



Care During COVID-19

Tips for managing physician clinics during coronavirus

Doctors Nova Scotia | April 2020

Doctors Nova Scotia (DNS) is committed to providing its members with the latest updates and resources related to COVID-19.

Family physicians across the province are changing their office practices to best manage the needs of their patients, colleagues and staff. Doctors Nova Scotia has combined helpful advice from physicians across the province and other provincial/territorial medical associations. The Nova Scotia Health Authority's Department of Family Practice has also developed recommendations for managing practice operations.

Managing patient care



- **Book telephone appointments for non-COVID-19 patients** who need to see a physician. Do this for everyone to avoid bringing patients into your office. Minimize the number of patients you have to see in your office. For information on billing for virtual visits, see the latest *MSI Physicians' Bulletin*: msi.medavie.bluecross.ca/wp-content/uploads/sites/3/2020/03/Bulletin-March-24-2020-NF-TF-during-pandemic.pdf
- **Consider using morning appointments for people who require a routine visit** or are not unwell and avoid mixing sick and not sick patients (i.e. newborns,

immunizations, prenatal patients, non-infectious patients).

- **Baby immunizations should not be deferred for more than a one month**, according to Dr. Scott Halperin, director of the Canadian Center for Vaccinology in Halifax
- **Consider using afternoon appointments for urgent care** to avoid mixing with non-infectious patients. Also provide space between appointments.
- **Reduce the average number of face-to-face appointments** in a day to avoid patient overlap in your waiting room.¹
- **Have staff call all booked patients in advance** of their appointment to do an initial screening to identify routine or prescription refill requests.²
- **Reschedule routine appointments that can be safely moved.** Consider contacting the patient and arranging a later date.
- **Consider how to work collaboratively with other practices nearby** (i.e. one group does urgent care while the other does telephone triage and/or non-urgent care).
- **If possible, provide on-call care** to patients to avoid unnecessary emergency department and walk-in visits.

1. NLMA. *Practical Tips for Your Clinic* retrieved on March 19, 2020 from <http://www.nlma.nl.ca/page/coronavirus>

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Communicate with administrative staff

Educate your colleagues about how to stay safe and healthy

- **Communicate openly with your staff** to keep them up to date on the ongoing situation and any changes that may be made to the day-to-day operations of the clinic.
- **Understand and empathize with your staff** as they share their worries and concerns about COVID-19.
- **Educate staff on COVID-19 and allow for a two-way dialogue on the subject.**
 - Discuss their safety. If possible, ask administrative staff to work from home and transfer calls to minimize exposure
 - Ensure administrative staff are aware of new policies and procedures to minimize contact
 - Ensure staff can use COVID-19 screening tools and are familiar with 811
 - Review how to use personal protective equipment with administrative staff



Take stock of resources

- **Do regular checks on staff:** administration, nursing, non-physician providers, physicians.
- **Develop plans for when your office:**
 - Has < 50% admin, 0% admin
 - Has < 50% health-care providers, 0% health-care providers
- **Use staff in self-isolation** for telephone triaging and care.
- **Use all health-care providers to their full scope** of practice.





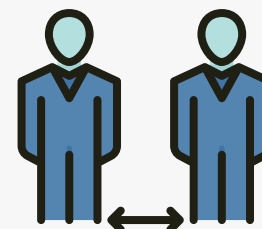
Communicate with patients

Ensure your phone, website and office signage is up to date

- Update clinic answering machines or message managers to pass along any new information, hours of operation or office protocol changes relevant to your patients.
 - Include hours, procedures, prescription refill info, on-call info, COVID-19 screening and 811 info
 - Promote non face-to-face visits
- Update practice websites to include new office booking procedures, office hours and useful COVID-19 links, such as interactive screening tools.
- Update office door signage to reflect:
 - COVID-19 screening protocols
 - No office waiting room pictures
 - Mask info
- If comfortable, set up a Facebook page for your clinic to provide real-time updates to patients and your community.
 - Facebook pages will allow you to communicate more broadly and quickly to your patients. You can also choose to open or close comments to the public
 - A Facebook page will also allow you to share links to information such as self-assessment tools, how to self-isolate and other important resources

Office COVID-19 precautions

Follow standard precautions in your office or community clinic as you would for other respiratory illnesses. Public health has developed office-based infection prevention and control measures. Here are some other helpful ideas:



- Implement social distancing practices in your waiting room by removing some of the chairs to allow for greater distances (one to two metres) between patients and staff.¹
- Advise that only patients who have appointments are allowed in the waiting room. No additional family members or friends are permitted unless the patient requires additional assistance.²
 - If you choose to close or reduce the capacity of your waiting room, ask patients to wait in their cars until clinic staff contact them.³
- Upon entry, advise patients to sanitize their hands and to not touch any surfaces.⁴
- Take extra precaution in offices by:
 - Placing floor tape to keep patients two metres from the receptionist
- Close reception windows to small slit
- Provide lots of garbage cans and hand sanitizer in waiting and exam rooms
- Minimize bathroom use
- Keep Virox wipes in exam rooms.
- Keep Virox wipes in exam rooms. At the end of each exam, wipe down the surfaces that were in contact with the patient
- Place masks where they can be easily managed for loss prevention
- Eliminate pillows, extra drapes and gowns
- Remove extra chairs and arrange at best possible distance apart
- Arrange to see sick patients in one area (i.e. in one room or hall)
- Arrange for more frequent cleaning, especially through day, if seeing sick people

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Identify essential services

The Ontario Medical Association (OMA) has created a policy to help identify non-essential services (link to OMA non-essential services policy) adapted from World Health Organization's (WHO) guidance document on hospital preparedness for epidemics:

- Postpone routine and non-urgent assessments (i.e. annual assessment screening programs and non-urgent, elective consults and elective surgeries).
- Encourage self-care options for people who do not have urgent health care needs.
- Temporarily limit certain preventative care interventions (referrals to programs and consultations).
- Refer patients to pharmacists for most prescription renewals. Controlled substances may be assessed through virtual care options whenever safely possible.
- Organize dedicated "clinics" for things like well-baby/prenatal assessments, where a large number of patients can be seen in the span of several hours. Utilize available nursing staff to their current level of training, knowledge, skill and judgement, while ensuring that staff are capable and competent in the additional tasks they are asked to perform. Stagger appointments to limit the number of people in the waiting room at any given time.
- Postpone medical examinations for insurance/employment reasons.
- Decision makers should streamline processes to limit the completion of non-essential forms and other administrative tasks during this time, such as school, camp or back-to-work forms. It's important to document patient encounters to the best of your ability and maintain record-keeping required by law.
- Physicians with concerns or questions about obligations around nonessential can also contact the Canadian Medical Protective Association.



Prescription refills

The Pharmacy Association of Nova Scotia has provided the following information for physicians:

- To help protect the Canadian drug supply, pharmacy regulators and governments across Canada have imposed a 30-day limit on dispensing prescriptions—regardless of the length of the original prescription. Pharmacists have the authority to provide a longer duration if required. This may raise concerns from patients who have prescription co-pays that are fixed or equal to the dispensing fee. However, it is necessary to ensure patients can get their medications when they need them. For most seniors in Nova Scotia, their co-pay is a percentage of the total prescription cost. When the drug cost is split three ways, the actual increase in cost to them is quite small.
- To minimize the risk of community spread of COVID-19, pharmacies are limiting the number of customers visiting pharmacies, and the amount of time they spend in pharmacies. Physicians are asked to:
 - E-prescribe, fax or call in prescriptions and communicate the following to patients:
 - Prescription requests are higher than usual and there may be delays in preparation time. If patients require the prescription within 24 to 48 hours, they should contact the pharmacy to confirm when it can be picked up
 - If patients require other services, ask them to call the pharmacy first to book an appointment time
 - Ask patients to use pharmacy apps or phone services to refill prescriptions
- Most pharmacies offer delivery and parking lot services. Ask patients to contact their pharmacy for details.
- Given the change in physician practices/times/locations, pharmacists have had difficulty reaching physicians to ask questions. In particular, prescriptions about controlled drugs and substances act (CDSA) drugs (i.e. narcotics, controlled drugs, benzodiazepines). If your contact details have changed, please provide contact instructions on the prescriptions you send in.
- While pharmacists are able to bridge the gap and provide prescriptions for CDSA drugs during the COVID-19 pandemic when a physician is not available, continued involvement of a physician helps to mitigate risks within the ongoing opioid crisis. Physicians are able to e-prescribe, verbal order or fax prescriptions for CDSA drugs at this time.