

COVID-19 Service Reintroduction Update

September 22, 2020

Since May 25, tremendous progress has been made completing and rebooking surgeries, exams and procedures that were impacted due to the COVID-19 pandemic. This update provides information on our efforts to increase access to surgery, endoscopy, diagnostic imaging services, outpatient laboratory services and other outpatient services.

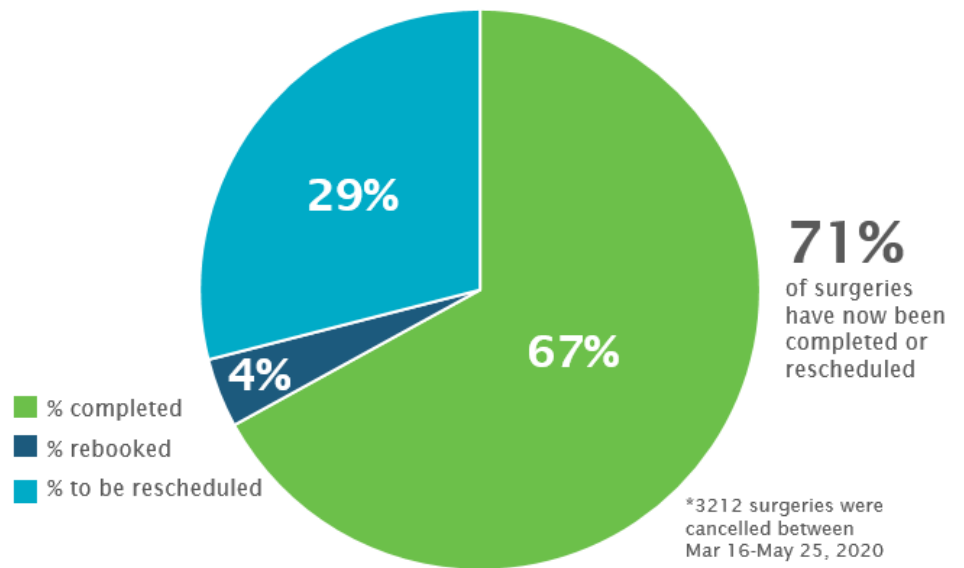
Surgery and Endoscopy

Urgent and emergency surgeries, including time-sensitive cancer surgeries and procedures continued to be offered during COVID-19, however 3213 scheduled surgeries were postponed during this slowdown.

Many other surgeries and endoscopy procedures did not occur during this time, but had not yet been scheduled when COVID-19 service reductions came into effect.

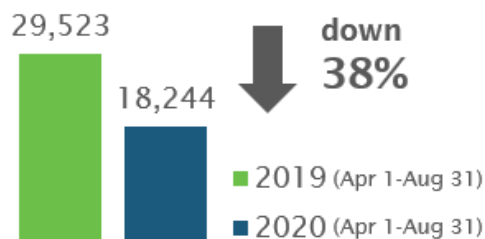
There were 38 % fewer procedures completed in operating rooms from April 1– August 31, compared to 2019.

Progress Completing/Rebooking Surgeries Cancelled During COVID-19 Slowdown* (Updated September 16, 2020)



Above chart reflects progress rebooking/completing scheduled surgeries that were postponed. Total numbers may fluctuate between reporting periods due to ongoing data quality efforts. Excludes endoscopies.

Total procedures completed in operating rooms



Increasing Surgeries

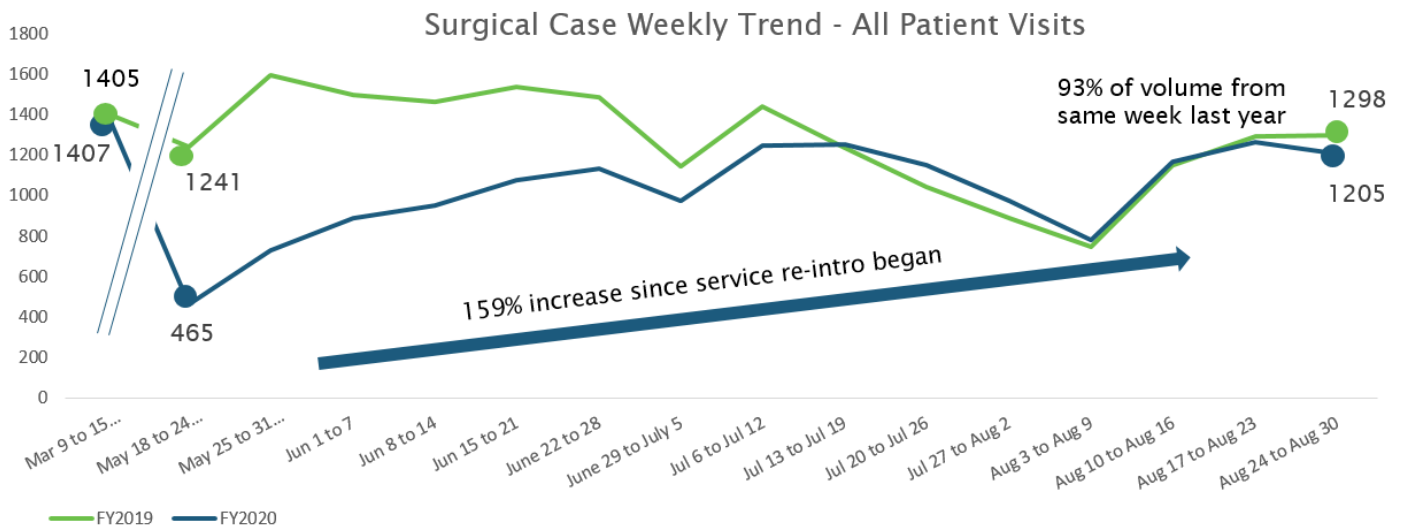
Our surgical teams are working to prioritize cases and increase our capacity so that as many patients as possible can get the surgery they need.

Where possible, we have made adjustments to how we deliver and schedule services to allow for more surgery, while maintaining COVID-19 precautions.

More information for surgery patients can be found [here](#).

Surgical Volumes

- May 18–24 (before service increase), 465 surgeries (37% of cases same week in 2019).
- As of August 30, surgeries were up 159% from the week before service reintroduction began.
- August 24–30, volumes were at 1205 (93% of 2019 volume for same week).

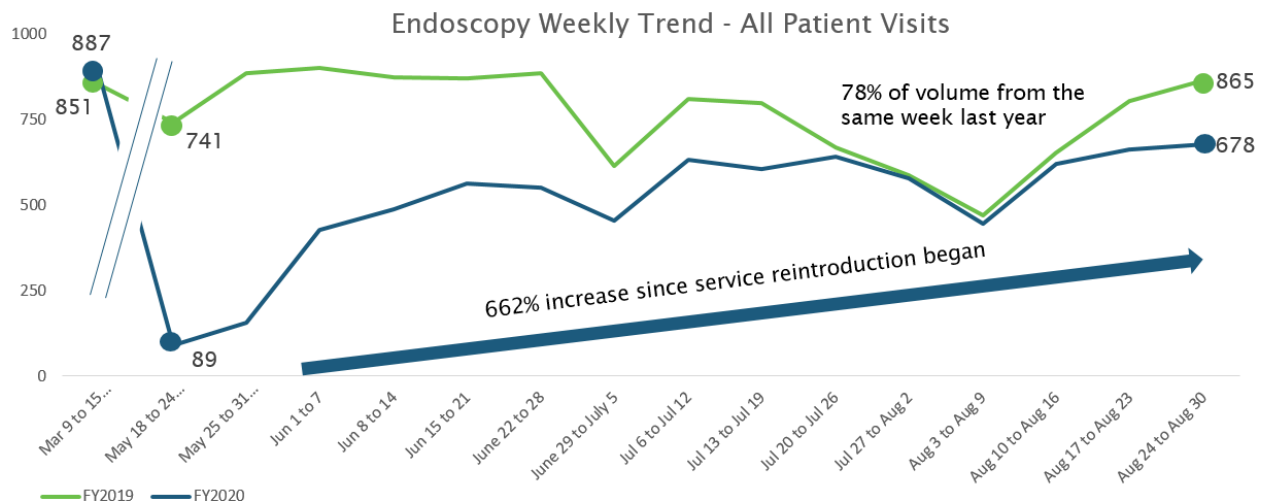


Increasing Endoscopies

Access to endoscopy services across has increased significantly since May 25.

Endoscopy Volumes

- May 18–24 (before service increase), 89 endoscopies were completed (12% of cases same week in 2019).
- August 24–30, 678 endoscopies completed (78% of cases the same week in 2019), an **increase of 662%** since service reintroduction began.



Diagnostic Imaging (DI) Exams

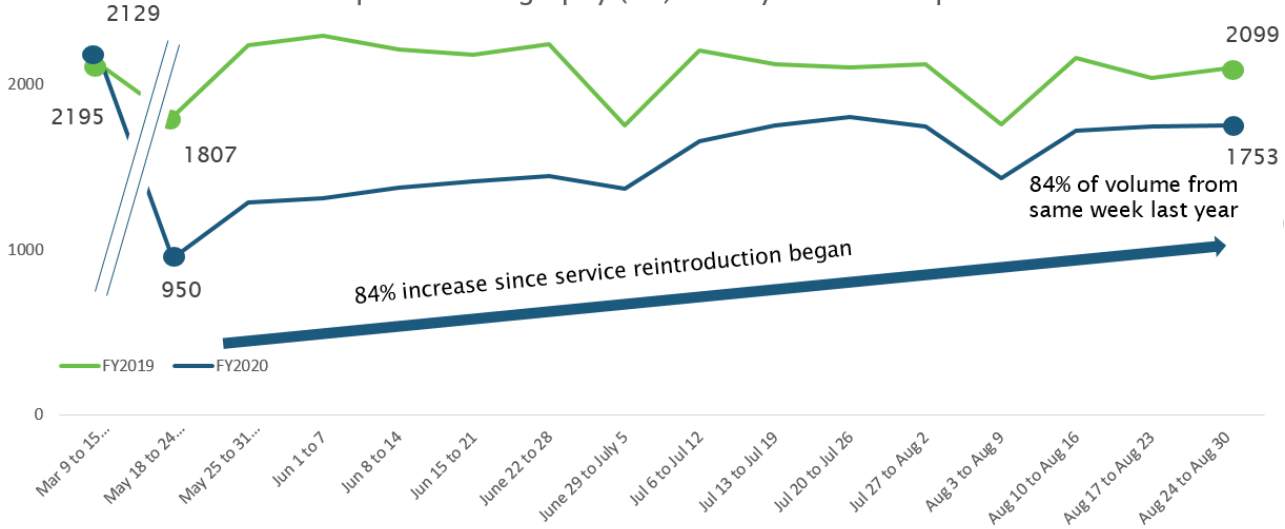
This update provides information related to computed tomography (CT), magnetic resonance imaging (MRI) and ultrasound (US) exams, completed on an outpatient basis.

Currently, all emergency and urgent exams are being performed and work continues to complete semi-urgent exams. Only limited numbers of elective exams are being performed at this time.

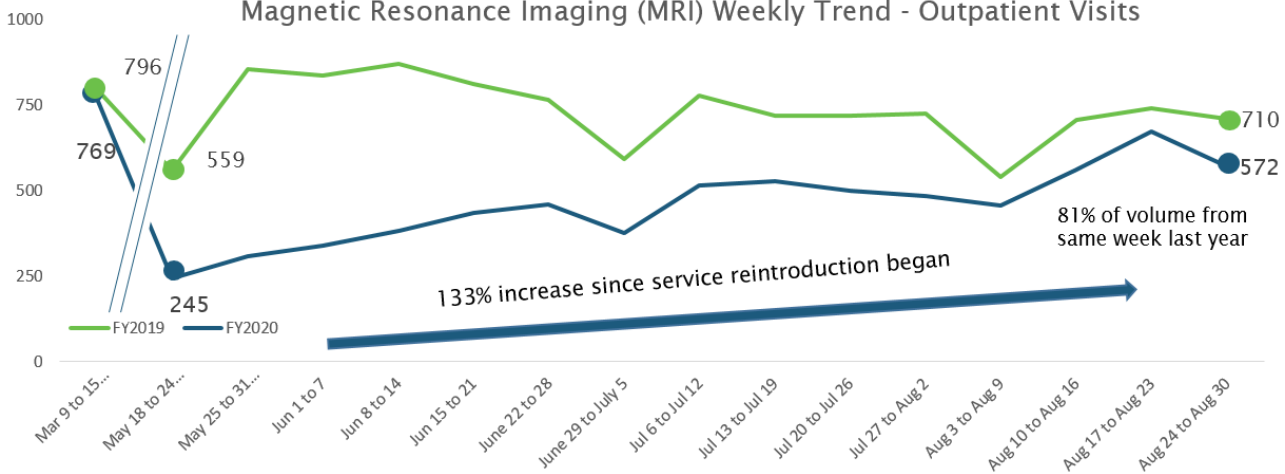
Diagnostic Imaging Volumes

- Between July 27–Aug 2:
 - 1,753 CTs (84% more than May 25, 84% of volume same week in 2019).
 - 572 MRIs (133% more than May 25, 81% of volume same week in 2019).
 - 1,955 USs (123% more than May 25, 89% of volume same week in 2019).

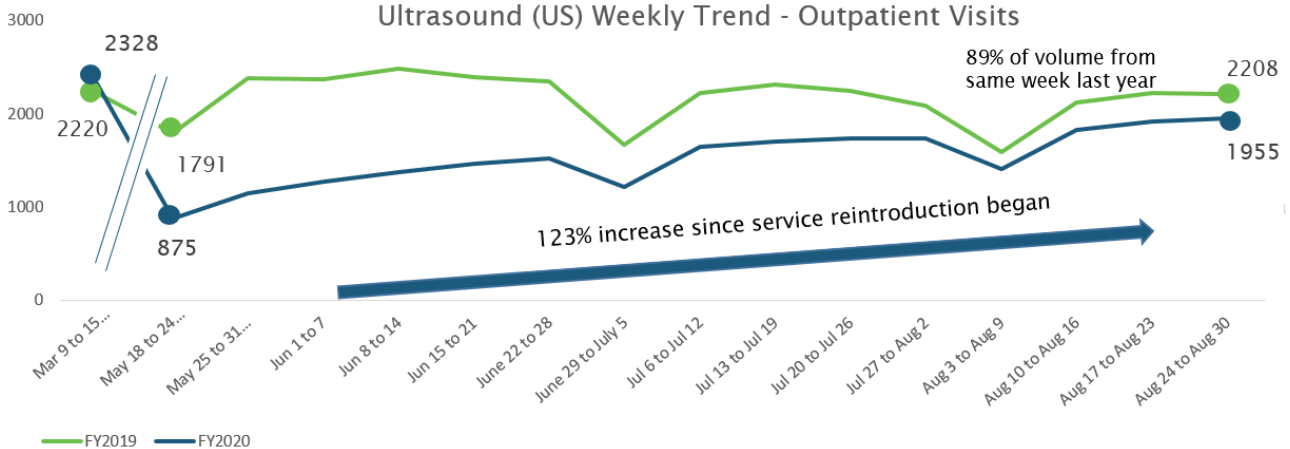
Computed Tomography (CT) Weekly Trend - Outpatient Visits



Magnetic Resonance Imaging (MRI) Weekly Trend - Outpatient Visits



Ultrasound (US) Weekly Trend - Outpatient Visits



Outpatient Laboratory Services

Nova Scotia Health has typically completed more than 90,000 outpatient laboratory tests each month. This includes various blood, urine and fecal tests needed to diagnose, treat and manage various health issues and conditions.

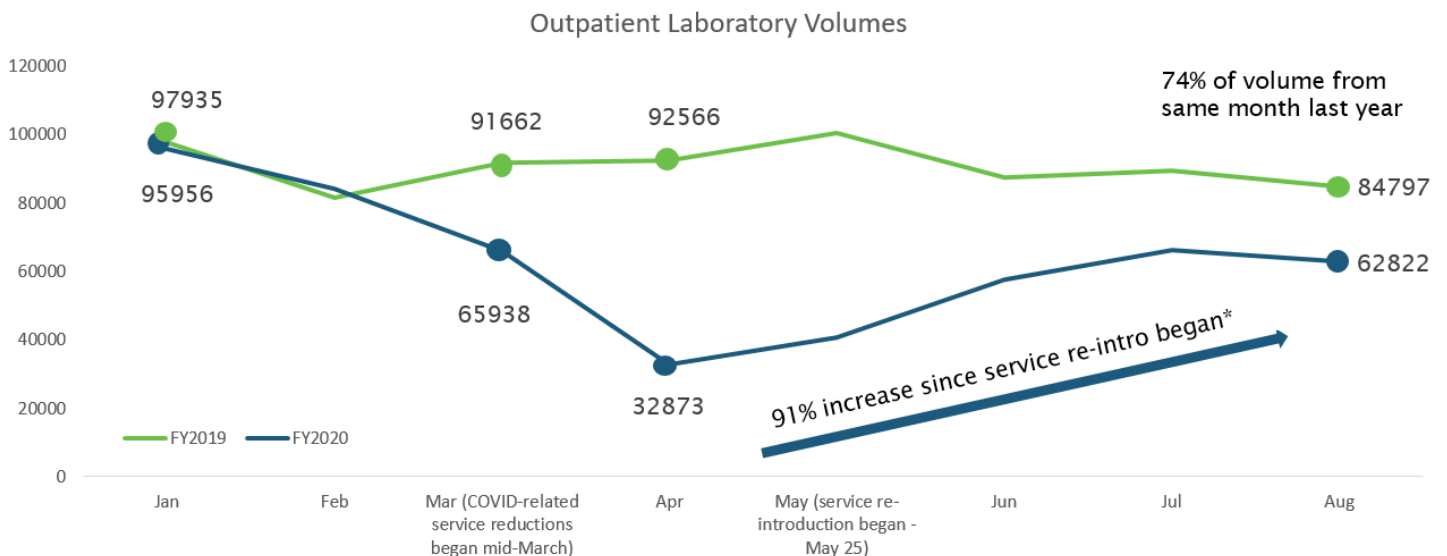
Monthly volumes went as low as about 33,000 (Apr 2020) as a result of COVID-19 service reductions.

Currently, all emergency and urgent exams are being performed and work continues to complete semi-urgent exams. Services are now being delivered by appointment only across all sites. We have introduced an online booking option for blood collection appointment at some sites, and will be expanding to others in the coming months. Significant laboratory resources continue to be directed at testing for COVID-19.

Data is captured on a monthly basis and this reflects volumes as of the end of August 2020. Ongoing COVID-19 testing activity is not included in these volumes.

Outpatient Laboratory Volumes

- During the month of August there were 62,822 outpatient visits/procedures completed:
 - up 91% since service reintroduction began on May 25.
 - 74% of volume from August 2019.



*Compared to full month of April, 2020

Outpatient Services

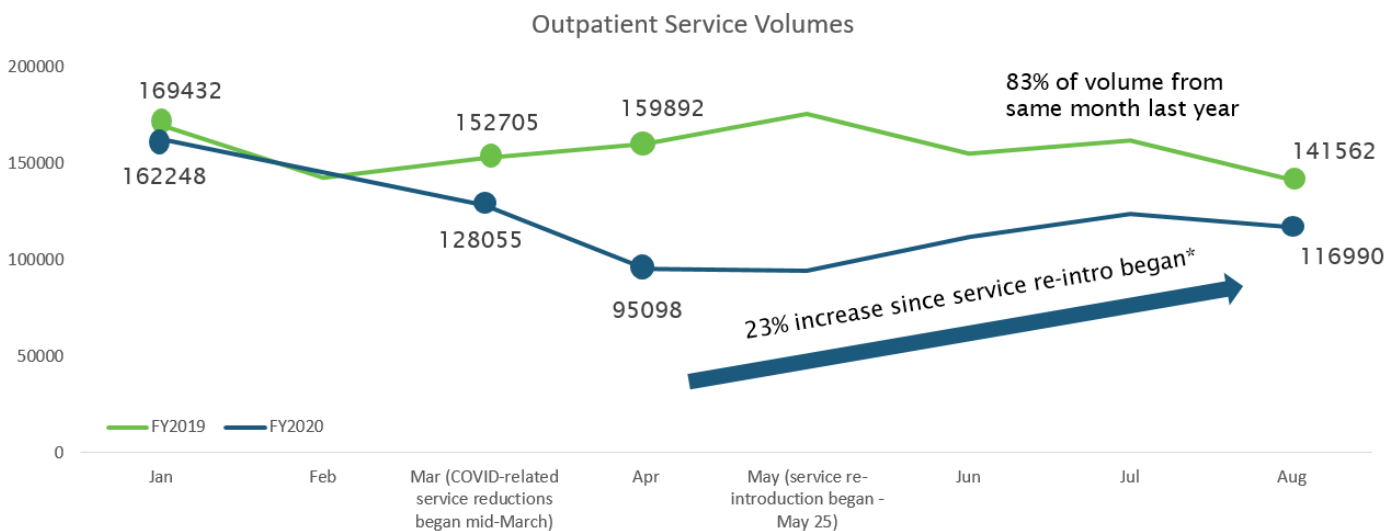
Nova Scotia Health offers a variety of services on an outpatient or ambulatory basis. At outpatient clinics patients receive various types of care including IV therapies, wound care/ dressing changes, blood transfusions, and physician specialist clinics such as ear, nose and throat (ENT), dermatology, and ophthalmology.

As a result of COVID-19 service reductions, these volumes went down from more than 150,000 a month, to as few as 95,000 visits/procedures during the month of April. Keeping in mind the need for physical distancing, the number of in-person appointments are increasing while virtual appointments are also used where appropriate.

Data is captured on a monthly basis and reflects most recent data ending August 31, 2020.

Outpatient Service Volumes

- During the month of August there were 116,990 outpatient visits/procedures:
 - **Up 23%** since service reintroduction began on May 25.
 - **83% of volume** from August 2019.



*Compared to full month of April, 2020

Cancer Care

Most cancer patients continued to receive treatment while Nova Scotia Health managed through the COVID-19 pandemic.

Out-patient services in medical, radiation and gynecologic oncology, as well as hematology, including chemotherapy and radiation treatments, continued, primarily using telephone and video appointments. This has lessened the need for patients to go out into the community.

We know waiting for any kind of cancer service is difficult for patients and we're doing all we can to ensure cancer patients receive care as quickly as is safely possible.

Patients whose health status has or is worsening, or those who have questions or concerns should speak with their primary care provider/care team.

'Made During Covid' Solutions

Managing through the COVID-19 pandemic prompted the Cancer Care Program to meet patients' needs in different ways, which meant fewer trips to cancer centres for patients:

- We used more telephone and video appointments.
- We expedited efforts to introduce hypo-fractionation (fewer treatments, higher doses) in radiation therapy for some cancers.

We are evaluating and enhancing these 'made during COVID' solutions that are helping us be more efficient in meeting the needs of patients and families.

Cancer Screening Programs

Nova Scotia Health continues to operate the Colon Cancer Prevention Program and the Cervical Cancer Prevention Program. Cancer screening, in general, is about looking for cancer or pre-cancer before there are warning signs or symptoms. Anyone with any kind of worrying symptoms should not be waiting for a screening test. They should speak with a health care provider.

The home screening kit for colon cancer does not test for cancer or pre-cancer, but for trace amounts of blood in the colon. If blood is detected, it does not mean the individual has cancer. It means a follow-up test called a colonoscopy is needed to understand the reason for the blood.

To help us respond to COVID-19, in March, we temporarily stopped mailing out home screening kits for colon cancer, but continued to process any tests that were received. We also recommended that primary care providers temporarily stop doing routine Pap tests.

Reintroducing Cancer Screening Programs

In June, Cervical Cancer Screening resumed across the province and we are targeting to resume mailing out home screening kits for colon cancer sometime this fall.

Our initial focus has been to address the backlog of people who tested positive for trace amounts of blood in their colon and need a colonoscopy. We are making progress, with our waitlist for colonoscopies down to 500, from about 1,600 back in June.

Even though we are not mailing out home screening kits yet, individuals who have an unexpired screening test may still complete it and send it to the lab. It will be processed and they will receive their result in the mail and/or receive a call from a screening nurse if their result is positive for trace amounts of blood.


When we do resume the mail out, it is hoped more people will do the test when they receive it. To date, only about 34 % of Nova Scotians do the test when it comes in the mail.

Primary Care

Nova Scotia Health reminds the public that primary care providers continue to deliver health care during the pandemic, either virtually or in-person if needed care. People should continue to call their family practice as they normally would for health advice and the care they need.

When patients need an in-person appointment, this is done in a safe environment, as family practices follow guidelines to protect patients and themselves from the spread of COVID-19.

We offer a variety of online wellness sessions that people can participate in free of charge. There are sessions about healthy eating, physical activity, mental wellness, parenting, and managing one's risk factors for ongoing health conditions. These free sessions offered by health professionals are a great way to learn new information and strategies for staying healthy and well. View a complete list of available sessions at [HealthyNovaScotia.ca](https://www.healthynovascotia.ca).



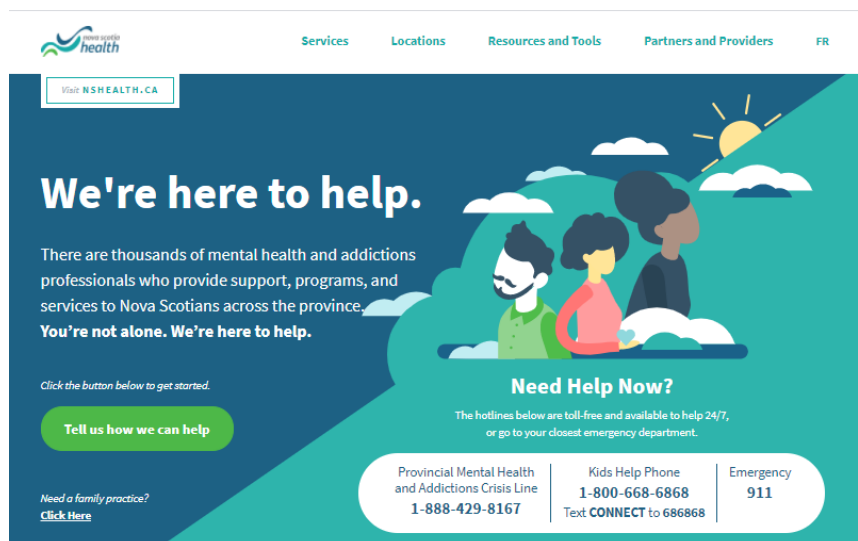
The screenshot shows the 'Library Services' page for 'Healthy Living, Wellness & Chronic Disease Management'. A blue arrow points from the text in the previous block to the 'Online Wellness Programs' section. The page includes a search bar, a breadcrumb trail, and a list of wellness programs. A yellow speech bubble icon is visible on the right side of the page.

Mental Health and Addictions

We knew we had an important role in the public health response to the COVID-19 pandemic. From the beginning, we knew it was vital to continue to deliver a continuum of mental health and addictions services including outpatient, crisis and inpatient care to meet people’s needs. We are committed to service excellence – with patient, staff and physician safety being the top priority.

How did we improve access during COVID-19?

- Accelerated launch of e-Mental Health and Addictions options, enhancing access and demonstrating the importance of using innovative technology to reach people wherever they are.
- Introduced innovative online services and virtual care options to address gaps in the continuum of e-Mental Health and Addictions services.
- Launched our new website for mental health and addictions (mha.nshealth.ca), providing Nova Scotians with easy access to information.
- Offered **12,718 crisis** interventions through Provincial Mental Health and Addictions Crisis Line (**35%** more than last year during the same time).
- Met with individuals by phone and virtual care platforms **137,270 times** to support their recovery and wellbeing.
- Supported recovery of people living with harmful substance use in **14,800** Opioid Disorder Treatment Program visits
- **Reached the wait time target of 7 days 100%** (July–August) for people triaged as having urgent needs.



Service Reintroduction Challenges

Nova Scotia Health acknowledges that while progress is being made to improve access to key health services, we also face a number of challenges that are impacting these efforts.

- High inpatient occupancy rates which have an impact on our ability to increase the number of surgeries, for instance. While we need to maintain some inpatient beds to ensure we can respond to any surge in COVID-19 activity, our inpatient occupancy rates were historically high and continue to increase as we treat sick patients.
- We remain limited in our ability to transfer appropriate patients to long-term care facilities, which are limiting access to their beds as a part of their COVID-19 responses.
- We need to maintain public health measures including access control and physical distancing, which is an issue in many hospitals and health centres where space may be limited. This impacts the number of people we can have in some areas at a time, such as clinics and waiting rooms. As a result, we continue to run many services below our normal levels.

While some patients may now be able to have a support person attend appointments with them, this is not possible at all locations, as it would result in fewer patients receiving care. In these cases, care teams will work with families to discuss options.

Preparing for a Second Wave

Nova Scotia Health’s experience in preparing, planning and responding to the first wave of COVID-19 has taught us many things. We continue to monitor demands and any changes in activity so that we can respond quickly and adapt our approaches for a second wave of COVID-19. We are planning now so that we can have the right resources, providers, equipment and protocols in place to continue preventing the spread of COVID-19 while enhancing and maintaining the highest level of services possible for patients and their families throughout a second wave.

Visitor Restrictions

Visitor restrictions at Nova Scotia Health facilities help prevent the spread of COVID-19. Effective **September 17**, the following exceptions to the visitor restrictions are in place:

Two support people for:



- all hospital inpatients
- palliative care patients approaching end of life
- patients receiving medical assistance in dying (MAID)
- patients in labour and giving birth
- children in outpatient and emergency settings

**Additional family members may be permitted for those approaching end-of-life in discussion with the care team*

One support person for:



- patients arriving for cancer care, emergency, outpatient and ambulatory care clinics, appointments or procedures

Please note: Some areas may not be able to accommodate additional support people due to the need to maintain physical distancing requirements. In these cases, care teams will work with families to discuss options.

If you have questions about these exceptions please talk to your care team.

If you feel unwell or have felt unwell in the past 48 hours (fever/chills/sweats, new or worsening cough or a combination of sore throat, runny nose, headache or shortness of breath), are supposed to be self-isolating due to travel, or are waiting for results of COVID-19 test results, please do not visit.



As of Sept. 17, [visitor restrictions have been updated](#). Some patients may be able to have one or two support persons with them, if space permits.