

Pandemic RESPONSE

COVID-19 in the Calgary Zone: PCN update #8 – April 29, 2020

Dear colleagues, PCN staff and teams,

We have entered a new and challenging phase of the pandemic response that has seen more than 3,400 COVID presumed or positive patients attached or returned to Medical Homes in the past two weeks.

A surge of cases tied to local outbreaks, in addition to expanded testing, has placed pressure on every part of the health care system, including primary care. However, we are extremely proud of the work you are all doing to support, monitor and care for patients.

We recognize the extra stress family physicians, staff and teams are feeling as patients move through the system via 811, public health, hospital and emergency department discharges and urgent care centres. Transitions between multiple groups, systems and processes are complex and the process of returning patients to their Medical Home is not always smooth. Staff continue to work tirelessly behind the scenes to make improvements. In the meantime, thank you for your support and understanding.

The Calgary Zone's approach, which is unique in Alberta, showcases the important role primary care can play in the pandemic response. The Patient's Medical Home acts as the foundation of a coordinated but decentralized model that is supported by existing PCN structures and a strong and collaborative partnership with AHS and community groups. We believe this approach benefits patients as well as the system at large.

The lessons learned during the Cargill response have allowed us to further refine this model, which is being applied to outbreaks in other areas. Our mission – better together; leveraging our strengths and sharing our resources, to better serve patients through the Patient's Medical Home – seems more relevant now than ever.

Yours sincerely,



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Medical Home Q&A, with Dr. Christine Luelo

Q. I'm ready to care for my COVID patients but I haven't heard anything. Should I be concerned?

The flow of patients back to the Medical Home can be hard to predict. Some physicians are still waiting for their first COVID patients while others have had been contacted about a large number of patients in a short space of time. Patients are being returned from numerous sources and places – 811, public health, hospital discharges, emergency departments, urgent care centres, PCN access clinics and the East Calgary Health Centre. There were more than 1,600 in the last week. There are a few different processes involved but many of the notifications are still sent via fax. If you are working virtually please make sure someone is available to check the clinic fax. Remember to reach out to your PCN for support.

Q. What is required for the daily check-in beyond a phone call?

Patients are extremely stressed; don't underestimate the strength of your doctor-patient relationship and the power of supportive communication. While many physicians report that virtual care appointments can take a lot longer than face-to-face, these daily check-ins should be quick for most patients. Team/MDT may be able to help, if available. As mentioned previously, staff at continuing care facilities may also be able to check in and report back by fax if not urgent, or call your cell if urgent. Follow the [COVID pathway](#) and make use of [COVID tele-advice](#), which is now operating seven days a week. The AMA recently launched a [virtual toolkit](#) you might find helpful. [When to use RAAPID](#) | [COVID risk prediction tools](#)

Q. Have testing protocols changed in relation to families of patients who are COVID positive?

Testing continues to be recommended for anyone who has ILI-like symptoms, via the [online assessment tool](#) and 811. In addition, testing is recommended for other patients at high risk of community transmission and severe outcomes. This could include those in congregate living settings. Following the outbreak, public health is recommending that all Cargill workers and household members are tested, whether symptomatic or not. Public health and the supported transitions teams reference this as part of the script/algorithm used to contact these patients. They also ask about patients' ability to isolate from other members of their household and whether they need any support, such as accommodation, food, money or social support. In general terms, anyone with symptoms is legally required to self-isolate for a minimum of 10 days from the start of symptoms or until symptoms resolve – whichever is longer. [Testing isolated patients](#) | [Testing/isolation criteria](#) | [COVID patients at home](#) | [Multilingual advice](#)

Q. Any advice on PPE for patients – i.e. wearing a mask – and requests for medical leave notes?

Recent evidence suggests having patients with respiratory symptoms wear a procedure mask is a source control strategy. There is strong evidence of a reduction in viral shedding. PPE requirements for physicians have not changed. Healthcare workers should wear a surgical/procedure mask continuously if they are involved in direct patient contact; full PPE (mask/shield/gown/gloves) for patients with ILI/RTI/COVID symptoms. Contact your PCN for PPE reordering. In terms of medical leave notes related to COVID, many physicians are being approached by patients, sometimes at the request of their employers. This is a complex issue that requires your clinical judgement and patient context. Here are a

few links that may help you navigate these conversations. [Advice for patients tested](#) | [Return to work guide \(healthcare\)](#) | [Long-term leave guidelines](#)

Q. When AHS starts to resume elective surgeries do I need to resubmit referrals?

The [Specialty Access for Primary Care](#) document, which is updated regularly, should be consulted for advice on routine, semi-urgent and urgent referrals. New recommendations on 12 specialties/groups were added to the guide this week, including general surgery, orthopaedic surgery, surgical oncology and dermatology. In addition to consulting the access guide, physicians may consider writing non-urgent referrals in their EMR, placing them on hold and resending when specialty clinics reopen to referrals.

Q. On a similar note, what about diagnostic imaging referrals and patient status?

A number of memos have been circulated recently regarding postponed procedures. Bottom line: If it's urgent and testing will change the immediate outcome or intervention, send the referral. If it's not urgent, recheck your patient regularly to ensure the test is still non-urgent and refer later. If it has become urgent, escalate, as appropriate, by sending as an urgent requisition or calling one of the radiology clinics. If you are not sure, use [specialistlink.ca](#) to ask for advice. [Cardiac diagnostics](#) | [Diagnostics FAQ](#) | [EFW referral information](#) | [Mayfair services](#)

Q. Can clinic staff request Specialist LINK tele-advice on my behalf to save time?

Yes, clinic staff can request tele-advice on behalf of a physician either online at [specialistlink.ca](#) or by calling 403-910-2551 (press 8, 1 for COVID). However, it's important that the physician's direct line or cell is entered. Please do not leave a reception/switchboard number or keep the specialist on hold, or the call may not be completed. Having your patient's Personal Health Number at hand is helpful. Please note: Our [tele-advice user guide](#) has been updated to reflect the addition of six new surgical services this week: Colorectal, endocrine, general surgery, hepatobiliary, surgical oncology and upper GI bariatrics.

Other updates

1 Register for Monday's PCN COVID-19 webinar

Our next event will be held Monday, May 4 from 6-8 p.m. [Register here](#). Visit our [webinar archive](#).

2 U of C, AMA webinars

The U of C's latest COVID Corner webinar – A Comprehensive 360 Approach to Care of the COVID-19 Patient in the Community – (featuring Dr. Luelo, among others) will be held today (April 29), from 7-9 p.m. [Register here](#). An AMA webinar – Optimizing Clinic & PCN Team Supports to Enhance Patient Care Using Panel Management Processes – goes Friday, May 1 from 12-1 p.m. [Register here](#).

3 Smoking cessation resources

There has been a slight change in process related to accessing the cessation resources – mentioned in last week's webinar – for patients without coverage. Read the [cessation support memo](#).