



Public Experience of Healthcare during COVID-19 Survey Results

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Fiona Fick |SHA Research Unit| fiona.fick@saskhealthauthority.ca
Shubrandu Sanjoy |SHA Research Unit| shubrandu.sanjoy@saskhealthauthority.ca
Barb McGarry |SHA Patient and Family Centered Care| Barb.mcgarry@saskhealthauthority.ca
Biaka Imeah |SHA Research Unit| Biaka.Imeah@saskhealthauthority.ca

Table of Contents

Results Summary	1
Introduction	3
Demographics	4
Impact of Pandemic Restrictions on Health and Access to Healthcare Services	4
Use of In-Person Healthcare	4
Availability of healthcare	8
Impact on Health	9
Confidence in Healthcare	13
Visitor Restrictions	15
Virtual Care	21
Experiences with Virtual Care	21
Satisfaction with Virtual Care	24
Communication and Access to Information during Pandemic Restrictions	27
Conclusions	30
Appendix: Patient Stories	31

Results Summary

Patient and Family Centered Care is central to the Saskatchewan Health Authority's (SHA) philosophy of care. To achieve this goal, it is important to hear directly from patients and families about their healthcare experiences. A public experience survey was developed to help the SHA understand the impact of COVID-19 on patient use of healthcare services, experiences of virtual care, visitor restrictions, communication strategies, as well as overall patient health. The aim was to highlight the patient experience, share narratives through the patient lens, understand what has worked well, and identify areas for improvement as the SHA manages the impacts of COVID-19 in Saskatchewan.

A total of 2589 respondents participated in the survey. Most respondents were white (76%) and female (74%) between the ages of 20 years to 59 years (20-39 years: 38%, 40-59 years: 34%, 60-79 years: 14%). Few identified as Indigenous (3.9%). Of those respondents, 27% were First Nations and 73% were Métis.

Many respondents used in-person healthcare services since pandemic restrictions began, including pharmacists, family doctors, diagnostic testing, and specialist doctors. However, a third of respondents chose to delay accessing healthcare due to the pandemic. Nearly half the respondents said that healthcare providers or services were unavailable because of pandemic restrictions. Least available services were family doctors and specialist doctors.

The majority of people felt that their health had not been greatly affected due to unavailability of services. However, this might reflect the lower numbers of people who have more complex health issues and required more intensive healthcare services versus those who need simpler care, such as a prescription refill. The comments section helped to highlight the intense impact felt by some patients as there were many patient and family stories describing the effect of unavailability of services on their health. Confidence levels in the SHA were divided, with half the respondents saying they are confident that Saskatchewan's health system can provide safe, high-quality service for themselves as well as their families. Patient stories showed that poor care and restricted services were primary reasons for loss of confidence.

The question of satisfaction with visitor restrictions was not applicable to nearly half the respondents. Although some people agreed with the restrictions, others felt they did not make sense, were inconsistent, or created poor outcomes for patients and families. People reported difficulties in accessing information about their family members who were patients as they were not allowed in the building and often could not speak to the doctors or care providers. There were cases when it was essential to have a family member accompany the patient, which care providers were sometimes reluctant to allow. Families do not see themselves as visitors but as care partners who can provide necessary support to patients and often reduce the care burden on point-of-care staff. There was general agreement about the devastating impact to older adults, particularly those in long-term care homes. Many stories emphasized the importance of quality of life over length of life and the necessity of family love and care in residents' quality of life. Limiting visitors to one or two meant that families had to decide who would get to visit their loved ones. This was especially difficult in cases of impending death.

Nearly three-quarters of respondents had a virtual visit during the pandemic with a Saskatchewan healthcare provider, mostly through telephone contact that did not include video. Most respondents had had one to two virtual care visits, mainly with their family doctor or specialist doctor. Many people were satisfied with their virtual care visits and would like virtual care as an option in the future. Many did not have any issues in accessing virtual care; however, the biggest barrier was connectivity problems. When assessing the impact of virtual care, it is important to keep in mind the fact that the majority of respondents had fewer virtual care visits. It is likely that these people did not require higher levels of care and so might be more satisfied with virtual care.

There was general consensus that virtual care was helpful for minor issues, such as a prescription refill. People liked the convenience of it, such as reduced travel and wait times in a clinic as well as the reduced exposure to infection. However, there was also consensus that virtual care did not work in most cases and a physical examination was needed. The success of virtual visits seemed to depend on the individual doctor or clinic. It was often difficult to establish a relationship or rapport with a healthcare provider. Patients sometimes felt rushed and that the doctor did not understand their situation, particularly with more complex issues. They were concerned that health issues were being missed and that diagnoses were not accurate. Respondents felt that virtual care could be improved by providing public access points, by providing a video option so that physicians could see the patients, and having better quality platforms. They felt they should be given the option to choose between a virtual or in-person visit, and felt it was wasteful both personally and to the healthcare system to have a mandatory virtual visit before an in-person visit, when it was clear that a physical assessment was required.

Many respondents were able to find the information they needed during pandemic restrictions and felt the health system met their expectations with communication about the pandemic.

People generally felt that COVID-19 issues are prioritized too highly at the expense of other services. Essential procedures, treatments, and tests are being delayed, and symptoms are overlooked or dismissed as unimportant, resulting in negative outcomes to patients, including death. People questioned why healthcare, which is an essential service, was not available, particularly given the low numbers of cases at the time of the survey. There was confusion over where to access care, with people being directed to the Emergency Department for minor issues. There appears to be some unintended outcomes from restriction of healthcare services:

- The Emergency Department becomes the default option when doctor's offices are closed and people are not able to access other forms of healthcare. Furthermore, people are actively directed to emergency care for minor issues that would otherwise be treated within primary healthcare.
- There may be an increase in prescription of antibiotics in virtual care visits without a physical assessment to assess whether antibiotics are indicated.

These outcomes go against the specific goals of healthcare to reduce the unnecessary use of emergency and acute care and to reduce the use of antibiotics.

Public Experience of Care during COVID-19 Survey Results

Introduction

Patient and Family Centered Care is central to the Saskatchewan Health Authority's (SHA) philosophy of care. To achieve this goal, it is important to hear directly from patients and families about their healthcare experiences. The COVID-19 pandemic has had a significant impact on access and delivery of healthcare. As such, a public experience survey was developed to help the SHA understand the impact of COVID-19 on patient use of healthcare services, experiences of virtual care, visitor restrictions, communication strategies, as well as overall patient health. The aim was to highlight the patient experience, share narratives through the patient lens, understand what has worked well, and identify areas for improvement as the SHA manages the impacts of COVID-19 in Saskatchewan.

A working group representing the following areas was convened: Patient and Client Experience (SHA), Strategy and Innovation (SHA), First Nations and Métis Health (SHA), Research (SHA), University of Saskatchewan (Learning Health System), Patient and Family Advisors, and the Health Quality Council (HQC). The process to develop the survey included an environmental scan of COVID-19 related public surveys in healthcare in Saskatchewan, across Canada, and internationally; consultation with SHA leaders regarding the focus of the survey; and consultation with stakeholders on the development of questions. Face and content validity was tested by initially distributing the survey to knowledgeable stakeholders, who checked for comprehension and potential gaps. Additional stakeholders that were consulted included:

- Ministry of Health
 - o Medical Health Officers and Epidemiologists Table
 - o Connected Care Services Branch
 - o Strategy and Innovation Branch
- SHA
 - o Medical Health Officers and Epidemiologists Table
 - o Communications
 - o Telehealth
 - o Primary Health Care
- Partner Organizations
 - o Northern Inter-Tribal Health Authority (NITHA)
 - o Métis Nation Saskatchewan
 - o University of Saskatchewan – Community Health and Epidemiology

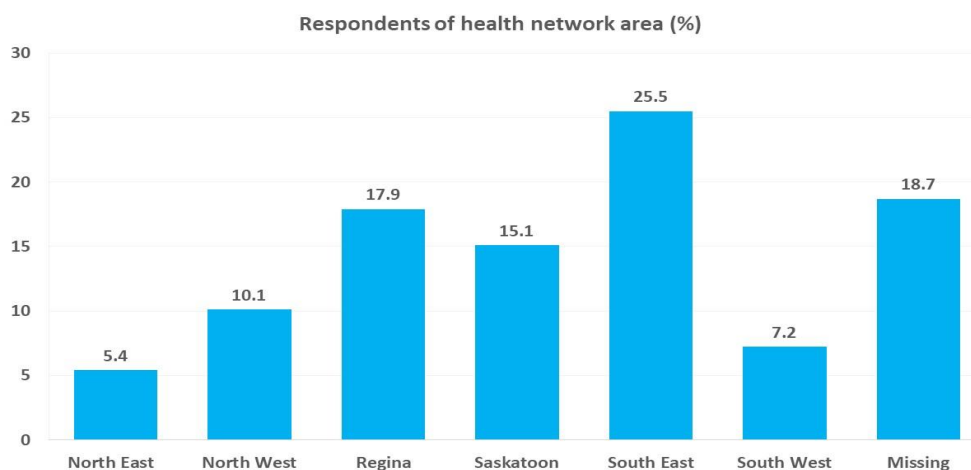
The survey was distributed through REDCap¹ and was live from September 16th to September 30th. Public awareness of the survey was created through SHA social media channels and website, HQC newsletter, partner organizations such as NITHA, Métis Nation, Patient and Family Leadership Council, Patient and Family Advisors, and community based organizations.

¹ REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies.

Demographics

A total of 2589 respondents participated in the survey. Most respondents were white (76%) and female (74%) between the ages of 20 years to 59 years (20-39 years: 38%, 40-59 years: 34%, 60-79 years: 14%). Few identified as Indigenous (3.9%). Of those respondents, 27% were First Nations and 73% were Métis. The graph below shows dispersion of participants within Health Networks.

Figure 1: Distribution of respondents by health network area (N=2589)



Impact of Pandemic Restrictions on Health and Access to Healthcare Services

It should be borne in mind that a smaller proportion of the population requires higher levels of care. For this reason, the quantitative results are limited in what they can tell us about the experience of care during the pandemic. To understand the experiences of patients who have serious issues and require more intensive care, we must look to the qualitative analysis of the comments.

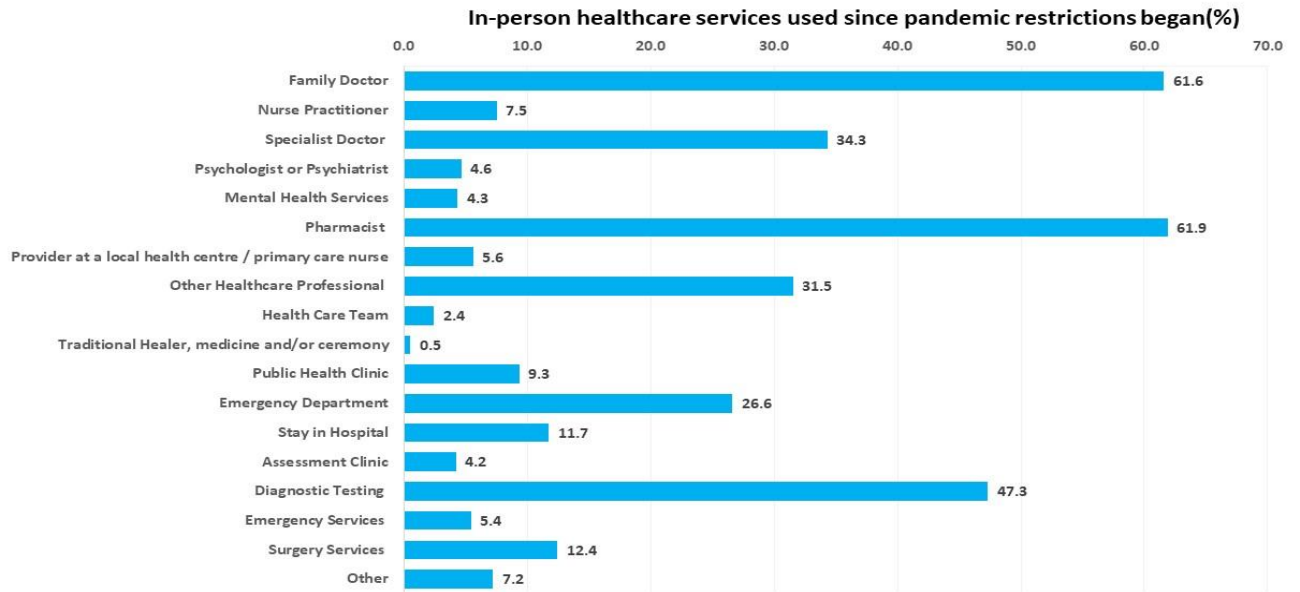
Use of In-Person Healthcare

Many respondents had used in-person healthcare services since pandemic restrictions began (70.7%, n=1830). The health care services used most often were pharmacists (61.9%, n=1132), family doctors (61.6%, n=1127), diagnostic testing (47.3%, n=865), and specialist doctors (34.3%, n=627). However, 35.1% (n=909) of respondents chose to delay accessing healthcare due to the pandemic for a variety of reasons. The main reason for delay was that people thought that their concern was not urgent and it could wait (47.9%, n=435), followed by unavailability of

services (37.4%, n=340), belief that the system was overwhelmed / long wait times (27.5%, n=250), feeling unsafe due to COVID-19 (27.3%, n=248) and fear of catching COVID-19 (22.9%, n=208). Respondents could check more than one option, thus multiple factors may have factored into their decision to delay care. For example, a person may have felt at higher risk of infection of COVID-19 and so downplayed their need for healthcare as less urgent.

Figure 2: Services used (n=1830)

(If Yes - what services have you used, or who did you see? Check all that apply.)



Few other services were used during pandemic restrictions.

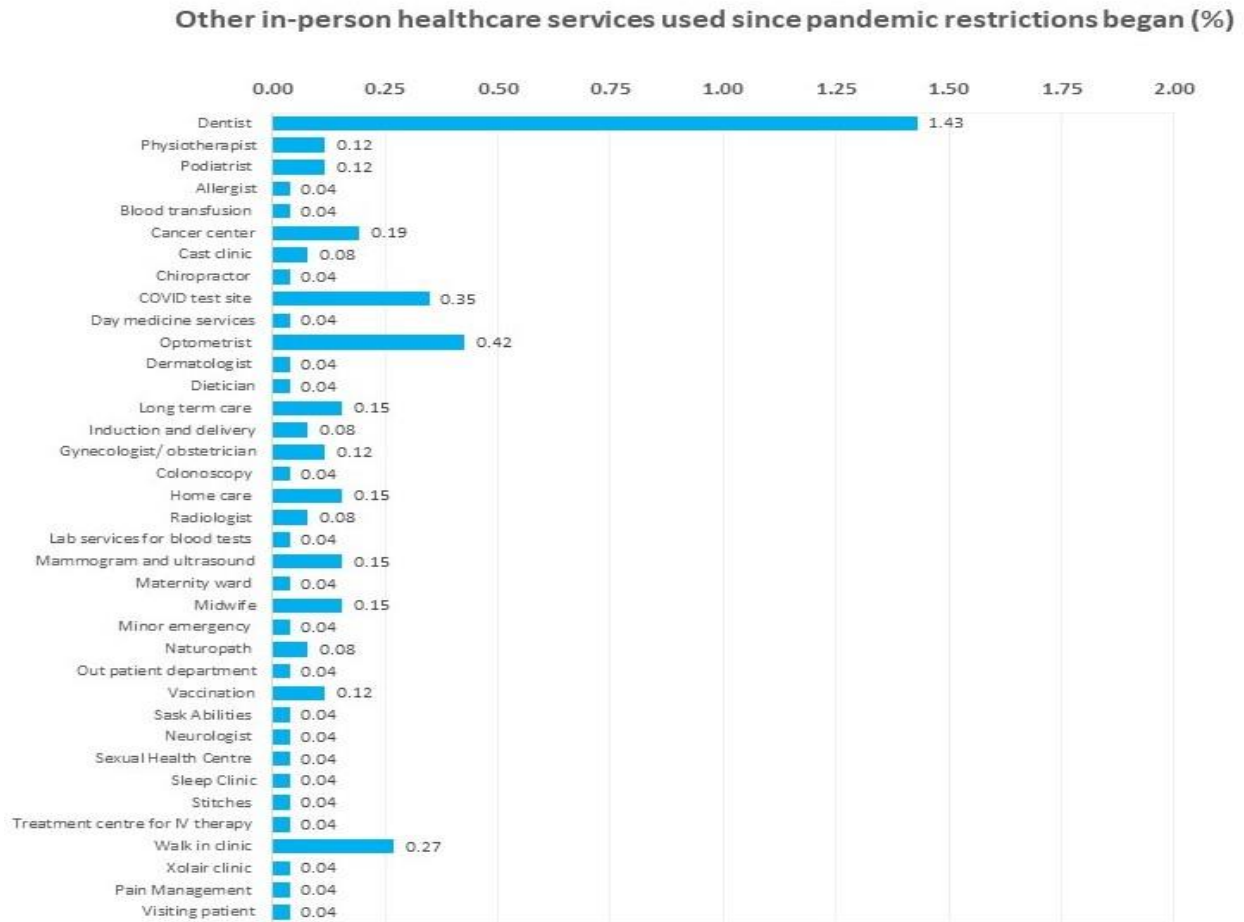


Figure 3: Voluntary delay in accessing healthcare due to the pandemic (N=2589)
 (Have you chosen to voluntarily delay accessing healthcare due to the pandemic?)

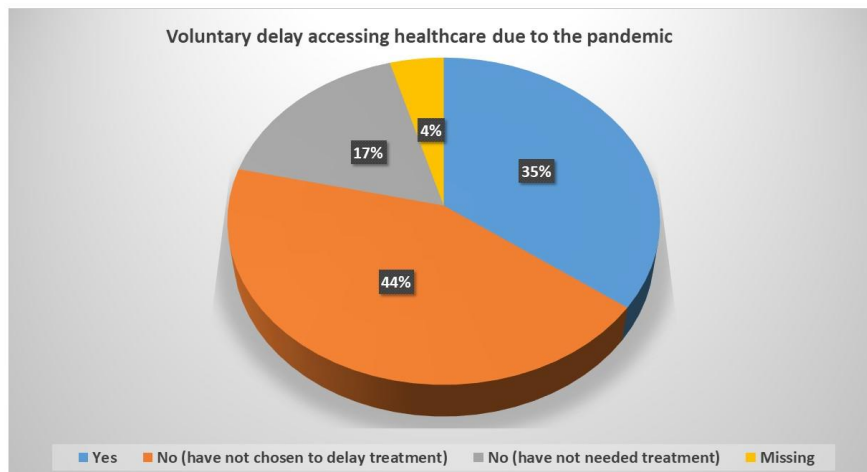
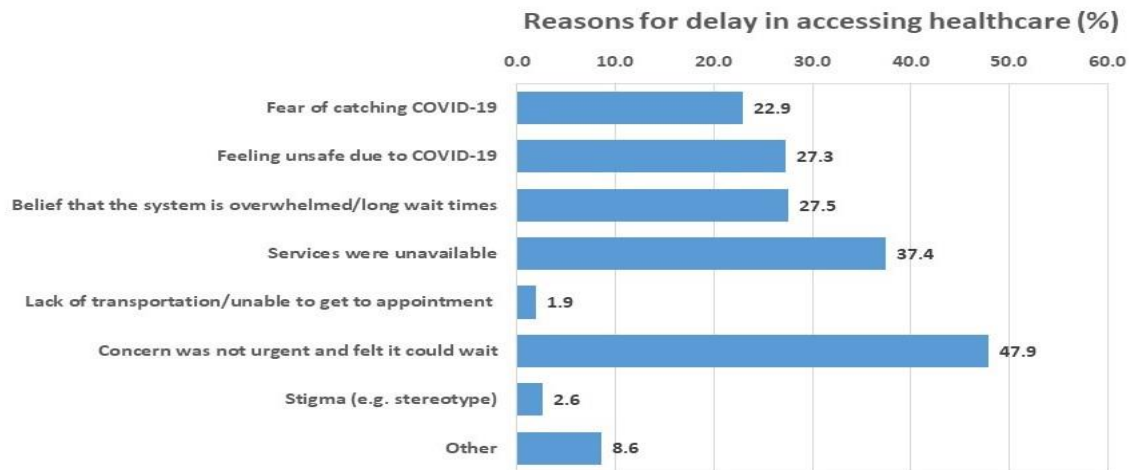


Figure 4: Reasons for delay in accessing healthcare (n=909)



Very few people commented further on delaying their healthcare; however, most comments centred around difficulties in accessing care.

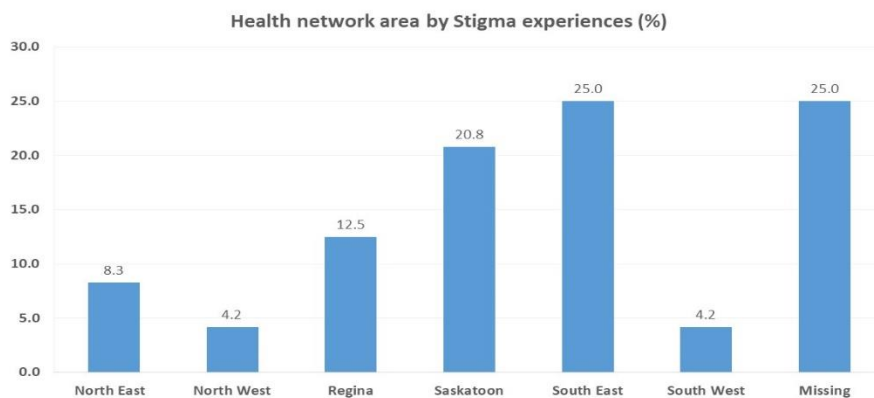
The staff at primary health were making it very difficult to get an appointment for a pap smear and women's wellness check and I just didn't bother in the end too many hoops to jump through.

As well, very few people commented further on stigma. Those who did focused on judgement from others for contracting COVID-19 or even having related symptoms.

If I go in with cough, cold, or flu like symptoms that I will have to miss work and pay because of a common illness. Everyone has COVID, not a cough cold or flu. Everyone looks at you like you have the plague if you sneeze or cough one time.

Few respondents experienced stigma (n=24), with a higher proportion of people from the South East (25.0%) and Saskatoon (20.8%) experienced stigma compared to Regina (12.5%), the North East (8.3%), North West (4.2%), and South East (4.2%). This might reflect the higher number of respondents from the South East.

Figure 5: Respondents of Stigma experiences by health network area (n=24)



Availability of healthcare

Nearly half the respondents (48.8%, n=1263) said that healthcare providers or services were unavailable because of pandemic restrictions. The healthcare providers or services who were least available were family doctors (48.8%, n=616), and specialist doctors (31.6%, n=399). Services such as psychologist/psychiatrist or surgery services were not generally seen as unavailable; however, this may be due to the smaller numbers of people requiring these services during the pandemic.

Figure 6: Availability of healthcare provider or services due to pandemic restrictions (N=2589)
 (Was access to healthcare providers or services unavailable because of pandemic restrictions?)

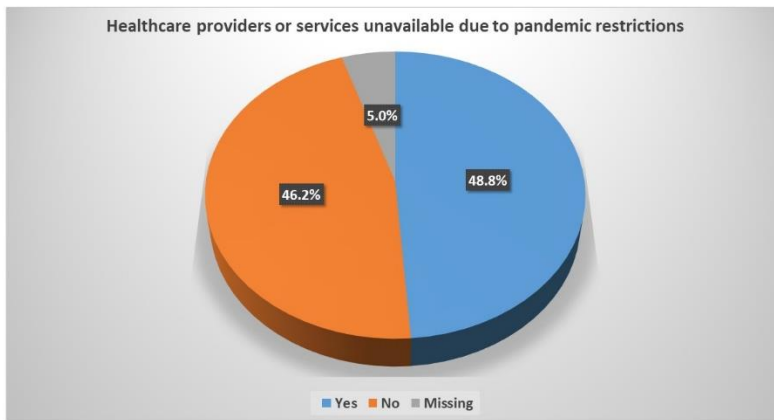
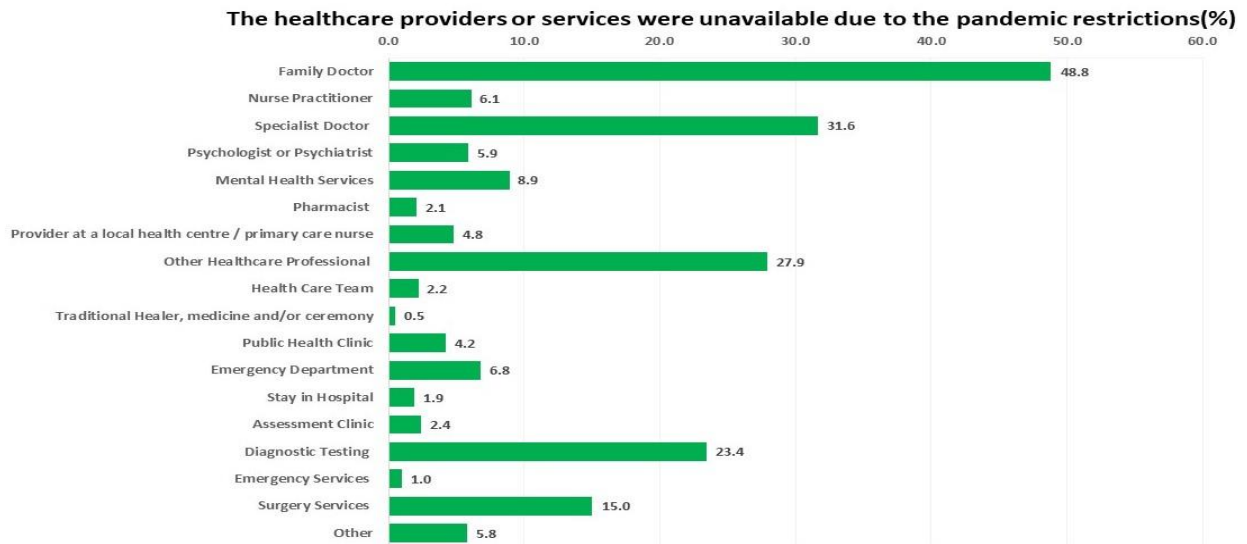
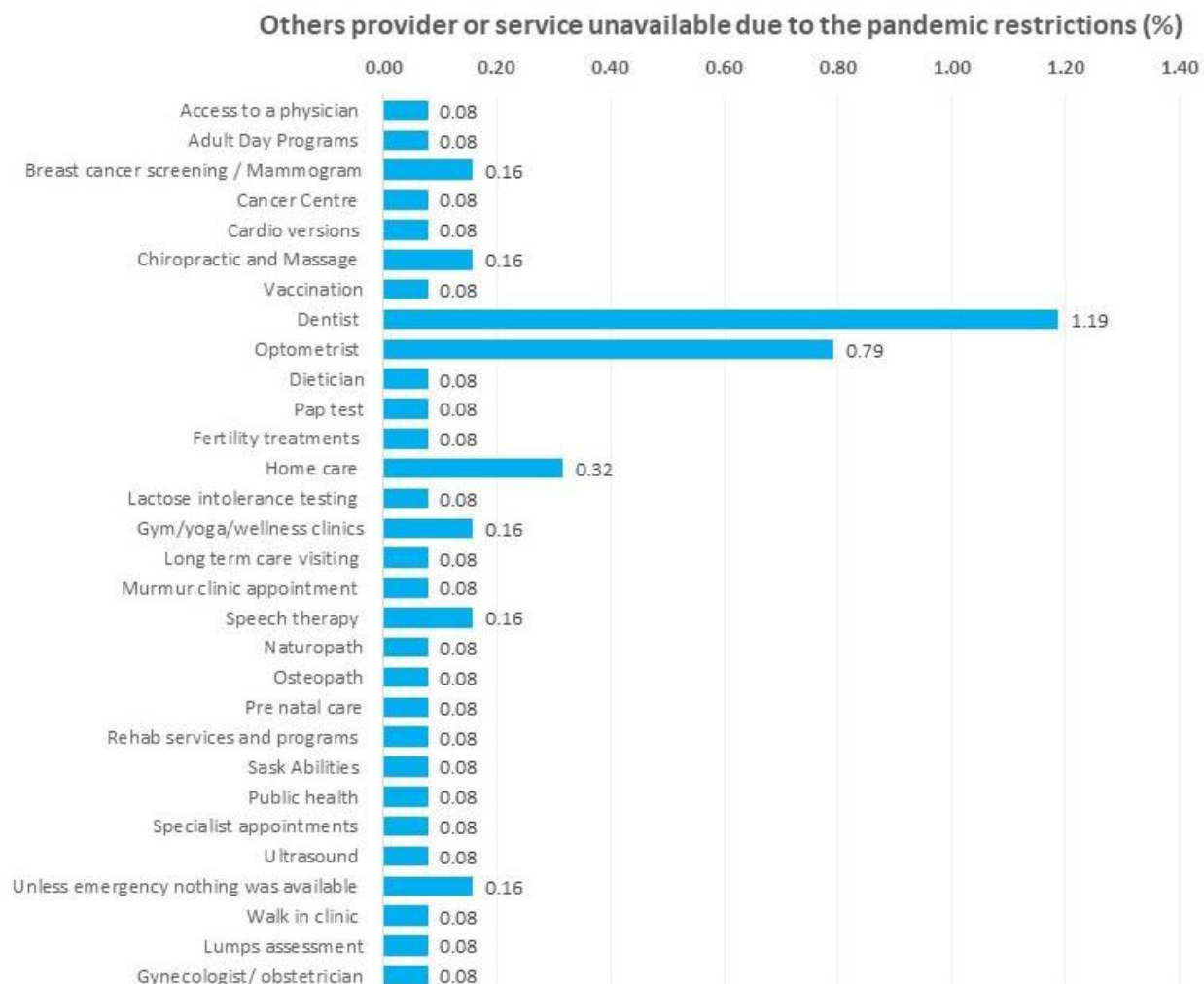


Figure 7: Availability of specific healthcare provider or services due to pandemic restrictions (n=1263)
 (Which providers or services were unavailable due to the pandemic restrictions?)



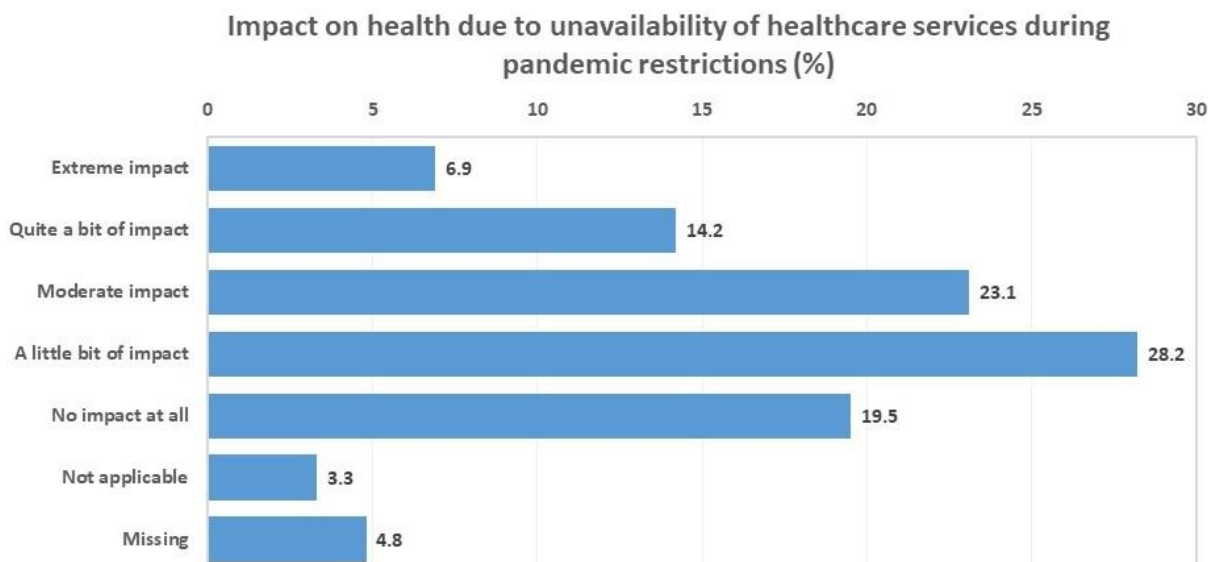


Impact on Health

The majority of people felt that their health had not been greatly affected due to unavailability of services (moderate impact: 23.1%, n=597; little impact: 28.2%, n=729; no impact: 19.5%, n=506), with a smaller proportion feeling their health had been impacted (quite a bit of impact: 14.2%, n=368; extreme impact: 6.9%, n=178). However, this might reflect the differences in numbers of people who have more complex health issues and required more intensive healthcare services versus those who needed simpler care, such as a prescription refill. The comments section helped to highlight the intense impact on some people as there were many patient and family stories describing the effect of unavailability of services on their health. As it was not possible to include many stories in this section, further stories have been included in the Appendix.

Figure 8: Impact on health due to unavailability of healthcare services (N=2589)

(To what extent do you feel your health has been impacted due to unavailable healthcare services during pandemic restrictions?)



Surgeries that already had long wait times have been delayed further, which increases the stress on the healthcare system and is worrisome for patients.

I feel the wait my dad has for his cancer removal surgery is ridiculous and keep being told well it's because of COVID. Told about his cancer in beginning of May and here we are Sept 18th and still no call with a surgery date. Unacceptable!!

Delays in surgeries and services could have long-term impacts that might otherwise have been avoided.

We have been on a wait list with a paediatric orthopaedic surgeon since May (anticipated wait time of minimum 6 months) for a time sensitive issue that we were told could take 12 months to correct and needed to be corrected in the next 18 months to avoid surgery. The ortho will not see us until they can guarantee weekly appointments, which they can't do due to covid restrictions. Our child hasn't even been assessed. 6+ months wait added to 12 months treatment = she is going to require surgery for something that would not have required surgery if she was seen promptly. We have paid out of pocket (\$2000) to have braces made for our child in a last ditch hope to do anything without seeing an ortho. We have no idea if they are working though, because her pediatric physiotherapist has discontinued services and has been redeployed to a covid testing site. Our child has been absolutely screwed due to covid restrictions. And all the money in the world couldn't help us because we can't even pay for care anywhere because of public health care. This does not even touch the things we have not seen our primary doctor for due to restrictions, patient overload, and closing of our local emergency room.

Some people talked about the consequences of reduced access to care after surgeries.

After my hip surgery and Lanigan Hospital closure, I didn't have access to a Physio therapy. Two weeks after surgery, I fell and damaged my IT Band. It took a month before I could find a Therapist. By that time my band was so tight I could hardly walk. Because of the hospital shut down, I have not only had a terrible setback. I now have to travel to the next city to get treatments. This is not only an inconvenience but also a very expensive ordeal. I'm 82 and on a fixed income, I think we seniors deserve better treatment.

Other people highlighted the effects on lack of continuity of care for chronic or complex issues.

My chemo reviews have all been over the phone which does give me a bit of anxiety because before, the oncologist would typically also do an exam. Since I've had my surgery in Feb. I was only able to really have one follow up and there hasn't been any other visual or physical contact since.

Essential laboratory tests were unavailable, with negative outcomes for patients.

Partner was vomiting and throwing up for 2 weeks before a clinic visit. Called 811 the first day or two after being sick and got a COVID test. Local doctor wanted lab work as well, including stool samples. The Lab completely cancelled the lab work. Which meant that after 2 weeks of severe vomiting and uncontrollable bowels - We had no answers. The lab wouldn't run the labs. This is completely unacceptable. Labs are to help us find out what it is, but also to rule out what it is not - and this left us with massive questions. Patient required an additional 2 weeks to get better. Covid test was negative. Still having bowel issues that are not yet resolved. This could be something worse than the flu, and we felt completely ignored by the lab.

People had to go to the Emergency Department for issues that would otherwise have been addressed through primary healthcare:

Twice with 2 different members of our household we were unable to access healthcare with doctors not returning our calls, we had to finally go to emergency for matters that should have been handled with a general practitioner. One included a major infection that we finally had to lance and drain at our kitchen table because our doctors would not help and the antibiotics were not working. I also knew 5 people personally who have died during this restriction because they could not access the help needed in time. SHAME ON WHOMEVER has made these decisions, about how you are held accountable for all the lives lost due to the restrictions put in place, crippling our health care for the 24 people who have "died of Covid" even though they all had no morbidity illnesses. Shame on you!!!!

Some people identified gaps in their care due to the emphasis on COVID-19 and did not know how to access necessary services.

I still can't get into my family doctor or surgeon to even get my test results from my urgent scans that were delayed 4 months. I cannot get into physio because my surgeon wrote the referral the day before everything shut down so it is out dated and I cannot get into my dr. I was denied pain management because I had to be seen in person but couldn't be seen in person. This is an absolutely horrific byproduct of the pandemic which made a flawed, underfunded, understaffed system even worse. The amount of pain,

suffering to myself and my family that I have not been able to take care of adequately due to lack of services is beyond unacceptable. Not to mention my special needs son and the hoops we have to jump through to even get him the most basic treatment.

There was also confusion over where to access services as contradictory and confusing instructions were given:

It took me four weeks to get in to see my family doctor [for pregnancy]. He then wanted to continue with phone call appointments because he said they were "simpler". Another one of my phone call appointments he asked me what my weight and what my blood pressure was over the phone (I wish I was joking!). This is unacceptable. He told me I could go to Wholesale to check my blood pressure !?!?! So I guess the grocery store is safer than an in office visit.

Doctor told me to go to emergency department, then emergency room doctor yelled at me for going to the ER.

People expressed frustration that wellness and prevention issues were not addressed during this time.

I need to get this put into a comment and this is the only place to comment. First time mom, in the middle of a global health pandemic. Babies are not weighed, you are sent to your vehicle immediately after baby is poked. Is my baby not supposed to be under the watchful eye of a registered nurse during this period?? What is your protocol if a child or baby reacts to an immunization in a vehicle? Are your nurses providing information about what to watch for while you sit in your vehicle for 15 minutes?? Mine sure did not provide any information. Phone appointments, while I appreciate the access to a doctor, for a mom who is anxious, unsure what to be concerned about, this is unacceptable. No follow up. I had to advocate for my son to be physically seen by someone once covid restrictions were eased in May. You have left your new moms in the dark. Took the nurse over a week past my appointment to do my maternal wellness screen. There were no pelvic floor physio appointments to be had in April, I have not felt supported by the public health nurse assigned to my area. It's taken over 20 days to have a phone appointment with the Maternal Wellness Program to speak about my ongoing struggles with postpartum anxiety and depression. I understand the pressure on the health care system due to the demands of the pandemic. However, we have lost sight on maintaining a healthy population. People are living in fear, paranoia.

Many people did not understand why life-saving services were being delayed and denied to people who needed them.

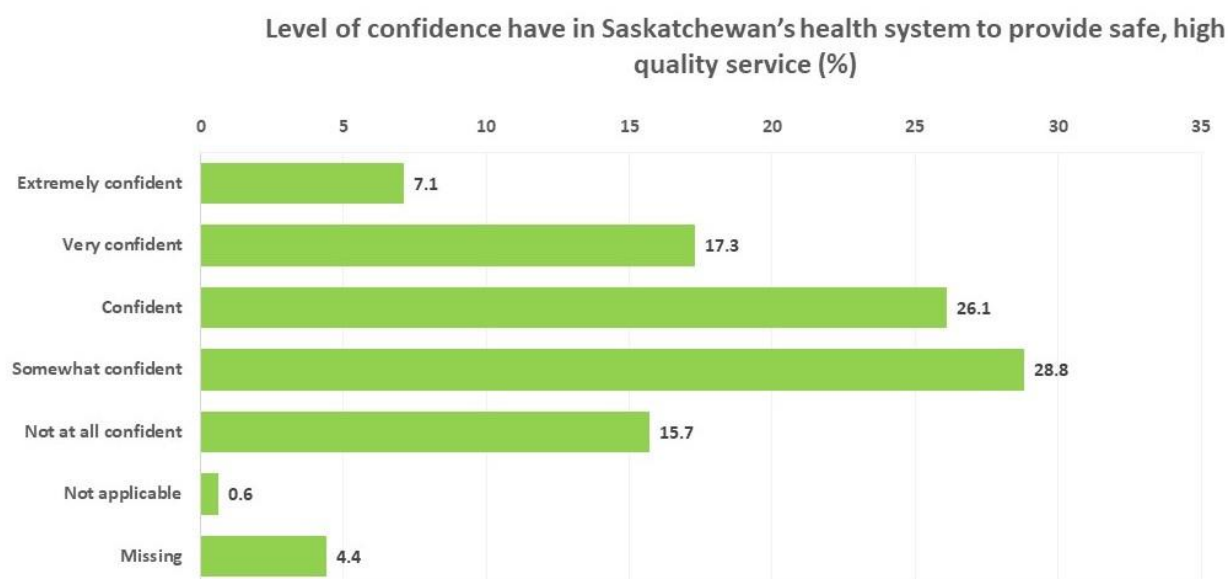
I am not someone who denies the seriousness of Covid19, but there has got to be a balance here, and some common sense. It's not that difficult to put a cancer patient on isolation and perform their surgery, instead of turning them away and potentially putting them at risk for death. It's not that difficult to put any patient on isolation who has serious health issues and is in very bad need of medical care!! Or, how about a Covid test to these people? This is common sense. Turning people away, putting people's lives at risk, allowing an innocent child to die----I just cannot believe this is happening in what I thought was a civilized society.

Confidence in Healthcare

Confidence levels in the SHA were divided, with half the respondents saying they are confident that Saskatchewan's health system can provide safe, high-quality service for themselves as well as their families (50.5%, n=1306).

Figure 9: Level of confidence in Saskatchewan's health system to provide safe, high quality service (N=2589)

(Based on the COVID-19 response to date, what level of confidence do you have in Saskatchewan's health system to provide safe, high quality service to you and your family?)



Although comments were not solicited for level of confidence in the health system, some wanted to share the reasons why their confidence was diminished or lost.

I have a family member whose parent was brought to hospital by ambulance. After several days it became apparent the patient could not recover. This was completely shocking to the family because the illness came on suddenly. The healthcare team wanted to discuss goals of care but the family needed to visit the patient. They were denied access. This was in March/April. The patient was dying and the family was desperate to be at the bedside. They were absolutely denied access. This was incredibly cruel. The patient died. My family member is completely devastated. They are broken. I am an SHA employee. This is the only time I have ever been ashamed to work for the health authority. How do I support this family now? We can do better. We must be better than this.

In April my husband who suffers from vascular dementia was taken to emergency by ambulance. He was suffering from pneumonia and hypothermia due to wandering outside of our house. The last I saw him for 5 days was the moment he was put into the ambulance. I wasn't allowed to see him and I never once got to talk to a physician. I did

talk to some wonderful nurses. He was sick, confused and alone. I had to sign a verbal DNR over the phone and when I asked if he was dying they said they didn't know. And I was told that they would only allow one of his family in if he was actively dying. How do you tell the grown children they can't see their dad? It was so horrible that we lost all confidence in the system.

Having had melanoma stage 1 removed in December, my first cancer check up was to be in the middle of March. My appt was booked and was canceled due the lockdown. I have tried contacting my doctor but I never seem to get a straight answer. Only urgent care is deemed essential right now. Funny, you would think CANCER check ups would be URGENT and ESSENTIAL. I have lost all faith in our doctors and the sask health authority. So sad!

Additionally, many people do not understand why services were restricted, given the low numbers of cases in Saskatchewan.

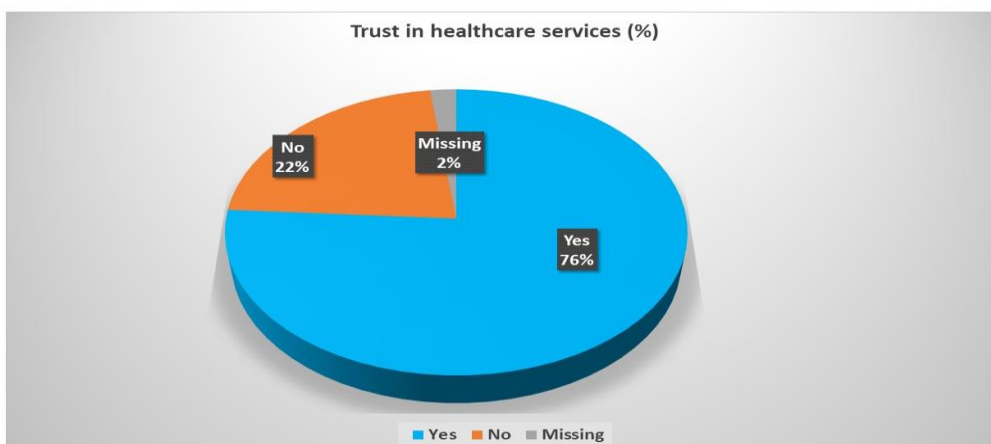
The closest place with an open emergency department was a 4 hour drive! Unacceptable. The 5 closest hospitals were ALL shut down for 'covid patients'. None of those hospitals ever has any covid patients but people with emergencies were turned away.

We were told we had to shut down everything to "flatten the curve"! Our hospitals have never been overwhelmed and yet I feel if I was actually sick I'd get the Covid runaround and never get to see a doctor anyways.

Those who identified as Indigenous (n=100) were asked about their levels of trust in the healthcare system. The majority said they did trust healthcare services prior to the pandemic (n=76); some have had a different experience of healthcare since the pandemic (n=58). However, comments showed that the difference in experience did not necessarily relate to a lower level of trust, as people mentioned the changes due to the pandemic, such as the restrictions in services. This question would have to be re-worded in a future survey to assess changes in perception of issues such as trust.

Figure 10: Trust in healthcare services to provide quality care (n=100)

(Prior to pandemic, did you trust healthcare services to provide you with quality and respectful care?)

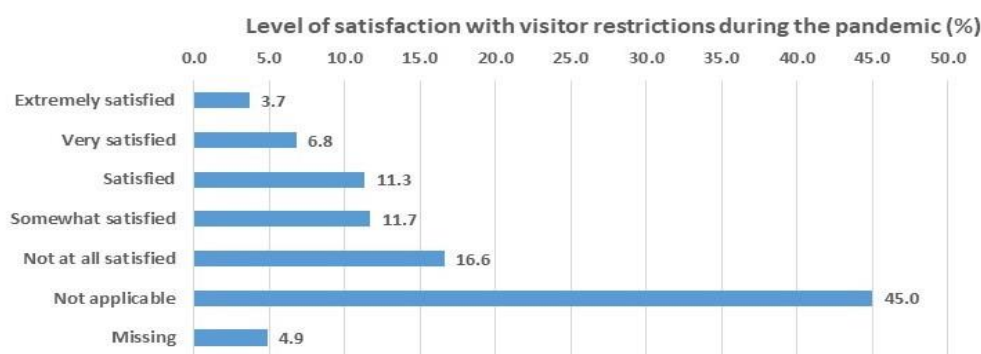


Visitor Restrictions

The question of satisfaction with visitor restrictions during the pandemic was not applicable to nearly half the respondents (45%, n=1165). Of those who had experienced restrictions, 10.5% (n=270) were extremely or very satisfied, while 16.6% (n=431) were not at all satisfied with the restrictions. In the middle were 23% (n=595) who were satisfied or somewhat satisfied with restrictions. Reasons for this ambiguity are seen in some of the comments, where people were aware of the reasons for restrictions but felt they did not make sense, were inconsistent, or created poor outcomes for patients and families. Again, it could be that those who were very satisfied with restrictions had not felt the effect of them personally. However, this is speculation.

Figure 11: Level of satisfaction with visitor restrictions during the pandemic (N=2589)

(If you visited a patient/resident in a Saskatchewan Health Authority site, or are/have been a patient/resident yourself, what is your level of satisfaction with visitor restrictions during the pandemic?)



Visitor restrictions were made across the board, with seemingly little discretion allowed regarding circumstances. In cases of minor issues, visitor restrictions in hospitals were seen as beneficial as people felt they were safer and were able to rest more with fewer people coming in and out.

Understandable, esp for acute care. No issues with acute care whatsoever. Restricting ppl to 1 or 2 visitors in nonpalliative cases is most likely beneficial to patients at all times - allows for a more restful stay when trying to heal, minimizes interruptions to nursing care and therapies. Enhanced privacy.

However, for more serious issues or older adults, restrictions were seen to have devastating impacts on patients and families.

For extended care residents, especially those with cognitive impairment, restrictions have impacted quality of life so much that people are declining in health and dying because of restrictions...Palliative and gravely ill patients have suffered greatly. No one should EVER have to die alone or scared!

Restriction of support persons to accompany a patient assumes that the patient is able to understand what is happening to them and around them and to be able to speak up, ask for clarification, and advocate for their care. This is frequently not the case when people are sick,

particularly if they are older or have mental health issues. Patients often feel vulnerable, overwhelmed, and anxious, even during normal times. Deprivation of a support person who can listen, understand, question, and advocate can lead to misunderstandings and poor patient outcomes, for example, when the patient does not understand discharge instructions. It was difficult to select stories to include in this section as there were many heartbreaking stories of families who had been affected by the restrictions and wanted to describe what had happened to them. Further patient and family experiences have been included in the Appendix.

I was not allowed to accompany my elderly dad into ED at RUH when he was very ill and needed an escort. I was not contacted by any staff, not given any updates during very long wait to be seen in ED. He was in the MAC area - in a chair and not provided with any pain medication. He was d/c without any instructions - an elderly person who has spent all day waiting to be seen, sitting in a chair, in pain is in no shape to understand the d/c instructions and medical information that was provided to them- and since I was not able to attend with him we were left with nothing. Since he was d/c at 11 pm, I went the next morning to pick up his medication - however the pharmacy said they did not receive any prescription from RUH. Also- they provided pain medication - but missed the infection - so I took him back to ED a few days later.

People reported difficulties in accessing information about their family members who were patients as they were not allowed in the building and often could not speak to the doctors or care providers.

My mother who has dementia, and had severely broken her back, was in hospital during the time of COVID restrictions. Being unable to see her in hospital, or speak to those overseeing her care, led to mass confusion on her part, as well as the family, as to what was taking place in regard to her care. As well, upon her release from hospital, I was not able to speak to anyone in terms of her release plans, medication or follow up care that would be needed. During her stay in hospital it was determined she would need to be released to a care home, however, she was released much earlier than initially anticipated due to the virus, and without a thorough assessment of her functioning, as had been promised medical care staff. Care staff cut off all communication with her family as to what was to happen with her, and she was released without a level of care need being determined. As family we were placed in the situation of having to place her in a care home, within a very short matter of time, and without even knowing what type of care she needed! Absolutely horrifying experience for everyone, all because of her care being completely swept aside due to COVID!

There were cases when it was essential to have a family member accompany the patient, which care providers were sometimes reluctant to allow.

My 20 year old son has ASD and co-morbid mental health issues. He has issues communicating thought processes, etc. On TWO occasions I had to fight with ER staff to accompany him in to his room so I could help with a psych consult. The second time, he wasn't even given one, despite having THREE detailed suicide plans in place, and the means to carry them out. Getting appropriate psychiatric care for him has been pure hell.

My brother was brought in by ems during alcohol withdrawal. Because no history could be obtained from him he was deemed "screened positive". He wasn't able to give history

or advocate for himself. I was present and willing but staff [names] would not let me enter emerg dept. He had no advocate allowed despite seeing me there. His agitation grew, I was telling them if I was allowed in the situation could be avoided. I work in Healthcare at ruh and understand protocol but still I wasn't allowed in. The end result was SIX security guards holding him down to sedate him instead of allowing me in to calm the situation and get him to cooperate. Totally avoidable and handled extremely unprofessional. While I was waiting by screening desk in e.r. a dr came to talk to family beside me (as they were not allowed in emerg to access family room) to tell them their brother was not living through the night and making plans to say goodbye ... I understand covid protocol but all situations being handled unprofessional. The standard is ONE family member allowed in if pt is in need of an advocate. The protocol does not say "by discretion of attending physician" and where is the pt confidentiality in that ruh emerg dept?? Breaking news to that family in front of 15 strangers listening and watching their grief? RUH e.r is FAILING patients and their families during this pandemic....and no one cares. No one is advocating for patients who can't for themselves.

Families do not see themselves as visitors but as care partners who can provide necessary support to patients and often reduce the care burden on point-of-care staff.

I feel it is horrible in a patient centric organization that you are deciding who and who cannot be with loved ones. Especially at end of life care. Many were not Able to say final goodbyes and how do you ever recover from that. Also those who recd cancer treatments were not allowed family to support them. They were dropped off like children at school and then picked up. Family are essential partners in care and shouldn't be seen as visitors. Palliative care should have broader exemptions.

The need for support and advocates was particularly emphasized in the case of older patients and families. More than one visitor was sometimes required, for example, having a younger person to support and guide an older visitor. Limiting visitors to one or two meant that families had to decide who would get to visit their loved ones. This was especially difficult in cases of impending death.

My grandmother was dying and visitors were restricted to 2 designated people - this meant out of her 6 children, only 2 of them got to see her, touch her, speak to her. By the time restrictions relaxed and my mother got to see her, she was no longer able to speak or recognize her own daughter. This will affect my family for many years down the road. It was an incredibly tragic experience for us all.

SHA is so focused on keeping our seniors healthy physically, they are not seeing that they are silently killing them mentally and emotionally with all of the COVID-19 visiting restrictions. We had no choice but to place my dad into the local nursing home this past summer after his health failed to a point where he could no longer stay alone in his own home. Prior to entering the home, we had to have him tested for COVID-19 which I agree was a must even though he was just tested 1 month prior upon entering the hospital where he stayed for 3 weeks. He tested negative to the test at hospital and then tested negative again pre-admittance to the nursing home. Even though he tested negative both times, he still had to self isolate in his small room for 14 days which meant we, his family, were only able to visit through a small open window. By day 7, my dad mentioned daily

how he felt like he was "losing his mind". We continued to visit morning, noon, and night during the 14 day isolation period. The rate of decline in my dad during this period was rapid and heartbreaking for us to watch. We got him through isolation only to find out then, that only 2 of his 5 family members could be named as his designated visitors and could go inside the building, only one at a time. My sister lives 7 hours away and wasn't allowed inside the building and was forced to sit outside my dad's room and attempt to visit through the window. What is going to happen come winter? It is inhumane to expect family members to visit their loved ones in this manner. I am grateful that I am able to go inside to see my dad BUT...I need to be masked at all times, and stay 6 feet apart from him. I know that the employees are out and about in the public but go inside the building to work and be next to my dad and I can't. We are both screened exactly the same way upon entering the building whether it be going in to work or me going into visit. How can this be? The power of touch is so important in anyone's physical and mental well being especially in our seniors. My dad now lives under the same roof as 14 other residents. They are still made to distance themselves from each other even at the dining room table. They can't even enjoy each others company inside the building because they have to stay so far apart. I could understand these tight restrictions if we had a higher number of cases and I understand the importance of keeping our seniors safe but SHA needs to take a closer look at the damage they are doing to both their employees who have no choice but to enforce these rules and to the seniors who are slowly dying mentally and emotionally because of these restrictions. PLEASE, PLEASE, PLEASE CONSIDER LIFITNG SOME OF THESE RESTRICTIONS SO THAT OUR SENIORS CAN ENJOY WHAT TIME THEY HAVE LEFT.

Having to select certain family members as designated visitors also had the effect of placing the whole burden of care on those people.

Son was in the PICU in Saskatoon for 1 week. Only 2 visitors allowed, which we chose were his parents. It was a struggle to have family support as previously we were able to change family members to give us as a parents a rest. Time to go do laundry, have a nap. From being 4 hours away from Saskatoon and the rest of the family, brother, sisters, grandparents, aunts knowing they were unable to visit caused stress amongst them and they didn't make the drive to Saskatoon to support us as parents. I hope to see changes in the number of visitors allowed- I still understand the need for only 2 visitors at the bedside but for the availability for them to trade of with others would be helpful especially since everyone is required to wash their hands, wear a face mask, and only visit if no symptoms.

Although some people said the restriction of visitors in long-term care homes were necessary, it was a great cause for concern for many as they felt this had led to serious negative outcomes for the residents and families:

I felt that the visitor restrictions used in nursing homes are too extreme. 5 months without an in person visit to see my mom in a nursing home. There was a marked decline in her mental health. The fact she is forced to eat in her room since March is a factor as well. The restrictions placed on the number of residents eating in their dining is unreasonable. These people have lived in the same building for years and now we are to be concerned about the spread of germs?? They have been sharing germs all along. But to be safe my

mom has to eat in her room alone. Because she is alert and has stable health conditions, she gets to take every meal alone. As you are aware, solitary confinement is a punishment, not done for safety. We took our mom out on a social leave for a month. Following all guidelines set out by Sask Health In return to the nursing home, my mom was tested for the Covid-19 virus. Of course she tested negative. There was no virus in our community. Upon entering the nursing home, my mom was put on 14 day isolation. Meaning, not one person set foot in her room for 2 weeks. She felt like she was treated like she had a very communicable disease. Needless to say, again her mental health suffered. Here we are in Sept and only 2 visitors allowed one at a time, scheduled visits. Winter will be upon us and what is being done to lift these restrictions.

My grandmother was passed away in a long term care home, after not being allowed visitors for almost 4 months. Not being able to see her husband and daughters for four months took away her will to live. She should not have had to die alone. Her husband could have worn PPE and would have definitely self isolated if it meant being able to see his wife of 60 years. It's heartbreaking that this was allowed to happen.

Many stories emphasized the importance of quality of life over length of life and the necessity of family love and care in residents' quality of life.

My Mom "was" in long term care. She passed in July. I truly believe that depression set in, she quit eating, drinking, would not participate in any activity. All she wanted was to be able to go for a walk and see her yard but was not allowed. Not allowed to eat with the people she was in lock down with they were separated inside the same facility. The only so called family she had close to her was taken away. I truly believe she gave up there was nothing to even look forward to she cried every day. The outcome likely would have been the same with her overall health but to watch her cry and only be allowed to see her from a distance for 30 minutes was agonizing for her and us. My Mom died of loneliness and it was a very painful experience. I blame myself as I should have taken her home instead of leaving her to suffer. It was inhumane.

I have parents in a long term facility in southeast Saskatchewan. The rules imposed have been debilitating to my folks and affecting their mental health with visitor restrictions and very little interaction with other residents. They opened the rules for two short weeks where spouses of two designated patients could visit. That reverted back to just me going in. In common room visiting is 50 minutes and now going to their room is 30 minutes which is just plain ridiculous. I am fully gowned, masked and gloved to visit two parents with severe dementia. They have gone overboard. I also just had my son in law pass away in Saskatoon. My daughter spent a ridiculous amount of time to approve their two children to visit at his dying bed. These rules have to change. I never did get to see him. He also was very stressed with all the rules when he went to receive chemo treatment and his wife (my daughter) was not able to accompany him when he was confused. It is and was a crying shame.

I work at a long term care facility and I've seen the decline in their mental health due to families not being allowed. If you asked them what they wanted as risk in their life, every single one would say they would pick the risk of covid over not seeing family, our

average age is 93 and they are dying alone. Very sad to see and I've almost quit my job countless time due to this. It's hard enough seeing them go on in a regular routine, never mind seeing that loneliness creeps in and takes them. Not fair at all, and do they get their opinion heard, no but when it's election time, they are all called away to vote for even if they have dementia. Things are not making sense.

People sometimes felt that protocols for long-term care did not make sense, for example, limiting visitation times in long-term care to 30 minutes or wearing a mask while visiting outside at a distance of six feet. Older adults are often hard of hearing and wearing a mask made communication more difficult. They felt that solutions for visitations could be found that would accommodate safety issues.

Something needs to be done in long term facilities so that families can be with their loved ones especially when they are in their final days on earth. My grandma passed away in May, her children were only allowed in 1 at a time, one daughter was not allowed in at all because she was from bc. There are exit doors at the end of each wing of this home as many homes have, why not leave a room open at the end of each wing where residence can be brought when they are dying? It would limit traffic through the building and families could be with their loved ones in their final moments. Understand this is not possible in all homes but in some it is...

The restrictions in long term care home is detrimental to the mental health of my parent. It was helpful when outside visits began but now that winter is approaching there needs to be a plan so family can visit inside. Even though 2 designated family members are allowed inside my 101 year old mother has 6 children. She'd like to see them all. She doesn't have time for a vaccine to be made available. We've been told there is no plans for winter visits. This just is not acceptable. I know we want to protect the elderly but I believe there has to be a balance and there is a way to have safe visitations inside with masks and possibly some plexiglass dividers set up in a dedicated area for this purpose.

Family member was palliative at [long-term care home] and no one was allowed to visit. Family member passed away and never got to say good bye. If you are lucky enough to be granted an inside visit with your family member now, it feels more like a prison visit. Staff won't let me hug my family member even with a mask on, yet multiple staff can provide intimate personal care, basically hugging many of the residents, with just a mask on. Where is the rationale? Absolutely ridiculous.

Additionally, hospital protocols did not make sense to some people and sometimes were seen as inconsistent and dependent on individual decisions.

Ruh visitor screening procedures are terrible. To have visitors all waiting by the elevator lobby trying to call the screening number, only then to still have to wait for a call back to proceed to a window to get asked screening questions and then receive a visitor sticker. Between sept 11 and sept 15 daily visits to see my husband, i had to make over 100 call attempts to get through to the screening phone number. After almost 1/2 hour of calling on the 15th, my spouse left his hospital room and came to the entrance and we went and sat outside in the car to visit as it was now 5pm and visiting hours end at 6. Covid 19 is not going anywhere, it's time hospitals increase visiting hours to eliminate such as

congestion of people trying to get in right after the work day. Also after months of covid 19 pandemic, you would think the computer programs could update the approved visitor lists for the hospital patients, the nurses on the individual units have better things to do than answer the phone from the screening people before they send you through.

I was hospitalized and my family couldn't visit me. I wasn't able to speak for myself at times and there was zero communication to my family. The staff was unhelpful. I was also roomed with someone on methadone who left the hospital multiple times a day and was allowed back in and would go out in the community. Policies change constantly and inconsistently. Even after I had gone through the process to allow my support person from another province to visit, including quarantine, suddenly and without warning, it was announced at a critical time and as my support person was en route that "the rules changed" without any concern for impact on me. It caused great distress as I was facing open heart surgery.

I had to drive my husband to the emergency room in Regina (2 hours away) for emergency services which would include sedation and was told visitors would not be available. I am not a visitor - he needed assistance after sedation. This was before the patient and family presence policy was passed I was attending a family member in an emergency situation where we needed to decide if we needed to drive to Regina for services. I was stopped at the entrance of the hospital. Once I mentioned patient and family policy, the receptionist was willing to call the emergency department to ask if I could come in. It took a few nurses to decide.

Virtual Care

Experiences with Virtual Care

Nearly three-quarters of respondents (74.5%, n=1930) had a virtual visit during the pandemic with a Saskatchewan healthcare provider. Most people had telephone contact with their provider (62.3%, n=1613), with only 10.9% (n=282) having video contact. The majority of people had one or two virtual visits (50.7%, n=978).

Figure 12: Virtual healthcare visit during the pandemic with a Saskatchewan healthcare provider (N=2589)

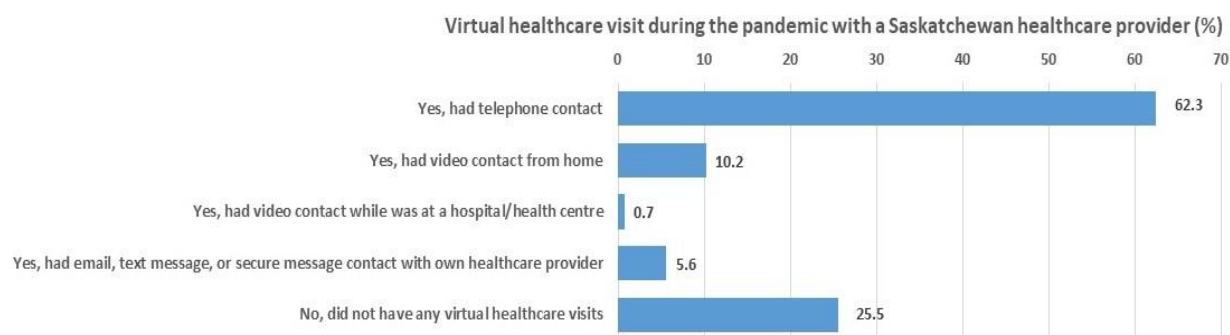
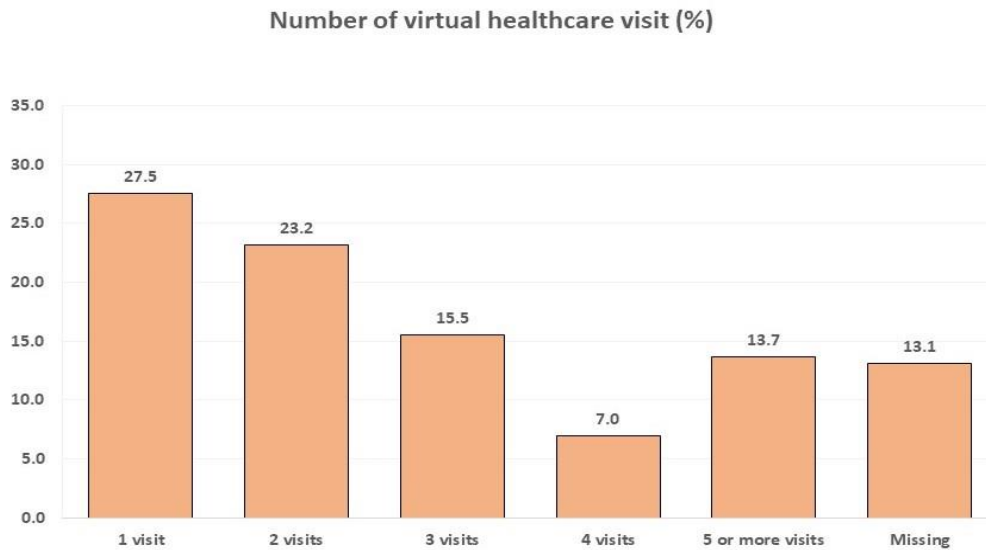
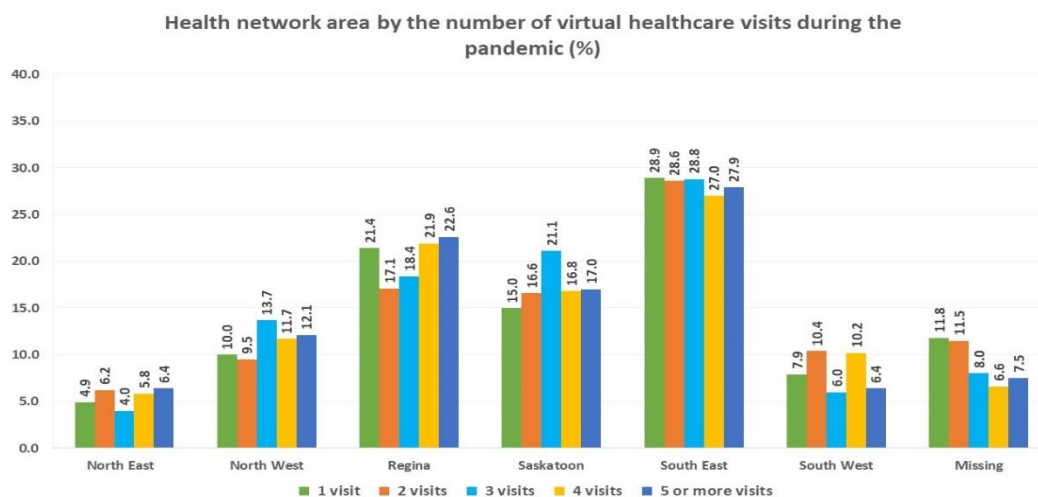


Figure 13: Number of virtual healthcare visits during the pandemic (n=1930)



People from the South East network area had the highest numbers of visits (1 visit=28.9%, 2 visits=28.6%, 3 visits=28.8%, 4 visits=27.0%, and 5 or more visits=27.9%) of virtual healthcare visits during the pandemic. A smaller number of virtual healthcare visits observed in people from North East (1 visit=4.9%, 2 visits=6.2%, 3 visits=4.0%, 4 visits=5.8%, and 5 or more visits=6.4%) network area.

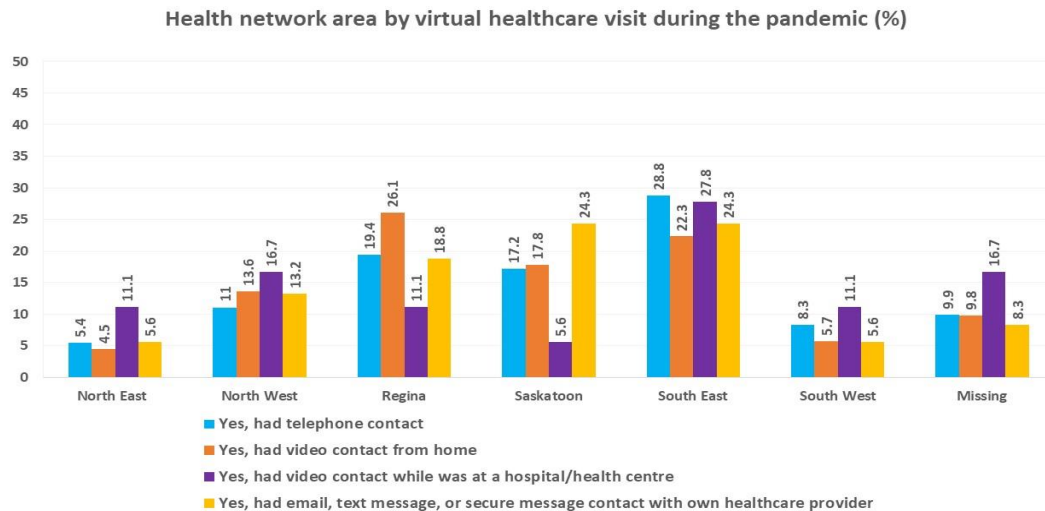
Figure 14: Number of virtual healthcare visits during the pandemic by health network area



People from South East (28.8%) network area had higher levels of virtual care through telephone contact during the pandemic compared to Regina (19.4%), Saskatoon (17.2%), North West

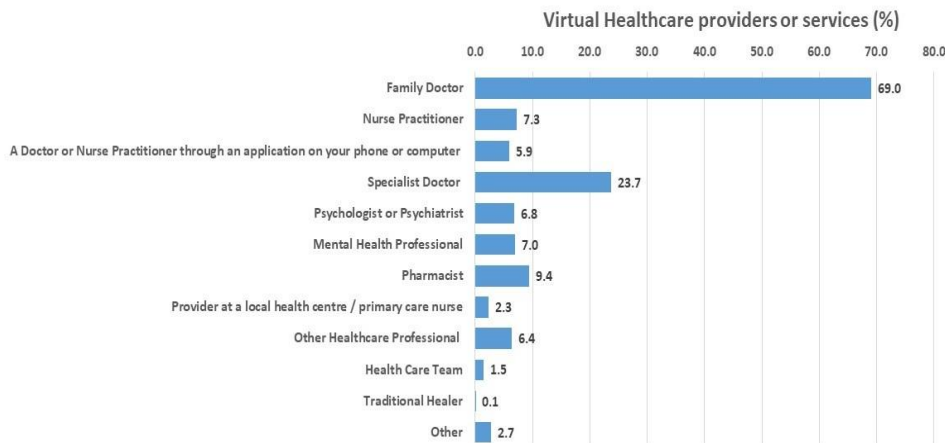
(11.0%), South West (8.3%), and North East (5.4%). Video contact from home was higher in Regina (26.1%) than in South East (22.3%), Saskatoon (17.8%), North West (13.6%), South West (5.7%), and North East (4.5%). People from the South East network (27.8%) area had a higher proportion of video contact while at a hospital or health care center with a smaller proportion seen in Saskatoon (5.6%).

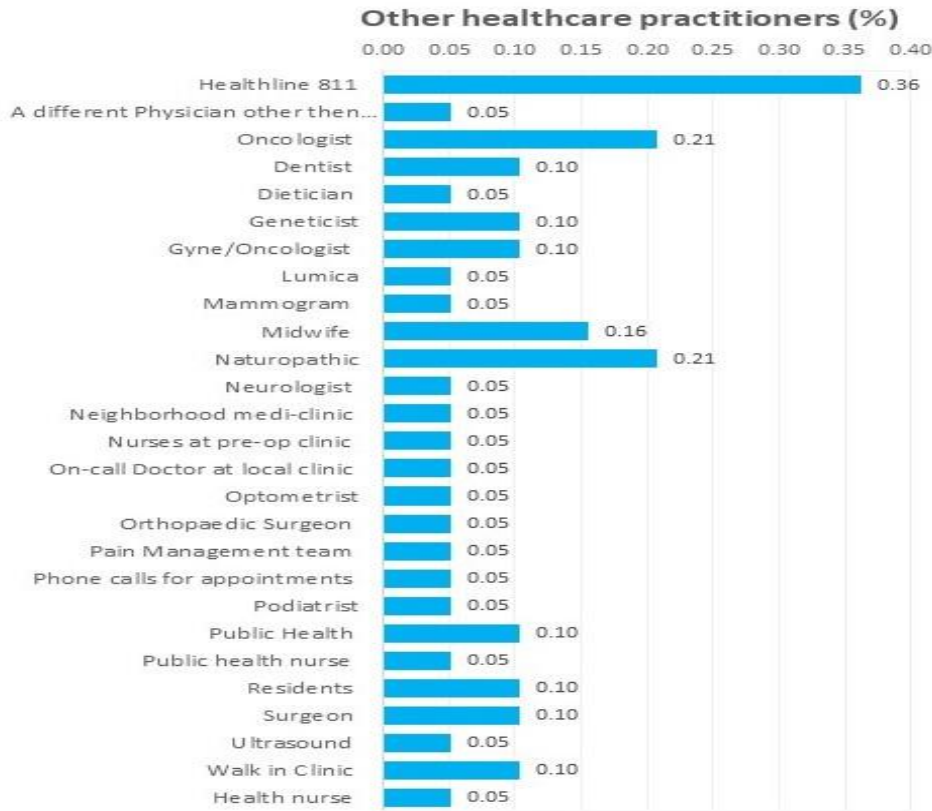
Figure 15: Virtual healthcare visit during the pandemic by health network area



Most respondents (69%, n=1332) had a virtual care visit with their family doctor, while 23.7% (n=458) met with a specialist doctor online. Many respondents did not have any issues in accessing virtual care (60%, n=1176). The biggest barrier to accessing virtual care was connectivity problems (6.6%, n=127), followed by lack of availability of virtual care (3.5%, n=67).

Figure 16: Virtual healthcare visits (n=1930)





Satisfaction with Virtual Care

Many were satisfied with their virtual care visits (63%, n=458) and would like virtual care as option in the future (55%, n=1063), although 17.2% (n=332) were unsure. Reasons for the ambiguity were reflected in the comments. When assessing the impact of virtual care, it is important to keep in mind the fact that the majority of respondents had one or two virtual care visits. It is likely that these people did not require higher levels of care and so might be more satisfied with virtual care.

Figure 17: Satisfaction with virtual care (n=1930)

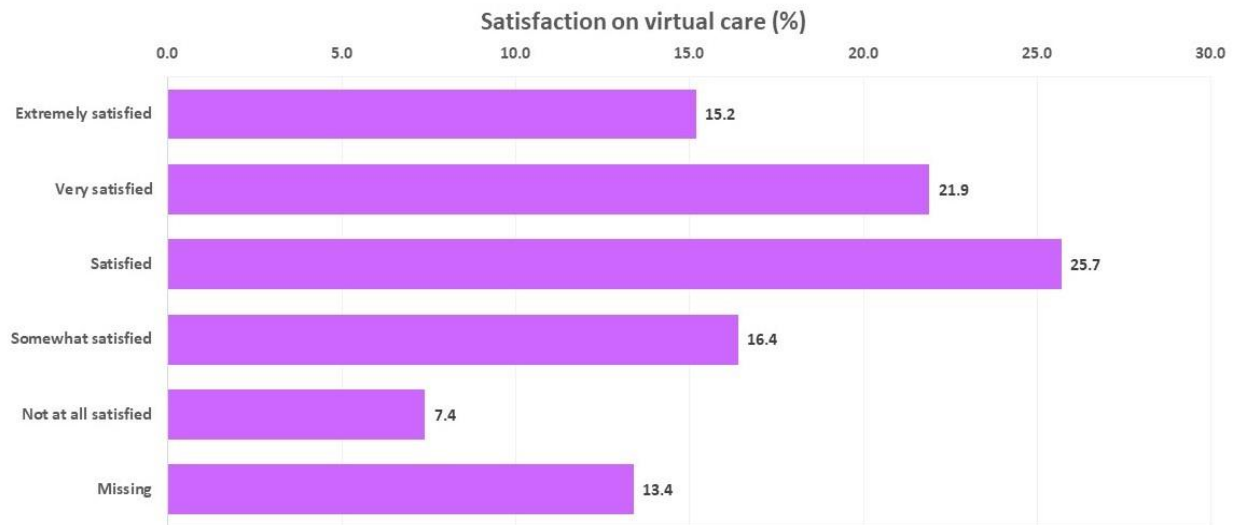
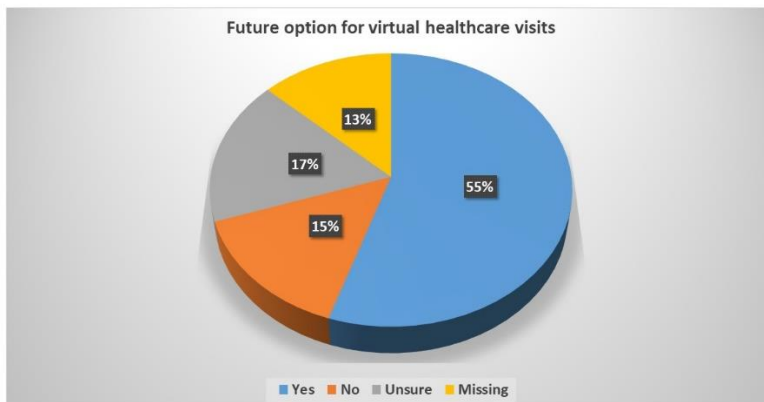


Figure 18: Future option for virtual healthcare visits (n=1930)

(Would you like to see virtual healthcare visits exist as an option for you personally in the future?)



There was general consensus that virtual care was helpful for minor issues, such as a prescription refills, and many asked that this option continue. People liked the convenience of it, such as reduced travel and wait times in a clinic. People also appreciated the reduced exposure to infection.

Amazing to have the virtual care option - still had access to care and it fit into my life far better than traditional in person visits for minor issues (less time away from work for appointments, didn't have to expose myself and my family to "germs" at the doctors office, didn't have disruptions to childcare in order to access services).

However, there was also consensus that virtual care was not effective in most cases and a physical examination was needed. The success of virtual visits seemed to depend on the

individual doctor or clinic. It was often difficult to establish a relationship or rapport with a healthcare provider. Patients sometimes felt rushed and that they were not taken seriously, particularly with more complex issues.

Every doctor is different. The specialist I have been seeing did not adapt well at all to virtual appointments. My record never seemed to be updated based on previous virtual appointments and treatment/testing was discussed multiple times which was not applicable to my situation because of this. I had to strongly advocate for myself (more than I ever have before) and question each test the doctor sent me for. I've never done this before in my life. The virtual appointments seemed very rushed and one time the doctor even thought I was a different patient.

As a cancer patient I think it is imperative that patients continue to see their oncologists IN PERSON during a pandemic. Receiving in person care is not just for physical health but for mental health as well, cancer patients go through a tremendous amount of anxiety and not being able to see your physician increases this anxiety astronomically. It is doing every single patient a disservice by not allowing these drs to see their patients. Saskatchewan has failed cancer patients tremendously throughout this pandemic.

People sometimes felt they had to diagnose themselves and that the doctor did not understand their situation. There were communication problems, particularly when people found it difficult to understand foreign accents over the telephone, and concern that health issues were being missed and that diagnoses were not accurate.

I had some spotting [during pregnancy] and when I called into the office to see if I could get my upcoming phone call appointment changed to an in office visit to hear the heartbeat and get some reassurance, I was blocked by the receptionist. She told me no - that it needed to be a phone visit and that if I was just spotting for one day "it should be okay". She gave me medical advice and would not let me have an in office visit.

I couldn't take my kid in to see the doctor and over the phone diagnose was he had an allergic reaction keep giving him Benadryl. I had to take him to emerg cause it didn't get better. Turns out he had an abscess tooth and needed a root canal. Had the doctor SEEN him I fully believe 100% he would have known what it was.

Some patients also reported being prescribed antibiotics without a physical assessment to assess whether antibiotics were indicated.

Dr prescribed antibiotics for a skin infection that she didn't even see. How can she do that? You describe what you have and she sends out meds??

At the walk in clinic, prescribed antibiotics without any in-person assessment. In my opinion, prescribing without actually assessing the patient is dangerous.

Technology was sometimes an issue in rural areas where internet and cellphone quality can be poor. Virtual care was generally not seen as appropriate for children or for seniors, who might have trouble using technology and hearing the physician.

Trying to have a video visit with a hands on physiotherapist for a 3 year old is impossible. I have also had to assist elderly parents with a video appointment with a specialist. I am not at all confident that they could have managed that themselves.

Respondents felt that virtual care could be improved by providing a video option so that physicians could see the patients, having better quality platforms, and by providing public access points. They felt patients should be given the option to choose virtual or in-person visit, and felt it was wasteful both personally and to the healthcare system to have a mandatory virtual visit before an in-person visit, when it was clear that a physical assessment was required.

I had virtual visits with a GP x2, both of which had to be followed up with in-person visits, but the office would not book in-person visits until a virtual visit had taken place. The health care system has now been billed four times for what was covered in two visits.

Communication and Access to Information during Pandemic Restrictions

Most respondents were able to find the information they needed during pandemic restrictions (54%, n=1404); however 15% (n=394) could not find needed information. The top sources for information were: SHA website (29%), Government website (28%), healthcare professionals (25%), and social media (24%). When asked about the preferred source for information about healthcare services during a pandemic, 53% chose the SHA website, 50% prefer to receive information from Government website, and 47% prefer healthcare professionals. Most respondents indicated that the health system met their overall expectations with the communication of responses to the COVID-19 pandemic (54%).

There is a strong preference for information from the SHA and government websites and healthcare professionals. Nonetheless, in reality, actual sources of information show healthcare professionals and social media separated by 1%. This could reflect the prevalence and integral nature of social media in people's lives: they might not seek information from social media but they will find it there. However, the reliability of this information is unclear.

Figure 19: Source of information during pandemic (N=2589)

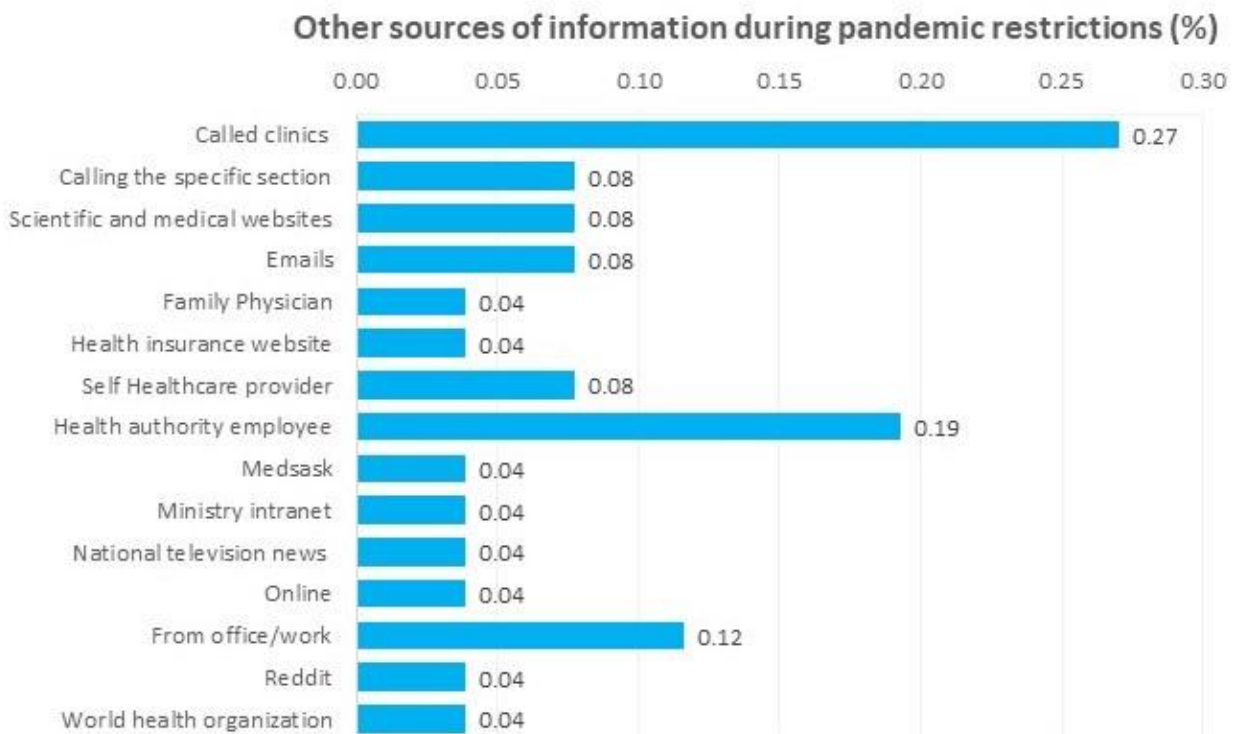
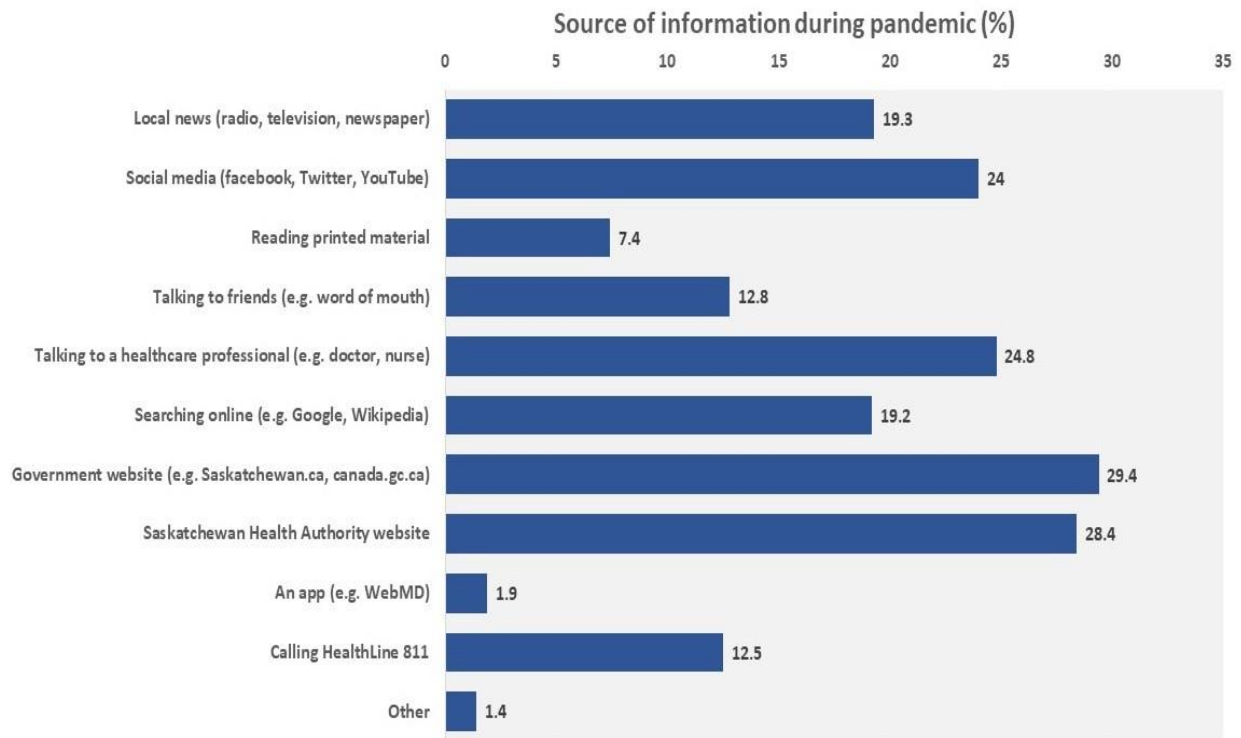


Figure 20: Preferred source of information (N=2589)

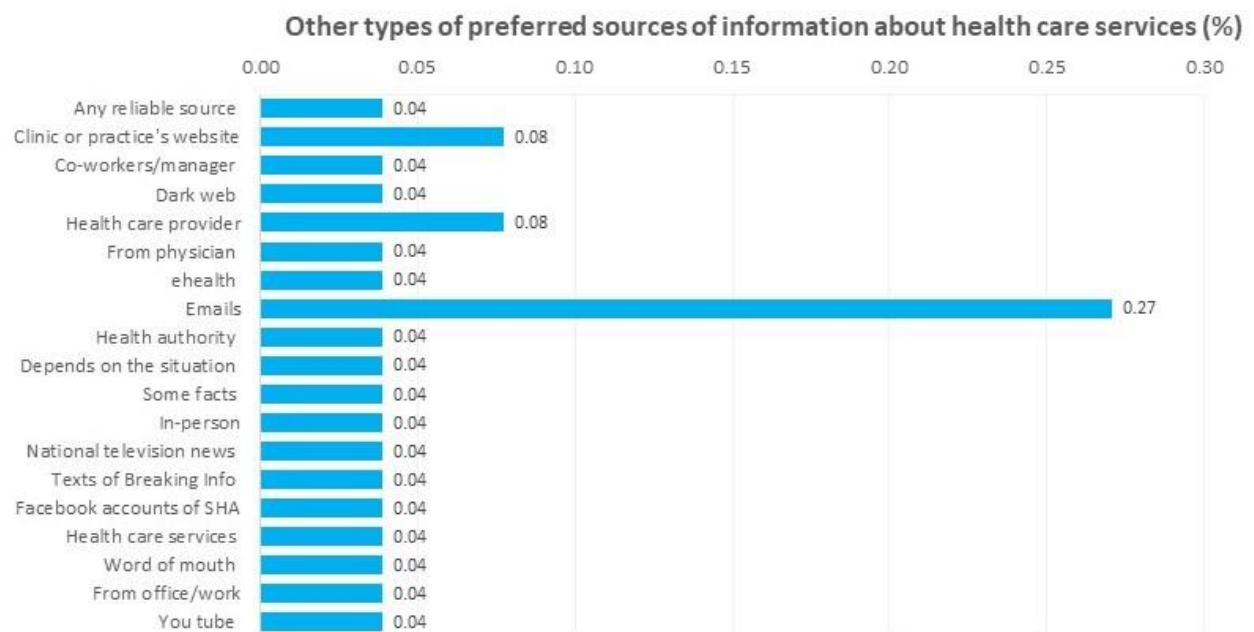
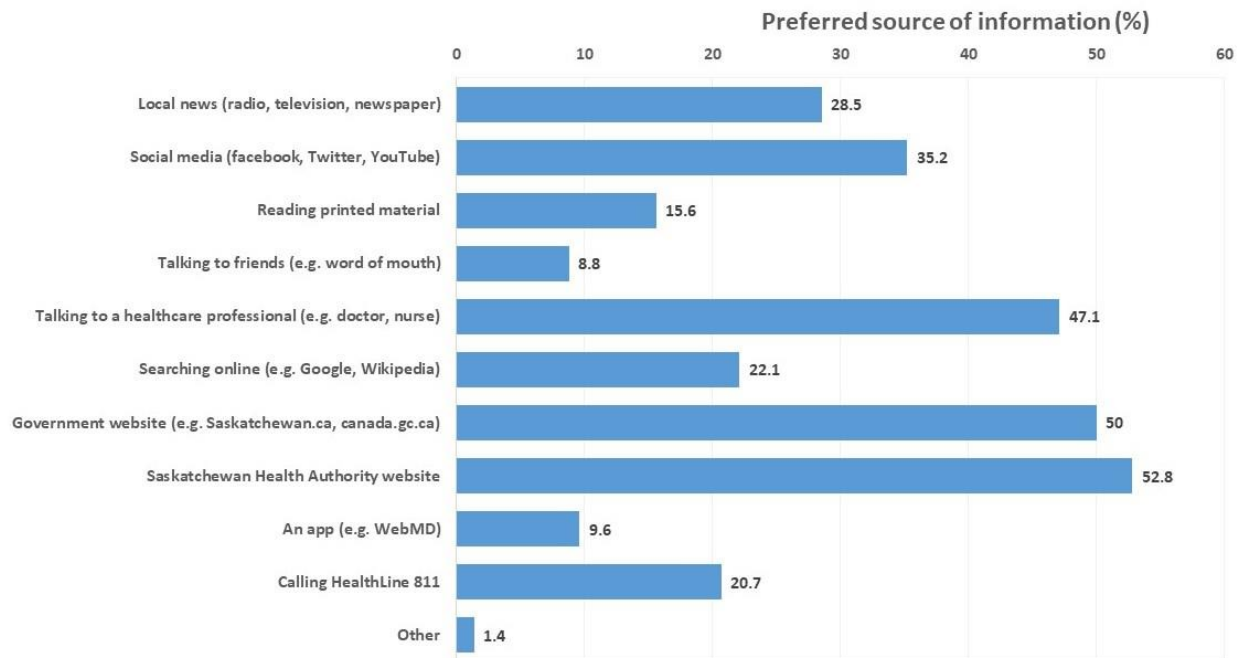
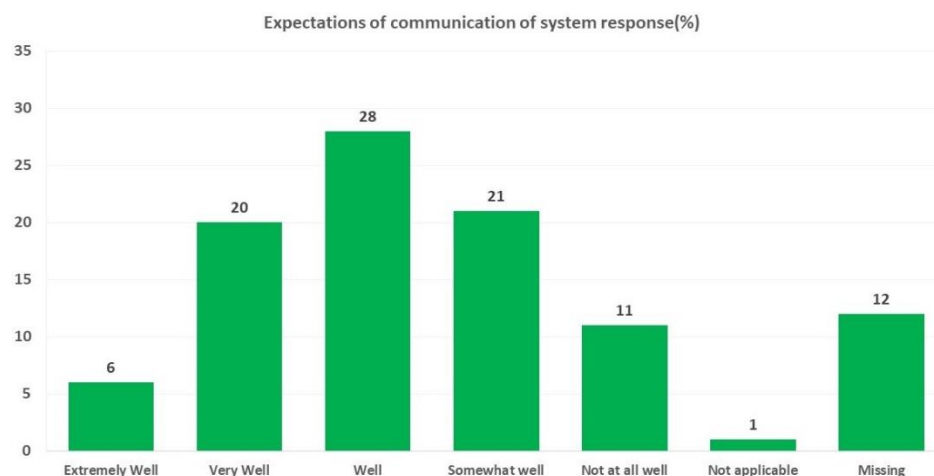


Figure 21: Expectations of communication of system response

(How well did the health system meet your overall expectations with the communication of our response to the COVID-19 pandemic?)



Conclusions

People generally felt that COVID-19 issues are prioritized too highly at the expense of other essential services. Essential procedures, treatments, and tests are being delayed, and symptoms are overlooked or dismissed as unimportant, resulting in negative outcomes to patients, including death. People questioned why healthcare, which is an essential service, was not available, particularly given the low numbers of cases at the time of the survey. There was confusion over where to access care, with people being directed to the Emergency Department for minor issues.

Virtual care was seen as convenient for minor issues, but respondents generally agreed that in-person visits were necessary to get an accurate assessment of health conditions. People felt that virtual care was far more likely to result in misdiagnoses and gaps in care. Similarly, visitor restrictions were seen as beneficial to those who needed less care, but had created harmful outcomes to patients and families who required more intensive levels of care, particularly in long-term care. Many respondents felt that the restrictions due to the pandemic had created long-term damage to people's health and to the healthcare system as a whole.

There also appears to be some unintended outcomes of restriction of healthcare services:

- The Emergency Department becomes the default option when doctor's offices are closed and people are not able to access other forms of healthcare. Furthermore, people are actively directed to emergency care for minor issues that would otherwise be treated within primary healthcare.
- There may be an increase in prescription of antibiotics in virtual care visits without a physical assessment to assess whether antibiotics are indicated.

These outcomes go against the specific goals of healthcare to reduce the unnecessary use of emergency and acute care and to reduce the use of antibiotics.

Appendix: Patient Stories

Please note that this is not a comprehensive list of patient stories as there were too many to include here.

In terms of visitor restrictions: My 71 year old father, widowed only four months prior, was hospitalized in mid-April, after being taken there by ambulance. He was terrified, and frankly, so were we. However, our anxiety was heightened further when not only was no one allowed to accompany him in the ambulance, but no one was permitted to be in the hospital with him, even in the ER, to speak with doctors, answer questions, or comfort him. As his next of kin and primary decision maker, I repeatedly made it clear that Dad did not have cognitive impairments, but his terror (particularly given that he was eventually placed on the same ward in which my mom died just months earlier) affected his ability to process information. He would say he understood, but truthfully, he was too frightened to listen or understand. I called daily, often four or five times because it was next to impossible to speak with any of his the nurses assigned to him, even as he began to experience frequent and varied complications. When I was able to get through, conversations were brief, and usually ended before I had the information I needed. His hospital-assigned doctor was particularly difficult to reach - it took him TEN days to get in touch with me, despite my repeated and sometimes twice or three times daily requests left with the nursing station. During Dad's stay, no one was permitted to see him, even once. He possessed neither the equipment nor the ability to be able to communicate with us virtually, so we had no option other than brief telephone calls on his early model cell phone. He was frightened and desperately lonely, and our hearts were broken daily as he begged us to come and pleaded with the nurses to let him see even just one of us. But we (and he) were told more than once that it was not possible and that we should be glad that he was not sick enough to be permitted to have a visitor. He asked several times for items from home - we were permitted as far as the hospital doors and allowed to drop off his glasses and his watch with a security guard. On another day, despite being told by someone at the nursing station that we were permitted to drop off a few other things that he had asked for, we left a few personal items with security at the front doors of the hospital, only to receive a phone call after arriving at home, instructing us to return to the hospital and pick them up because it was not allowed. After nearly a month of hospitalization, we had still not seen Dad since the moment the ambulance doors closed. His health deteriorated further, and still, information was extraordinarily difficult to come by. He was unable to speak for more than a minute or two by phone, and was unable to articulate what was wrong or what the doctors had been telling him. And late on a Friday night, I got the phone call we were dreading. I rushed to the hospital, and spent the next 36 hours next to my unconscious dad before he left us. I never did get to see his eyes again after looking into them and said "Don't be afraid. I'll be right behind you" as EMS loaded him into the ambulance. Just four months prior, there was no higher praise than what our family could offer in the wake of my mother's sudden illness and death. So please know that we are not saying any of this with ill will. We are grateful for the hard work of care teams, and know that they are under considerable pressure all the time. I understand that Dad's situation occurred early in the pandemic, and that no one knew what Covid might bring. I blame no one, as we were all building a plane in midair, and most of our healthcare workers were doing their flat-out best. Be assured that we are grateful for the care that he received from the nursing staff and (most of) the medical staff. But please, please, please, for the sake of other families, reconsider visitor restrictions, even for patients who

aren't critical. I would wish this experience on no one, particularly on patients like my dad who are frightened and lonely.

My dad was in hospital and suffers with mental health issues and known to lie to us about his health and we could not talk to his nurses or drs to find out what is really going on.... as well went to visit with my great grandmother as we were moving 2 hrs away and the nurses kept interrupting our visit to ask her questions that could have waited and we never got to visit

I am both recovering from spinal surgery and dealing with a cancer diagnosis. I live on one side of the Sask/MB border and my retired parents live on the other (6 miles). It is considered safe for me to travel anywhere in the province and for my wife (teacher) and children to attend school, but I am not able to receive any family support because I get refused service for 2 weeks if my parents try to help. It has been detrimental to my recovery. I can't have help for transport to specialist appointments or treatment. I don't understand how my parents, who are retired and quite isolated, pose an extreme risk but school, city shopping, etc is perfectly acceptable. I need help but am having to suffer. I have to travel alone to Regina (2 hours each way) and the next day to Saskatoon (3.5 hours each way) with no support due to the guidelines, as I am recovering from spinal surgery. It is so sad.

My mother had a cancer surgery and was allowed no visitors. She was not given her phone for 5+ hours when taken out of intensive care and I had to phone and beg for update. The nurse was rude and unhelpful. It was a horrifying experience for all. She had a fellow patient in her room who was told her condition was terminal. This conversation was held with no family present or anyone to help her process this news. My mother's reversal surgery is now wait-listed so we do not know when she may possibly attempt recovery. My grandmother refused potential life-saving treatment because she refused to die alone and they would not let anyone in the ambulance or admission. She thankfully did not pass but she has made the decision she will not get treated alone. Those will not be her last days. COVID has made requesting health care, needing health care, or waiting for health care a horrifying experience.

My 59 year old mother recently passed away in hospital alone due to visitor restrictions. The last three weeks of her life were spent mostly alone with no option to see more than 2 of her immediate family members. She was diagnosed with cancer while she was alone in the hospital. As a family contact on her medical file I had requested to have a doctor contact me several times for information before anyone would call me back.

Had my Mom in hospital June 1-6 at one facility. Jun 11-18 in a different facility in general ward, Jun 18-30 in ICU Jun 30-Jul 13 in surgical recovery July 13-Aug 20 transferred to another facility. Staff was unclear of visitor policies. Every facility had a different protocol and screening protocols which made it very difficult to navigate. When next of kin inquired as to being able to see patient in ICU was told 3 times they couldn't until patient advisor was contacted and then had information relayed to ICU nurses that in fact she could have 2 visitors. My mom had a very close knit family that consisted of only her, her husband, 2 children and their spouses and 3 grandchildren. Unfortunately, son-in-laws and grandchildren were unable and not allowed to see patient through this whole time in it's entirety. One daughter was only allowed to see her the last 15 minutes before her demise. In fact, it was suggested that if the patient's condition was

to deteriorate at night that still only 2 people could be with her and we should use facetime for the other daughter. We were fortunate enough that the doctor in charge at RUH was able to convince the nurse manager to allow the 3 people at the very end. As a family we feel very robbed of quality time before her passing considering she was not expected to pass away. The mental health struggles that the grandchildren and the rest of the family are suffering by far exceeds the risk of catching COVID.

A family member died all alone because of covid 19 restrictions. He was 97 and I believe he died of a broken heart because his wife had to visit thru a window and they were both deaf and he had a touch of dementia, so he felt abandoned by his family

There is zero compassionate care when it comes to patients visitation. You lock up nursing home residents in their own HOMES where they live and restrict those who come on a regular basis to visit them. Patients in hospital are suffering mentally when they are ill and are required to stay in hospital without family and friends visiting for a great length of time. I just had a loved one pass away and he wasn't even allowed all of his 3 children and wife at his bedside when he passed because of covid restrictions, how is that family or patient centered care?? Where is the closure for end of life needs??

Was in hospital twice since pandemic began in march one stay in march and one just recently in august and I am immunocompromised and have celiac disease and live about an hr away from the largest emergency center. I was admitted both times for over a week almost 2 weeks I am celiac and the hospital diet is extremely limiting and not good food or selection for people that aren't on restrictive diets. It was extremely hard for my husband or my family to see me suffer with the horrendous food and not be able to bring me things in or provide for me a gluten free decent meal. The visitor restriction although needed were very hard and frustrating as a patient and for my family

I have a very sick daughter that has been in and out of the hospital since March, she has a non functioning gallbladder and has attacks where she vomits for hours on end and passes out. She just turned 18 in April but I feel I should have been allowed in to take care of her. Management at the Kamsack hospital and nursing home is awful and would not do anything to try work things out, including denying my request of a nurse staying in the room with her in case she passes out. I was employed there for 20 years and I quit my job due to bullying by the manager. My daughter's mental health declined severely while in the Kamsack hospital, the anguish I felt having to watch my daughter crying in pain through the outside window was torture. She opened her window to talk to me and the next day they had it bolted shut.

My mother was in the hospital twice, once in the ER and once on the ward for 7 days. It was awful to have no communication as to what was going on or how she was or what might be wrong or what was next. Awful. From past trauma, isolation and not knowing the 'plan' is very hard and emotionally unsettling for her. Not being able to leave her room, have a tv or phone hooked up was so bad. A wonderful cleaning staff cared enough to bring her a radio from the cleaning closet so she felt she could connect outside the situation. I completely understand restrictions in visitors reflective of outbreaks or reason to be in hospital, and am grateful for that, what I had a problem with was no planning on the health districts part to assign patient advocates

who's job is to bridge communication between the family and patients/drs nurses. The people you hear of sitting in the parking lot of emergency waiting to hear something and nothing for hours. My mom had severe chest pains. And no information for hours. In the past the cardiac unit at the General has a phone number that they say call anytime day or night to check in on your loved one. They make you feel like they care and understand. Great model. Patient Communication Advocates. Or something like that. No medical training needed. Just a caring heart and access to make communications and connections between nurses, dr's and patient families. Please.

My grandma, whom I was taking care of - got diagnosed with pancreatic cancer and did get surgery (even though it did not quite work) it sucked I could only see her an hour a day for 3 weeks after the surgery (and more importantly that her kids couldn't see her at all because of the 2 person restriction) and then when she went into palliative care - we could all see her - she died three weeks later. Although I was happy we could see her - it was touch and go after the surgery and although they let me stay longer than an hour some days - her really bad days her kids (my mom and uncle) couldn't come up to see her)

My son who is 17 and still a minor was classed as an adult in emergency at RUH when I took him in at midnight a few weeks ago. I couldn't go in with him. I know he is old enough to speak for himself but he's still a kid and doesn't necessarily know how to answer all the questions asked. Was not impressed I had to sit in the hallway and wait. The nurse said if he gets into a room by himself she'd come get me to come in. When he was discharged he told me he was in a room by himself...17 is a minor in my eyes.

It's ridiculous that only two people are able to do inside visits one at a time. My dad has not been outside for three years and was very miserable sitting outside. My mom is 83 years old and relies on her two daughters to take her to visit dad but we have to wait in the car while she visits. It is difficult for her to get around the nursing home alone. Then only one of the two daughters can ever go inside for visits so I won't be able to visit my dad all winter?

Visitation limits disallowed both of my sons during recovery from open heart surgery. Only my spouse and one son was allowed into CSU-3F. A tough choice for my spouse when family support is crucial. This happened not just at Regina General hospital but also in our smaller local hospital. Mental health is a critical part of successful recovery. If masks & Covid screening is followed then both of my sons should have been allowed in to see me.

Visiting the elderly in LTC is unsatisfactory to say the least. Outdoors in the wind or extreme heat.

Aunt was dying, (quick unexpected cancer death within month of diagnosis) and felt very sad her grandchildren couldn't hug her and family had to see her through windows her last days.

RUH and St. Paul's. My elderly father had cancer surgery and we could not visit him. Also he needed to stay in hospital twice and we could not help him. Staff were very busy so they could not help him with general washing and non medical needs.

Elderly parent was hospitalized. (in 90's) his wife also in her 90's was able to be with him every day, but another family member would have been nice to have their as well to also hear what the

drs said, advised , prescribed, etc. We felt the two of them (our elderly parents) were at times not sure why certain things were done/not done and had questions afterward that they had to wait to see family Dr to have addresses. A family Dr whose ability to order diagnostic tests and to admit and care for this own patient were hampered or unavailable due to lab and emergency room closures. Beyond disgusting.

Our son broke his leg, only one parent was allowed in the room with him. It added even more stress to a very stressful situation. From the ER to surgery, recovery and physio. Only one of us, which ended up having a very negative on our mental health as parents.

I was a patient in May for two weeks for a major surgery at RUH and again for a heart condition the following month. Between that I had gone for an overnight stay for complications from surgery. During these times, none of my family/support system could see me. It was extremely hard to be alone during each of those times. I understand and realize this was for the safety of everyone, but for those like myself who suffer from mental illness, our health deteriorates, and we do not get better. We are isolated and there isn't enough support for that kind of illness. The nurses, care aides, and doctors have tried their best and you can tell they are all under a lot of pressure and stretched thin. Having visitors would have helped them with their patients, as most loved ones come in to try and help care for the patient and make sure they are okay, easing the load off both patient and medical staff. Again I understand it was for the safety of all. And I agree that precautions need to be followed. I just think that we could have done it differently. Maybe how it is now (Sept) where we mask up, distance, question, sanitize each visitor. I suppose it wouldn't of been much help. Im unsure as I am not a medical professional. But there needs to be a better way?

I am writing this as a granddaughter of a patient who has now passed away. And I believe covid impacted this 100% my grandpa was reviving dialysis in Regina sk. He was very sick, he had a stroke last year. So his brain wasn't right. He needed some there but with restrictions he had to receive treatment alone. He received notes from doctors about medication changes ect. But with his problems from his stroke his memory was impaired. He didn't give the perception change to my grandma. His care giver. So he didn't revive the proper dosage. He then had a major fall at home and decided it was time to go to the hospital as he felt it was his time to go. I just feel if he was able to have a support person through all this maybe he would still be here today. It's scary to think how many other people fell through the cracks because of covid 19. The impacts to our provinces people will be high. Lots had care pushed back, some people didn't receive proper care due to phone call conferences and people have just pushed back even going to the doctor because of covid. The effects will be felt forever. I feel like my grandpa fell through the cracks due to covid. And this is not okay!!!

My mother had to sit alone with my grandmother as she died. Grandma should have been surrounded by her loving family as she passed away in the nursing home. It was very hard on the family

I had been visiting a good friend who was palliative for about 18 months, first at her family home and then at RUH and SCH after she broke her hip, and finally in her level 4 nursing home. These visits were on a weekly basis or more often during all this time. When visits were

restricted during the initial lockdown no one was able to visit her- not even her husband. She died on March 28, not from Covid but from her cancer. We all felt cheated because we were unable to complete her journey with her. Of course no funeral was able to be held and this has been for me and possibly others of her circle of friends and relatives one of the hardest deaths to grieve- we could not be with her at the end and we could not gather to celebrate her life or even hug each other to comfort each other.

With a family member in palliative care, the restriction of 2 people is RIDICULOUS!! In our specific situation, there is only 3 surviving family members left for this person and we were told by a callous and non-human director of the facility that if we did not remove the third person from the room, they would have one of us or all of removed. The blatant disregard for human compassion is appalling. Thoroughly disgusted with the situation. This wasn't a revolving door of people. This was three people sitting in a room, no noise and no interactions with anyone else.

Had my Mom in hospital June 1-6 at one facility. Jun 11-18 in a different facility in general ward, Jun 18-30 in ICU Jun 30-Jul 13 in surgical recovery July 13-Aug 20 transferred to another facility. Staff was unclear of visitor policies. Every facility had a different protocol and screening protocols which made it very difficult to navigate. When next of kin inquired as to being able to see patient in ICU was told 3 times they couldn't until patient advisor was contacted and then had information relayed to ICU nurses that in fact she could have 2 visitors. My mom had a very close knit family that consisted of only her, her husband, 2 children and their spouses and 3 grandchildren. Unfortunately, son-in-laws and grandchildren were unable and not allowed to see patient through this whole time in it's entirety. One daughter was only allowed to see her the last 15 minutes before her demise. In fact, it was suggested that if the patient's condition was to deteriorate at night that still only 2 people could be with her and we should use facetime for the other daughter. We were fortunate enough that the doctor in charge at RUH was able to convince the nurse manager to allow the 3 people at the very end. As a family we feel very robbed of quality time before her passing considering she was not expected to pass away. The mental health struggles that the grandchildren and the rest of the family are suffering by far exceeds the risk of catching COVID.

Father in law was dying and only "blood" family members were allowed in - even his own wife was not allowed to see him for 2 weeks. Family should be able to be with family at this time of need and end of life.

They say they allow visitors for compassionate reasons yet this is not true. It was a struggle every time trying to visit my dying father at St.Pauls Hospital.

My father was an in- patient for 2 weeks in hospital; to have only 2 family members able to be with him is ridiculous. We were on the verge of placing him in a home but with the "rules" of only 2 family members on the "list" we brought him home as it was not fair for him or the rest of our family to spend his last few days/months/years in this predicament. Having LTC residents or in-patients in an environment like this alone is cruel!!

I have parents in a long term facility in southeast Saskatchewan. The rules imposed have been debilitating to my folks and affecting their mental health with visitor restrictions and very little

interaction with other residents. They opened the rules for two short weeks where spouses of two designated patients could visit. That reverted back to just me going in. In common room visiting is 50 minutes and now going to their room is 30 minutes which is just plain ridiculous. I am fully gowned, masked and gloved to visit two parents with severe dementia. They have gone overboard. I also just had my son in law pass away in Saskatoon. My daughter spent a ridiculous amount of time to approve their two children to visit at his dying bed. These rules have to change. I never did get to see him. He also was very stressed with all the rules when he went to receive chemo treatment and his wife (my daughter) was not able to accompany him when he was confused. It is and was a crying shame.

With zero cases in our area, for 6+ months, we were unable to visit with/or get close to our loved ones in LTC. All of which have declined significantly through the lockdown procedures that were taken. There were better ways to handle this, we will never get back this precious time with our elders.

I had a very dear close uncle that I could not visit in the hospital or care home prior to his death, I find it has affected my deLing with that grief differently then in the past with others.

This is hard. I totally understand the restrictions, but having only 2 people visit inside a long ten care facility has stopped me from seeing my mom for weeks and is really hard. I have 2 sisters that see her But I don't get to see her.

My Mom was a patient for 2.5 months at 3 different hospitals. For the first week in Esterhazy, she was allowed no visitors. Once admitted to Yorkton, again she was allowed no visitors for the first week, even though she was having surgery. Once complications set in and she was moved to ICU, one person was allowed to see her (so we thought. The nurses were misinformed and 2 family members should have been allowed to see her). During her 5 weeks stay in Yorkton, there was very little communication once she left ICU. She was unable to advocate for herself and we always heard..."oh...didn't you know that?" or 'Didn't anyone tell you that?'...despite daily calls to check in. Once transferred to Saskatoon, only 2 people were able to see her, even though her health was failing. Only in the last 30 minutes of her life were her husband and 2 daughters able to be with her. Her 3 grandchildren and 2 sons in laws or siblings never got the chance to see her or say goodbye. June 3-Aug 20 was her hospital stay...would have meant the world for her family to see her for those 2.5 months. We feel cheated and missed out on precious time that we can't get back

The restrictions for visiting those in LTC, are devastating to those in the facility as well as the loved ones who can no longer visit. It's been a nightmare, my father has been sentenced to a slow lonely death. For him family is his life blood, his reason to live. His health has deteriorated, he has lost weight, eating only supplements, this then in turn leaves him exhausted. We had to settle for outdoor visits because he has 5 children, who he needs to see as well as his children need to see him. It's been proven that everyone needs physical touch, for mental health. We have been ready to take whatever measures that are required to visit him indoors, close up so he can see and hear us. The outside visits, exhausted him, trying to hear us from 6 feet away, squinting to see who has come to see him. He is susceptible to chest infections and is always cold. These visits are actually painful for all of us. My Dad has always lived with some sort of

risk as we all do, for him this is a risk he'll take. We need this to change now, he doesn't have long and it breaks our hearts to see him this way. He has given so much to us and others, and we are helpless to change the nightmare

Have aging brother and sister in long term care homes. We have been unable to visit them due to the 2 person restriction. We find this very difficult to agree with as these aged persons need the love from family members in this time as much as they did before. Unfortunately I just lost a sister 2 days ago that I haven't been able to visit with since March and now will never be able to hear her voice or see her face. She wasn't able to visit with all her own children, not to mention her Grandchildren who know will never see her again. This is a sad situation as people die not only from Health issues but also from loneliness.

My mother had a bleed in her head on Mar 30. She is a 90 year old lady who had just recently celebrated her birthday. She had made homemade buns for 100 people for her party. . She lived in her own house independently. Following her bleed I was allowed to stay with her for 24 hours as they did not expect her to live. But she did get better as a result I was kicked out as not deemed compassionate anymore. This broke my heart. Also what happened to compassion and human kindness. She was in Gravelbourg hospital .. At that time there was 2 people in the hospital. Over the course of the next couple of weeks it was a roller coaster! I would visit her via a window which was an hour drive each way. I saw her mental state deteriorate. Prior to bleed she was very active on Facebook and played games on her phone and was able to FaceTime. She was not able to do this unless we called staff to help her. Well guess what she got worse again , deemed compassionate so I was able again to go be with her.. Once again she improved over time .I was with her, She could answer FaceTime on her own,with help play scrabble on her phone with some of my help! Qualified for long term Care I was able to bring her some stuff and help get settled for a short bit . I brought pictures and stuff for her place to be make it homey. She is in a respite bed so not able to put stuff up as only temporary spot. I asked that when she is moved could we come in and help get settled and see what else she might need. But are declined due to guidelines set out by government. Once again I visit via window, good news 10 drive from her farm , but I see her mental state deteriorating, having more trouble with FaceTime and unable to play games as no help. The physical care mom gets their I believe is good to best of my knowledge. But what she does not get is help from family. She needs this now to help with her mental state. She needs us physically in the room with her. This whole ordeal has been awful, not being able to be together as a family at this difficult time. I know you want to keep our seniors safe. But our seniors are suffering from loneliness and isolation from family and friends! Please allow us some leeway! I do not know what my mom knows . But I do believe she feels abandoned ! She sent me a text said Help Me last night! Does that not break your heart. Usually her texts make no sense! The thought of not physically being in to see my mom for months breaks my heart. Please note sizes of homes that have been affected in Ontario,Quebec and Alberta. Also another consideration should be were they privately run or government run. Presently we are going into fall and winter. There has been some changes to long term care but not enough. My mom at last got to go for a drive to see where she was at, that helped her tremendously. As she it now makes sense where she is. It only took 4 months. We need more flexibility for visiting as cannot visit outside soon!!! My mom referees to her place as jail! I feel that the SHA is stealing from me the time I have left with my mom.. I have lost faith that theSHA CARES ABOUT THE MINDS OF PEOPLE IN LONG TERM CARE. I was also a

visitor in hospital on another incident. When I called to get permission to come in phone line busy other times the phone would ring and then call dropped. Quite frustrating.

My grandmother was to have testing done in April 2020 for onset pain in her stomach. She had booked the tests in February then shut down cause of a Covid. June she was able to be rescheduled and she passed away July 26 from stage 4 pancreatic cancer. We had 5 weeks with her not to mention lost time because we weren't allowed to see her or help her for March / April / May ... she died at the hands of our government who believed she would get Covid and died instead she suffered and died without family because the Hospital said they couldn't notify us in her last moments and only two people were allowed by her beside - this was in Weyburn ! We will never ever get her back.

In May 2020, my father was admitted into Humboldt hospital with dementia like symptoms. His visit was not covid-19 related. The hospital staff there were unable to manage him, so he was transferred to the Royal University Hospital (RUH) in Saskatoon. For the most part, my father was able to understand instructions and have conversations with people. However, he was hearing impaired and had a cochlear implant. The hospital staff at RUH would not allow us to visit him or stay with him in the hospital to help aid in his treatment. The staff at RUH didn't know how to operate the processor for his cochlear implant and they primarily interacted with him in masks so he couldn't read their lips. Since my father had been hearing impaired for years, he did not have a cell phone or the ability to FaceTime with family as to the situation in the hospital. My father was unable to understand what was happening due to this and our (his family) inability to be with him. I believe that this added to his stress and he had a heart attack within a day of being admitted to RUH. The communication with doctors at RUH via phone was helpful, but in some cases they were rushed or not really listening to what we were trying to say about my father's condition. My father entered Humboldt Hospital on his own two feet and still looking quite healthy. He was transferred back to Humboldt Hospital a few days later and died shortly afterwards. All of my father's belongings (i.e. clothes, boots, glasses, etc.) were lost at RUH and no one (even the staff in charge of him) could figure out where they could have disappeared. I feel the care of my father was mishandled by restrictions put in place due to the pandemic, and contributed to his death.

restrictions on number of visitors when father in law was passing and the family was called in to pay our last respects. also the two weeks in hospital before his passing. my husband also had 5 mini heart attacks and i was unable to go see him until the covid test came back. yet we had lunch 1 hour prior to him being hospitalized.

I'm getting progressively sicker with no hope for much needed surgery that has been delayed for no reason that I can see. These unnecessary delays are causing all of us to suffer and die. No more appointments and rural internet is substandard in this province due to Sasktel data caps poor infrastructure.

Son's cardiology apt was postponed 2 months due to COVID. This has now created a backlog on an already stressed system. They have limited clinic hours. Access to support services and specialists are a necessity. These services should not have been postponed or limited. This has caused stress in our life waiting for appointments, stress as follow ups are required every 6

months Now being pushed to 8. Follow up is scheduled for a reason and close follow up is put in place for the health and safety of the patient

We had two significant impacts due to COVID. 1. We had a cancellation of tubal surgery for our son. The delay prior to Covid was already staggering. We did get in for July, but the repercussions of the delay on his speech is unacceptable! The other is trying to get in to an OBGYN. I have been informed that they still aren't back to regular office hours and that it could be a YEAR before I get in to see one. This too is unacceptable, as we feel that the risks for an OBGYN can be safely mitigated. Yet, I'm being told I need to suffer for an additional YEAR, before I can even get in for a consult.

Should have had protocol in place that people could still see specialists and get surgery. My 17 year old daughter is waiting to see just see a specialist from July she has partial deafness, and my husband is 54 waiting for a hip surgery since last year in extreme pain had to go off work and our quality of life is significantly diminished. The health region needs to put people first and not have more office people this problem was before the pandemic its poor health care in this region and people are suffering from it...do better

My infant daughter is unable to seek treatment for her hemangioma because those services are unavailable at this time and when they resume the wait list will be extremely long.

What is the rate of stage 4 cancer going to be like after having a health care system completely shut down and the decline in mental health and increase in suicides due lack of mental health services. Dr. Can wear masks and social distance just as we expect our children to at school, and as we expected other essential workers to.

My mother and father who need care for heart and lung problems have NOT been seen as they should due to covid measures. My mother's lung specialist cancelled her appt back in April and it took months of pleading for her to be seen and now she is still awaiting further tests and procedures that are not being done. Meanwhile her lungs and breathing are getting worse every day. My father had a small stroke back in April and never had any follow up appts after his hospital stay. This should not be allowed - how do you not follow up with a stroke patient?? Covid has delayed extremely important health services and it seems as though the specialists and doctors simply don't care. Patient care needs to come first, covid or no covid!! More people will die from lack of healthcare than from this ridiculous virus.

Specialist follow ups should not be put off. Heart issue patients don't get second chances!!

this survey was not filled out for me. Its filled out for my step dad, he has stage 4 liver cancer, and needs heart surgery. Because of covid 19 his heart surgery has been pushed back until an unknown date. (He was told it will be for quite some time) he is starting to lose weight and look the part of being sick. He needs to see someone before this progresses even further

My husband had a tooth which needed to be tended to at the end of March. He could not get in to get a root canal until August because of covid. They DID NOT specify he could not leave the province (we live on the Alberta border) The day before his root canal, they did the phone

screening and canceled his appointment because he had been in Alberta. Got in a few weeks later, drove 3.5 hours for the appointment, by now the tooth was too far gone, it needed to be pulled instead. The specialist would not pull it and told him to go to his local dentist instead. Meanwhile his health has declined. Extremely sick, many xrays, ER visits, no answers. Begged a dentist to pull it, weeks before his scheduled appointment to have it pulled. It was extremely infected. He has been having infection seep into his body for months because of numerous delays. He is still extremely sick because of this. It started in march, so it has been 6 months to get anything done.

We are killing our elders with trying to protect them. They are dying from loneliness in longterm facilities. Just cruel. Mother in law was diagnosed with stage 4 cancer, and was not allowed to have anyone with her when drs told her the news. Again, cruel!! Also, tests and scans for her got put off for months due to covid. Was her cancer more treatable earlier? Is she dying because of lack of treatment due to fear over a virus? Unfair and cruel. Disappointed in SHA.

Elderly parent was hospitalized. (in 90's) his wife also in her 90's was able to be with him every day, but another family member would have been nice to have their as well to also hear what the drs said, advised, prescribed, etc. We felt the two of them (our elderly parents) were at times not sure why certain things were done/not done and had questions afterward that they had to wait to see family Dr to have addresses. A family Dr whose ability to order diagnostic tests and to admit and care for this own patient were hampered or unavailable due to lab and emergency room closures. Beyond disgusting.

When I gave birth at Regina general, I went into the emerg entrance three times before I was finally admitted. But everytime I had to run through the questions of Covid even though nothing changed in the last 24 hours. I didn't even make it to the doors the last time. I couldn't talk or walk and I had to yet again answer these questions before I could go anywhere.

My husband had surgery April 21 2020 at St. Pauls hospital. He was admitted on April 21 at 8:00 am and discharged the following morning. During his surgery his vocal chord was damaged and he was unable to speak. He did not see a doctor before being released and was waiting outside the doors of St. Pauls hospital for me to pick him up. I did not receive a call during his hospital stay of 24 hours or any updates and I was unable to be there with him.

My stepmother presented to the Yorkton Regional Hospital in April 2020 with an earache. She was denied treatment and sent home. She presented again a short time later with the same complaint. She was admitted and eventually fell unconscious and unresponsive. She died almost three months later in Regina Hospital due to a rare form of encephalitic cancer. Many of her friends and family were unable to visit her due to the pandemic, therefore unable to properly say their goodbyes. I also believe that her symptom of an earache was treated as "unimportant" due to the current pandemic. I believe that if she investigations would have begun when she initially presented to the Yorkton Regional Hospital, then maybe we would have had more time with her. It is unacceptable and I put the her blood on their hands.

I drove my 86 mother to emergency services to a different facility-further from home due to pandemic restriction in our local hospital. She was faint, throwing up and weak/wobbly. We

waited our turn to enter the entry vestibule to be spoken to over a intercom. My mother can not hear-nor could she stand or keep her head up. I was very abruptly spoke to and criticized for answering for her. Then she was admitted to the building alone. Scared of the unknown staff or without family. We waited in the parking lot while she was prepped and waiting to see a dr. We were called once advising she was waiting to see dr. Next call was to come pick her up. When asking for info the nurse had nothing to tell the family. She had just got in shift with no info passed to. When I asked if she needed follow up attention-what should we do? She said see your family doctor (which there is not one due to COVID-19 .that's why we were there. Then she said see your local hospital. Which was closed due to COVID . Then she said rather exasperated that I guess she could come back to this location. This was process/experience totally unacceptable in my opinion. The traffic/people entering the clinic was very low. We sat and watched for 4 hours. To be honest I had taken my dog for emergency services the week earlier and my dog and I received top notch care. It was terrible way to be treated.

In May 2020, my father was admitted into Humboldt hospital with dementia like symptoms. His visit was not covid-19 related. The hospital staff there were unable to manage him, so he was transferred to the Royal University Hospital (RUH) in Saskatoon. For the most part, my father was able to understand instructions and have conversations with people. However, he was hearing impaired and had a cochlear implant. The hospital staff at RUH would not allow us to visit him or stay with him in the hospital to help aid in his treatment. The staff at RUH didn't know how to operate the processor for his cochlear implant and they primarily interacted with him in masks so he couldn't read their lips. Since my father had been hearing impaired for years, he did not have a cell phone or the ability to FaceTime with family as to the situation in the hospital. My father was unable to understand what was happening due to this and our (his family) inability to be with him. I believe that this added to his stress and he had a heart attack within a day of being admitted to RUH. The communication with doctors at RUH via phone was helpful, but in some cases they were rushed or not really listening to what we were trying to say about my father's condition. My father entered Humboldt Hospital on his own two feet and still looking quite healthy. He was transferred back to Humboldt Hospital a few days later and died shortly afterwards. All of my father's belongings (i.e. clothes, boots, glasses, etc.) were lost at RUH and no one (even the staff in charge of him) could figure out where they could have disappeared. I feel the care of my father was mishandled by restrictions put in place due to the pandemic, and contributed to his death.

Close family member had a stroke and was unable to care for herself. At first they wouldn't let any family in at all, after 10 days we had no choice but to remove her from hospital because she was doing so poorly and they wouldn't let anyone see her. She was readmitted 3 months later post fall and remained in hospital for two months. It was atrocious, family unable to see her regularly even though the hospital couldn't meet her daily needs requirements, getting any health care provider time communicate her needs, changes etc was like pulling teeth for the substitute decision maker, no clear communication re plans, practitioners wouldn't follow subsequent decision makers request re medications and prolonged hospital stay due to same, absolute inaccurate pain management post hip fracture, no routine pain meds were ever give and client couldn't speak for self and no family was able to be there to advocate for her. It was actually disgusting and disheartening to have a loved one so vulnerable and not be able to be there to

advocate for them. Family member burnt out after 6 weeks of being there daily the second time a round to ensure she got her Physio etc because couldn't get the services in acute care.

Extreme wait times, difficulty speaking with our doctors and having had a total shoulder replacement on March 5th and almost immediately after physiotherapy being shut down meant nearly 5 months without physically seeing a physiotherapist and now I have significant adhesions and range of motion limitations from that.

Saskatchewan Health Authority used to pride themselves on holistic health care. They had numerous services available to treat you as a whole and as a human. Now they don't care about anyone's mental health, or even for that matter your health in general. I have been told more times than I would like to admit that "It's not important" "We don't have time" "Sorry, we are closed" "This can wait" Program like Adult Day Program existed to keep our families in their homes longer, better socialization, wellness checks, etc and now SHA doesn't care that our seniors mental health especially is deteriorating. I have even heard from my Grandparents that they would rather take their chance with the virus than live a life without their family. SHA needs to get their priorities straight and listen to the people not the politics.

I work in a hospital that is currently without an ER due to the COVID restrictions, there is no reason why it has not been open, the reasons the authority has provided are bullshit and untrue. We also have visitors that are allowed in our hospital, what is the difference between allowing anyone to visit wearing a mask after screening and opening up the ER and doing screening? Nothing, we all live in the same communities and get groceries at the same store, gas at the same gas station, etc. We have had 0 cases in our zone. The fact the ER is still closed needs to be addressed NOW,

I have general anxiety disorder, and 2 chronic health conditions. I don't seek help lightly after the road to get where I am. After a traumatic stress event, and months of being an "essential" worker during a pandemic, and elevated symptoms in all areas I suffered my first set of full panic attacks and multiple severe stress related side effects. After 4 days of constant severe side effects I called my doctor office, I needed help. I was told no. Call 911 if it's an emergency, but you can't come to the office. No tele or other option was given besides "you could try 811 and see if they have an assessment center available". It was not covid related, but the throwing up caused by my chronic conditions, and set into a flare up from the extreme stress, was a "red flag". I was desperate so I called 811 and was told I'd get a call back to go to an assessment center to see a doctor. I didn't get a call for five more days. Thank God my husband was home because mental illness is nothing to play with, when people who don't ask for help finally ask for help you can't brush them off, it doesn't always end well, they won't ask again. Needless to say I didn't take the offer for the assessment center by that time.

My sister was admitted to Royal University Hospital and the family was told that she would not live through the night. It was also assumed that she did not want treatment/care. She is a 45 year old cancer patient and with no family present, the medical team assumed she was there to die. She had no health care directive, which means full code/full treatment. She was not treated as such. She was barely coherent. No family present to advocate for treatment. She did become coherent and asked "why are you killing me?" She had to tell them that she wanted to live. Only

after 6 hours, did she start to receive treatment from RUH. Reason given - COVID-19. If she would not have become coherent -she would be DEAD. Also - even at end of life, we were told no one was allowed to visit her!!!!!! My sister still has nightmares about dying in the hospital - is this acceptable to SHA????

I personally have slept in the hallway of our over crowded emergency room hallways in Regina on multiple occasions before the pandemic. My extreme concern is the lack of ongoing medical care during the pandemic and the affect it will have on my disease. Maintaining symptoms is half the battle of an autoimmune disease and now not having those for over 6 months is outrageous because before the pandemic we already had issues in our healthcare system. PLEASE I urge you- spend time with someone who is constantly going in to a hospital have an "undercover patient" and you WILL see flaws everywhere you turn but especially after a pandemic. I'm terrified of the future of Saskatchewan Health Care and you should be too.