

## Restart of Non-Urgent Medical Imaging Services

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### Key Principles

The following principles will guide the resumption and ramp up of Medical Imaging services across Northern Health to ensure that staff and patient safety is maintained:

1. Adherence to all Provincial guidelines and directives
2. Maintenance of physical distancing in Imaging and shared waiting areas
3. Maintain strict adherence to physical distancing or PPE usage in exam rooms through modified scheduling and workflows
4. Phased in implementation with flexibility to reduce services should key triggers be met (critical shortage of PPE, resurgence in COVID-19 hospitalization, etc.)
5. Align Imaging services wherever possible to meet the ramp up plans of other programs; however, wait times may be affected by staffing levels and equipment capacity.

	Baseline	Outbreak Response Phase 2	Recovery Response		
			Stage 1	Stage 2	Stage 3
Target Timeframes <sup>1</sup>	January – March 15, 2020	March 23, 2020 to TBD	Q1 to Q2 (start date subject to provincial timelines and foundational elements being in place)	Q3 to Q4 (subject to provincial timelines and foundational elements being in place)	Q4 onward
Capacity	(normal)	30-50% of normal volumes	<p><b>60 – 80% of normal volumes</b></p> <p>Resume full utilization of all baseline clerical and technologist FTE's and equipment</p> <ol style="list-style-type: none"> <li>1. Patient protocols will impact volume throughput.</li> <li>2. Productivity dependant on IPC guidelines <ul style="list-style-type: none"> <li>• Physical distancing</li> <li>• PPE</li> <li>• Cleaning</li> </ul> </li> <li>3. Site specific patient flow will impact productivity</li> </ol>	<p><b>80 – 100% of normal volumes</b></p> <p>Resume volume throughput comparable to baseline.</p> <ol style="list-style-type: none"> <li>4. Assess opportunities to <ul style="list-style-type: none"> <li>○ Extend and/add shifts</li> <li>○ Reduce seasonal slowdowns</li> <li>○ Expand contracted volumes</li> <li>○ Streamline MRI protocols</li> </ul> </li> </ol>	<p><b>&gt; 100% of normal volumes</b></p> <p>Backlog reduction - exceed baseline</p> <ol style="list-style-type: none"> <li>5. Consider <ul style="list-style-type: none"> <li>○ Additional shifts</li> <li>○ Additional Equipment</li> <li>○ Recruitment of additional employees and physicians</li> <li>○ Service model changes</li> </ul> </li> </ol>

<sup>1</sup> Timeframes subject to change based on epidemiological situation

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Foundational Elements Required		<ul style="list-style-type: none"> <li>• Site-based exam requisition review process to ensure appropriate urgency assessment</li> <li>• Clinical protocols               <ul style="list-style-type: none"> <li>○ PPE and IPC guidelines impact throughput</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Recovery IPC guidelines for MI known</li> <li>• Site patient workflow and physical distancing plan in place.</li> <li>• Adequate supply chain (PPE, imaging supplies)</li> <li>• Patient prioritization guidelines (based on provincially identified categories and percentage of time waiting over target)</li> <li>• MIAC guidance on prioritization</li> <li>• <b>Extra resources may be needed*</b> at facilities with large backlogs to assist with booking and prioritizing patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate supply chain (PPE, imaging supplies)</li> <li>• Technologist availability (casuals, PT, etc.)</li> <li>• Funding model to support increased labour costs, supply costs should return to base level, unless there are COVID related supply cost increases.</li> <li>• Consider IT solutions to streamline booking/self booking processes</li> <li>• Consider patient/facility flow bottleneck &amp; restrictions</li> <li>• <b>Extra resources may be needed*</b> at facilities with large backlogs to assist with booking and prioritizing patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate supply chain (PPE, imaging supplies)</li> <li>• <b>Extra resources may be needed*</b>, contract or agency personnel</li> <li>• Funding model to support expanded capacity</li> </ul>
Measurement/Monitoring Approach		<ul style="list-style-type: none"> <li>• Weekly assessment of exam volumes by site and modality</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring and responding to issues as they arise</li> <li>• Oversight of site processes ensuring staff and patient safety</li> <li>• Monitoring staff and patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Exam volume monitoring</li> <li>• Productivity reviews</li> <li>• Wait Time Reviews</li> <li>• Supply usage monitoring</li> <li>• Budget management</li> </ul>	<ul style="list-style-type: none"> <li>• Exam volume monitoring</li> <li>• Productivity reviews</li> <li>• Wait Time Reviews</li> <li>• Budget/supply management</li> </ul>
Lead Time Activities prior to moving to this Phase			<ol style="list-style-type: none"> <li>1. Staff and Radiologist engagement/communication</li> <li>2. Discontinue cancellation of exams</li> <li>3. Implementation of clinical protocols               <ul style="list-style-type: none"> <li>○ Adapt physical layout to support physical distancing requirements</li> <li>○ Provide additional education on PPE and IPC requirements</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Staff and Radiologist engagement/communication</li> <li>2. HR workforce planning activities               <ol style="list-style-type: none"> <li>a. HR and Union support for contract staff extended scheduling</li> <li>b. Radiologist Capacity</li> <li>c. Support services</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Equipment planning/purchase may be required.</li> <li>2. HR workforce planning; training and recruitment for clerical, technical and clinical</li> </ol>

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			<ul style="list-style-type: none"> <li>○ Develop processes to handle drop in x-ray patients.</li> <li>4. Review and re-prioritize postponed requisitions based on MIAC guidelines</li> <li>5. Provide scheduling capacity information to BC Breast Screening Program.</li> </ul>	<ul style="list-style-type: none"> <li>3. Supplies review: PPE and Imaging specific supplies</li> <li>4. Review service delivery models including discussions with Community Imaging Clinics</li> <li>5. Investigate IT solutions for streamlining booking, and patient/physician communication</li> </ul>	
Ongoing cost/budget impact			<ul style="list-style-type: none"> <li>• ITS/Software costs to support appointment booking and patient flow/physical distancing in waiting rooms</li> <li>• <b>EXTRA RESOURCES MAY BE NEEDED*</b> this might mean additional funding, altering work processes (extended hours) or redeployment of staff</li> <li>• Recommendation to Increase Medical Imaging operational budgets to allow additional resources addition, remove barriers and streamline the approval process</li> </ul>		

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