

<b>Date</b>	April 17, 2020
<b>To</b>	All Medical Staff and Northern Health Clinical Leadership
<b>From</b>	Penny Anguish, NI COO and Northern Health EOC Operational Lead Lisette Vienneau, Regional Director Diagnostic Services Medical leads Dr. Saqba Farooq, Dr. Shehab Elshazy and Dr. Elliot Rapp
<b>CC</b>	Angela DeSmit, NE COO, Ciro Panessa, NW COO, Ronald Chapman, VP Medicine, Northern Health Medical Directors, NH EOC
<b>Re</b>	COVID-19 Outbreak Response – Medical Imaging Services Update 2

As part of the COVID-19 response, direction was sent March 23<sup>rd</sup> to move Medical Imaging Services across Northern Health to Outbreak Response Phase 2. In providing ongoing direction to ensure consistency in implementation of Phase 2, this memo provides further detail on processes to be established to ensure quality, safe and standardized service and care across Northern Health and supersedes direction from prior memos.

With the announcement of Response Phase 2, direction included reduction of all non-essential and elective services involving direct physical contact with patients to minimal levels, subject to allowable exceptions. Allowable exceptions are made for time-sensitive circumstances and emergent, urgent, and/or essential care to avert or avoid negative patient outcomes or to avert or avoid a situation that would have a direct impact on the safety of patients. Please see the [letter from Provincial Health Officer, Dr Bonnie Henry](#) to regulated professionals for further details.

**Key actions for ongoing management of routine imaging requisitions for all modalities:**

Requisitions will continue to be received and local radiologists will triage all requisitions based on their clinical judgment. An updated provincial reference document approved by Lower Mainland Medical Imaging has been made available through the Regional Diagnostics Program to all radiologists and chief technologists to guide this work, requests for additional copies should be directed to Lisette Vienneau. Clinical decisions regarding urgency remain with the local radiologist and the referring clinician and will supersede suggestions in the guidance document if the clinical situation warrants.

Requisitions from postponed cases of all modalities will be appropriately filed and reviewed weekly or at the discretion of the local radiologist as some may become time sensitive in the interval. The first review of all requisitions postponed to date by radiologists is underway and should continue on a weekly basis. Requisitions for all modalities are to be reviewed and prioritized by local radiologists, not by technologists.

Finally, chief technologists are to establish a process to inform referring clinicians by fax about all postponed studies of all modalities since Phase 2 implementation and on an ongoing basis. If a clinician feels they need a study expedited/reprioritized, they should contact their local radiologists in an effort to work together to ensure patients receive the best care.

For further information or questions please contact the medical leads – Dr. Saqba Farooq (NE), Dr. Shehab Elshazy (NI) and Dr. Elliot Rapp (NW) through Lisette Vienneau, Regional Director, Diagnostic Services ([Lisette.vienneau@northernhealth.ca](mailto:Lisette.vienneau@northernhealth.ca))