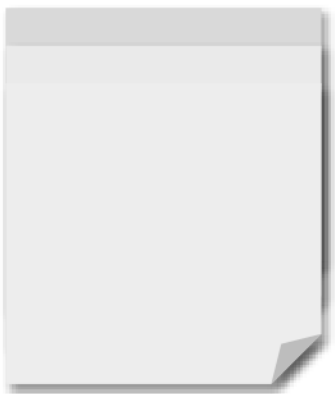
Withheld pursuant to/removed as

Copyright

A collaborative effort: patients, clinicians, researchers and administrators



- *Maureen O'Donnell, Executive Vice President, PHSA*
- *Adeera Levin, Professor of Medicine, UBC*
- *Joanne Shum, PHSA*





BC Centre for Disease Control
Provincial Health Services Authority

Provincial COVID-19 Vaccine Logistics: COVID VP Update

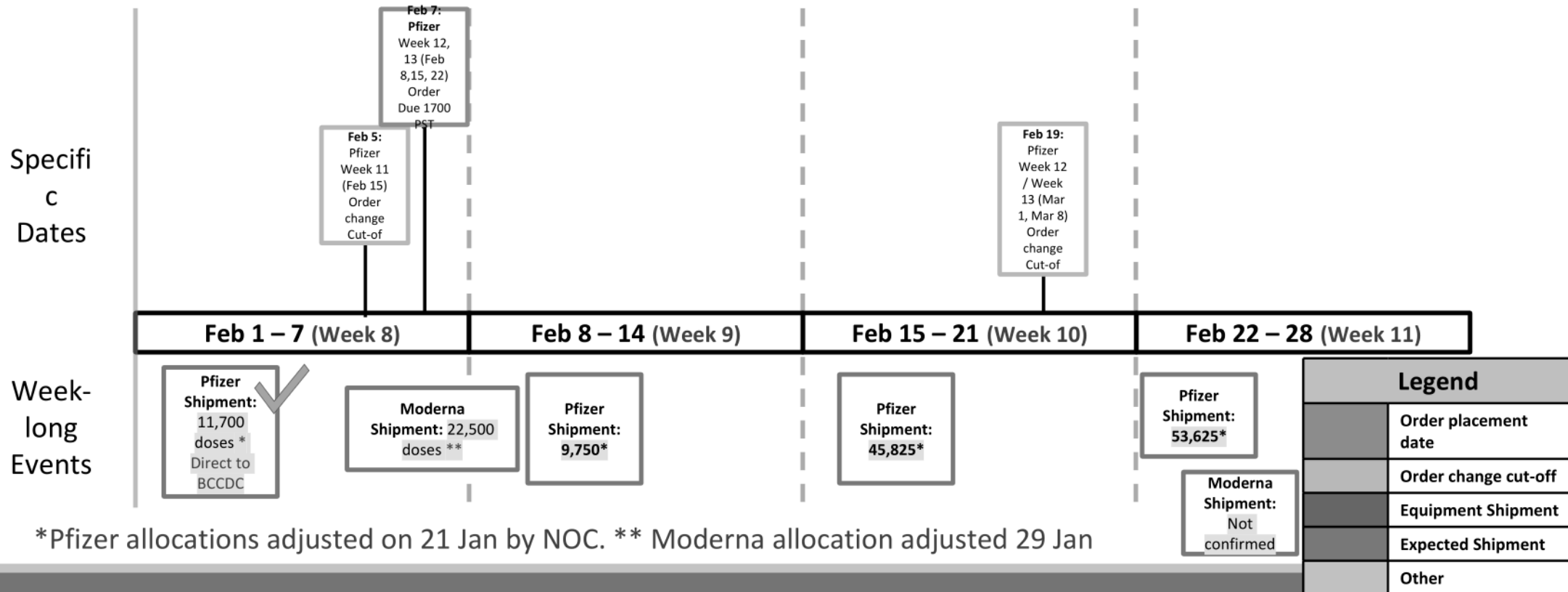
WEEK OF FEBRUARY 1-7

WEEK 8

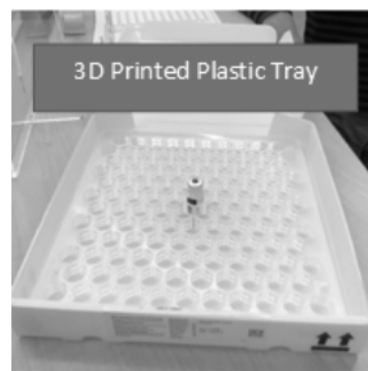
Logistics General Updates

- Week 8 (this week)
 - Pfizer – Delivered to BCCDC / redistributed to HAs (small portion left in reserve at BCCDC)
 - Moderna – Deliveries start Friday and extend into week 9 (8 Feb) Wed/Thurs direct to HAs (small portion left in reserve at BCCDC)
- Week 9 (8 Feb)
 - Pfizer – Direct to HAs
- Week 10 (15 Feb)
 - Pfizer currently requested direct to BCCDC – Logistics team is submitting after cut-off change request to Fed Gov
 - Planning to conduct partial frozen tray movement across HAs
- Moderna reductions – week 11 allocation remains unknown
- Pfizer 5/6 Dose per vial decision and implications
- Federal Gov to begin distributing 1ml low dead space syringes not before week of 8 Feb to provinces
- Provincial SOP on secondary distribution of partial frozen trays/boxes awaiting approval

Weekly Timeline and Upcoming Events



Partial Frozen Tray Movement



Immunize BC Operations Centre: COVID-19 Vaccine Standard Operating Procedures – Movement of Partial Trays

Any questions or requests for revision of this document should be sent to IBCOC_Operations@phsa.ca

Objectives

These standard operating procedures (SOPs) have been developed with the following objectives in mind:

- Promote a standardized, safe, provincial approach to the movement of partial trays of Moderna/Pfizer vaccine.
- Identify risks related to the movement of partial trays of vaccine and identify mitigation strategies.
- Highlight cold chain requirements unique to the movement of partial trays.
- Outline reporting expectations and critical data elements.
- Promote productive communication between the IBCOC, BCCDC, health authorities, and individual sites.

Definitions

- **Hub sites:** sites receiving vaccine directly from the manufacturer.
- **Spoke sites:** sites receiving vaccine moved in the custody of the province/health authority.

Key Considerations

- The preparation and movement of partial trays of vaccine is non-compliant with current, official guidance from manufacturers:
 - Manufacturers do not recommend redistribution beyond the initial points of use.
 - Manufacturer does not recommend opening vaccine trays until vials are going to be thawed and used.
 - Manufacturers do not recommend redistribution of partial trays (Pfizer, more so than Moderna).
 - Manufacturer recommends frozen transport of the vaccine – vaccine is most stable when frozen (Moderna, more so than Pfizer).
- Risk and responsibility associated with secondary distribution held by province, health authorities.
- Secondary distribution only allowable frozen or thawed at 2°C to 8°C (exception of pre-loaded syringes in rare circumstances).

Current as of February 2, 2021

Red text indicates critical data elements which must be supplied to fulfill provincial and federal reporting requirements and promote situational awareness.

1

Federal Allocation Tables (as of 29 Jan 2021)

Pfizer

		Allocated											Planning purpose only (Estimated not allocated)						
		Week 1 14 Dec 20 20 Dec 20	Week 2 21 Dec 20 27 Dec 20	Week 3 28 Dec 20 3 Jan 22	Week 4 4 Jan 21 10 Jan 21	Week 5 11 Jan 21 17 Jan 21	Week 6 18 Jan 21 24 Jan 21	Week 7 25 Jan 21 31 Jan 21	Week 8 1 Feb 21 7 Feb 21	Week 9 8 Feb 21 14 Feb 21	Week 10 15 Feb 21 21 Feb 21	Week 11 22 Feb 21 28 Feb 21	Week 12 1 Mar 21 7 Mar 21	Week 13 8 Mar 21 14 Mar 21	Week 14 15 Mar 21 21 Mar 21	Week 15 22 Mar 21 28 Mar 21	Week 16 29 Mar 21 4 April 21	Total Q1	
P/T	Tray	4	23	8	17	29	25	0	12	10	47	55						557	
	doses	3,900	22,425	7,800	16,575	28,275	24,375	-	11,700	9,750	45,825	53,625						543,075	

Moderna

		Allocated								Planning purpose only (not allocated)								
FPT		Week 1 14 Dec 20 20 Dec 20	Week 2 21 Dec 20 27 Dec 20	Week 3 28 Dec 20 3 Jan 21	Week 4 4 Jan 21 10 Jan 21	Week 5 11 Jan 21 17 Jan 21	Week 6 18 Jan 21 24 Jan 21	Week 7 25 Jan 21 31 Jan 21	Week 8 1 Feb 21 7 Feb 21	Week 9 8 Feb 21 14 Feb 21	Week 10 15 Feb 21 21 Feb 21	Week 11 22 Feb 21 28 Feb 21	Week 12 1 Mar 21 7 Mar 21	Week 13 8 Mar 21 14 Mar 21	Week 14 15 Mar 21 21 Mar 21	Week 15 22 Mar 21 28 Mar 21	Week 16 29 Mar 21 4 April 21	Total Q1
BC	Peck	0	205	0	0	207	0	0	225									2497
	doses	-	20,500	-	-	20,700	-	-	22,500									249,700

Vaccine Update



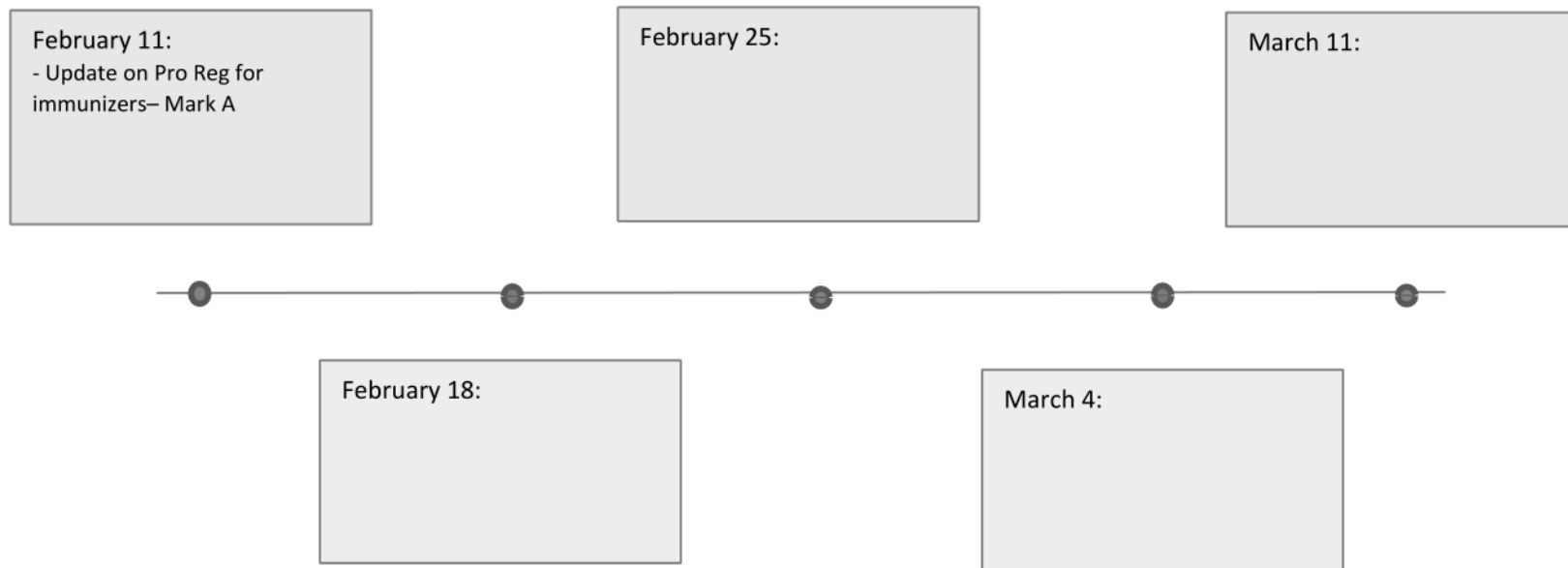
Ministry of
Health

- *Ross Brown, Vancouver Coastal Health*
- *Jamie Galt, Emergency Management Unit, CRHEM*



Meeting Frequency and Next Steps

- How often should we be meeting and for how long?
- What topics should be addressed in the upcoming meetings?



Other potential topics:

- Public Safety
- Data
- Public Health/Acute Care
- Home Health Monitoring
- EMBC
- Prioritization of phased vaccinations once the mass vaccination plan is released

Next Steps



RE: ICCN PPT

From: Armitage, Glenn HLTH:EX <Glenn.Armitage@gov.bc.ca>
To: Parte, Maura HLTH:EX <Maura.Parte@gov.bc.ca>
Sent: February 5, 2021 11:48:36 AM PST
Attachments: CRHEM - Request - ICCN Feb 5, 2021.docx

Hi Maura,

Here are my bullets. Within the bullets I think I have also answered the question for the e-approval person asking why a PCR test is required, and the answer is it isn't. I think we could basically use the same bullets for the e-app. POST COVID FAQ

<https://www.providencehealthcare.org/sites/default/files/PC-ICCN-FAQ.pdf> epi-linked case can be referred to the clinic.

Referral Form:

<https://www.providencehealthcare.org/sites/default/files/8565%20%28BCHA.0186%29%20Post-COVID-19%20Recovery%20Clinic%20Referral%20%28R.%20Dec%2016-20%29Fillable%5B15851%5D.pdf>

BCCDC definition of epi-linked

[http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-\(novel-coronavirus\)](http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus))

Aside: I just spoke to Darlene and Gina, and I am going to put together some POCT bullets for Darlene (due sometime this afternoon). Also heads up Darlene is going to call you to bring you into the POCT work.

Glenn

From: Parte, Maura HLTH:EX <Maura.Parte@gov.bc.ca>
Sent: February 5, 2021 10:20 AM
To: Armitage, Glenn HLTH:EX <Glenn.Armitage@gov.bc.ca>
Subject: RE: ICCN PPT
Use this one please and thanks

From: Armitage, Glenn HLTH:EX <Glenn.Armitage@gov.bc.ca>
Sent: February 5, 2021 10:11 AM
To: Parte, Maura HLTH:EX <Maura.Parte@gov.bc.ca>
Subject: RE: ICCN PPT

Absolutely. Thanks!

Just so we're on the same page I have attached the MO template I would normally use for this type of thing. If it's not the one you want let me know.

Glenn

From: Parte, Maura HLTH:EX <Maura.Parte@gov.bc.ca>
Sent: February 5, 2021 9:58 AM
To: Armitage, Glenn HLTH:EX <Glenn.Armitage@gov.bc.ca>
Subject: FW: ICCN PPT

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SafeCare: <https://www.safecarebc.ca/> is an industry group supporting continuing care workers – LTC, AL, IL, etc.

They have asked whether these "long-haul" COVID clinics have a role to play in supporting RTW for employees who have had Covid.

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Subject: ICCN PPT

Hi Alex, do you have access to this PPT from yesterday's PPL? I need it quite urgently for a BN. Thank you

Maura Parte, Director, Response Planning
Planning, Analysis and Reporting Branch

COVID Response and Health Emergency Management Division
BC Ministry of Health
Tel: 250 213 6377
Email: Maura.Parte@gov.bc.ca

Request:

To provide information on the Post COVID-19 Interdisciplinary Clinical Care Network (PC-ICCN) and clinics for SafeCare BC.

1. Do these “long-haul” clinics have a role in supporting return to work for employees recovering from COVID-19?

Response:

- The PC-ICCN clinics have been established to support individuals recovering from COVID-19, and coordinate care, research, and education for optimal outcomes for those recovering from COVID-19. Anyone who has tested positive for COVID-19 or has been confirmed as an epi-linked case can be referred to a clinic.¹
- There is limited capacity to support all post-COVID-19 patients. As of January 26, 2021 over 64,828 people had been diagnosed with COVID-19, and it was estimated 90% of hospitalized patients and 10% of non-hospitalized patients will require long-term follow-up with a clinic.
- As of February 2021, there are three post COVID-19 recovery clinics in BC.
 - St. Paul’s Hospital
 - Vancouver General Hospital
 - Jim Pattison Outpatient Care and Surgery Centre
- Patients must be referred to a clinic by their primary care provider.
- The clinics use an interdisciplinary model of care, and were established to develop standardized testing schedules, clinical assessment tools, referral pathways, clinical guidelines, conduct research, and to provide education for health care providers and patients.
- While patients are waiting to get into a clinic GP’s and nurse practitioners can utilize Rapid Access to Consultative Expertise (RACE) to answer urgent clinical questions about a patient experiencing ongoing difficulties post COVID-19 infection.

Background:

- SafeCare BC is an industry founded, non-profit association working to ensure injury free, safe working conditions for continuing care workers (e.g., long term care, independent living, assisted living, and home care workers) in BC.

¹ <https://www.providencehealthcare.org/sites/default/files/PC-ICCN-FAQ.pdf>
COVID Response and Health Emergency Management Division