

The Alberta COVID-19 Relaunch Plan - What We Know Today

Information Session for Alberta Community Physicians

Welcome! Thank you for joining early

Start Time: 12:00 PM promptly

- Your **camera** is disabled for the entirety of this session
- At any time, type your questions in the **Q & A feature in Zoom**
- **We have a team responding to questions throughout the webinar**
- Your **mics** will be enabled during the Q & A Session only
- **To ask questions:**
 - Click **'raise hand'** to raise your virtual hand; the moderator will invite you to unmute and pose your question

The Alberta COVID-19 Relaunch Plan - What We Know Today

Information Session for Alberta Community Physicians

**Webinar Series:
Maintaining and Optimizing Your Practice
During Times of Rapid Change**

**We will be starting the
session promptly at 12:00 PM**

Zoom technical support
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The Alberta COVID-19 Relaunch Plan - What We Know Today

Information Session for Alberta Community Physicians

May 11, 2020

Partners



Live Recording

- Privacy Statement: Please note that the webinar you are participating in is being recorded. By participating, you understand and consent to the webinar being made publicly available via a link on the AMA website for an undetermined length of time.
- By participating in the chat and live Q&A, your name entered into the Zoom sign-in may be visible to other participants during the webinar and/or in the recording.

Land Acknowledgment

We would like to recognize that we are webcasting from, and to, many different parts of Alberta today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.

Disclosure of Financial Support

This program has not received any financial or in-kind support.

Presenters:

Dr. Brad Bahler

Family Physician, ACTT Medical Director,
Alberta Primary Care Alliance Chair

Dr. Paul Boucher

AMA President-Elect 2019-20

Dr. Deena Hinshaw

Chief Medical Officer of Health, Alberta

Dr. Ted Braun

Vice President and Medical Director,
Clinical Operations, AHS

Dr. Francois Belanger

Vice President, Quality & Chief Medical
Officer, AHS

Dr. Scott McLeod

Registrar, College of Physicians and
Surgeons of Alberta

Dr. Janet Craig

Family Physician, AMA Physician
Champion (Edmonton Zone)

Q/A Chat Moderators:

Arvelle Balon-Lyon

AMA Practice Lens & Strategy

Christine de Montigny

AMA Community Supports & Strategy

Caroline Garland

AMA Privacy

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Alberta Health Communications

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CPSA

Jonathan Mudry

AMA Clinical Flow

Norma Shipley

AMA Billing

Dr. Linda Slocombe

AHS Primary Care Questions

Martin Tailleir

Alberta Health

Presenter Disclosure

- Dr. Brad Bahler: AMA-physician contractor; grant-CIHR
- Dr. Deena Hinshaw: Government of Alberta-employee
- Dr. Ted Braun: AHS-employee
- Dr. Francois Belanger: grant-CIHR
- Dr. Scott McLeod: none
- Dr. Janet Craig: honoraria: UofA, Custom Learning Systems, Alberta AIM, AMA, Edmonton West PCN

Moderator Disclosure

- Arvelle Balon-Lyon: AMA-employee; Health Innovation Group-contractor; VON-contractor
- Christine deMontigny: AMA-employee
- Caroline Garland: AMA-employee
- Stacey Litvinchuk: none
- Jessica Lucenko: none
- Natalie McMurtry: none
- Jessica McPhee: CPSA-employee
- Jonathan Mudry: AMA-employee; AHS-employee
- Norma Shipley: AMA-employee; AHS-employee
- Dr. Linda Slocombe: none
- Martin Tailleux: none

Welcome from AMA Leadership & Board





Welcome - Dr. Paul Boucher



Update from AH - Dr. Deena Hinshaw



Update from AHS - Dr. Ted Braun and Dr. Francois Belanger



Update from CPSA - Dr. Scott McLeod



Physician Story - Dr. Janet Craig

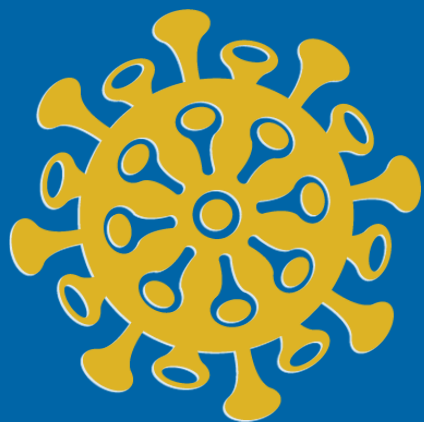


Questions and Wrap-Up

Learning Objectives

At the end of this session participants will be able to:

1. Use the information presented by key organizations outlining what they know today on the Alberta COVID-19 Relaunch Plan to develop processes within their community practice.
2. Use the *CPSA COVID-19: Reopening Practice* document as a guide to determine which clinical care services are reasonable to resume in their own practice.
3. Implement Alberta Health guidance to ensure the safety of patients and staff.
4. Outline how AHS is resuming non-urgent scheduled procedures and other services.



**Update
from AH**

**Dr. Deena
Hinshaw**

**Alberta's Chief Medical
Officer of Health**

Characteristics

- Droplet spread (except AGMP)
- Incubation period 14 days
- Infectious period 48 hours prior to symptom onset to 10 days post symptom onset (for mild cases) or symptom resolution, whichever is longer
 - Severe cases may be infectious for longer
- Prolonged viral shedding can happen, but after 10 days, virus is considered to be non-viable. For health care workers, an extra 4 days is added to work restrictions as a precaution.

Symptoms

- Common symptoms: cough, fever (over 38°C), shortness of breath, runny nose or sore throat.
- Other symptoms can include: stuffy nose, painful swallowing, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite), loss of sense of smell or taste, conjunctivitis (pink eye).

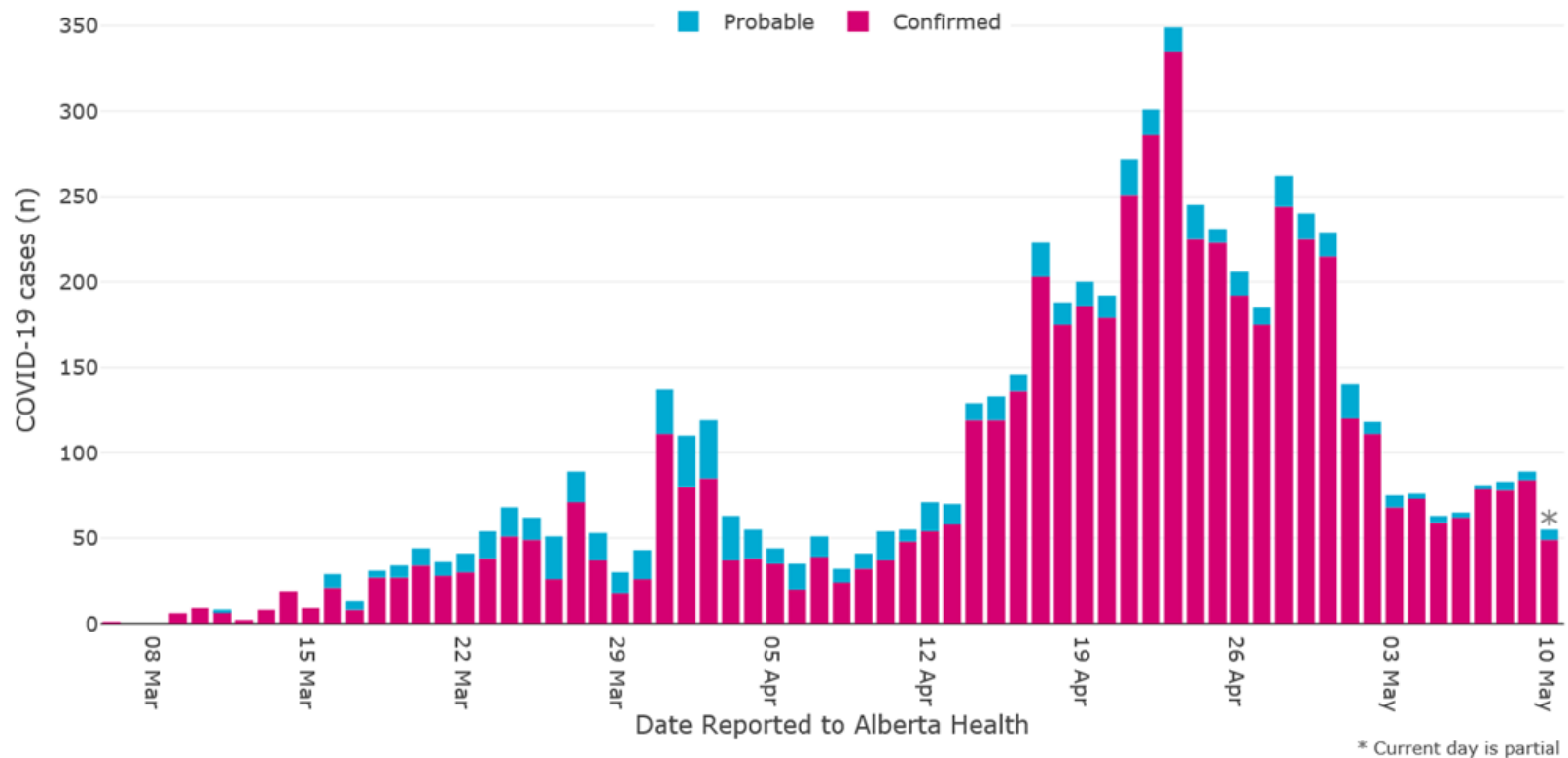


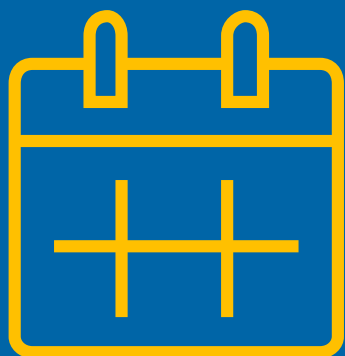
Figure 3: COVID-19 cases in Alberta by day and case status. Probable cases include cases where the lab confirmation is pending. Current day is partial.



Figure 7: Total hospitalizations, ICU admissions and deaths (ever) among COVID-19 cases in Alberta by age group. Each ICU admission is also included in the total number of hospitalizations. This is based on totals rather than current hospitalizations and ICU admissions.

Community Health Care Setting Guidance

- Distancing, where possible (waiting rooms, virtual appointments)
- Barriers, where possible (reception)
- Public masking
- PPE
- Cleaning and disinfection



AHS Update

**Resumption of Scheduled
Surgery & Non Urgent
Ambulatory Services**

Dr. Ted Braun

Vice President and Medical
Director, Clinical Operations,
AHS

Dr. Francois Belanger

Vice President, Quality &
Chief Medical Officer, AHS

Overview

- 3,500 to 4,000 scheduled surgeries delayed/postponed per week since March 18, 2020 due to COVID-19 Pandemic.
- Despite this delay approximately 20,000 emergent and urgent surgical procedures have been completed since March 1, 2020 and these life saving surgeries will continue.
- Since March 31, 2020 non-urgent ambulatory care has been restricted (no face-to-face visits).
- Initial data indicates and approximate 50-60% overall reduction in activity.
- Facility readiness to resume services will vary by geographic location.
- Well developed clinically based principles and guidelines and careful public health monitoring are needed to ensure safe delivery of care.
- DI and lab services will also need to ramp up to support.

Public Health Considerations

- While there is still evidence of the virus that causes COVID-19 circulating in the community several factors need to be considered:
 - Until we are at the peak or past the peak we will consider scheduled surgery and ambulatory resumption using capacity and resources over and above that reserved to manage the surge.
 - The number of new outbreaks, especially those affecting large communities and people likely to be hospitalized including workplaces, work camps, correctional facilities, and other congregated living centres.

Scheduled Surgery Resumption Principles

- Consistency and transparency in Case Prioritization and Scheduling
- Sufficient and appropriate PPE will be secured to support safe resumption of scheduled surgical procedures
- Data & Analytics to support ongoing monitoring and reporting
- Clear and Transparent Communication
- Central Access and Triage will be utilized where possible
- Equitable Access to scheduled surgical services provincially

Scheduled Surgery Resumption Principles

- Initiation of scheduled surgical services target start dates and re assessment dates:
 - Scheduled surgery activity will be initiated the week of May 4 and scheduled surgical activity will be reassessed in mid May.
 - A phased approach with an initial focus on day surgery and CSFs is intended to minimize impact to acute care inpatient beds and resources.

Scheduled Surgery Resumption Principles

- Available Staff and Physician Workforce to support service resumption
- Urgent and Emergent Surgery prioritization processes will remain in place
- Out of Province Scheduled surgical service will be limited to emergency services provision only
- COVID Negative Patient Selection

Zone Plans

North Zone

- Day Surgery and some rural day surgery cases where surgeons are available
- Estimated total completed cases May 4 to June 15: 200 to 450 cases

Edmonton Zone

- Day Surgery and CSF
- Estimated total completed cases May 4 to June 15: 3,500 to 4,500 cases

Central Zone

- Day Surgery and some rural day surgery cases where surgeons are available
- Estimated total completed cases May 4 to June 15: 270 to 500 cases

Calgary Zone

- Day Surgery and CSF
- Estimated total completed cases May 4 to June 15: 4,800 to 7,200 cases*

South Zone

- Day Surgery and some rural day surgery cases where surgeons are available
- Estimated total completed cases May 4 to June 15: 170 to 320 cases

Total Target Provincially: 9,000 to 13,000 scheduled surgeries between May 4 and June 15

* Increased volumes possible due to availability of CSFs

Ambulatory Resumption: Scope of Services

Visits	<ul style="list-style-type: none">● Includes specialty and subspecialty medical, surgical, women's health, public health, addictions and mental health and allied health services (Face-to-face and virtual)
Procedures	<ul style="list-style-type: none">● Includes ambulatory procedures● Women's Health● Cardiac Interventional Services● Allied Health and Rehabilitation services
Tests	<ul style="list-style-type: none">● Includes tests such as ECG, Echocardiography, Interventional Radiology, Cardiac Testing, Sleep testing, EMG, EEG, Urodynamics

Ambulatory Resumption: Provincial Approach

- Non-urgent scheduled ambulatory care should be prioritized in alignment with current practice for managing referrals and waitlists
- In person group visits are not permitted. Group visits and teaching classes should be done virtually. By exception, clinics may book 1-1 visits to deliver essential teaching and instructions.
- Visitors to patients at health-care facilities will continue to be limited per direction from the CMOH
- Approximate 20%-40% increase in volumes

Essential Conditions for Relaunch

✓	Adequate staffing levels are in place to support relaunch activity.
✓	Space is reconfigured and processes redesigned to support safe care and the ability to follow all CMOH orders.
✓	Processes and screening is completed before all face-to-face visits and at all ambulatory care entrances
✓	Sufficient PPE is available for all staff and symptomatic patients
✓	Strong protections for the most vulnerable, such as immunosuppressed patients attending visits.
✓	Processes are in place to maximize virtual care across all services types and urgency types as appropriate. https://insite.albertahealthservices.ca/it/Page1119.aspx
✓	Clinical support services are able to scale up proportionally including lab, pharmacy, DI and EVS

CPSA Advice to the Profession



**COVID-19:
Reopening
Practice**

**Dr. Scott
McLeod**
CPSA Registrar

CPSA's Perspective



- Physicians have been flexible in adopting virtual care into practice
- What in-person services are “reasonable” to resume?
- CPSA advises physicians to follow the advice and orders of Alberta’s Chief Medical Officer of Health

[COVID-19: Defining “Urgent”](#)

[COVID-19: Difficult Practice Decisions](#)

What is “Reasonable”?

- Hard to define and impossible to outline all healthcare scenarios
- Physician collaboration to help inform decision-making
 - Share best evidence, advice and personal experiences
 - Help guide practice decisions and decrease pressure
- Goal: make good choices for the safety of patients, colleagues and other healthcare staff while under difficult circumstances



“Reopening” Your Practice

- Definitions of “essential” and “urgency” change as the pandemic evolves
- Virtual care should be used if a physical exam is not needed, but in-person care may be warranted

CPSA Advice to the Profession
[COVID-19: Reopening Practice](#)



Note: Personal and cosmetic enhancement services remain prohibited and are predicted to resume in Stage 2 of the Alberta Relaunch Strategy.

Considerations in Determining Resumption of Services

- Is the patient visit urgent/crucial to the patient's health?
 - Benefit to patient versus risks to patient/physician/healthcare staff
 - Could delay result in a worse patient outcome?
 - Could care in a community setting lessen the burden on hospital facilities?
 - Would your peers support your decision?
- Can you mitigate any risk and keep yourself and your staff safe?
 - Do you have staff and patient screening protocols in place?
 - Do you have proper PPE?
 - Can patient protection measures be put in place?
 - Adherence to public health orders, screen patients for possible COVID-19 symptoms, limit number of patients booked per appointment time, etc.

More Resources Available at cpsa.ca

Advice to the Profession on
[COVID-19: Reopening Practice](#)

Related Advice to the Profession
documents:

- [COVID-19: Defining “Urgent”](#)
- [COVID-19: Difficult Practice Decisions](#)
- [COVID-19: Virtual Care](#)

Questions? Please contact:

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Physician Story

Dr. Janet Craig

Family Physician,
AMA Physician Champion
(Edmonton Zone)

My Clinic

Prior to COVID-19

- 4-5 physicians
- 6 staff
- 5-15 patients in waiting room
- 20 patients/hour through clinic

Current State

- 3 physicians
- 3 staff
- 0 patients in waiting room
- 2 patients/hour max

- 95% virtual visits
- Patients seen in clinic only if requiring physical examination or procedures (e.g. injections)
- All patients screened for ILI symptoms before booked in clinic
- All patients, staff & physicians continuously masked and full PPE used if patients have ILI symptoms

What practice changes will be required as we plan for relaunch?

What are we doing now to manage current demand?

1. Using panel management processes to pull lists of high risk patient groups
1. Utilizing PCN/reception staff to reach-out to these high risk groups (e.g. elderly, chronic respiratory conditions etc.)
1. Using virtual visits as much as possible

Planning for future patient demand

Strategies we are considering upon re-launch:

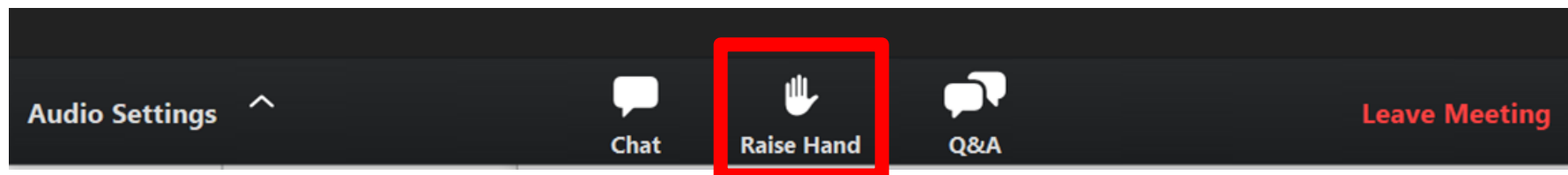
1. Booking less patients in clinic to allow for social distancing and additional cleaning time
2. Prioritizing which types of patients and conditions should be seen first

Additional strategies and considerations to be discussed during the next webinar:

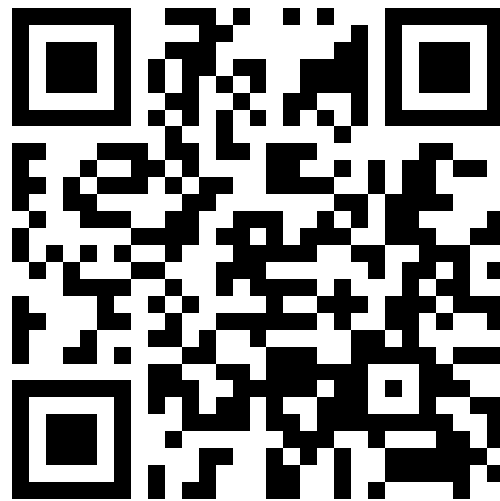
May 22 - Shaping Demand for Primary Care

Live Q&A

- Please put your virtual hand up by using the raise hand feature located at the bottom centre of your screen
- If using an iPhone, this will be in the “more options” menu



**Thank you and please complete
the post-session evaluation!**



<https://interceptum.com/s/en/RC05112020>