

June 12, 2020

Dear Family Physician Colleagues,

Given that the pandemic town halls are becoming less frequent, I would like to send regular updates to you. There seem to be a plethora of new work standards and algorithms coming out in the SHA Rounds. Screening questions have changed, screening groups have increased therefore, testing has increased, and results need to be managed, Visitation and family presence guidelines have been modified and our patients will be looking to their family physicians for answers. In the meantime, Re-open Saskatchewan continues to increase services in the community and we will be moving into a new phase of SHA resumption of services June 16th. I am finding it difficult to keep up and I literally eat breath and dream about COVID-19 and attend many Webex meetings about all of these various topics. Needless to say I am missing clinical practice! This is a fairly lengthy Q and A memo and I will provide some detail and reference specific documents on the Saskatchewan website ( clinical resource section, section for all physicians and the section for family and community practitioners) to reduce the volume.

**Questions and Answers**

1. Are Family Physicians in Private Practices Required to Follow SHA Policies and Guidelines?

The short answer is no unless they work in an SHA facility, but family physicians in the community do have to comply with the public health orders outlined in the Reopen Saskatchewan document, [www.saskatchewan.ca/reopen](http://www.saskatchewan.ca/reopen). Page 5 outlines public health orders, page 19 has information regarding PPE and pages 48/49 are specific for community medical practitioners. Family physicians do not have access to the PPE that hospitals do, and we are better able to apply screening questions and only see patients who screen negative in our offices. We have the ability to control the flow through the clinic, and the numbers of patients who are waiting in the waiting room. Virtual appointments are still recommended and it is still recommended to only seeing patients who screen negative for Covid-19 in the office for reasons where a physical exam in required, for CDM, and other types of visits physician deem necessary using their clinical judgement.

1. Are Patients Arriving at Family Physician’s Offices Required to Wear Masks? Is it recommended that Patients Wear Medical Grade Masks Or Can They Wear Their Own Cloth Masks?

Unless you work for in a SHA facility, patients are not required to wear masks, as long as you are seeing patients with negative screens in person, have patients perform hand hygiene and cough etiquette, restrict the number of patients in the waiting room and comply with physical distancing guidelines. There is no harm in requiring patients to wear a mask. Patients can use their own cloth masks or you can provide medical grade masks but if they cannot tolerate a mask they can be seen as long as physical distancing is maintained and hand hygiene is performed.

1. What Screening Tool on the www.saskatchewan .ca website Is the Most Appropriate to Use in My Private Practice?

If you are not making home visits or visiting a long term care facility or personal care home, you will find the Inpatient, Outpatient and Endoscopy Screening tool the most applicable (attached). Note that the symptoms for a positive screen have increased to include fever, cough, headache, achy muscles and joints, sore throat, runny nose, nasal congestion conjunctivitis, dizziness, fatigue, N/V diarrhea, decreased appetite ( pediatric), loss of sense of smell, shortness of breath, and difficulty breathing.

If you use the screening questions on the outpatient form and the patient screens positive, you can follow the screen positive algorithm on the OP tool ( attached) if you have the appropriate PPE ( droplet /contact plus). If you do not have the appropriate PPE and a patient screens positive you should either offer a virtual visit, refer them to the test center using the test center referral form and if they need a physical exam you should refer them to the assessment center. Patients should be instructed to self- isolate for 14 days or until 48 hours after symptoms resolve.

If you do make home visits, PCH visits or SCH visits, the community-home screening tool is applicable to this type of visit (see attached)

1. Who is Eligible for Testing?

Testing groups have expanded. On May 25, testing extended to include immunocompromised patients receiving treatment at the SCA, asymptomatic patients returning to work, and those who work in a facility with high volume of workers. As of June 5th, testing groups expanded to those patients moving into a LTC facility or PCH, before admission to hospital and to prior to moving back to a care home, all staff and residents of a LTC facility if one COVID-19 positive patient presents, and all patients 24-48 hours prior to surgery. Patients are offered a test prior to coming in to the hospital for stays greater than 24 hours including expectant mothers. All pediatric patients coming in to the hospital are offered a test (previously only patients entering acute care). Patients who are asymptomatic and live in congregate housing can also be tested.

1. Will Patients Be Able to Get Covid-19 Swabs at Family Physician’s Offices?

Yes. NP swabs are preferred and the new requisition form should be used. Be sure to copy Dr. Hasselback and indicate if the patient falls into the STAT testing group. A copy of the new requisition is found in the attached Testing Tools. Point of care testing is reserved for specific groups of people.

Medical Directive June 5th (found on [www.saskatchewan.ca](http://www.saskatchewan.ca) health care providers) indicates that swabs can be done by NP, RN, LPN, OT, PT RT and they can call negative swab results. There is a negative result call back script that is attached. Patients can also access their results on their My Sask Health Record account.

1. Will THE SHA PROVIDE MORE NP SWABS?

I am in the process of contacting the PPE taskforce to verify this information. Aptima swabs can be done for throat/ nares as well but preferably use the NP swabs. Use the same requisition for all swabs.

1. ARE FAMILY PHYSICIANS REQUIRED TO CALL PATIENTS WITH NEGATIVE COVID-19 SWAB RESULTS? CV-19-WS0015-COVID-19-Negative-Result-Notification-Package

Family physicians are being asked to call their patients with negative swab results even if this is not your normal practice (for example: no news is good news). The request is that they contact patients with the results of tests they order, AND test results on their patients that are copied to them regardless of who the ordering physician is. This is important so that public health can monitor results, to ensure patients understand the implications of a negative swab and what to do next. With nurses and staff who were redeployed to help with contact tracing, moving back to their normal duties, the CDC will be unable to manage the volume of negative swab results expected. There is a negative script algorithm which can help you with this. SEE COVID-19 Medical Directive-Interpretation and Notification of COVID-19 Test Results ( see attachment)

The CDC will call positive results to patients and provide the necessary counselling, and contact tracing. Please inform patients that they will receive a call from CDC to collect contact information for their contacts 48 hours prior to symptom onset.

1. Well Baby and Child Visits

As public health transitions from Covid work to normal operations, they will be focusing on immunizing babies, children and Grade 8 students, who were missed due to restricted services in the past few months. They will be unable to perform developmental screens and would ask that ALL family physicians see newborns in their offices at 1 week of life and once between 1- 3 months but to continue with routine well baby visits either virtually or in their offices at their discretion to ensure developmental screens are done.

1. ARE VISITORS ALLOWED INTO SHA FACITILITES? ( [www.saskatchewan.ca/COVID19](http://www.saskatchewan.ca/COVID19) Family member /support person Presence Guidelines)

Visitors are restricted in SHA facilities hospitals and LTC facilities and are allowed only for compassionate reasons (during end of life care, major surgery, ICU/Critical care, or a care partner aiding in clinical care). Visitors will be screened at the door, be required to hand sanitize, and wear a mask.

**End of life-** One designated support person who remains the same support person for the duration of the stay and a secondary family member /support person who can alternate with various family members or support persons. Both do not need to be present at the same time but if they are they must maintain physical distance of 2m from each other unless they are both from the same family

**Long term care**- Where it is determined that the resident’s quality of life and/ or care needs cannot be met without the assistance of a designated family member or support, two healthy individuals can be designated with one present at one time. Outdoor visits can be booked and can have more than one visitor at a time if they are able to maintain a distance of 2m. Patients visiting LTC facilities will be required to mask.

**All Patients-IP, OP, Urgent Care Patients with Specific Challenges** – For example, patients with compromised cognition, hearing loss, decreased sight, compromised decision making or decreased mobility can have one designated support person.

**Patients in Maternity and Post- Partum Units** - Effective immediately, expectant mothers and families across Saskatchewan will now be permitted to have two designated family members/support persons present during their birthing experience. Designated family members/support persons are chosen by the mother and family and may include but are not limited to partners, family members, coaches, doulas or cultural support persons. The [Family Presence Guidelines and algorithm for acute care](https://bit.ly/2B0X7va#_blank) have been updated to reflect this change.

**Patients in NICU** Two family members or support persons can be designated for the entire duration of the stay

**Pediatric patients**- two family members or support people can be designated for the entire length of admission

**Patients in PICU** can have one support person or family member

**Patients undergoing major surgery** can have one designated support person for the duration of the stay

**Patients on the pediatric ward** can have two support persons

**Patients in ICU/ Critical care** can have ONE designated support person who remains the same for the duration of the stay, and a second support person or family member who can alternate between other family members and be present at the same time if can physically distance. Children are welcome when accompanied by the designated support person

1. WHAT SERVICES ARE RESUMING AS OF JUNE 16 2020?

**Women’s Health Center**- Breast MRI for high risk patients and urgent in person breast appointments with RN or surgeon Colonoscopy visits will also increase

**CPAS**-enhance phone assessments with in-person home visits for client patient access services

**Pediatric Inpatient Units**- Post-op care for elective surgery will resume based on urgency. PICU will allow consistent parent/guardian to come and go from unit

**Pediatric Outpatient Units**- In-person clinic time will increase. Volumes of the following services to increase: Cardiology, Orthopedics, Respirology, Rheumatology, Audiology and Endocrinology

**Child life**- Programming continues on an individual basis

**KCC Pediatric OP units**-In-person clinic time to increase

**North-east Health Center** –PHN-immunizations for early childhood and Grade 8 students

**Our Neighborhood Health Center**-PHN- Immunizations for early childhood and Gr 8 Students

**Maternal- Fetal Unit**- program plans a 20% increase to patients per day

**WWPHC-CDM Diabetes Program**-Open referrals from URGENT ONLY to all diabetic patients Enhance virtual and phone appointments with in-person appointments as required

**Saskatoon and surrounding areas** –- Immunizations for early childhood and grade 8 students

**SCH- Kinetik Rehab Services**-full service rehab center

**FIT for Active Living**- SGI tertiary center

**South-East Health Center**- Immunizations as above

**WWPHC**-In-person appointments, prioritized for CDM/complex health needs Virtual appointments offered to patients for routine health needs that do not require a physical exam

**Healthy Mother Healthy Baby**-Gradual increase of in-person home visits and education and access to nutritional assessments for all clients Virtual contact and support as well as door step drop offs to support clients food security

**Food for Thought/ Canada Prenatal Nutrition Program**-Phone based contact and food security supports. The program is investigating a virtual platform for counselling.

**Prenatal Education** - access to online prenatal education has been expanded on the SHA webpage

**Healthy and Home**- Home visits to new mothers will increase. On-site and virtual assessments will continue. The breastfeeding center has some capacity for in-person appointments

**Youth Resource Center-MHAS-Young Offender Program**-court ordered psychological assessments will proceed

**Youth Resource Center –MHAS Youth Day Program**-Individual and small group services for youth with mental illness will proceed.

**Spinal pathway**- Triaging urgent appointments

**Lab Testing Bulletin-** this was updated June 6 2020. Life Labs are open and recommend sending non fasting patients after 11am. https://pubsaskdev.blob.core.windows.net/pubsask-prod/117353/06112020-Laboratory-Bulletin-Limited-Test-Menu-v6.pd

**Resumption of Monthly Department Meetings**

Department meetings will be TENTATIVELY scheduled via Webex on the fourth Monday each month from 12:00 PM to 1:00 PM beginning in August ( August 24 2020). If there is no pandemic family medicine after the town hall on June 22 2020, a memo will go out advising whether or not there will be a departmental meeting that day at lunch. There will be NO meeting in July. If you would like any topics discussed please let me at least one week in advance so it can be added to the agenda.

 **Thank you to our Pandemic Physician Co-leads!** I would like to shine the spotlight on Andrea Symon and Kate Thompson for stepping up to fill these roles at very short notice in the middle of the COVID-19 crisis. Their hard work, done tirelessly, was appreciated by everyone involved in pandemic planning and accolades are due! With the resumption of the normal operational structure of the SHA, they have been helping with the transition of pandemic work to myself and my partner, Suzanne Mahaffey, and the area division leads and their executive directors of primary health care. Both have graciously offered to continue with some pandemic work and be available to step into leadership roles again should we have a community surge this fall.

I would also like to thank all family physicians for their exemplary roles in providing care to their patients and the general public during the last few months. We have strengthened the power of primary care and with that, will have a strong influence when building primary health networks in our communities.