

Date:	March 18, 2020
To:	All Medical Staff and Northern Health Leadership
From:	Penny Anguish, NI Chief Operating Officer, NH EOC Operational Lead Beth Ann Derksen, Executive Lead Critical Care Dr. Kamran Azar, Medical Lead for Laboratory Medicine Dr. Sharla Olson, Respirologist Dr. Gilbert Wankling, General Surgeon
CC:	Angela De Smit, NE Chief Operating Officer Ciro Panessa, NW, Chief Operating Office Northern Health EOC
Re:	COVID Outbreak Response – Ambulatory Care Update

British Columbia's health authorities have been directed to move all hospitals in the province to Outbreak Response Phase 2 – this means hospitals will shift to undertaking only urgent and emergency outpatient clinics and procedures and will postpone all non-urgent outpatient clinics and procedures. The phased approach Northern Health will take is as follows:

Phase 1 – Prioritize Urgent Patients

Target: To be begin immediately

- Measured reduction in elective procedures performed at all sites in order to prioritize urgent and emergent oncology patients
- Immediate postponement of all aerosol generating medical procedures, for example Pulmonary Function Tests
- Immediately initiate postponement of booked elective outpatient clinics and procedures for four weeks beyond phase 2 target date (procedures scheduled March 23- April 20, 2020)
- All visiting specialist clinics are to be postponed or offered virtually.
- For endoscopy and ERCP all elective/screening cases such as positive FIT's will be postponed, continue to perform urgent endoscopy (acute GI bleeds, anemia, suspected/probable cancer and foreign body removal)
- Cast clinics will only be open for the removal and application of splints and casts
Appointments should be made to limit the number of patients in the waiting area, all other follow-up care to be done in the physician's office
- All minor surgical procedures will be postponed with the exception of insertion of PICC lines
- IV antibiotic therapy will continue until alternate sites can be established, any IV therapy clinics that continue should avoid overlapping of appointments to limit the

number of patients in the waiting area, all other IV therapy and injection clinics will be postponed or performed physician clinics.

Phase 2 – Postponement of All Elective Patients, Prioritize Urgent and Emergent Patients

Target: Phase 2 to begin Friday March 20th at end of business day

- Eliminate all elective cases, all Services will be asked to prioritize all clinics and procedures with respect to urgency.
- Focus will continue on booking urgent cases including urgent oncology as well as completing emergency cases.

Phase 3 – Postponement of All Elective and Urgent Patients, Preserve Access for Emergent Patients Only

Target: To be determined by Northern Health EOC

- This phase will begin if critical levels of resources or bed capacity is reached. In this phase, all elective and urgent work would cease and only emergency procedures would be performed.

Definitions:

- 'Elective' is defined as patients with a wait time target of 12 weeks or greater.*
- 'Urgent' is defined as patients with a wait time target of 2 to 6 weeks.*
- 'Emergent' is defined as patients requiring unscheduled procedure within 48 hours*

Local discussions on categorization of various procedures may need to occur, differences in opinions on categorization can be discussed with local medical and administrative leadership and/or with the Critical Care Program Lead, Beth Ann Derksen – BethAnn.Derksen@northernhealth.ca

For further information or questions please contact the medical leads - Dr. Kamran Azar, Dr. Sharla Olson and Dr. Gilbert Wankling through Beth Ann Derksen – BethAnn.Derksen@northernhealth.ca