Alberta Health Services	**Adult Ambulatory Services Provincial Pandemic Plan**	Date: March 30, 2020

Adult Ambulatory Services Provincial Pandemic Plan

2020 Update

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1 Background

Please note that this Adult Ambulatory Services Provincial Pandemic Plan does not address ambulatory service areas within Pediatrics, Addictions & Mental Health, Cancer Care or Diagnostic Imaging.

2 Pandemic Capacity Framework

Triggers to declare a pandemic and thereby pandemic plans would include declaration of a pandemic by the World Health Organization (WHO)[1] and/ or the Public Health Agency of Canada (PHAC)[1].

It is important to note that this Provincial Ambulatory Services Pandemic Plan is intended to support and integrate with pandemic plans at other levels of the organization and the government. In a pandemic situation, the sites will work within their zones and with EMS, RAAPID, AHS Medical Officer of Health, the provincial Ministry of Health, and PHAC in order to optimize response and provide the best care for patients. A pandemic may or may not involve the activation of a Site Command Post or a Zone Emergency Operating Centre.

Many sites across the province play an integral role in the provincial health system, housing some of the most specialized clinical programs and services in the province. Even in the event of a pandemic requiring the activation of this Plan, there may be several areas that will not reduce ambulatory services in order to care for patients.

2.1 Assumptions

- A pandemic will evolve over time, requiring a phased approach to providing additional physical and human resources as well as the eventual triage of available resources.
- Plan is based on optimizing physical care capacity.
- Stretch capacities assume the ability to staff and supply existing and additional care areas; this may not be possible as such resources become in short supply.
- Staff absenteeism will occur at a rate of 30% or more.
- During a pandemic situation ambulatory service provision will be essential to prevent hospital admissions and assist in hospital discharges.
- Decisions to limit resources will be made at the ZEOC level, not at unit or departmental levels.
- As activity in different ambulatory service areas slows down due to the pandemic, staff will be redeployed to support areas of increased activity (i.e., essential ambulatory services, inpatient services) as appropriate.

- Regular activity meetings will be held to maintain fair, patient-focused assignment of staff and efficient use of time.
- Plan assumes that if demand for care during a pandemic exceeds the capacity to provide, there will be an evolution from the provision of optimal care as exists currently to the provision of adequate care for the circumstances.

2.2 Working Principles

- Maximize available resources through targeted strategies.
- Utilize stages that are escalated according to patient demand and available resources.
- Enable timely delivery of supplies and equipment to meet the growing demand.
- Incorporate a standardized triage process for the ethical prioritization and delivery of patient care if demand exceeds capacity.
- Provide optimum level of care possible to all patients during pandemic.
- Optimize resources to ensure patients are being cared for in the most appropriate place for that patient at that time.
- Limit the exposure of the illness to staff, physicians, patients and visitors.
- No patient shall be refused treatment based on suspected COVID diagnosis.
- Incorporate a support system for staff and physicians including, but not limited to, immediate WHS response to staff exposures, staff debriefings.
- Reduce non-essential traffic volumes when possible, e.g., visitor policy – visitors with symptoms are not permitted.
- Each ambulatory service area will establish triaging criteria to determine non-urgent vs. urgent patients as applicable for the patient population to inform patient visits through the different stages of the pandemic.

2.3 Activation Triggers

The activation triggers below outline three stages of the pandemic response:

Stage 1 - Minor	Ambulatory service delivery is reduced to prevent spread of the pandemic and maintain service delivery with resource shortages.
Stage 2 - Moderate	Ambulatory service delivery is dramatically reduced with significant strategies implemented to maintain essential services and assist with inpatient service delivery amidst resource shortages.
Stage 3 - Major	Ambulatory service delivery reduced to only essential services. All possible strategies are implemented to maintain essential services and assist with inpatient service delivery amidst resource shortages.

3 Resource Management

Each ambulatory service area should develop a detailed pandemic plan based on the assumptions and working principles outlined in section 2. These detailed plans focus on stages 1 – 3 of a pandemic plan. This entails all ambulatory services:

1. Areas that run clinic visits
2. Areas that complete procedures/therapy
3. Areas that complete testing

3.1 Summary: Pandemic Plan by Stage

*****Where applicable provincial and/or zone services must endeavor to coordinate plans to ensure consistency.**

STAGE 1 – MINOR	STAGE 2 – MODERATE	STAGE 3 – MAJOR
• ***Urgent visits* only.*** • ***Non-urgent visits** done by phone or postponed.*** • Establish and implement a patient care action plan relevant to the patient population needs.*** • Cancel all in-person group activities / learning sessions and use virtual options if available. • Consider the option of collapsing / consolidating non-essential outpatient services (see section 3.3). • Consider decreasing hours of operation if needed to maintain essential ambulatory services (if staffing shortages). • Consider the use of virtual provider consultations (e-advice lines, Specialist Link) for patients to be managed within the PCN with specialist support. • Patients are pre-screened prior to ambulatory care visit. • Patients who are positive for COVID screening and are stable are directed to contact Health Link. • Ensure PPE availability and staff education provided.	• ***Urgent visits only.*** • ***Stop all non-urgent visits.*** • Continue to utilize patient care action plan. • Continue to cancel all in-person group activities / learning sessions and use virtual options if available. • Collapse and consolidate non-essential outpatient services (see section 3.3). • Consider staff redeployment to support essential ambulatory services. • Consider centralizing of services within a zone if applicable to ensure essential ambulatory services continue. • Consider community settings where services may be provided (if applicable). • Consider the use of a Community Paramedic Program if available. • Continue to consider decreasing hours of operation if needed to maintain essential ambulatory services (if staffing shortages). • Continue to consider the use of virtual provider consultations (e-advice lines, Specialist Link) for patients to be managed within the PCN with specialist support. • Continue to pre-screen patients prior to ambulatory visit. • Ensure PPE availability and staff education provided.	• ***Urgent visits only.*** • ***Stop all non-urgent visits.*** • Continue to utilize patient care action plan. • Continue to cancel all in-person group activities / learning sessions and use virtual options if available. • Essential ambulatory services only to continue (see section 3.3). • Collapse all non-essential ambulatory services. • Staff redeployed to maintain essential ambulatory services. • Centralize services within a zone if applicable to ensure essential ambulatory services continue. • Make use of community settings where services may be provided (if applicable). • Make use of the Community Paramedic Program if available. • Decrease hours of operation if needed to maintain essential ambulatory services (if staffing shortages). • Make use of virtual provider consultations (e-advice lines, Specialist Link) for patients to be managed within the PCN with specialist support. • Continue to pre-screen patients prior to ambulatory visit. • Ensure PPE availability and staff education provided.

STAGE 1 – MINOR	STAGE 2 – MODERATE	STAGE 3 – MAJOR
*U**rgent visits**: patients that if not seen will present to an Urgent Care Centre, Emergency Department or activate an EMS call (see section 2.2). **Non-urgent visits: routine follow-up / elective appointments, patients who can be supported with a phone visit (see section 2.2). ***Patient care action plan: i.e., single email or phone line for patients to use if needing urgent specialty assistance.		

3.2 Essential Ambulatory Services (for in-person patient attendance):

Ambulatory Clinics	Ambulatory Procedures /Therapy	Ambulatory Testing
Cast Clinic	AVAS	ECG
Day Medicine / IV Clinics (Infusions)	Bronchoscopy	Echocardiography
Dental Clinic	Cystoscopy	Interventional Radiology
Dermatology Clinic	Endoscopy	Cardiac Testing
Home Parenteral Therapy Program (Home Antibiotics)	HBOT	
Home Enteral & Parenteral Nutrition Program	Women's Health – Colposcopy, LEEP, laser therapy	
Ophthalmology Clinic	Cardiac Interventional Services (Catheterization Lab and Electrophysiology)	
Transplant Clinic		
Urgent Medicine/Surgery Clinic*		
Women's Health Clinic		
Cardiac Clinics		

*Medical and surgical specialty divisions (i.e., Rheumatology, Nephrology, Thoracic, Neurosurgery) required to see patients collectively in a general medicine/surgery clinic.

3.3 Staffing Considerations

Staff are a limited resource during a pandemic. Allocation of staff should be done carefully, taking into consideration how to optimize existing staff and how to limit exposure to the pandemic pathogen as much as possible.

In **Appendix A**, each clinic has identified various strategies to be implemented at different stages of pandemic to achieve required staffing. A summary of these strategies includes:

- Maximize casual and part-time staff
- Increase length of shifts
- Recall of staff on vacation, leave, etc.
- Move CNEs and Supervisors to front-line activities
- Recall retired staff
- Onboarding of new graduates

A site or zone pandemic staffing working group may be established to meet daily to ensure triage of staff to the essential service areas.

3.4 Redeployment Staff Support

As service areas minimize and/or close services at different stages of a pandemic, staff may be redeployed to support essential ambulatory service areas, inpatient service areas, and/or other site or zone needs.

4 Personal Protective Equipment (PPE)

Existing protocols for influenza-like illness (ILI) established by Infection Prevention and Control are to be followed for COVID-19.

APPENDIX A: Ambulatory Service Area Pandemic Plan

***Include plans for all resources – staff and space.

Ambulatory Service Area	Current State	Stage 1	Stage 2	Stage 3

APPENDIX B: Resources