

PGME Update January 13<sup>th</sup>, 2020

Dear residents and fellows,

As you are all acutely aware, the second wave of this pandemic has seen a marked rise of cases and hospitalizations across Ontario, including Hamilton and our regional hospitals. Due to the rise in admitted COVID positive cases (either from the community or transmission during outbreaks), it is no longer possible at HHS to cohort patients solely at Hamilton General Hospital and there is a COVID unit at the Juravinski site and the possibility for a second unit. Currently there are 25 admitted patients at SJH and 90 at HHS. Hospitals within Waterloo and Niagara regional campuses have also had significant outbreaks. The situation for our community and our hospitals is at a critical point right now with alarming forecasts by the provincial government of what awaits us in the next few weeks. Hopefully, the measures put in place for a complete lockdown starting tomorrow and the vaccination roll-out will prove to be effective decreasing the transmission rates over time.

**Current outbreaks at our hospitals in Hamilton:**

HGH: 5W, 7W, Emergency Department, Short Stay Medical Unit.

JH: E3

SJH: CTU West

Any updates from the hospitals in Hamilton, WRC and NRC are posted on [PGME COVID Website](#).

**1. Block Change:**

Unfortunately, this was chaotic with the HGH-ER outbreak declared on the Friday prior to the block change January 12<sup>th</sup>. I really appreciate all of your patience and understanding over the past few days. You have all received the information with regards to the algorithm that the hospitals are using to determine safety to move to a different site during a block change and the current requirements for self-isolation. We will continue to work with our hospital partners, Infection Protection and Control (IPAC), Employee Health Services (EHS) to keep up to date regarding any changes to the algorithm. I want to acknowledge Dr. Alison Fox-Robichaud, Medical Director at HHS and Dr. Azim Gangji, VP Education SJH for their leadership and communication to PGME from the beginning of the pandemic but especially these last few days with the outbreaks/block change and the vaccination roll-out.

**2. Redeployment:**

Thanks to all of you who were on the redeployment list for the holiday blocks and the first week of January. Even if you did not get redeployed, there was still the added stress of potentially being called in and the adjustments that needed to be made to your home schedules. And sincere thank-you to those who were redeployed during this time. Your help was greatly appreciated by the medicine service. We did not create a redeployment list for this week given the block change and more time to gauge what was needed by the hospitals. However, we will restart redeployment schedules for January 18<sup>th</sup>. Given the current volumes at our sites and the projected numbers by the province, the situation is likely

to get worse over the upcoming weeks. The two areas for resident redeployment continue to be Internal Medicine and ICU- both clinical services have borne the brunt of this pandemic.

Our redeployment strategies have evolved since the first wave in March. The principles of redeployment remain the same: redeployment activities will be counted towards credentialing in your home program as much as possible; orientation and appropriate supervision, assessment of clinical activities (1 week or greater redeployment blocks), and the least disruption to your home program and your education. We also recognize the need to be fair and equitable across resident groups. Redeployment will occur at the campus at which you are based – those based at WRC and NRC will be redeployed at hospitals in that region. Family medicine residents will be redeployed at any community site at which they are based, if necessary and may also be providing COVID support to communities outside of acute care hospitals.

The process for creating lists for PGME is as follows:

- Each program will be submitting a list of residents who are potentially available for redeployment. This list is based on a determination of home service requirements, and the rotations that you are on for Block 8.
- We have asked the program directors/ program administrators to contact you to inform you if you are on the redeployment list. If you have questions about the process used by the program to determine availability, please contact your program director or program administrator.
- Residents in some programs who have the appropriate skills may be placed in the ICU redeployment list. Medicine subspecialty residents can be placed on either list (Internal Medicine or ICU), again depending on prior experience. All others will be placed exclusively on the CTU-JMR list for Internal Medicine.
- Those who have redeployed during the holiday blocks and the first week of January, will not be on the current list for Block 8.
- The PGME office creates a central list based on program submissions and will provide that list to individuals in Medicine (Dr. Lori Whitehead/ CTU Directors at each site) and to Dr. John Centofanti for ICU. Once the list is finalized (Thursday, Dec 14, 2021) we will email those identified for redeployment directly.
- We also ask for you to indicate the preferred site for redeployment so as much as possible, will place you at a site where you have done a previous rotation (CTU/ICU). Unfortunately, this may be 100% doable but there will be organized orientation to the service and site at the start of the redeployment period (we will send instructions with redeployment email regarding who to contact to ensure your preference is listed).
- Also important to consider whether you have been trained on Dovetale; if you have been trained but your access has expired, please [contact Nelly at SJH](#) for renewal of access.

### Redeployment strategies accounts for two scenarios:

**Gap Coverage:** unexpected absences due to illness, need for self-isolation for variable amounts of time- this is similar to the model that we used for the holiday block and the first week of January. This will only be used for Internal Medicine.

**Surge Coverage:** This based on the numbers of admitted patients at SJH and HHS, and the need for the creation of extra teams. The surge numbers will also activate faculty redeployment for both daytime and night coverage. HGH Medicine has already created two extra teams which are currently being staffed by faculty. I also want to mention the exemplary support that has been provided by our physician assistants in medicine who are teamed with a faculty member to provide care for COVID units at our sites in Hamilton.

### Redeployment schedules:

Internal Medicine:

We have shortened the redeployment period to **one week** where our previous redeployment was for 4 weeks. Although this has the potential to lead to greater turn-over and redeployment of more residents, it will also be less disruptive to your home program and education and may provide greater equity for redeployment across the residents and programs. We will continue to re-evaluate our strategies and to do that, will need feedback from you and your program directors.

Please review the [IM Redeployment Guidelines](#), developed by Dr. Lori Whitehead. You will find them quite comprehensive with clear expectations for each of redeployment strategies.

ICU:

Due to the scheduling for ICU and fewer residents available for redeployment, it was not possible to move to a 7-day schedule. The redeployment schedule will be the same as the one described in March at the beginning of the pandemic. We recommend that you review the [ICU Redeployment Plan on the PGME website](#).

### 3. Infection control:

Given all the outbreaks now, there are some instructions from EHS

- If possible, please start with non-outbreak wards and end with an outbreak ward when doing daily rounding. This is probably possible when planning routine rounds, but less so for call and emergency consults
- All inpatients are now required to wear masks. Please guide your patient to wear their mask and help them put it on if necessary. If they are unable or unwilling to wear a mask, please use eye protection (face-shield or goggles) when assessing the patient.
- Although eye protection has not been mandated for all patient contact, you can choose to use face shields or goggles (much easier). However, for them to be effective, please follow the guidelines for appropriate use. Again, if you choose to buy goggles, you can submit this expense through the CMA Foundation and you will be reimbursed. Effective use of eye protection will decrease the risk of transmission but again needs to be compliant with guidelines on

appropriate use. We recommend reviewing the information about eye protection, including the type of goggles on the [PGME PPE Website](#).

#### 4. Electives:

We continue to allow incoming and outgoing electives except for medicine subspecialties. The electives rules for the institutions in Canada is on our [Electives Website](#). Many universities, on the advice of Infectious Diseases and their hospitals, have restricted incoming and outgoing electives.

We would recommend that you contact the program if you are going to another site, to ensure they do not have any rules with regards to occupational health screening prior to starting.

For those coming back from electives, we will send you a form to complete from the PGME office to ensure that you have not been exposed during the elective and need to be cleared prior to returning to work. Please notify your program director or administrator immediately during the elective if there are any exposures, involvement in contact tracing and/or the need to self-isolate.

#### 5. Vaccinations:

This seems to be rolling out well and we can finally see the light at the end of this tunnel. We will reassess the progress next week with the hospitals to determine whether we need to get you to change your sequence according to block 9 rotation (only if moving to a higher-risk category). There were some glitches with the form early on, but I think that has been sorted out for the most part. Please refer to this guide for information about the vaccination app.

**Anybody who is on the redeployment list for either GIM or ICU should change their sequence to priority 1.** The PGME office will be collecting information on everyone who has been vaccinated, similar to the process we use for tracking N95 testing. We will start this process at the beginning of February, and we will require you to upload proof of vaccination. We also request that you are placed at a community site and are vaccinated, you ensure that you cancel your registration with HHS/SJH.

**We will advise you if you are on the list for redeployment likely by tomorrow at noon** to allow you to change your sequence, if required.

*If the learners want to **change/cancel their appointment**, can email: [cancelvac@hhsc.ca](mailto:cancelvac@hhsc.ca) with their name, dob and appointment date and their appointment will be changed or cancelled as requested. If you have entered the wrong sequence by accident, just redo with the right one and the system will record your most recent request.*

**Thank-you everyone. Please contact me anytime at [wasip@mcmaster.ca](mailto:wasip@mcmaster.ca) with any questions. We will host a town hall on Friday PM 530 with Drs. Whitehead and Centofanti to discuss the redeployment and answer any questions you may have. If you have been identified for redeployment, we will include the redeployment email tomorrow.**

*Parveen*



Postgraduate  
Medical Education

**Faculty of Health Sciences**

MDCL 3101A  
1280 Main Street West  
Hamilton, Ontario  
Canada L8S 4K1

Phone 905.525.9140  
Ext. 22116 or 22118  
Fax 905.527.2707  
Email [postgd@mcmaster.ca](mailto:postgd@mcmaster.ca)

Parveen Wasi, M.D., F.R.C.P.C.  
Associate Dean, Postgraduate Medical Education  
McMaster University