

COVID-19 in the Calgary Zone: PCN update #6 – April 15, 2020

Dear colleagues, PCN staff and teams,

It has been humbling to witness primary care providers and support staff in the Calgary Zone rally in the face of extremely difficult circumstances and step up to meet the challenge of playing an integral role in the pandemic response.

We recognize how hard it continues to be to keep up with changes to testing, PPE and seemingly ever-changing protocols and procedures. We are doing our best to make it easier to interpret and implement these updates, but change remains our one constant. The need to pivot and adapt clinic operations has not been widely acknowledged, but continues to demand much of our physicians, clinic and PCN staff.

The feedback provided via our webinars and PCNs have helped shaped the development and implementation of the [COVID primary care pathway](#), the [tele-advice line](#) and other services to support Medical Homes. As access clinics start to open and path to care plans and other services come online, we recognize they are not perfect and can raise questions even as they attempt to answer them.

Please continue to reach out and let us know what's working and what is not. Your comments help us to amend and adapt our plans to meet the ever-changing needs of patients, physicians and communities.

Your sincerely,



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Medical Home Q&A, with Dr. Christine Luelo

Q. As testing criteria continues to change and COVID clinics open, what role can family practice play?

A: Family physicians are well placed to manage many COVID patients on their panel in the community without need for specialist intervention and with most, if not all, care being done virtually.

Notwithstanding centralized testing, community clinics can continue to support their patients in four ways: 1) Reinforce [self-isolation guidelines](#); 2) Access [testing online](#) and by phone/811; 3) Follow up virtually via family physician and team regarding testing status; 4) Continue to manage other clinical needs either virtually or through your PCN's COVID plan.

Q: Why are some PCNs opening access clinics? How will they work?

A: PCNs have designed access clinics or path to care plans to allow cohorting of presumed and confirmed COVID + patients. These patients may be seen face-to-face for other care needs that may normally be seen by their family physician in their medical home, or in urgent care or emergency (as so-called CTAS 4 and 5/low acuity). This was done with four key mandates in mind: 1) Reduce PPE use

overall and keep providers safe; 2) Whenever possible, keep family practices in the community for non-COVID patients who need to be seen face to face; 3) Reduce the need for these patients to be seen in acute care facilities; 4) As access points for step down to medical homes from acute care through a centralized discharge point. Some of these clinics offer extended hours and can provide weekend care.

Q: If you've decided your COVID patient needs to be assessed by the emergency department or urgent care, when should you inform RAAPID and how do you decide when to use EMS?

A: As per the COVID pathway, if you advise RAAPID of your intention to transfer, they will be able to ensure the patient is directed to the hospital with the shortest wait or access to specialists. They will also provide transfer of care documentation and provide feedback on the disposition of the referral. It may be appropriate for patients who are stable and have transportation to get to emergency without using EMS. When appropriate, that could help reduce ambulance use.

Q. With testing being expanded, what message should clinics give patients?

A: As testing criteria changes it's important to remember why we test: 1) For clinical need to guide therapy for acutely ill patients admitted to hospital (includes medication trials); 2) For monitoring of contacts of known cases; 3) To inform public health measures. This last factor was behind the recent expansion of testing to include anyone in Alberta with symptoms (cough, fever, shortness of breath, runny nose, sore throat). Patients should be directed to the [online self-assessment tool](#) and then Health Link 811 to receive testing. Those patients should receive follow-up from their family physician, so think about a 24-48-hour virtual recall. [Quarantined/isolated patients who require testing](#)

Q: What policies should clinics follow to ensure staff are safe and fit to work?

A: Healthcare workers should wear a surgical/procedure mask continuously if they are involved in direct patient contact or cannot maintain adequate social distancing from patients and co-workers. Continue to stress the importance of hand washing and physical distancing. Full PPE (mask/shield/gown/gloves) for any patient with ILI/RTI/ COVID symptoms. A reminder that symptomatic doctors can call the physician-only line at 587-284-5302 to arrange swabbing. [You must isolate until given further direction.](#) [PPE use](#) | [Continuous masking](#) | [Home care](#) | [Multi-site guidelines](#) | [Fitness for work](#) | [Questionnaire](#)

Q: I found the COVID pathway helpful, but I'm worried about daily monitoring. Any tips?

A: The touch base for most patients will be quick; team/MDT may be able to help. Some EMRs already have templates built (stay tuned for news about tools for the [COVID management pathway](#)). If you are in a group practice, consider a clinic strategy for COVID calls so everyone gets a break. Smaller practices could consider reaching out to their PCN for help. If you have patients in continuing care facilities, consider asking on-site staff to conduct a daily assessment and report back by fax if all clear; by cell if there are concerns. The COVID [tele-advice line](#) is also a tool you can use.

Q: What can we say to expectant and new mothers worried about safety during the pandemic?

A: You can reassure pregnant patients and new moms that infection prevent control measures have been increased. Physicians are asked to cluster prenatal blood work and radiology appointments and provide some prenatal visits virtually. [Maternity patients](#) | [Perinatal testing](#) | [Gestational diabetes](#)

Important updates:

1) Next PCN COVID livestream/webinar: Monday, April 20, from 6-8 p.m. [Register here.](#)

2) Community paramedics: Effective immediately, the Community Paramedics Program is unable to support primary care requests for in-home patient assessment or treatment.

3) Specialty access: Our [specialty access for primary care \(April 15\)](#) document has been updated.

Links: [COVID Corner webinar: Wednesday, 7-9 p.m.](#) | [GI: COVID-19 videos](#) | [AMA webinars](#)

More information: Please forward any questions or concerns to jake.jennings@calgaryareapcns.ca.