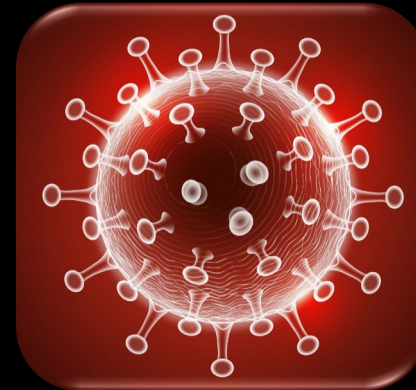


PCN RESPONSE RELAUNCH



Dr. Christine Luelo, Medical Director, South Calgary PCN
Dr. Janet Reynolds, Medical Director, Calgary Foothills PCN

May 25, 2020

PCN RELAUNCH

DISCLOSURES



Dr. Christine Luelo

- Family Physician – McKenzie Family Practice – FFS
- Medical Director – South Calgary PCN – Contract
- Co-Chair – Calgary Zone Operations Coordinating Committee – Contract
- CPSA – Assessment Program Advisory Committee – Honorarium
- PHARMA – none

Dr. Janet Reynolds

- Family Physician, Medical Director – Crowfoot Village Family Practice - ARP
- Medical Director – Calgary Foothills PCN – Contract
- ACFP Facilitator, Practising Wisely Program – Honorarium
- Alberta Representative - National Practising Wisely Scientific Planning Committee - Honorarium
- PHARMA – none

A relaunch how-to:

- Philosophy
- Before
- During
- After
- Where to get MORE help

A relaunch how-to:

- Philosophy
 - Before
 - During
 - After
 - Where to get MORE help
-
- **NOT** talking about ARPs – AMA offering May 29, 2020
 - **NOT** talking about billing code inadequacy
 - **NOT** us telling you what to do – rather it's level 3 evidence
 - **DO** think about how panel activities can support CPAR

Philosophy

- Calgary Zone PCNs working “better together” through the pandemic to provide safety and value to patients by supporting the system and member physicians
- Three pillars
 - Support clinical decision-making in “new normal”
 - Support business continuity where possible
 - Implement targeted interventions supporting emerging needs of patients (e.g. Mental Health)

PCN RELAUNCH

DR. CHRISTINE LUELO

AHS relaunch principles

Guiding Principles

1	Phased Approach- A risk based phased approach to re-opening ambulatory clinics should be applied consistently and transparently across the province
2	Flexibility- <u>Maintain the ability to scale services up or down</u>
3	<p>Equitable Access- All Zones, working with the clinical services areas will consider opportunities for increasing ambulatory care activity working towards provincial equity in service access in mid to long term planning.</p> <p>Virus outbreak, patient and personnel safety and resource availability may result in geographic time limited variations in service delivery, activity and access.</p>
4	Safety - Adherence to established COVID-19 guidelines, policies and orders to ensure the safety of patients, staff and visitors.
5	Virtual Care- <u>Shift all possible care to virtual delivery</u>
6	Ongoing Monitoring- The expansion of ambulatory care visits will be evaluated on an ongoing basis. It is anticipated that volumes may increase or decrease based on COVID-19 case volumes and outbreak surges.
7	Communications- Clear and transparent communication to patients, families and Albertans is essential to successful increase in volume of ambulatory care visits.
8	Readiness- <u>Maintain the current public health response and ability to respond to an elevated acute care scenario</u> with the required equipment, workforce, medications, space, and supplies.
9	Leadership- Plans will be developed at the clinical service level and approved by the Chief Zone Office and Zone Medical director to ensure zonal and provincial alignment.

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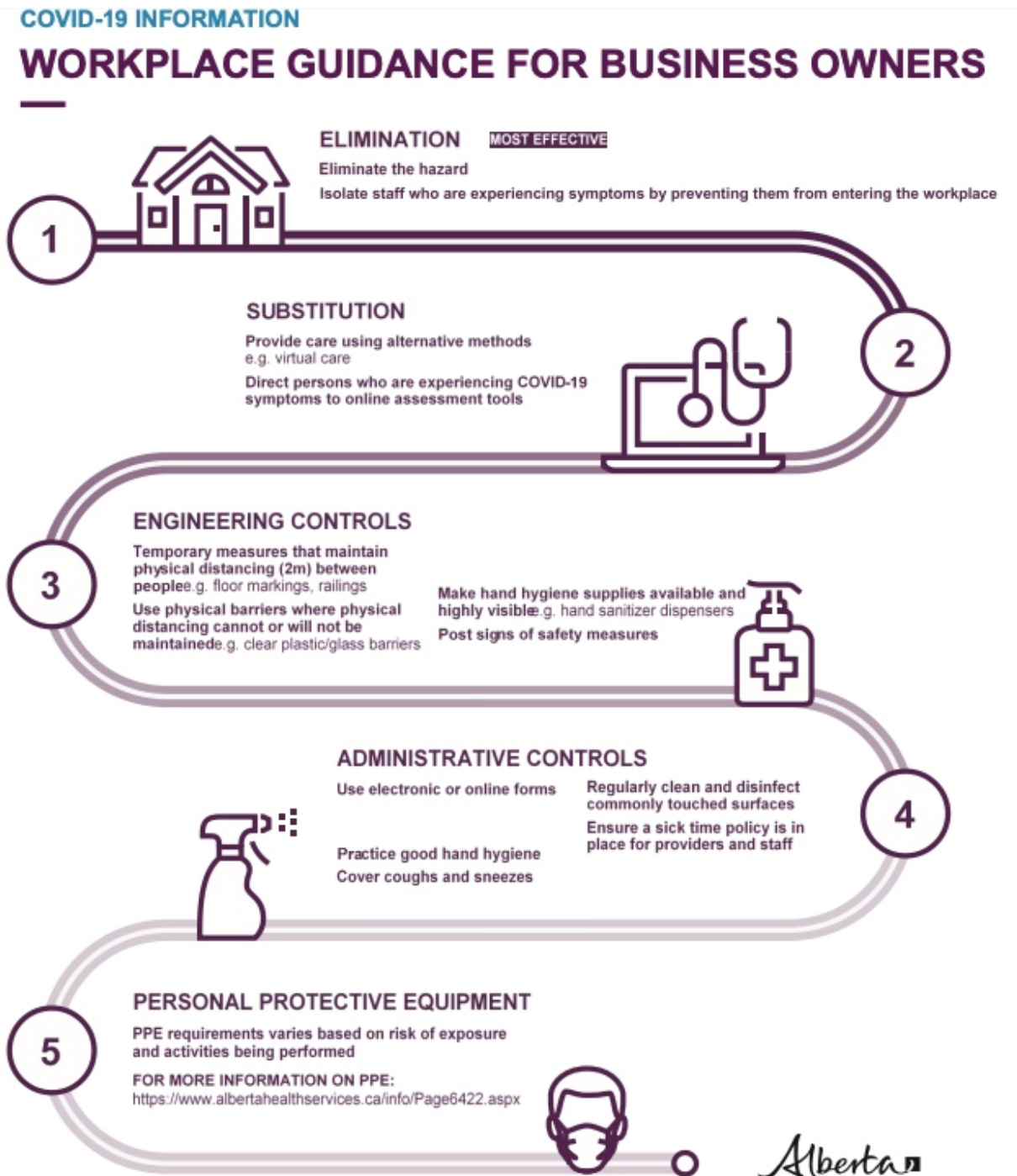
AHS relaunch stages

Staged Relaunch		
Relaunch Stage R1 (May 11- June 15)	Relaunch Stage R2 (TBD)	Relaunch Stage R3 (TBD)
<ul style="list-style-type: none"> All services will adjust existing care models and workflows to <u>maximize the use of virtual care indefinitely</u> For patients where virtual care is not feasible or appropriate, <u>some non-urgent scheduled ambulatory care services may resume</u> Non-urgent scheduled ambulatory care should be prioritized in alignment with current practice for managing referrals and waitlists More specifically, the <u>most urgent patients and/or those with the longest waiting times outside of acceptable care standards should be prioritized for care in Stage 1</u> <u>In person group visits are not permitted.</u> Group visits and teaching classes should be done virtually. By exception, clinics may book 1-1 visits to <u>deliver essential teaching and instructions.</u> <u>Out of province patients may be seen virtually across all urgency categories; face-to-face visits are restricted to urgent care only.</u> Visitors to patients at health-care facilities will continue to be limited per direction from the CMOH 	<ul style="list-style-type: none"> Timing of this stage will be determined based on the success of Stage 1, considering the capacity of the health care system and continued limiting and/or reduction of the rate of infections, hospitalization, and ICU cases. All services will <u>optimize virtual care models to sustain a new normal future state.</u> More scheduled surgeries and non-urgent ambulatory procedures and tests will resume, <u>including backlog elimination of waitlists.</u> <u>In person group visits are permitted with restrictions on the number of people attending</u> in alignment with CMOH guidelines related to gatherings. <u>Out of province patients may be seen virtually or face-to-face for urgent and non-urgent care.</u> Visitors to patients at health-care facilities will continue to be limited per direction from the CMOH 	<ul style="list-style-type: none"> Timing of this stage is to be determined and will involve: <u>Fully resuming all urgent and non-urgent ambulatory visits, procedures and tests.</u> <u>Permitting group visits and teaching (number of people to be determined).</u>

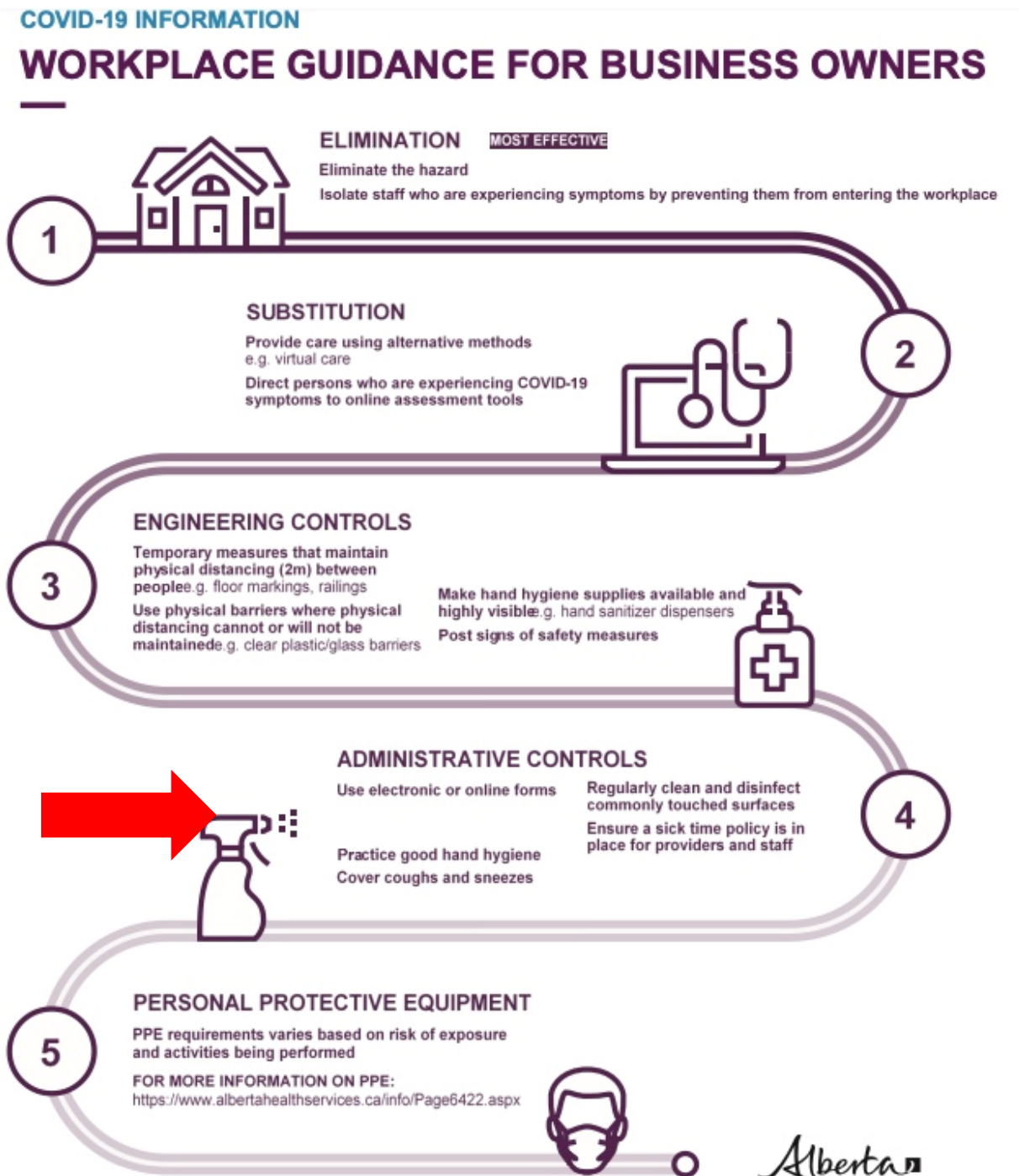
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Hierarchy of controls



Hierarchy of controls



Before

- Update website/phone message/social media – “WE ARE (MORE) OPEN!”
- Team meetings/practice and walk throughs/data
- Waiting room
 - Remove people
 - Remove stuff
 - Remove pinch points
 - Add signage*
 - Add sanitizer*
 - Add barriers
- Everyone’s job to clean

Before

- Scheduling
 - Large clinic with lots of space – Dr. Reynolds
 - Small clinic with very little space
 - Virtual care – where?
 - Weekend COVID-19 case calls
- Ordering PPE
 - Alberta Health announcement TODAY
- EMR optimization
 - Digital signature
 - Preferred pharmacy name and fax
 - EMR Add-ons
 - Gather emails

During

- Fitness to work screening for all team members – temp not necessary
- Patient sx screening script in addition to reason for consult -- phone/arrival/room
- Masks/hand sanitizer for patients at entry
- Virtual first for everyone
 - Use as a screen
 - Minimize in clinic time
- Bathrooms
- Walk in plan
- PPE for team
 - Minimum = MASK
 - ILI or high risk for COVID-19 = FULL PPE
 - Buddy for donning and doffing

After

- Clean and sanitize room/stethoscope/other
- Clean high touch areas more often
- Have patient rebook by phone instead of at front desk
- Common handouts on website
- Can follow up be done virtually

After

- Clean and sanitize room/stethoscope/other
 - Clean high touch areas often
 - Have patient rebook by phone instead of front desk
 - Common handouts on website
 - Can follow up be done virtually?
-
- What can we keep that is great?
 - What were we doing before that was not patient-centered?

Where to get more help

- <https://www.albertadoctors.org/about/COVID-19>
- <https://www.albertahealthservices.ca/topics/Page16956.aspx>
- <https://Alberta.ca/bizconnect>
- <https://www.specialistlink.ca/covid19/covid19-resources.cfm>

PCN RELAUNCH

DR. CHRISTINE LUELO



Organize Time and Space for Patient & Staff Safety

Document current as of: April 21, 2020

This checklist was created for community physicians in Alberta to support the organization of time and space for patient, staff, and physician safety. The checklist is organized by steps to consider taking within each room of the clinic. For more detailed information and most up to date guidance on safety, check <https://www.albertahealthservices.ca/topics/Page16947.aspx>.

Based on your affiliation with other partners (e.g., PCNs) there may be additional resources available on the zone specific community response to COVID-19.

General Considerations

- ☐ Advise all patients to call prior to coming into the clinic (post information on clinic website, update phone line and answering machine, and/or send email to all patients. Consider creating a Facebook page for real-time patient updates).
- ☐ Consider clinical scenarios that may warrant in-person care (e.g., non-infectious complaint of acute nature, prenatal/immunizations, allergy shots for those severely affected – more information [HERE](#); Virtual Care Scope of Practice [HERE](#); statement from CPSA on defining 'urgent' in COVID-19 [HERE](#)).
- ☐ Clinic staff and physicians complete the daily fit for work questionnaire (screening tool [HERE](#)).
- ☐ Consider working through routine clinical scenarios with support and guidance. For more information on accessing a free, in-person or virtual 'tabletop simulation' please email: Johanna.Blaak

Outside of Clinic

- ☐ Post signage on entry to the office and at reception. If the office is in a shared building, post signage at entrance to building (AHS signage [HERE](#), [COVID Ambulatory poster](#), [Patient Symptom poster](#)).
- ☐ Screen patients over the phone before scheduling appointment (Question 1 on daily fit for work questionnaire, [HERE](#)).
 - ☐ If patient has ILI symptoms, consider a remote assessment (e.g., remote COVID assessment, [HERE](#)) or have patient call 811.

Reception Area

- ☐ Provide hand sanitizer, tissue, masks, and a hands-free waste receptacle at clinic entrance.
- ☐ Use a Plexiglas barrier between patient and reception to prevent spread. If a Plexiglas barrier is not available, staff should maintain a 2-meter distance. Mark this physical distance on the floor of the clinic. If a 2-meter distance cannot be maintained, staff should use contact precautions.

PCN RELAUNCH

DR. CHRISTINE LUELO



Organize Time and Space for Patient & Staff Safety

This checklist was created for community physicians in space for patient, staff, and physician safety. The checklist is organized by steps to consider taking within each room of the clinic. For more detailed information, visit <https://www.albertahealthservices.ca/topics/Page1694>.

Based on your affiliation with other partners (e.g., PCN zone specific community response to COVID-19).

General Considerations

- ☐ Advise all patients to call prior to coming into the clinic (e.g., phone line and answering machine, and/or send email page for real-time patient updates).
- ☐ Consider clinical scenarios that may warrant in-person care, such as prenatal/immunizations, allergy shots for the Virtual Care Scope of Practice [HERE](#); statement from the PCN.
- ☐ Clinic staff and physicians complete the daily fit for purpose checklist.
- ☐ Consider working through routine clinical scenarios on accessing a free, in-person or virtual 'tabletop' session.

Outside of Clinic

- ☐ Post signage on entry to the office and at reception entrance to building (AHS signage [HERE](#), COVID-19 signage [HERE](#)).
- ☐ Screen patients over the phone before scheduling appointment (questionnaire, [HERE](#)).
 - ☐ If patient has ILI symptoms, consider a remote assessment or have patient call 811.

Reception Area

- ☐ Provide hand sanitizer, tissue, masks, and a hands-free disposal bin.
- ☐ Use a Plexiglas barrier between patient and receptionist. If available, staff should maintain a 2-meter distance. Mark this physical distance on the floor of the clinic. If a 2-meter distance cannot be maintained, staff should use contact precautions.

Community Physician Provincial Relaunch Readiness Checklist

Updated May 8, 2020

The Government of Alberta is starting to lift some of the restrictions put in place to manage the COVID-19 pandemic. This checklist was created to support community physicians in Alberta in assessing their clinic's readiness to respond. The checklist is organized by steps to consider taking within each room of the clinic. More detailed information and most up to date guidance for community physicians can be found [HERE](#). Based on your affiliation with other partners (e.g., PCNs) there may be additional resources or updates available on the zone specific community response to COVID-19.

Clinic operations

Policies and procedures

- ☐ Design or update your clinic's operational plan, including hours of operation, staffing needs, patient flow, triage, services, and design for your specific clinic situation and environment
 - ☐ Consider impacts of potential open/close cycles during relaunch on staffing
 - ☐ Minimize staff in the clinic. Consider what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients.
 - While gatherings of more than 15 people are prohibited, healthcare settings are not prohibited from having more than 15 staff in a workplace.
 - ☐ Consider a contingency plan for at-risk staff (i.e., within a defined risk group)
- ☐ Space out appointments to reduce or eliminate time in the waiting room and minimize the number of patients entering/exiting clinic at the same time. Consider fitting in virtual appointments between in-person appointments to facilitate social distancing
- ☐ Limit the number of physicians taking in-person appointments at a given time. Potentially create two separate teams to manage patient flow, if team is large enough
- ☐ Create a plan for communicating with patients about changing clinic hours, services, protocols
- ☐ Keep updated lists of clinic staff and patients to identify those at risk in the event of an exposure and facilitating contact tracing, and create a plan for alerting them
- ☐ Consider planning for cross-coverage with other physicians in your PCN or community
- ☐ Identify PPE, cleaning supplies and other materials required for your planned patient load. Order appropriate supplies and set up reminders to monitor supply and reorder

PCN RELAUNCH

DR. CHRISTINE LUELO



Organize Time and Space for Patient & Staff Safety

This checklist was created for community physicians in space for patient, staff, and physician safety. The checklist is for each room of the clinic. For more detailed information, see <https://www.albertahealthservices.ca/topics/Page1694>.

Based on your affiliation with other partners (e.g., PCN zone specific community response to COVID-19).

General Considerations

- ☐ Advise all patients to call prior to coming into the clinic (e.g., phone line and answering machine, and/or send email or text page for real-time patient updates).
- ☐ Consider clinical scenarios that may warrant in-person care (e.g., prenatal/immunizations, allergy shots for the Virtual Care Scope of Practice [HERE](#); statement from the Alberta Medical Association [HERE](#)).
- ☐ Clinic staff and physicians complete the daily fit for purpose checklist.
- ☐ Consider working through routine clinical scenarios (e.g., on accessing a free, in-person or virtual 'tabletop' session).

Outside of Clinic

- ☐ Post signage on entry to the office and at reception area (e.g., entrance to building (AHS signage [HERE](#), COVID-19 signage [HERE](#))).
- ☐ Screen patients over the phone before scheduling appointments (e.g., questionnaire, [HERE](#)).
 - ☐ If patient has ILI symptoms, consider a remote consultation or have patient call 811.

Reception Area

- ☐ Provide hand sanitizer, tissue, masks, and a hands-free disposal bin.
- ☐ Use a Plexiglas barrier between patient and receptionist. If available, staff should maintain a 2-meter distance. Mark this physical distance on the floor of the clinic. If a 2-meter distance cannot be maintained, staff should use contact precautions.

Community Physician Provincial Relaunch Readiness Checklist

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The Government of Alberta is starting to lift some of the restrictions in place during the COVID-19 pandemic. This checklist was created to support community physicians in assessing their clinic's readiness to respond. The checklist is for each room of the clinic. More detailed information on taking within each room of the clinic. More detailed information on date guidance for community physicians can be found [HERE](#). Based on other partners (e.g., PCNs) there may be additional resources or updates to the zone specific community response to COVID-19.

Clinic operations

Policies and procedures

- ☐ Design or update your clinic's operational plan, including hours of operation, patient flow, triage, services, and design for your specific clinic site.
 - ☐ Consider impacts of potential open/close cycles during regular hours.
 - ☐ Minimize staff in the clinic. Consider what tasks can be done outside of regular hours to minimize staff interactions with each other.
 - While gatherings of more than 15 people are prohibited, staff are not prohibited from having more than 15 staff in the clinic.
 - ☐ Consider a contingency plan for at-risk staff (i.e., within a 15-minute radius).
- ☐ Space out appointments to reduce or eliminate time in the waiting room. Limit the number of patients entering/exiting clinic at the same time. Consider appointments between in-person appointments to facilitate social distancing.
- ☐ Limit the number of physicians taking in-person appointments at the same time. Create two separate teams to manage patient flow, if team is large.
- ☐ Create a plan for communicating with patients about changing clinic protocols.
- ☐ Keep updated lists of clinic staff and patients to identify those at risk in the event of an exposure and facilitating contact tracing, and create a plan for alerting them.
- ☐ Consider planning for cross-coverage with other physicians in your PCN or community.
- ☐ Identify PPE, cleaning supplies and other materials required for your planned patient load. Order appropriate supplies and set up reminders to monitor supply and reorder.

A
Trace Together

A few pearls from Dr. Reynolds