



COVID-19: AN ACTION PLAN FOR THE SECOND WAVE

SUMMARY DOCUMENT

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The masculine gender used in this document refers to both women and men.

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> LESSONS FROM THE FIRST WAVE

The COVID-19 pandemic besetting the whole world is an extraordinary event that presents a considerable challenge for all governments. Québec has been harshly impacted, with more than 5,000 deaths, mainly among the elderly in CHSLD facilities, which have been in the forefront of the fight against the virus in recent months. Major efforts are required to protect the population and care for the sick in a context where health systems are highly burdened even in normal times.

With no vaccine yet available, the virus entrenched in the community and the coming potential for a second wave are all factors that have led the Ministère de la Santé et des Services sociaux to draw lessons from the first wave of the pandemic, put into place an action plan to adapt the Québec health system to the new reality, and prepare the correctives needed to confront an eventual second wave.

The current action plan includes a report on action that was taken and difficulties that were encountered during the first wave of the pandemic. The report was based on consultations held with political authorities, sectors of the Ministère de la Santé et des Services sociaux, managers in the health and social services network, plus an analysis of comments received through the May 16, *On vous écoute* initiative. The issues that were raised were used to identify actions that could serve to guide intervention by the Ministère for short-term action.

Worth noting, the Action Plan is seen as an evolving process. Regular dialogue with partners of the health network will ensure implementation buy-in, viability and application of the actions set out in the plan, some of which are already under way. The responsibility for and deployment schedule of each of the action focus points will be clearly established as they come into force—no later than the end of September.

➤ INITIATIVES TAKEN AND PROBLEMS ENCOUNTERED

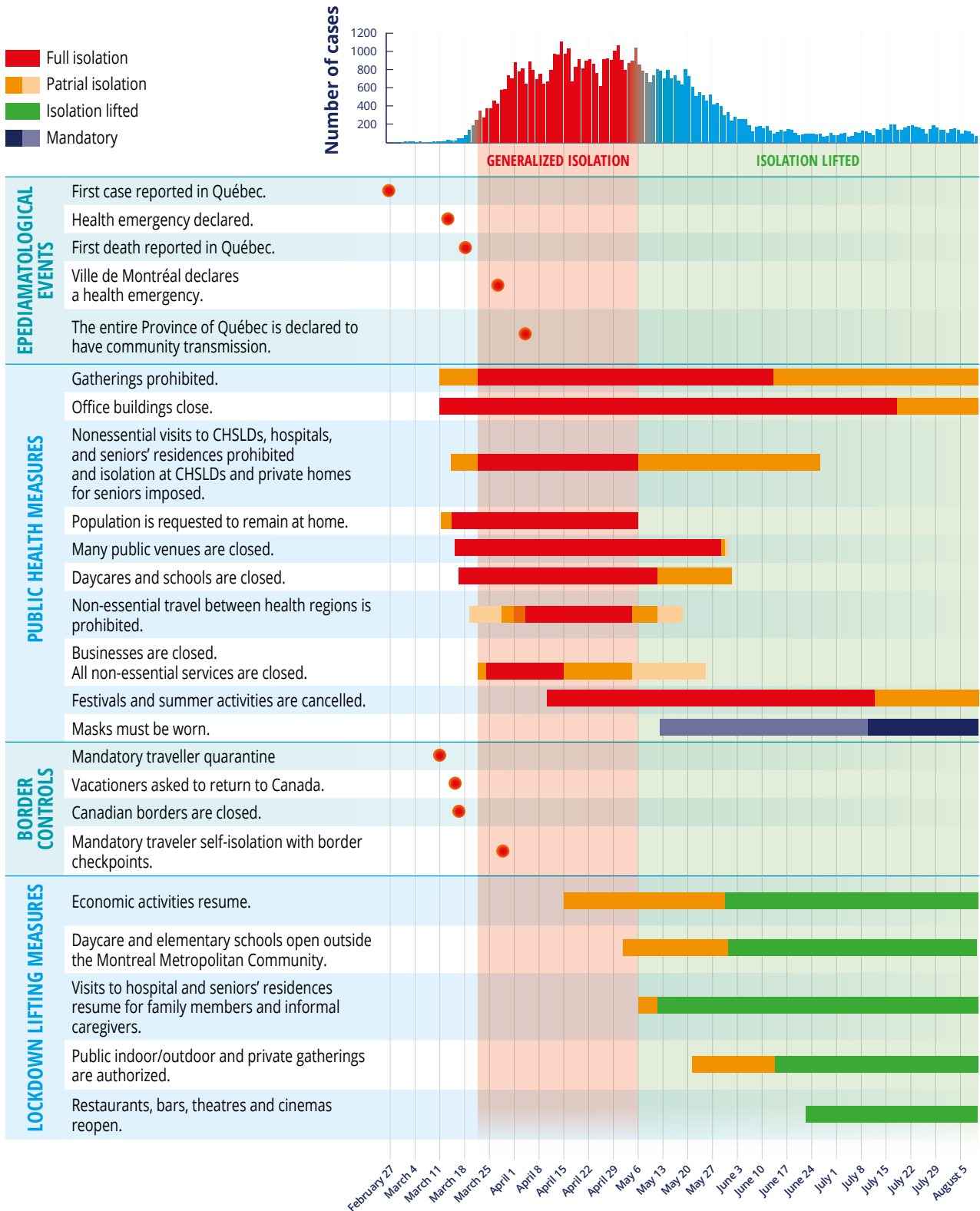
Onset of the pandemic

- **December 31, 2019** ➤ The World Health Organization releases a statement about atypical cases of viral pneumonia in the province of Wuhan, China.
- **January 7, 2020** ➤ A new viral strain is confirmed by Chinese authorities.
- **Mid-January** ➤ Québec sets up a team mandated to update the existing plan for fighting an influenza pandemic.
- **February 10** ➤ The Ministerial Emergency Plan is updated.
- **February 27** ➤ The first COVID-19 case is reported in Québec.
- **February 29** ➤ Spring break week for Québec schools.
- **March 5** ➤ The national crisis centre is set up.
- **March 11** ➤ The World Health Organization declares a pandemic.
- **March 12** ➤ First press conference on the pandemic is held by the Premier of Québec.
- **March 13** ➤ A health emergency is declared.

Deployment of extraordinary measures

The onset of the pandemic in Québec required that extraordinary measures be put into place, aimed at slowing the spread of the virus in the community. These measures were recommended by public health authorities.

Chronology of isolation and lockdown lifting measures in Québec



The health and social services network adapted

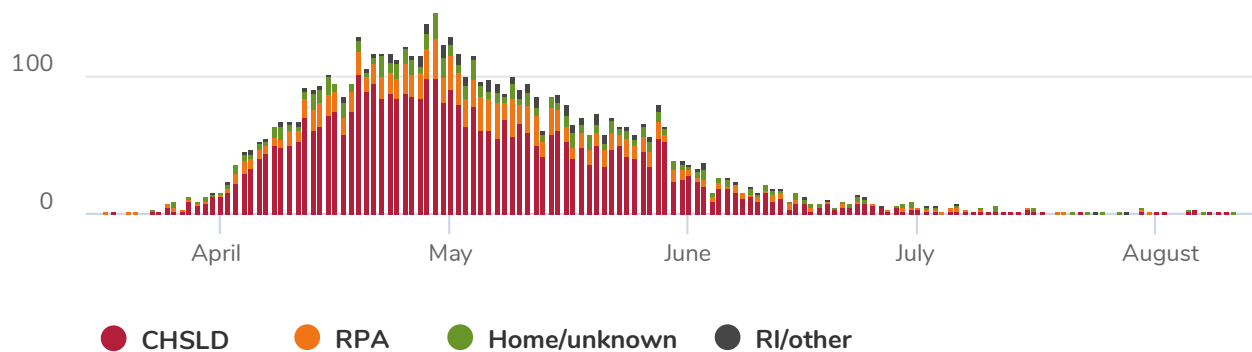
Basing itself on the experience of countries that were affected by the pandemic before Québec and the evolution of the epidemiological situation, the Ministère de la Santé et des Services sociaux rolled out a broad set of measures in recent months to ensure that hospitals had sufficient capacity to treat COVID-19 patients, support the most vulnerable and fight the spread of the virus. Among these measures were the following:

- A government crisis unit was set up, essentially comprised of the Premier, the Minister of Health and Social Services, the Minister of Public Security and the Directeur national de santé publique
- A major reorganization of personal protective equipment, medicines and strategic medical equipment procurement was initiated
- Hospital reorganization freed up and added beds and intensive care units
- Screening clinics were set up throughout the province
- Funding of nearly 16 million dollars was awarded to support social economy enterprises providing home care and workers in the Service employment paycheque system, 8.3 million of which to be used to allow home care attendants to work in CHSLDs and support existing teams working with residents
- A group of experts with specific qualifications to support government action in fighting the pandemic in living environments for seniors was set up
- Emergency assistance of 70 million dollars to help community organizations and ensure that they could continue to provide services to their vulnerable clients was approved
- Various measures were initiated, aimed at supporting vulnerable clients like youth with special needs, individuals with physical or intellectual disabilities or who have autism spectrum disorder, as well as seniors and family/informal caregivers
- An investment of 31 million dollars to increase support for people with mental health problems, was announced
- Extraordinary measures were adopted to increase the availability of care workers
- The *Je contribue COVID-19* initiative, a broad workforce offensive to recruit people who may not have healthcare experience was rolled out to support efforts to fight the pandemic and increase staffing in CHSLDs
- Greater use of information technology was approved, especially by means of teleconsultation services
- Increased laboratory analysis capacity was ensured
- A single government information telephone number was announced
- The most extensive public communications campaign ever undertaken by the Government of Québec was deployed. It included a multiplicity of actions such as daily press conferences led by the Premier to inform the population about the risks associated with COVID-19, encourage hygienic measures and service availability

> PROBLEMS ENCOUNTERED

There is no doubt that seniors were the demographic segment that was most affected by COVID-19 in the first wave of the pandemic, when more than 91% of people who died from the disease were aged 70 or over. It is also clear that the capacity of the health network in various living environments was heavily taxed, especially in long-term care facilities, which had the majority of deaths and the most significant problems.

Graph 1 - COVID-19-related deaths in Québec by type of living environments and date



Source: Institut national de santé publique du Québec

Note: The number of deaths may be lower for recent days due to reporting delays or information capture issues. Some deaths were not included because of missing information on the date of death.

This state of affairs bears witness to the many problems that were encountered in managing the first wave of the pandemic. The problems impaired the ability of the network to adequately respond and manage the situation in these living environments, while also affecting many activities that were essential to the front opened by the government to fight COVID-19. The main problems encountered were as follows:

- > No accountability managers in some types of living environments for seniors
- > Limited workforce capacity existed in the health and social services network, which was already impacted by insufficient labour availability prior to the health crisis, thereby encouraging workforce mobility and temporary agency staffing solutions
- > A high rate of health and social services staff absenteeism was observed
- > Staff desertion issues in some private facilities accentuated pressure on network personnel who were called upon to compensate and avoid service breakdown
- > Limited infection prevention and control intervention capacity, with regards to specialized resources, basic staff knowledge and governance

- Major supply issues were identified due to increased worldwide demand for personal protective equipment and medicines
- Problems in implementing essential measures such as organizing screening and emergency telephone services were found (which led to access issues for callers), as well as increasing laboratory analysis capacity issues
- Out-of-date management systems overloaded staff and did not facilitate rapid and efficient decision-making
- Governance and communications issues were seen within various staff categories
- Massive reductions in hospital activities and a difficult resumption of medical activities led to delays in treating patients
- Major impacts on vulnerable clients were found, as well as a resurgence of social problems, particularly in the field of mental health
- Ministerial directives and guidance were implemented without taking full account of the epidemiological and organizational diversity in the regions of Québec



➤ NINE INTERVENTION FOCUS POINTS OF THE ACTION PLAN

When the pandemic began, the Ministère had to take a number of vital decisions, even though the international scientific community knew very little about the virus. While some positive findings emerged, such as proactive steps taken by public health authorities, the efficient reorganization of hospitals for the intake of COVID-19 patients and the solidarity of Quebecers, which was seen in the widespread support expressed for the *Je Contribue* initiative, the crisis clearly revealed many limits of the health system. Major challenges impacted the capabilities of the network, especially related to staffing, support for the most vulnerable patients and infection prevention and control practises. Unfortunately, this had grievous consequences that enabled the virus to spread in a variety of living environments, especially in living environments for seniors.

- This action plan's nine focus points were defined through consultations with actors central to managing the first wave of COVID-19. Comments received as a result of the *On vous écoute* initiative, whose aim was to gather the experiences of employees in the health and social services network, were also considered.

> THE ACTION PLAN

Nine intervention focus points

The previous steps identified nine priority focus points aimed at short-term course correction in order to be ready for a second COVID-19 wave.

1 Seniors' living environments

Seniors and people with significantly impaired autonomy (essentially in CHSLD and private facilities) were affected more acutely by the first wave of COVID-19 in Québec. Numerous cases of infection and death were counted in such facilities, in which live many types of individuals who are the most vulnerable to the disease. It is important to draw lessons from what took place there in order to provide better protection from what may be coming.

2 Vulnerable persons

Many of Québec's vulnerable persons were particularly impacted by the health crisis and the isolation measures that were put in place to contain the disease during the first wave of COVID-19. With the potential for a second wave on the horizon, the Ministère needs to limit the impact of the crisis on its vulnerable clients (seniors, children, teenagers, people with disabilities, youth with special needs, the homeless, etc.).

3 Workforce

Labour shortages and resulting staff mobility issues to avoid service disruption became major challenges during the first wave of the pandemic. Anticipating a second wave of COVID-19, care team stability will be a priority at all facilities within the health and social services network.

4 Screening

When fighting COVID-19, quickly identifying new infections and taking all measures required to limit transmission is of primary importance. During the first wave, gaps were observed in the network with respect to screening and especially for delays in appointments and test results confirmation. Changes in screening strategy are already under way. They are necessary to enable us to prioritize how the network will react as the situation evolves.

5 Outbreak prevention and management

The experience of the first wave revealed gaps in facilities' capacity for action needed to ensure efficient outbreak management. The magnitude of the pandemic and the fact that the virus spread mainly in living environments for seniors, also revealed vulnerabilities stemming from insufficient specialized resources in areas like public health and infection prevention and control.

6 Clinical organization

The Gouvernement du Québec found itself required to urgently reorganize the way the health and social services network worked right from the start of the pandemic, in order to be ready to respond to the exceptional needs caused by the health crisis. Now it has become necessary to adapt the way services are provided from the viewpoint of the sustained community presence of the virus. In this sense, the Ministère needs to ensure the ongoing provision of services across the full health and social services spectrum, in order to lessen the impact on the population from the potential coming wave.

7 Procurement

Because of the pandemic, worldwide demand will remain high for some products. In anticipating a second wave of contagion, it is crucial to increase reserves and secure supplies of various types of medicines and protective equipment.

8 Governance

Several governance problems impaired the efficient response to the first wave of COVID-19. The problems were mostly due to the lack of prior consultations on decision-making, which, although adequate during crisis situations, can make it difficult to implement directives in the field, particularly in outlying regions. Moreover, occasional national and regional guidance consistency issues were experienced.

Anticipating a second wave, it appears necessary to make course corrections to facilitate communication among the various powers and particularly between public health authorities and network managers, and in this way ensure improved coordination of government action. These changes are also important to enable managers to gain access to quality management information that supports good decision-making.

9 Communications

In times of crisis, communication is the name of the game. Delivering clear and consistent information about the measures and instructions on how to comply and about how the pandemic is developing is absolutely vital. During the first wave, the dissemination of many pieces of information, sometimes in ways that lacked structure, led to confusion within the health and social services network and/or among the population at large.

The deployment of a new model for communications and directives is required to prepare for the coming wave of contagion so as to improve how we take account of the needs of the population at large and the health and social services network.

FOCUS 1 Seniors' Residences

GOALS

ACTIONS

Reduce risks to residents of these living environments.

1. Maintain safe access for family/informal caregivers in accordance with the epidemiological profile of the living environment.

Ensure greater accountability at these living environments.

2. Designate a manager at each CHSLD and support the implementation of medical and administrative teams.

Ensure that public and private-sector partners understand and discharge their respective responsibilities.

3. Clarify the roles and responsibilities of all actors and adapt any required regulatory changes.
4. Begin legislative work to facilitate extraordinary governmental intervention in cases of imminent danger to residents.
5. Implement regular monitoring mechanisms of private facilities.

Improve communication between managers and public authorities, as well as between users and their families.

6. Provide tools to facilitate communications with users, their families and the facility.
7. Computerize public CHSLDs through the acquisition of informatics equipment, etc.

FOCUS 2 Vulnerable Clientele

GOALS

ACTIONS

Limit the impact of the health crisis on seniors and vulnerable people such as children, youth with special needs, women who are victims of conjugal violence, and the homeless.

1. Deploy an offer of home support services adapted to the needs of the population, including respite for family/informal caregivers.

2. Keep social services reductions to a minimum.

3. Implement measures to address the deconditioning of seniors and individuals with a disability or autism spectrum disorder.

4. Revise current approaches to confinement and services for vulnerable children and youth in order to limit the impact of the crisis.

5. Disseminate harmonized and coherent directives for various types of facilities and clientele.

Reduce the harm done to the mental health of Quebecers by the health crisis.

6. Implement preventive measures to counter the effects of the health crisis on mental health.

Ensure the stability of services to vulnerable clients during the health crisis.

7. Develop a response that is adapted to the needs of homeless people.

Ensure that community health and social welfare organizations maintain their services.

8. Maintain the offer of services by community organizations.

FOCUS 3 Workforce

GOALS

Increase the number of trained health and social services staff members.

Eliminate workforce mobility, including for independent workers (subject to service shortages).

Ensure the ongoing training of health and social services professionals amid the pandemic and accelerate the integration of new graduates into the workforce.

ACTIONS

1. Increase CHSLD attendant recruitment and retention.
2. Prohibit beneficiary attendant mobility, and keep nurse, nursing assistant and other health professional mobility to a minimum, while complying with infection prevention and control standards.
3. Ensure that capacity meets workforce needs during the crisis.

FOCUS 4 Screening

GOALS

Quickly identify people who have been infected by the virus and/or have been in contact with them when they were contagious.

Enable the organization of services to foster an agile response that is adapted to the needs of the population and the health system.

ACTIONS

1. Disseminate screening priorities throughout the network that are applicable everywhere in Québec.
2. Optimise procedures and standardize practices with a view to reduce waiting times across the entire screening continuum of services and improve access.
3. Ensure that testing capacity can be adapted to changes in the epidemiological situation and resulting screening needs.
4. Improve governance and procedural performance by deploying appropriate data management systems.



FOCUS 5 Outbreak Prevention and Management

GOALS

ACTIONS

Improve infection and control practises in health and social services facilities.

1. Designate one person per facility to be in charge of infection prevention and control measures.
2. Training and awareness for health and social services staff regarding the importance of infection prevention and control measures.

Optimize data collection and sharing to support swift public health decision making and interventions.

3. Optimize outbreak management by deploying appropriate tools.
4. Plan public health actions and support partners.

Improve the capacity of public health teams to achieve their mandates during the crisis.

5. Optimize outbreak management processes by adding human resources.

FOCUS 6 Clinical Organization

GOALS

ACTIONS

Maintain optimal and safe services amid the new COVID-19 reality.

1. Maintain optimal surgical, endoscopic and medical imaging services.

Minimize the impact of COVID-19 on services provided by the health and social services network.

2. Maintain optimal surgical, endoscopic and medical imaging services.



FOCUS 7 Procurement

GOALS

Secure the supply of medicine and personal protection equipment.

By December, establish a reserve of protective equipment and swabs for 4 to 6 months of use during a health crisis.

Increase the inventories of critical medicines in pharmaceutical departments to 90 days of use.

ACTIONS

1. Sign agreements with Québec manufacturers for the supply of personal protection equipment.
2. Secure the supply of critical medicines in health facilities.
3. Establish an overcapacity critical medicine reserve with medical wholesalers under contract with health facilities.

FOCUS 8 Governance

GOALS

Ensure consistency of action throughout the network, especially in the Montreal area, as well as optimal organization of services in order to adequately meet the needs of the population.

ACTIONS

1. Implement clear and fast-response governance practices to optimize coordination of action taken by the Ministère, the network, and partners.
2. Ensure the availability of quality and relevant management information.

FOCUS 9

Communications

GOALS

Inform network employees and collaborators affected by a directive in a clear and timely manner.

Inform the entire population in a balanced, efficient and consistent manner.

ACTIONS

1. Communicate ministerial directives in a comprehensive and consistent manner.
2. Inform the population about habits that are recommended to prevent transmission of the virus.
3. Use targeted communication that is adapted to the needs of different segments of the population.
4. Ensure the consistency of information released on the web.



