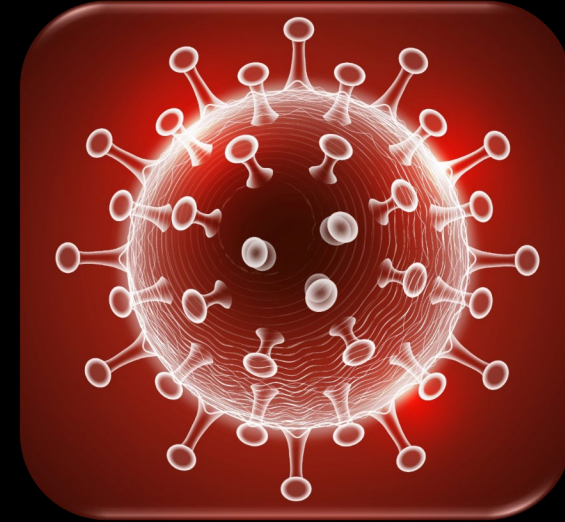


PCN RESPONSE

Protecting patients in the Medical Home

Dr. Christine Luelo, Medical Director SCPCN
April 20, 2020



Disclosures

- Family Physician - McKenzie Family Practice - FFS
- Medical Director - SCPCN - Contract
- Co-Chair - Calgary Zone Operations Coordinating Committee - Contract
- CPSA - Assessment Program Advisory Committee – Honorarium

- PHARMA – nothing

PCN RESPONSE

DR. CHRISTINE LUELO

A dose of something positive



the_happy_broadcast  • [Follow](#)



Source: News in Asia



Indians can see the Himalayas from 100 miles away, for the first time in 'decades,' as the lockdown eases air pollution

The Happy Broadcast

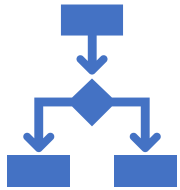
The Calgary Zone PCN response – a quick review

- Calgary Zone Business Unit – their book of work
- Core PCN Pandemic Planning group – weekly and ad hoc
- Zone Operations Coordinating Committee – + three times a week
- Zone Leadership and Ops group – once a week
- Zone Emergency Operations Centre and ECC representation
- Specialist Ambulatory care working group representation
- Weekly Zone newsletter
- PCN communications working group – weekly message alignment

Community-Based Hybrid Approach



Maintain attachment of all patients, including those at-risk for COVID-19, to Patient Medical Home for informational, relational & management continuity



Cohort high-risk patients to centralized clinics located strategically throughout zone



Partner with AHS to Co-manage COVID-19 infected patients to reduce burden on Acute care and provide Surge Capacity

Testing guidelines current April 19, 2020 8 p.m.

- Testing will be offered for **symptomatic individuals** in the following roles:
 - All Albertans
- Testing is being done for **asymptomatic patients** in some outbreak settings where transmission risk is VERY high
 - High River / Cargill
 - Long-term care
- Online screening tool/811 if no computer access/PCN access clinic/PMH

Keeping my office going what we **SHOULD BE** doing ...

- Do **virtual care** as much as possible to allow patients to follow stay at home guidance from Chief Medical Officer of Health
- Urgency is complex – there is no one single answer
- Use virtual care as a means to **assess urgency**; can be informative in planning need for face to face
- Leverage your **PCN COVID access clinic** or your PCN access plan
- If you are closed during regular hours you **MUST** still be monitoring fax and responding to critical lab and DI reports

Keeping my office going during a pandemic - PRACTICAL

- Keep essential staff to populate your schedule and manage any face to face visits you must have
- Update your phone message and website so patients know you are still around and how to reach you
- Continue to manage chronic illnesses
- Start collecting emails right away so you can move to video if you decide to/need to
- Staff and physicians should do daily “Fitness for Work” check
- First and foremost practice what we preach – you cannot help anyone if you are sick!

Keeping my office going during a pandemic - PRACTICAL

- Please try to **preserve hand sanitizer** as supplies are low at this time
- Use **soap and water** whenever it is available
- Diagnostic imaging for patients with COVID19
 - X-ray centralized at SCHC Mayfair diagnostic site in UCC
 - Ultrasound: No specific site at this time – stay tuned
 - **X-rays are NOT needed to diagnose/**manage in the community unless directed by specialist on COVID line
- Laboratory services
 - Asymptomatic patients on self isolation or immunocompromised can be booked to special spots by their physician
 - Alberta Precision Labs at 403-770-5136 to arrange an appointment. **This number is not for patient use**

Keeping my office going during a pandemic - CLINICAL

- **Well baby checks** – Public health is only weighing babies if there is a concern to shorten the appointment times
- **Maternity care** – Due to time sensitive nature of testing, should proceed per usual
 - GDM testing – use HGA1C and non fasting glucose in lower risk patients to reduce lab time for patient/lab
- **Maternity care and NICU** at South Health Campus closed as of April 21
- **Drivers medicals** – Seniors have a 90-day grace period to submit forms
- **Drivers medicals** – Medical requirement; NO GRACE PERIOD AVAILABLE
- **Specialist LINK** – Additions and tele-advice user guide – PLEASE LEAVE A DIRECT #

CARE TRAFFIC CONTROL

- Symptoms – 811 – NEGATIVE – robocall to inform patient
- Symptoms – 811 – POSITIVE
 - MOH contacts for contact tracing and
 - Back to family doctor through PCN for ongoing management with primary care pathway
 - Reinforce isolation requirements
 - PCN provides safe landing and backup as needed
 - Specialist LINK COVID line for escalation/problems – PLEASE LEAVE A DIRECT NUMBER
- Swabs should be copied directly to family doctors this week

CARE TRAFFIC CONTROL

- Admitted to acute care during course of illness
 - High Risk on discharge
 - >65
 - Prolonged hospital stay > 5 days
 - Assisted pre morbid function
 - ICU > 48 hours
 - Poor home supports
 - Certain pre morbid conditions
 - Safety check at 24 hours – PCN supported as needed
 - Whenever possible warm handoff to family physician when EDD confirmed
 - Follow up daily through Medical Home using Primary Care COVID Pathway and Specialist LINK and PCN supports

CARE TRAFFIC CONTROL

- Admitted to acute care during course of illness
 - Average risk on discharge
 - <65
 - Short hospital stay > 5 days
 - Good premorbid function
 - No ICU or ICU < 24 hours
 - Adequate support at home
 - Safety check at 24 hours – PCN supported as needed
 - Follow up daily or EOD through Medical Home using Primary Care Pathway and Specialist LINK and PCN supports

CARE TRAFFIC CONTROL

- Admitted to acute care during course of illness
 - Long Term Care - Transition services
 - Marginalized populations – Assisted self isolation site run by CUPS and Alex

CALGARY ZONE PCN ACCESS CLINICS

- Pre-existing clinics in some PCNs being repurposed to COVID response
 - E.g. Access 365
- New clinics and processes for some PCNs
 - Rural versus urban
- Virtual care for short-term follow up of discharged patients
 - MDT/team and physician supported
- Overflow for COVID negative patients from 811
 - 4-hour disposition
 - 24-hour disposition
- Referral of COVID positive patients from member clinics and AHS