



Key Messages – Community Hospital to Alternate Level of Care (ALC) Conversion – Phase 2

- By converting the purpose of Community hospitals in some of our communities we can protect our most vulnerable populations. Keeping patients and staff safe and healthy continues to be our number one priority.
 - Reducing traffic in integrated facilities ensures safety in long term care and supports cohorting of staff which reduces the risk of exposure.
- Conversion of the designated Community Hospitals to ALC sites was targeted to occur in a phased approach over a four to six week period. This is the second phase of implementation.
 - Emergency Departments will be temporarily **CLOSED**. In the event of an emergency, **call 911**. EMS will be dispatched to respond. EMS will assess the patient, initiate treatment, and transport to the most appropriate facility to provide further care for the patient's illness/injury.
 - Inpatient acute care admissions will temporarily stop and only patients considered ALC will be admitted.
 - Primary Health Care services will be maintained.
- Converting to ALC will:
 - Allow for the movement of ALC patients out of tertiary and regional hospitals to create space for potential COVID-19 surge.
 - Separates COVID and non-COVID pre-acute or post-acute patients in the community in community hospitals to avoid risk of disease spread.
 - Increases capacity in acute sites by having nursing, physicians and other allied health professionals concentrated in acute settings, increasing our workforce and ability to replace staff when they fall ill.
 - Allows for adequate notice, orientation and skill acquisition among providers to work in a new setting.
- Preparations must continue to occur; waiting until we see increased case numbers would leave our facilities and healthcare providers unequipped to manage.

Q and A'a

Why are we converting Community hospitals to ALC when the Premier just announced plans to re-open Saskatchewan and the SHA just announced planning to reverse the service slowdown?

- Our strategy is to contain, delay and mitigate. Although modelling numbers for worst case scenario planning are now lower than originally expected, we still need to be prepared and continue planning for a potential surge in cases.
- Although the cooperation of the Saskatchewan people has resulted in some success in our efforts to flatten the curve, we are not out of the woods yet.

What do the new modelling numbers mean?

- The peak of the virus is quite variable, and is directly impacted by how well Saskatchewan responds to public health orders and physical distancing.
- The latest modelling numbers indicate we are starting to see the flattening of the curve as a result of all the public health measures put in place so far. We're also increasing access to testing and contact tracing efforts to prevent community transmission.

The new modelling numbers indicate we are doing well. Why are we proceeding with implementation of surge plans based on our original numbers?

- New data brings with it cautious optimism. While we are adjusting our planning scenarios, we must maintain our commitment to plan for the worst while aiming for the best.
- Under any modelling scenario it is critical that we continue to escalate our tactics to meet potential demand. Conversion of community hospitals to Alternate Level of Care (ALC) is one of the measures we have put in place to ensure we can meet this demand.

What does ALC mean?

- ALC is Alternate Level of Care. It refers to a patient that could be cared for in an alternate setting than an acute care bed because their condition does not require the daily attendance by a physician. This would refer to palliative, convalescing, respite, rehab or long term care patients.

What community hospitals are being converted to ALC? When will this happen?

- Twelve Community hospitals were identified for conversion to ALC in our surge plan. In the second phase, we are proceeding with the temporary conversion of community hospitals in Wolseley, Davidson and Arcola effective Thursday, May 14th.
- The first phase included Lanigan, Broadview, Preeceville, Radville, Herbert and Kerrobert. The remaining three sites will follow in with dates still yet to be determined.

What services will be impacted by the conversion to ALC?

- Community hospitals converted to ALC will be temporarily closed to acute care admissions and will only accept admission to ALC. Emergency services will also be temporarily disrupted and will not be available at these facilities. There will be no impact to long term care in integrated facilities.

What should I do if I live in a community where a hospital has been converted to ALC and I have an emergency?

In the event of an emergency call 9-1-1. Non-urgent health related questions can be directed to the provincial HealthLine by calling 8-1-1.

- EMS will be dispatched to respond. EMS will assess the patient, initiate treatment and transport to the most appropriate facility to provide further care for the patient's illness/injury.
- If residents have health, mental health or addictions questions, medical advice and support is available by calling HealthLine 811 toll-free 24 hours per day.

How long will the conversion to ALC last? When will acute and emergency services resume?

- Impacted facilities will remain ALC until demand returns to a sustained level consistent with the pre-COVID demand.

Why was my community hospital chosen to be converted to ALC?

- Several of the Community hospitals selected for conversion to ALC are currently or frequently experience varying levels of service disruption that would support conversion to ALC without significant changes/impact on current operations.
- Others that were chosen may have small acute bed numbers.
- We need to protect the vulnerable long term care population and in some of our integrated facilities that is more difficult to do if we can't separate entrances to LTC residents and acute care patients.