

#### July 9, 2020

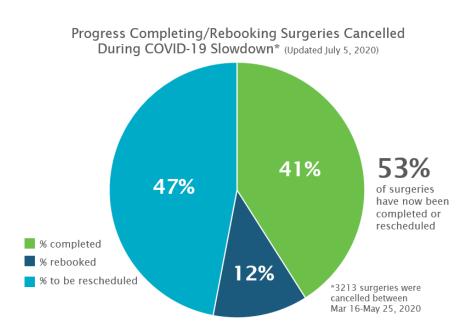
Nova Scotia Health continues to make progress completing surgeries, exams and procedures that were impacted as we responded to the COVID-19 pandemic. This update provides information on our efforts to increase access to surgery, endoscopy, diagnostic imaging services, outpatient laboratory services and other outpatient services. Data reflects progress up until July 5, 2020.

## Surgery and Endoscopy

Urgent, emergency and timesensitive cancer surgeries and procedures continued to be offered during COVID-19, however a total of 3213 scheduled surgeries were postponed during this slowdown.

Many other surgeries and endoscopy procedures did not occur during this time.

It will take time to return to normal service levels and make up the surgeries and other procedures that were not completed as a result of the pandemic.



Data reflects progress rebooking/completing scheduled surgeries that were postponed. Many other surgeries would normally have taken place during this time, but had not yet been scheduled when COVID-19 measures were put into place. Total numbers may fluctuate between reporting periods due to ongoing data quality efforts. Data excludes endoscopy procedures.

With the exception of outpatient laboratory and outpatient procedures (June 2020), this update reflects progress and service volumes as of July 5, 2020. The Canada Day holiday (July 1) falls within this reporting period and impacts on service volumes each year.



## **Increasing Surgeries**

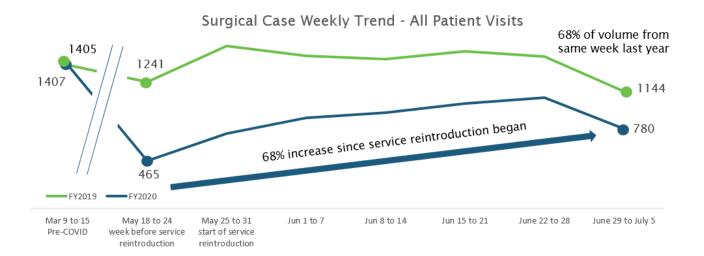
The week before COVID-19 service changes began, Nova Scotia Health completed a total of 1407 surgeries. With only urgent, emergency and time-sensitive cancer surgeries taking place, these numbers dropped significantly over the past number of months, to roughly onethird of our normal surgery volumes.

Our surgical teams have worked to prioritize cases and increase our capacity so that as many patients as possible can get the surgery they need. 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 <u>here</u>.

#### **Surgical Volumes**

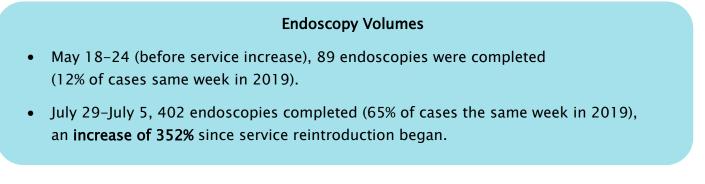
- May 18-24 (before service increase), 461 surgeries (37% of cases same week in 2019).
- As of July 5, surgeries were **up 68%** from the week before service reintroduction began.
- As of July 5, volumes were at 780 (68% of 2019 volume for same week).

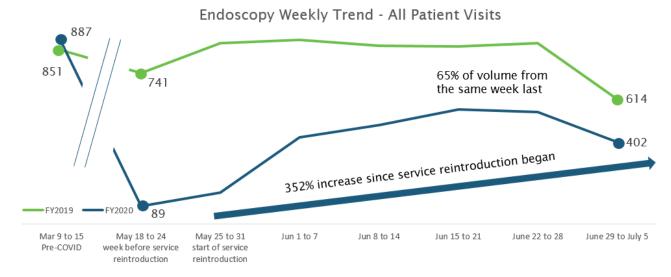




## **Increasing Endoscopies**

We have been gradually increasing access to endoscopy services across our various sites.





# **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. Elective DI exams are not being completed at this time, with the exception of the general imaging x-ray service.

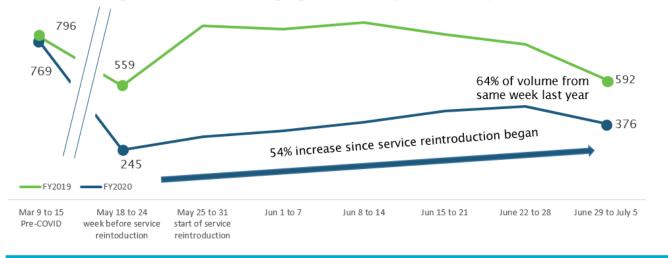
#### Diagnostic Imaging Volumes

- Between June 30-July 5:
  - 1,368 CTs (44% more than May 25, 78% of volume same week in 2019).
  - 376 MRIs (54% more than May 25, 64% of volume same week in 2019).
  - 1,220 USs (39% more than May 25, 73% of volume same week in 2019).

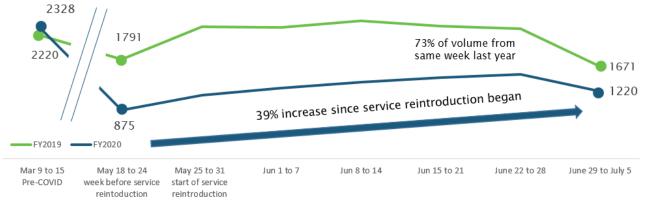


Computed Tomography (CT) Weekly Trend - Outpatient Visits 2129 1807 2195 1754 78% of volume from same week last year 1368 44% increase since service reintroduction began 950 June 29 to July 5 Mar 9 to 15 Jun 15 to 21 May 18 to 24 May 25 to 31 Jun 1 to 7 Jun 8 to 14 June 22 to 28 Pre-COVID week before service start of service reintroduction reintroduction

Magnetic Resonance Imaging (MRI) Weekly Trend - Outpatient Visits









# **Outpatient Laboratory Services**

Typically Nova Scotia Health completes 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.

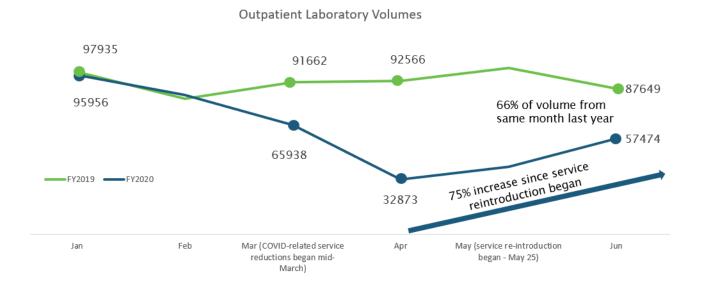
Monthly volumes went as low as 33,000 (April 2020) as result of COVID-19 service reductions.

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. Patents requiring regular blood work are encouraged to book a series of appointments with one call. 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 June 2020. Ongoing COVID-19 testing activity is not included in these volumes.

## **Outpatient Laboratory Volumes**

- During the month of June there were 57,474 outpatient visits/procedures completed:
  - **up 75%** since service reintroduction began on May 25.
  - **66% of volume** from June 2019.





## **Outpatient Services**

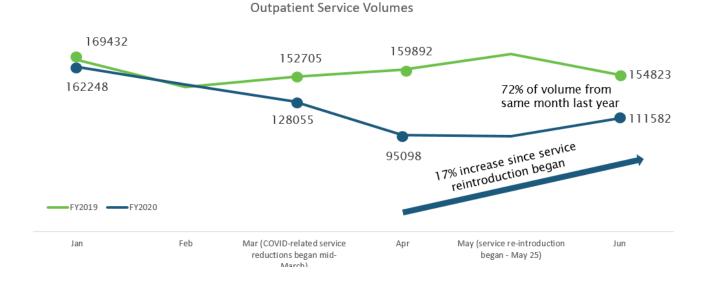
Nova Scotia Health offers a variety of services on an outpatient or ambulatory basis. At outpatient clinics patients receive various types of care including IV therapies, wound care/dressing changes, blood transfusions, and physician specialist clinics such as ear, nose and throat (ENT), dermatology, 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 June 30, 2020.

### **Outpatient Service Volumes**

- During the month of June there were 111,582 outpatient visits/procedures completed:
  - **up 17%** since service reintroduction began on May 25.
  - **72% of volume** from June 2019.





# 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 the level of increased activity we may achieve.

• 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 there at a time, such as in our emergency departments and waiting rooms/areas.



Throughout our facilities we have installed plexiglass shields in areas such as registration. Other measures have also been put in place to protect patients and providers, including floor markings and changes to waiting area seating that support physical distancing.

- We are also challenged by our 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 prior to COVID-19 and continue to increase as we treat sick patients.
- We are also 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 are working with our care partners to find solutions.

Based on our current circumstances we acknowledge that it will take time to get back to our pre-COVID-19 activity volumes and make up for the backlog that COVID-19 has created.