

Ridge Meadows Division of Family Practice COVID-19 Urgent Response

High Level Initial Summary Roll Out:

1. COVID-19 Testing & Assessment Site set up: UPCC + UPCC Hotline for GPs/NPs/SPs.
2. Division Hotline, Daily Communications & Information “Go To” Team.
3. Family Physician Clinics Supported: Virtual Care, Supplies, Safety & Clinic Capacity.
4. Community Health Nurse: Helping NP/GPs with Home-bound/frail with Virtual Care.
5. Walk-in Clinics Supported: Virtual Care, Supplies, Safety, Clinic Capacity & PCN Screening Teams added.
6. MOAs Supported: Webinar, MOA Work Pool, Virtual Care, Basecamp.
7. Long-Term Care Supported Setting up Virtual Care.
8. ER Supported: Virtual Health Centre usage + Physician Backup Recruitment.
9. Virtual Health Care Centre Operational for COVID-19 Consults.
10. Specialists: Virtual Care, Supplies, Safety, Clinic Capacity: Virtual Health Centre Support.
11. Equipment & Supplies – PPE b grade plan.
12. Overall Quality Improvement & Check In.

Now Working On:

13. Specialty Clinics Supported/Vulnerable Populations.
14. PCN Pop up Clinic into Operation: Open to Specialists, Family Physicians & Nurse Practitioners.
15. PCN Services – new landscape how to support docs? Social Worker, Cultural Advisory, Seniors Outreach & Pain Virtual Support.
16. Income Generation: *Virtual Care Usage Promotion to General Public + Patient Panel*. Proactive/PSP complex care + Pharmacist Renewal Strategy.
17. UPCC, Walk in Clinics, ER, Virtual Health Centre, PCN Pop up Clinic + GPs/SPs best integration review and next plan.
18. Engagement: Family Docs, Specialists & MOAs: Weekly Zoom Engagement Sessions w/survey, polls for direction + Hot Doc Talk Topics: COVID-19 Q&A “What If?” Document, COVID-19 Local Billing Expert Q&A, MOA Safety Q&A. Leadership support. Communication support: Basecamp.

Next Up:

19. First Responders Supported + Community Plan.
20. Medical Community Communication – “What If” document? UPCC Hot Line.
21. General Public Communications – what are we doing locally.
22. Ongoing Support GPs, SPs, MOAs: As needed.
23. Wellness Program Spread.
24. Retired Docs back on list to work plus a list to be re-deployed in Fraser where needed.
25. Community Physician Supply Plan.

Immediate Action

The current state has caused confusion, uncertainty and personal safety concerns among community practices.

Phase one

- Set up Division hotline to provide immediate help: 604 457 1387.
- Worked with our local UPCC to set up the assessment and testing site with constant communication, quality improvement.
- Organized doc-to-doc clinic engagement visits to review best clinic safety practices (stop signs up, doors locked, move to phone/video appointments, cleaning protocol, and keeping clinic staff safe) and conducted environmental scan to identify immediate needs. As a result, the following strategies have been put into action.
- Struck a GP Leadership COVID-19 GP leadership team, all current Division/PCN strategies on hold and all hands-on deck COVID-19.

Phase two

- Re-visit community practices and their current needs (ongoing).
- Set up UPCC GP/SP/NP Hotline for immediate patient or personal discussion: 604 614 4087.
- Set up PCN Pop-up Physician Clinic to support physicians/NPs to practice in a safe clinic.
- Set up Virtual Health Centre to support physicians/NPs/UPCC with COVID-19 consults www.rmvirtualhealth.ca.

Equipment and Supplies Strategy

Researching and purchasing gloves, goggles, masks, sanitizers, cleaning supplies and gowns.

Phase one

- Deployed equipment and supplies to family practice clinics, walk-in clinics and maternity clinic.

Phase two

- Community Supplies Drive: Social Media Campaign, Letter to local government, business, community partners and community at large.
- Deploy equipment and supplies to specialist offices.
- Deploy equipment and supplies to the PCN Pop-up Clinic.
- Deploy equipment and supplies to specialty clinics in community.

Phase three

- Deploy equipment and supplies to community at large in priority areas.



Clinic Capacity Strategy

Specialists and Family Physicians are unsure of current state for themselves, their clinics and their patients. Clinic resources are overstretched, including MOA capacity, cleaning and telephone lines. MOAs are starting to choose not to work because they feel conditions are unsafe or cannot work because they need to self-isolate. Those MOAs that are working are confused due to the rapid changes in safety procedures and patient services availabilities.

Phase one

- Supported family practices and walk-in clinics with extra MOA staff hours, MOA recruitment, cleaning and communication services.
- Set up regular webinars for MOA staff to remain current on safety procedures, services and field questions.
- Found a GP lead to be our COVID-19 “go to” expert.



Phase two

- Support specialist offices with virtual clinic visits on needs, set up using Virtual Health Centre to COVID-19 pre-screen patients prior to necessary in person visits.
- Support SP/GP MOA Network: MOA work pool, how to work in new virtual care landscape, regular webinars on hot topics, Basecamp.
- Setup regular weekly webinars with physicians for hot COVID-19 topics, Q&A with our COVID-19 Doc Experts.
- Set up Community Health Nurse Program to support home-bound/frail through virtual care with physician/nurse practitioner, strategize MOST forms being up to date.
- Walk-in Clinic strategy to support un-attached patients.
- Quality Improvement and Check-in.
- Income Generation Strategy: patients now self-isolating and staying home, clinic patient overload now effecting the new to community, young doctors with small to average size panels. Implementing a virtual care usage promotion strategy to general public, working with PSP on complex care patients/patient panel proactive care and pharmacist prescription renewal communication (back to physician).

Virtual Health Centre Strategy

Clinics are overwhelmed with the amount of patient phone calls and requests. Pre-virus, clinics were already on patient overload with the physician supply challenge. UPCC is also overwhelmed with calls and patient inquiries.

Phase one

- Support family practice clinics and UPCC with setting up a Virtual Health Centre to provide patient overflow of C-19 consults.

- Work in partnership with UPCC to only refer patients for physician assessments as needed.

Phase two

- Support Virtual Health Centre with un-attached patients with Walk-in Clinics.
- Spread awareness of supports to Specialists, Specialty/Community Clinics, (weekends/access, unattached), ER.
- Set up Specialists to use in a proactive system to pre-screen their patients prior to necessary physical patient visits.

Phase three

- Spread awareness of supports to Emergency Responders.

Phase four

- Spread awareness of supports General Public as a scalable model.
- Review a MOA virtual model to integrate.

Phase five

- Readiness position to support entire community with all health concerns.

Virtual Care Strategy

Physicians need to move to a virtual care platform immediately for the safety of them and their patients.

Phase one

- Five Division staff members skilled up and became the Virtual Care Team Doxy.me experts, along with one PSP staff member for the EMR flow/patient integration. The team went out remotely and, as of March 19th, 66% of our family physicians are setup and training supports are in place to encourage usage. Our goal is to have 100% of our members using virtual care. Fee code changes by Doctors of BC was very helpful in this process.

Phase two

- Spread virtual care to Specialists.
- Support Walk-in Clinics.
- Check in on Family Physician Usage and identify/remedy challenges.
- Set up long-term care facilities on virtual care and support, utilized Division tablets for technology.
- Specialists and Family Physicians at 90% usage

Phase three

- Open virtual care support line and implement quality improvement strategy.
- Review if Doxy.me is the right platform, based on EMR integration/patient information flow needs.

Phase four

- Spread virtual care supports to community partners offering primary care services (i.e. Foundry, OAT clinics, Salvation Army).

Screening Team Walk in Clinic Strategy for General Public

In our community, walk-in clinics serving the general public are an extension of our family practice clinics for locum and unattached patients, due to our lack of physicians. Before the virus, the walk-in clinics could not fill their shifts due physician capacity and patient overflow. Support on keeping physicians safe is a top priority, as well as support to appropriately direct the general public.



Phase one

- Set up screening teams outside of clinics to direct the general public to accurate information and screen for safety prior to entering clinic.

Phase two

- Quality Improvement & Check-in.
- Move from using Primary Care Network service team to utilizing MOAs.

Communication & Engagement Strategy

Physicians and MOAs are not feeling they have the most accurate information. They asked for daily COVID-19 updates from the Division, and for Division to become their “go to” support. Supporting Division staff, GP leadership to continue performing at a high level while working remotely, and supporting the medical community is also challenging.

Phase one

- Provided daily or every few day COVID-19 fax and email to all clinics.
- Staff set up on Whatsapp for quick connect and Basecamp to communicate on strategies.
- COVID-19 Urgent Response strategy roll out with physician and staff leadership.
- Division Staff Wellness Program launched with wellness coaching and food/errand delivery to accommodate self-isolation.

Phase two

- Working with FH partners and GP lead experts on de-mything and providing accurate information on “As a Doc, what if?” document.
- Work with our FH & Division regional leaders, learning, sharing & strategies.
- Setting up our GP lead expert as a “go to” for doc-to-doc, or doc-to-MOA support.

- Division hotline for immediate help: 604 457 1387. UPCC physician/NP hotline: 604 614 4087.
- Zoom Engagement Meetings with poll/survey tools: Hearing from the Specialists (over 40 participants). Hearing from the Medical Community (over 70 participants). Hearing from the MOAs (over 30 participants).
- Ongoing Zoom Engagement with COVID-19 Hot Topics every Weds eve: COVID-19 Local Billing Expert (over 30 participants), COVID-19 Doc Expert Q&A.
- Striking up GP/SP/NP & Staff Leadership Teams, Basecamp as a tool. Identified “action teams” for each COVID-19 urgent response strategy.
- COVID-19 Supplies Drive, Social Media Campaign + Media article.
- Ongoing media “COVID-19 Ridge Meadows Urgent Response” series.
- General Public & Patient Campaign: Your Doc is still open!

Phase three

- Basecamp for membership, as the go to platform.

Specialty Clinics, Vulnerable Populations & Medical Community Partners Supported

Specialty clinics serving our vulnerable populations in some cases have completely shut down. Some clinics were providing much need primary care to vulnerable populations. We need to work in partnership along with our community to support safe service or work arounds during this time. We continue to be the “go to” for our medical community at large and connecting our physicians to the need.

Phase one

- ER Supported through Virtual Health Centre usage to keep ER doing ER work versus COVID-19 consults. Promoting physician recruitment as a back-up strategy to the ER for low acuity patient care.
- Connecting Maternity Clinic to Fraser Health partner to ensure safety of care model.

Phase two

- Identifying specialty clinics and vulnerable populations, booking inquiry meetings with staff and GP/SP/NP leadership action teams. Foundry. Salvation Army. OAT clinics. Maternity/Midwife Clinic.

PCN Pop-up Physician Clinic

Family physicians, specialists and nurse practitioners on majority are seeing their patients through virtual care. However, they need a safe place to practice and see their “must have” patients physically each week.



Phase one

- Turned a current family practice clinic into a PCN Pop-up Clinic only with clinic readiness (removal of cloth chairs, pictures, safe patient clinic flow, plexiglass installation for MOA desk, deep clinic clean, MOA hires, et al).
- Hired private cleaning company to be on site full time trained under Fraser Health cleaning protocols.
- Through supplies drive sourcing PPE (b version) for physicians, nurse practitioners, staff and patients (as needed).
- Set up strict patient flow, cleaning, scrubs/laundry service, PPE regime and clinic procedures.
- Coordinated physicians and nurse practitioners for their “block of time” schedule and agreement.
- Practice and Patient Information developed.

Phase two

- Work with our Primary Care Network on re-deploying funding to cover operation costs.

PCN Services Team in Virtual Care

Physicians need to move to a virtual care platform immediately for the safety of their clinic and their patients. We asked the physicians how the PCN Services Team can support in this new way of service and are setting up the PCN services virtually to support.

Phase one

- Social Worker/Counselling (COVID-19 anxiety focus, emotional, forms), Senior Support, Cultural Advisor & Pain Wellness Coach Virtual Services.

The Primary Care Network (PCN) Team

Supporting you & your patients virtually

What virtual services are available for your patients?

Seniors Outreach Coordinator (Social Worker):

- Social isolation
- Limited support system
- Housing issues

Seniors Service:

- Comprehensive clinical geriatric assessment
- Emotional support/counselling
- Caregiver support & education
- Consultation & collaborative care planning

Social Worker/Counselling:

- Safety/risk assessment
- Emotional support/counselling
- Resources support
- Financial concerns

Indigenous Cultural Advisor:

- Cultural safety & support
- Facilitate ceremony & traditional wellness practice

Physio/Pain Services:

- Self-management strategies
- Education
- Exercise programs

System & Services Navigation provided by all positions

PCN Interprofessional Team: a team of health care professionals working together to support primary care.

Referral Form on Pathways under Ridge Meadows Primary Care Network (PCN) Interprofessional Team, Wellness Centre

NEW!

No referrals rejected. (within the scope)

Intake will notify physician that referral is received.

Intake will triage services for you & your patient.

Intake will book virtual patient appointments directly.

Physicians will receive ongoing communication on services provided.

For more information Contact Sandy Drieschner Manager, Primary Care Network E: sandra.drieschner@fraserhealth.ca P: 604.677.2652

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COVID-19 Overall Service Integration

The first two weeks of COVID-19 urgent response had us reacting to very fast service needs. We now need to review and ensure the services are meeting all gaps in an integrated way.

Phase one

- UPCC, Walk-in Clinics, ER, Virtual Health Centre, PCN Pop-up Clinic + GPs/SPs best integration review and plan.