

Preparation for Fall/Winter 2022/23 Respiratory Illness Season



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Current hospital demand



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The number of hospitalized patients is increasing, placing greater demand on providers and resources

- 9,387 patients admitted to hospital across B.C. as of Sept. 13, 2022
- At the same time last year 9,211 patients were admitted to hospital across B.C.

1,331 of hospitalized patients could potentially be safely cared for in the community

- Of these patients, approximately 500 are waiting to be cared for in long term care homes

**census can be updated to reflect a more current date to the announcement*

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Same time is Sept 13 2022 and Sept 14 2022 to ensure same day of week.

9,387 patients are admitted to hospital across B.C. as of Sept. 13, 2022

436 in critical care

8,951 in other hospital beds

The same time last year 9,211 patients were admitted to hospital across B.C.

445 patient in critical

8,460 in other hospital beds

Fall/Winter



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It is expected that this fall and winter, British Columbians will experience increased respiratory illnesses (like influenza and common colds), similar to pre-COVID-19 levels

- The analysis of current trends indicate that overall hospital volumes are gradually increasing to pre-pandemic levels
- If this trends continues, the estimated Fall/Winter 2022/23 hospital volumes are expected to higher than last year
- Early data from Australia indicate that the respiratory season is equivalent to pre-pandemic levels and may start earlier than prior years

Increased respiratory illnesses, in addition to COVID-19, will increase demand for hospital care

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- The analyses of current trends indicates that overall hospital volumes are gradually increasing to pre-pandemic levels
- Past Total Hospital Census approximate - year over year increases in total hospital census pre-covid
 - 2016/17 – 8,445
 - 2017/18 – 8,496
 - 2018/19 – 8,695
 - 2019/20 – 8,705 (this data ends at end of Feb 2020, before start of significant COVID impacts in March)
 - **2020/21 – 8,088 (decreased census during early COVID reflects decanting, surgical slowdown etc)**
 - 2021/22– 8,704 (overall volume for Fall/Winter)
- We've continued to experience peaks related to COVID, but overall hospital census has continued to climb
- The Fall/Winter 2022/23 hospital volumes are already increasing over 2021/22 volumes (as of Sept 13 - 9,387)
- Early data from Australia indicate that the respiratory season is equivalent to pre-pandemic levels and may start earlier than prior years
- To ensure we have the capacity to respond to those season peaks, we are acting to create more room in hospitals

Ensuring hospitals are prepared



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By the end of October, working together, health authorities and operators who care for seniors, will reduce the number of people in hospital that could be safely cared for in community by 40%

Actions to achieve this include:

- Work with operators to re-open closed long-term care beds and maximize capacity
- Contract with operators for additional publicly funded long term care beds
- Rapid Response Teams focussed on stabilization and enhanced supports for patients being discharged home
- Provide casual staff flexible opportunities for regular part time/full time work
- Ensure health authority float teams and virtual services are in place to support staffing shortages
- Contract with agencies to augment home health staffing where necessary
- Offer patient choice and provide support where individuals can be accommodated temporarily in long term care outside of their home community

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Ensuring hospitals are prepared



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Since the start of the pandemic, B.C. hospitals and health care providers have continually stepped up to respond to temporary surges in hospital demand created by COVID.

Health authorities have again prepared plans to once again respond temporary surges due to increased respiratory illness and COVID in the context of our health human resource challenges.

This safety net, this includes caring for an additional 1,000 hospitalized patients. This will be achieved through:

- 7-day a week active bed management
- Strengthened connections with community supports
- Continuing enhanced air ambulance transportation
- Continuing and expanding team-based care
- Where needed, service reductions including postponing surgeries, and
- Engaging a Task Group to identify additional strategies to improve emergency department and hospital access and flow

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We know that creating 1,000 additional hospitals beds is not done easily and is not without once again asking our health care providers to take on this task.

We know that if we get our boosters, get our flu shots, continue to wash our hand and follow the other guidance we have all learnt over the past two years we can support our health care workers by staying safe, staying out of hospital, and reducing the demand on them and our health system.

However, if we need it, we know we can open and staff additional beds to care for patients using the following strategies:

- Active bed management where 7 days a week, front-line health care providers, managers and senior leaders come together across the system to ensure that patients are cared for in the most appropriate place, that discharges are being expedited and where there are challenges, they are escalated to senior management to help solve.
- While hospitals are absolutely necessary and valuable, they aren't the best place for everyone. Patients should only be in hospital when they need acute care. Some patients, especially those over 65, can experience complications from being in hospital (things like delirium and loss of mobility from laying in bed). Health authorities are adding supports to ensure that those who don't need to be in the hospital are discharged to a more appropriate place.

- We've also invested resources in air ambulance so that patients, especially those in need of critical care, can get the care they need wherever it is available. In October 2021 we added two aircraft – one in Nanaimo and one in Vancouver and these will remain in place this fall and winter to support patient transfers. Since September 2021, approximately 180 critical care patients have been transferred from the North to other health authorities.
- To create space for 1000 more patients, health care providers will continue to implement team-based care and may be asked to work in new ways and rely on team members differently if the number of hospitalized patients increase.
- If demand for hospital care gets high, it won't be business as usual. We may see some service reductions, things like decreasing surgeries and ambulatory clinics so that nurses and allied health providers can be freed up to care for patients in the hospital. We know these actions impact patients and only do these as necessary.
- We've also taken steps to bring together an **Emergency Department and Hospital Capacity Task Group**. It is made up of emergency department physicians, a number of other specialists within the hospital (i.e. critical care), and senior health authority and Ministry representatives. This group is intended to be nimble and quick in identifying and developing needed actions to further support hospitals as move into the busy respiratory illness season, with the goal of leveraging this work into broader systems change. This new group is holding its first meeting **September 22 (TBC)**. Others will be brought into the group as needed to help shape solutions for specific areas.

What you can do



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- s.13
- Get your booster when invited
- Get your flu shot
- Follow the guidance
- Support your health care workers and health system

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Call to action – support our health care workers