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Saskatchewan Physicians
Saskatchewan Nurse Practitioners
sent via email

Dear colleagues:

In the spring of 2020, at the start of the COVID-19 pandemic, supports were developed to help health care workers make those unthinkable decisions about care if ever there was a day there were too many sick people for our health system to handle. Like you, I was watching daily news reports of hospitals and ICUs being overwhelmed around the world. We needed to plan and be prepared for the worst while the whole province of Saskatchewan worked to prevent the worst from happening.

Eighteen months later, we are on the verge of being overwhelmed. We are in the fourth wave of COVID-19. Our ICU and ward teams are admitting rapidly increasing numbers of patients with severe illness due to COVID-19. All across Saskatchewan, ICUs are at or over capacity. And while surge plans are being developed and activated to further increase capacity, we must also be prepared to face difficult decisions. The [Saskatchewan Critical Care Resource Allocation Framework](#) (the Framework) outlines the principles and processes that will support us. Though some may not realize it yet, as we are only in Stage One of the Framework, it is already being put to use.

I am thankful that our colleagues in our Ethics department worked with clinicians, leaders, and patient and family partners to develop this framework. It is here for us, to help us. When we have more patients than we have staff, beds, or equipment, the Framework will help us make decisions we never want to have to make.

And I am worried we are not far off from having to make decisions about who receives life-saving care, and who receives palliative care, who gets ICU care, and who does not. The Framework alleviates some of the heart wrenching burden from physicians and frontline staff by providing supports and guides. It's there for us to use, so we can be sure the best decisions can be consistently made.

If we proceed to Stage Two of the Framework, decisions will be made on a case-by-case basis. There will be no blanket decisions on any group, no discrimination based on age, race, gender or any other consideration that would contravene Canada's Human Rights Act, including vaccination status.

More information will be coming should we meet the triggers to move to Stage Two. Right now, here is what I ask of each and every one of you.

- Ensure good goals of care discussions with all your patients and when appropriate, their families, which are based on the patient's values and autonomy. This, as always, is best done prior to an urgent or emergent illness. Ensure this is documented in an urgently accessible manner. Please do not have these discussion based on any resource allocation concerns.

- Continue to make referrals to ICU following your usual clinical assessment and management. Do not make independent judgments about whether a patient is or is not a candidate. Just refer.
- Familiarize yourself with the Framework. Please note the scripts within the CCRAF aimed to help support discussions around any decisions that may need to be made regarding admission or not to ICU.

I know I am not alone as experiencing this point of time as the hardest part of the pandemic to date. And I know am not alone: all of you are part of my support system. Please look out for one another. Please reach out and seek support when struggling. And please ask questions as they arise.

Yours sincerely,



Dr. Susan Shaw
Chief Medical Officer

Enclosure: Saskatchewan Critical Care Resource Allocation Framework: COVID-19 Pandemic

Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

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