

# Pandemic RESPONSE

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

Dear colleagues, PCN staff and teams,

The spectre of a long and difficult winter for primary care providers is uppermost in the minds of physicians, clinic staff and PCN teams as Halloween approaches.

With COVID-19 cases rising and flu season upon us, discussions are underway to ramp up our response plans to meet increasing demand and support patients as primary care starts to reach capacity. Earlier this week, about 170 positive cases of COVID-19 were being referred to primary care daily. That number is expected to top 200 in the next week.

Primary care has and continues to play a key role in the pandemic response in the Calgary area, something that has allowed about 96 per cent of patients to be cared for in the community instead of in a hospital setting. This is unique in Canada, if not the world, and we are immensely proud of the work of physician members, PCN teams and clinics.

Although some PCN access clinics remained open to COVID-19 patients in both urban and rural areas through the summer and into early fall, demand fell following the spring surge. We have been keeping a close eye on caseloads and all seven PCNs are working on a plan to increase capacity through innovative solutions, such as the virtual clinic that was recently opened by Calgary Rural PCN.

Please reach out to your PCNs and Medical Directors to let them know if you have concerns about clinic capacity and would like to access support. A reminder that the COVID-19 [adult](#) and [pediatric](#) pathways are available via [specialistlink.ca](#), as well as [tele-advice](#) and other resources.

Yours sincerely,



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### Medical Home Q&A with Dr. Christine Luelo

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**Q. I'm frustrated about lab delays and concerned that things will only get worse as temperatures drop. Is there any sign that wait times will be improved?**

If you missed our webinar on October 19 check out the [YouTube recording](#) (lab section begins at 1:19). There's lots of really good information on why the lab is so backed up and what Alberta Precision Laboratories (APL) is doing to mitigate the issues. They are working hard to overcome all the obstacles, including creating additional space for patients to stay warm while they line up in a socially distanced fashion, hiring more staff and adding pop-up days when extra staff are available. [Memo: Lab delays](#) | [Slides: Reducing unnecessary testing](#) | [Slides: Lab delays](#) | [Physician Q&A document](#)

**Q. Is there anything I can do differently to help?**

Family practitioners order the most tests – not that surprising as we deliver the most care for Albertans. That means we are in a position to potentially reduce demand. Here's how:

- If you order a urine (super low yield) test it doubles the amount of time a person will physically be in the patient service centre – removing another potential appointment. Diabetics can have albumin to creatinine ratio (ACR) annually
- Don't fax requisitions to the lab. Each site has thousands on file, and they have to use staff time to track them
- In a stable diabetic don't order HbA1c "just to keep a patient on track" – every six months reduces lab utilization
- Don't add extra tests "just because you are sending someone to the lab," as this takes extra time at the clerical level to enter it into the system and slows the flow down

[Choosing Wisely Canada](#) has a lot of resources to help you to be more tactical about [ordering tests](#), along with [patient resources](#) to help explain why you are changing your usual routine. Just think – if every family doctor in Calgary sent two fewer patients to the lab this week we would save 3,000 appointments.

**Q. What options are there when short-term lab appointments aren't available?**

First, we want to ensure the appointment is short term. Just because a patient has an appointment next week for an annual thyroid follow-up doesn't mean the appointment is urgent – consider a short refill that allows the patient to fit into the regular schedule. For truly urgent bookings:

- Call the patient appointment line at 1-877-868-6848 to facilitate the booking (no more than three days in advance)
- Under construction! We are working on a process by which you could send the patient name and phone number to the lab – alongside a testing timeline. They would book the patient (e.g. International Normalized Ratio for a patient you are starting on antibiotics; may need a repeat INR in five days). Details to be announced later once the plan is confirmed
- Suggest patients consider sites that are further away; it could be preferable to a closer location that would mean waiting in line outside for a walk-in time slot
- Prepare your patient for the walk-in option. Best times to try a walk-in (when clinics are least busy) are Tuesday through Thursday, from 10 a.m. to 2 p.m.

**Q. Why can't I get Aptima swabs for sexually transmitted infection testing?**

There's a shortage of these swabs, as well as the urine testing kits. APL is aware this is an issue for community practices and staff are working on finding other sources. Consider testing patients who need it based on a thorough history. Avoid routine testing when performing pelvic exams.

**Q. What's the deal with flu shot supply?**

Thank you to all those who are offering flu shots in your clinics, or advising patients where to safely access a flu shot this year. I think we can all agree that the end point we are aiming for is a high immunization rate. Consider it a test run for the conversation about a COVID-19 vaccine in the spring (I'm eternally optimistic!)

The vaccine depot has committed to a three to four business days turnaround for vaccine reordering, assuming they have stock in the depot when the order is received (they get their supply in batches, too). Try ordering this week what you think you will need for next week. That way you will have a steady supply. Why do pharmacies seem to have better supply? Because they have dedicated supply chain personnel – so let's emulate their success!

**Q. I'm concerned about clinic capacity this winter. How do you recommend managing in-person versus virtual?**

Be ready to pivot, depending on second wave case counts. Most clinics are doing at least 30 per cent virtual care right now and have settled into a routine. Have you discussed a plan for ramping up so you can react quickly? Are staff adequately cross-trained for vital jobs? Do you have the right EMR tools in place to move to more virtual work if needed? Is your team continuously masking with medical grade masks to avoid workplace exemptions from an exposure? PCNs are monitoring the situation closely and making plans to expand capacity to assist with demand.

**Q. My clinic staff and colleagues are already feeling burned out. How are we expected to boost morale and stay positive in these difficult times?**

Who isn't feeling tired of COVID-19? Anyone? It is hitting us from every direction and in every way possible. I lean back on guidance we shared at start of the pandemic from the [Harvard Business Review](#). I strive to find balance in my thinking. Some days my biggest wins are nothing more than having a great hair day, or joking that my non-medical mask matches my outfit. On others there might be a positive patient interaction that reinforces that medicine is still truly my calling. Try to focus on these positive moments as heavily as you do the negative ones. Spread it around a bit, too – don't forget to say thank you to your wonderful staff who are likely really sick of wiping everything down AGAIN! (thanks Alex, Christine, Margo, Maria, Theresa and Rebecca!)

**Q. How do you select topics for your webinar – can we send questions in advance?**

We select topics in a variety of ways – some of the webinars have had themes such as back to school, lab delays or immunization, for example, while others have covered issues requested by participants. For the next webinar on Monday, November 23 – the final one of the year – we're hoping to tackle subjects or issues we may have missed by asking "what is the burr in your saddle?" If there's a question you would like to be answered or a topic that concerns you or your clinic, please contact your PCN Medical Director or email us at [info@calgaryareapcns.ca](mailto:info@calgaryareapcns.ca). Thank you to everyone who has tuned in to the nine webinars hosted since March, which have attracted more than 10,000 views – an average of 1,182 per event.

[Register: November 23 webinar on physician 'hot topics'](#) | [PCN webinar links & resources](#)

## Other updates

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### 1 Specialty access guide updated

Notwithstanding the cancellation of elective surgeries due to labour action, access to specialty is improving in some areas. This has resulted in some limited opportunities for routine or semi-urgent referrals. Highlights from the updated Calgary Zone [specialty access document](#) include:

- Cardiology: Diagnostic and ambulatory services will communicate postponed procedures or visits to referring physician. [More details](#).
- Chronic pain: Accepting routine referrals but wait list is now more than six months
- Hematology: Timelines unpredictable for routine or semi-urgent assessments
- Nephrology: All referrals now being triaged as they come in
- Neurology: Routine referrals four to six months; semi-urgent four to eight weeks
- Respiriology: Some semi-urgent now being seen but consider advice from [Specialist LINK](#) or [eReferral](#); all routine referrals are being waitlisted
- Rheumatology: All referrals managed through Central Access and Triage

### 2 Travel testing pilot: AHS return to work protocols

A pilot program was unveiled last week that allows international travellers returning to Alberta to quarantine for less time. To be [eligible](#), participants must test negative for COVID-19 and commit to specific public health and testing measures. Please note that AHS or Covenant workers, including staff and physicians, will not be permitted to return to any facility or work in the community until 14 days after returning from travel outside Canada. [AHS fit for work screening](#) | [Travel testing memo](#)

### 3 Pre-travel COVID-19 travel testing

Outgoing travellers can access a travel-testing service from Dynalife Medical Labs for \$150. Tests are appointment only and must be booked at least 24 hours before departure. To access the service, Albertans must complete the [online assessment tool](#) and indicate they require testing for travel. The tool will redirect them to Dynalife's travel testing booking system, where they can request an appointment at the nearest available travel test site.

### 4 Halloween resources for patients

Alberta has a COVID-19 [Halloween information page](#) for patients that includes simple precautions, posters, and tips and guidance. As a reminder, the new mandatory health measures limit all social gatherings to 15 people. Albertans are urged to minimize contact with others, doorbells and railings when trick or treating. Other tips include:

- Encourage people to call "trick or treat" from a distance or knock instead of ringing the doorbell
- Wear a mask to pass out candy (using tongs, a grabber or candy slide) and during trick or treating
- Wash hands and disinfect packages before eating candy
- There is specific guidance for indoor and outdoor events