

Memo

Date:	March 24, 2020
To:	All Medical Staff and Northern Health Clinical Leadership
CC	Angela De Smit, NE Chief Operating Officer Ciro Panessa, NW Chief Operating Officer Ronald Chapman, VP Medicine; Northern Health Medical Directors Northern Health EOC
From:	Penny Anguish, Northern Interior Chief Operating Officer and Northern Health EOC Operational Lead Lisette Vienneau, Regional Director, Diagnostic Services Medical leads: Dr. Kamran Azar, Dr. Randall Dumont
Re:	COVID Outbreak Response – Laboratory Services 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 providing only necessary laboratory services. Hospitalized and emergency patients will be provided with laboratory testing without interruption. Outpatient testing will be reduced to only collecting essential tests for certain patient groups and reducing outpatient collection hours to limit the number of outpatients entering the hospital.

Phase 2 Implementation Steps

A) Prioritize Essential Tests for Outpatient Collections

Target: Begin Implementation Immediately

Immediately initiate the reduction of outpatient testing to essential testing only as recommended by the BC Pathology and Laboratory Medicine Agency and to be standardized across the province to the following tests and patient groups:

1. Limit outpatient laboratory collection services, where possible, to patients who require:
 - Prothrombin time test: international normalized ratio (INR)
 - Therapeutic drug monitoring (e.g. Digoxin, immunosuppressant drugs)
 - All testing of cancer clinical patients receiving active treatment therapy
 - Glucose tolerance testing for gestational diabetes (optimal assessment between 24 and 28 weeks' gestation)
 - Any test requisition listed as Urgent (e.g., complete blood count or any patient requiring blood work to inform treatment)
 - Essential standing orders to maintain treatment in patients with chronic illness
2. Minimize patient visits and increase patient safety by performing other tests listed outside of those listed in above during the same visit.
3. Stratify patients based on risk to allow those at higher risk for infection to be

tested during specific times to ensure less exposure from patients to staff. Consider assigning staff where operationally feasible to provide care for these higher risk patients.

4. Apply the same limitations to specimen collections at long term care facilities for collections performed by outreach laboratory staff.
5. Until collections have been shifted to appointments, deploy available staff to help patients navigate at the entrances of the outpatient laboratory collection sites to screen, triage and provide direction to the patient including appropriate personal protective equipment (PPE).
6. Limit accompanying visitor(s) to one essential visitor if required.
7. Communicate changes to patients and staff to ensure consistent and aligned messaging to support quality patient care.

B) Reduction in Hours at Outpatient Collection Locations

Target: Plan to be developed with local administration by Friday March 27

Reduction in hours at Laboratory Outpatient Collection Locations

1. Reduce outpatient laboratory collection sites' operating hours for those sites located within or next to a hospital or ambulatory care setting. This will be in alignment with the service levels of the respective hospitals, ambulatory care clinics and health centres. Reassess operating hours and service levels regularly.
2. Reduce current operating hours and locations for stand-alone specimen collection sites in the community. Continue to operate at a minimum one community specimen collection site per region/community.

Phase 3 – Shifting lab testing to other laboratories as required

Target: To be determined by Northern Health EOC

This phase will begin if critical levels of resources/personnel is reached. In this phase, only STAT tests would be performed. Other routine testing may be distributed to other laboratories within Northern Health based on capacity. Some testing may be shifted to testing laboratories elsewhere in the province. Each laboratory would report their status to the Laboratory Regional Group daily to determine logistics.

- Postpone all specimen collection of non-urgent test requests until normal service levels resume.

Definitions:

- *STAT tests - as determined by the specific STAT list for each laboratory. Patients are considered to be in a life threatening condition*
- *Routine tests - determined to be non-urgent and patients are not considered to be in a life threatening condition. This would include Holter, ECG and other non-lab services you might be providing.*

For further information or questions please contact the medical leads Dr. Kamran Azar, Dr. Randall Dumont through Lisette Vienneau, Regional Director, and Diagnostic Services (Lisette.vienneau@northernhealth.ca)