Telephone Triage

All office appointments should be booked over the phone, and COVID-19 screening questions must be asked at the time of booking. If there is concern that patients are not forthcoming, consider asking your front desk staff to make a firm statement before they proceed with the screening questions:

- “During this pandemic, the safety of our staff and healthcare professionals is paramount. It is crucial that you answer the following questions honestly.”

Patients should be reassured that they can be offered an appointment by phone with their primary care provider even if they screen positively, in addition to being referred to the nearest assessment centre.

Many patients may have hesitations and would prefer to speak with their provider, not clerical staff. If patients know they can still have the option of an appointment by phone, this may make them feel safer, and encourage them to answer the screening questions truthfully.

Consider the following when triaging for appointments by phone:

- Call patients the day before to pre-screen/triage for appointment appropriateness. In addition to administrative staff, team members such as family practice nurses can help with triaging.
- Schedule patients for phone triage every 15 minutes.
- Use any available time in your schedule to call and triage those already on the schedule. Offer telephone visits where possible.
- Move existing pre-booked appointments that still require an in-person visit to better address the need for social distancing.

Telephone Prescriptions

Prescribing medication is a medical act. It is the result of a clinical decision based on an evaluation of the patient. This evaluation (whether virtual or in-person) must include an appropriate clinical assessment. The patient record should clearly describe the assessment and the diagnosis that led to the prescription.

Prescriptions required for long-term or chronic conditions that are likely to remain stable for the duration of the current pandemic should include renewals or repeats of the required medication(s).

When primary care providers are part of a group practice or a call group, they may choose to accept a previous patient evaluation by an associate as the basis for further prescribing. However, in such situations, each provider remains responsible and accountable for any prescriptions he or she has written.
Virtual Care

Virtual care is an important way for primary care providers to continue to care for their patients while ensuring the safety of the patient, providers, and staff. Virtual services reduce the risk of disease spread by keeping people in their homes and out of family practices.

Providers should use their professional judgment to determine whether an in-person appointment or telemedicine appointment is appropriate in each case. Patients should be provided the opportunity for in-person care whenever it is needed.

Consider virtual care in the following situations:

- Triaging patients prior to an office encounter, to avoid unnecessary trips to the office;
- Managing acute illnesses that may not require a physical exam (remembering that they can always be asked to come in for an exam, if it is deemed necessary);
- Managing patients with chronic disease.

Regardless of the method by which care is delivered, all conversations should be appropriately documented in the patient chart.

Altering the Office Schedule and Limiting Physical Examinations

Office schedules should be adjusted to limit the number of patients in the waiting room. While the limit of five people in a group does not apply in a health care setting, it is prudent to think critically about how this can be best accomplished given the variability of each respective practice (i.e. clinic layout, exam rooms, number of doctors and staff, etc.).

Some suggestions include:

- Ask for patients to wait in their cars, not in the waiting room, and have your staff call them in when you are ready.
- Limit family members/friends accompanying patients to their appointments (i.e. one support person only). Remember that for some patients, it is not safe or feasible for them to attend appointments alone.
- Remove all toys / magazines / books from waiting rooms.
- Separate chairs to maintain physical distancing (2m/6ft).
- Stagger in-person and telephone appointments to minimize the number of patients in the office, and to allow extra time for cleaning between patients.
- If a telephone or virtual visit appointment requires a physical exam, the patient can be asked to come in later for that exam. Consider leaving a few 'in-person' appointments open in the afternoons to allow for this.

Care Considerations for More Vulnerable Patients

The following suggestion was adapted from information provided by Dr. Michele Saxon, Middleton Collaborative Practice.
Primary care providers should consider generating lists of potentially vulnerable patients (e.g. those over the age of 70, patients with anxiety disorders) to identify those who may benefit from a check-in during this time. A registered nurse or social worker with the practice can call the identified patients regarding prescriptions that may need to be renewed soon, to discuss social issues and status of their current supports, or to identify any health concerns that should be followed up by family physician or nurse practitioner.

Additionally, it may be prudent to consider discussing goals of care with patients who are elderly, and to consider completing the Expected Death at Home forms for anyone who meets criteria (e.g. very frail, multiple near end-stage illnesses), and whose goals of care do not involve aggressive hospital care, even if they contract Covid-19.

**PPE and Office Cleaning**

If your office is effectively screening your patients, there should be very few patients coming in who pose a risk to the clinic staff. As outlined in the COVID-19 Quick Reference for Primary Care Providers in Family Practice, if a patient screens positively in your office, provide them with a mask, request that they return home to self-isolate, and either send the referral to the nearest assessment centre or have them call 811.

Use wipes to cleanse the office space after the patient leaves. Refer to the infection prevention and control guidelines for primary care practices.

For community-based providers in family practice, **two masks per family physician / nurse practitioner per week** are being supplied by NSHA from a centralized location in your area.

Please limit in-person appointments to one day per week in your practice. You will have one mask to wear for that day and a second as a backup. Wearing the same mask throughout the day during in-person office appointments will help to protect your patients, and by pre-screening all patients by phone in order to refer patients with respiratory symptoms to your local primary assessment centre, this will limit exposure to the virus for yourself, your staff, and your other patients.

When you require a supply of masks, please send an email to the below address for your respective area. A Primary Health Care manager or lead will contact you to arrange distribution of masks for your practice.

- Central Zone: CZfamilypracticePPE@nshealth.ca
- Eastern Zone: EZfamilypracticePPE@nshealth.ca
- Northern Zone: NZfamilypracticePPE@nshealth.ca
- Western Zone: WZfamilypracticePPE@nshealth.ca

**Working with Colleagues**

We are responsible for ensuring that our patients continue to have access to primary care. Typically, if you were ill or on vacation, you would discuss your situation with your closest colleagues and ask for help with caring for your patients.
If you are personally unable to provide telephone, video, or face-to-face visits when a physical exam is required, it is your responsibility to make arrangements for your patients to get that care elsewhere. We cannot send all patients requiring a physical exam to the emergency department.

Primary care providers must make reasonable efforts to work with colleagues to deliver medical care for all patients, especially complex patients. This includes:

- Arranging cross-coverage of your patients when the office is closed for any reason;
- Ensuring that all outstanding reports and work in progress (investigations, tests and consultations) are reviewed and acted upon, by yourself or a colleague, even when the office is closed;
- Consider locations in the community where in-person care can be safely delivered by a primary care provider, without defaulting to the emergency department.