Guideline for Monitoring and Managing
COVID-19 Patients in Community

This guideline has been prepared on behalf of the Primary Care Network Incident Response Task Force for COVID-19, for use across Alberta to integrate services and partnerships while ensuring continuity of care along the patient journey.

Due to the nature of COVID-19, this resource is considered a "*living document*" to be updated periodically as more evidence is gained and as changes to roles, responsibilities and/or resources occur.

Contact
For more information, questions, edits to content or comments, please contact:
Primary Health Care in Alberta Health Services: phc@ahs.ca

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/3/2020

Introduction

This guideline is designed to ensure integration and continuity of care for patients with presumed (probable or suspected) and confirmed COVID-19 who are being monitored and managed in their community, in an independent living environment. This guideline will:

- Define the role of key health system groups in monitoring and managing COVID-19 patients in the community
- Clarify roles between public health (specifically communicable disease control (CDC) and Medical Officer of Health (MOH)), acute care (including emergency department (ED) and urgent care centres (UCC)), and primary care (including primary care networks (PCNs), primary care providers (PCPs), and Alberta Health Services primary care (AHS PC))
- Link to relevant resources and practice tools for decision support
- Describe zone processes required to ensure a safe, reliable, and effective COVID-19 response

As community partners are engaged in the monitoring and management of COVID-19 patients in the community, this guideline will be updated as relevant to reflect integration and partnerships along the patient journey. Current examples of enhancing care partnerships underway include:
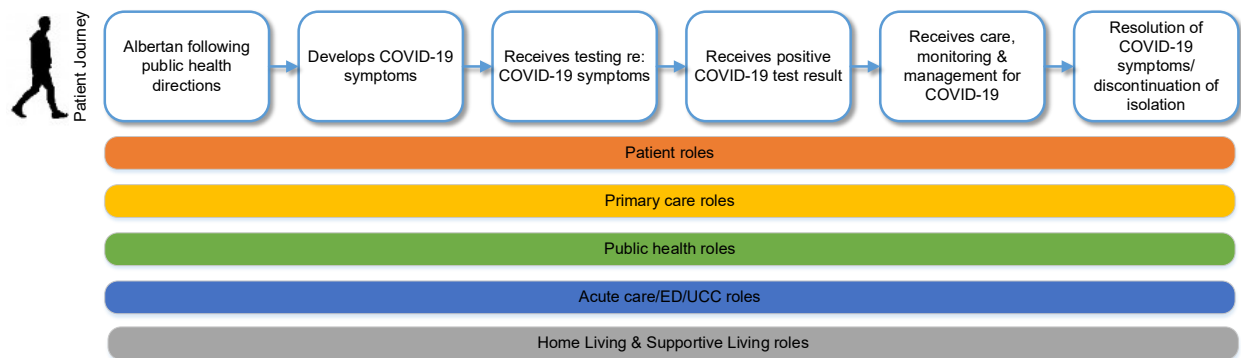
- Collaboration on a companion resource — called the COVID-19 Assessment, Treatment & Stabilization in Place guide — to provide treatment options available to assess, treat and stabilize individuals receiving continuing care supports within home living (i.e., Home Care), supportive living, facility living (long-term care) and palliative & end of life care programs
- Discussions with Emergency Medical Services (EMS) are occurring to look at improved integrated care partnerships between primary care providers and EMS, specifically when a citizen is responded to and there is shared decision making to not transfer to acute/ED

Background

Alberta has a unique context with strong PCNs and patient medical homes (PMH) that enable a COVID-19 response that is patient-centred and rooted in community and primary care. This is critical to the response, as approximately 90% of COVID-19 patients will recover from the virus without requiring treatment in a hospital (AHS, 2020). PCPs (family physicians or nurse practitioners) and their multidisciplinary teams caring for patients throughout the COVID-19 pandemic will support continuity of care, and enable a timely response if a patient requires more intensive support, including face to face assessment, add on treatment or available resources, or transfer to emergency department.

The patient journey (Image 1) for COVID-19 positive patients requires access to different parts of the health system. Without coordination across both system and organizational boundaries, there are risks to gaps in planning or communication, or adverse patient outcomes. The volume of patients and time pressures of the COVID-19 response requires clearly articulated roles and responsibilities for each group in the health system.

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020

Image 1: Alberta COVID-19 positive patient journey

For the purpose of this document, patients include:
- People at home (independent and/or supportive living environment) with suspected/confirmed COVID-19
- People discharged from a COVID-19 assessment and treatment centre, hospital or emergency department with presumed or confirmed COVID-19
- People diverted from emergency department with presumed or confirmed COVID-19
- Vulnerable people with complex health needs and social determinants of health, who are at high risk for COVID-19, or have suspected or confirmed COVID-19

Outbreak areas may use the guideline and have additional considerations on a case by case basis.

Principles and Assumptions

The following principles and assumptions have been taken into account while writing this guideline:

Principles
1. Primary care has a role in the care of patients with COVID-19 in the community.
2. The role of primary care will be implemented through an integrated response between PCNs, PCPs (family physicians or nurse practitioners and multidisciplinary team members), and AHS PC to ensure that already established roles within each zone are respected.
3. Care should be delivered through the patient medical home and processes should focus on the return of patient care to the medical home.

Assumptions
1. There will be a process that ensures PCPs receive notification of positive COVID-19 lab test results.
2. Continuity of care will occur by leveraging existing zone processes or will require new zone processes to be developed, with a focus on suspected or confirmed COVID-19 patients.
3. Attachment of unattached or orphaned patients will occur through existing processes or will require new zone processes to be developed, with a focus on suspected or confirmed COVID-19 patients.
4. Health Link is captured throughout this document as an enabler for COVID-19 management in the community throughout the patient journey.

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020

Roles for Monitoring and Managing COVID-19 Patients in Community

Zone Role

Partners in the Zones are well positioned to align and integrate the care of COVID-19 positive patients in the community. This section describes the zonal processes and resources recommended to enable continuity of care.

Zone primary healthcare and operations, in collaboration with Zone Emergency Operations Centres and the PCN Incident Response Task Force, when they are active, are responsible to ensure each zone has a plan and can implement the following:

- A plan to ensure that patients will be monitored and managed in alignment with zone Presumed/Confirmed COVID-19 Positive Primary Care Pathways, including but not limited to, processes for after-hour care (including weekends), back up supports for unavailable PCPs, patients who are unable or unwilling to self-isolate, etc.
- Admission and discharge pathways to safely transition patients between care providers and care settings (i.e., Home to Hospital to Home Guideline)
- A plan to receive discharged patients back into community and primary care and ensure appropriate follow up, as per acute clinical assessment (virtual follow-up 1, 2, or 3 days post-discharge) for both attached and unattached patients
- Mitigation strategies and surge plans to support primary care if they are unable to attach or provide follow up to a patient (e.g., secondary assessment centre, alternate care centre)
- Coordination of resources and treatment options available to assess, treat and stabilize individuals receiving continuing care supports within home living, supportive living, facility living (long-term care) and palliative & end of life care programs
- Access to resources and decision support tools, including specialist advice, care pathways and documentation aids
- Access to patient self-management aids and tools to enable self-isolation, symptom monitoring, timely access to health care and keeping other people safe
- Processes to monitor and manage patients who are vulnerable and/or have complex care needs in community settings and may be susceptible to contracting COVID-19
- A surge plan to extend capacity in community and primary care to receive diverted family practice conditions from the Emergency Department should Surge level 3 be initiated

Patient, Primary Care (PCP & PCN), Public Health, Acute Care and Home Living and Supportive Living roles

This section outlines the role of each health system group in relation to the steps on the COVID-19 patient journey to achieve integration and continuity of care.

Albertan Following Public Health Directions

Health system group	Role
Patient	- Practice physical distancing and follow other public health direction - Self-monitor for symptoms Resource: COVID-19 Information for Albertans

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020

Primary Care (PCP)	• Make arrangements to: provide primary care to patients, virtually or in person; monitor and manage vulnerable and complex care patients; and support COVID-19 response in your practice, including patient mental health and wellbeing Resources: Meeting Patient's Needs: Algorithm for today's primary and specialty care teams Information for Community Physicians (novel coronavirus COVID-19) • Provide support for a patient's social determinants of health that may prevent her/him from being able to follow public health guidelines • Reinforce public messaging within primary care environment • Ensure ongoing advanced care planning and goals of care designation conversations and decisions, which are fundamental to a person's care and support
Public Health-CDC/MOH	• Provide clear and concise messaging to the public regarding physical distancing and staying healthy • Provide additional supports for vulnerable populations required to follow public health guidelines
Acute care/ED/UCC	• Establish processes that allow capacity for surge if needed
Home Living and Supportive Living	• Ensure informational continuity with primary care provider

Develops COVID-19 Symptoms

Health system group	Role
Patient	• Begin self-isolation Resource: Isolation: Government of Alberta • Complete online self-assessment tool and include PCP contact Tool: COVID-19 Self-Assessment • Receive call to schedule testing and confirm PCP is copied on lab requisition
Primary Care (PCP)	If patient presents with symptoms at virtual or in-person appointment: • Assess to determine if patient has emergent or non-emergent symptoms • Direct patient with emergent symptoms to emergency room • Direct patient with non-emergent symptoms to online self-assessment tool • Monitor and manage patient in the community based on zone-based Presumed/Confirmed COVID-19 Positive Primary Care Pathways

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020

	• Document appropriately for COVID-19 See EMR pathway templates in the COVID-19 pathway & tele-advice section
Public Health-CDC/MOH	• Provide clear and concise messaging to public regarding self-isolation and quarantine • Provide direction on patient eligibility for testing
Acute care/ED/UCC	If patient presents with symptoms at acute care site: • Notify PCP of patient admission due to emergent symptoms • Notify PCP of patient visit and discharge from ED to support recommended follow up and monitoring • If unattached, support patient in finding PCP as per zone process • As early in the admission as possible, work with care teams to anticipate need for information or assessment in home living environment Resources: COVID-19 Provincial Pandemic Flowsheet: Admission to Acute (from ED, Assessment Centre, or Observational Unit) COVID-19 Provincial Pandemic Flowsheet: Patient Discharge from Hospital Home to Hospital to Home Transitions Guideline
Home Living and Supportive Living	• Collaboratively work with the appropriate care team to ensure any relevant information needed for appropriate clinical and non-clinical community supports (e.g. instrumental activities of daily living (IADL) assistance with meal preparation, managing finances, etc.) are arranged for patients, families and caregivers. Professional and support services are based on a client's assessed needs

Receives Testing for COVID-19 Symptoms

Health system group	Role
Patient	• Attend testing appointment • Continue to self-isolate and monitor symptoms
Primary Care (PCP)	• Support testing if required based on zone processes
Public Health-CDC/MOH	• Conduct COVID-19 testing
Acute care/ED/UCC	• Notify PCP of any swab results completed at these sites
Home Living and Supportive Living	• Support testing if required based on zone processes • Notify PCP if testing arranged with patient, as per patient consent

Receives Positive COVID-19 Test Results

Health system group	Role
Patient	• Receive positive test results from public health • Participate in contact tracing • Continue to self-isolate and monitor symptoms Resources: COVID-19 Information for Albertans: Prevent the spread How to care for a COVID-19 patient at home

Primary Care	**PCP**
	
	• Once notified, monitor and manage patient in the community based on zone-based Presumed/Confirmed COVID-19 Positive Primary Care Pathways
	
	PCN
	
	• Provide contingency plans that support attachment and continuity of care for:
	  o Unattached patients
	  o Orphaned patients whose usual PCP is unavailable
	  o After hours and/or weekend supports

Public Health-CDC/MOH	• Notify patient of positive result and provide clarification on isolation and quarantine requirements
	• Complete COVID-19 assessment, including:
	  o Health status (symptoms)
	  o Ability to safely isolate
	• Complete COVID-19 teaching, including:
	  o General disease education
	  o When and how to seek urgent medical attention if required
	• Conduct contact tracing
	• If needed, liaise with First Nations Inuit Health Branch (FNIHB)
	• Report all confirmed and presumed COVID-19 cases to Alberta Health
	• If patient provides PCP information, send results to PCP

Acute care/ED/UCC	• Acute Care: If swabbing is completed in these sites, notify PCP of positive result • Notify patient of positive result and provide clarification on isolation and quarantine requirements while in hospital
Home Living and Supportive Living	• Ensure care is optimized for patients within the community • Collaboratively work with the appropriate care team to ensure any relevant information needed for appropriate clinical and non-clinical community supports (e.g. instrumental activities of daily living (IADL) assistance with meal preparation, managing

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020

	finances, etc.) are arranged for patients, families and caregivers. Professional and support services are based on a client's assessed needs

Receives Care, Monitoring and Management in the Community for COVID-19

Health system group	Role
Patient	• Monitor symptoms with the support of primary care provider Resources: Coronavirus Disease (COVID-19): Care instructions Coronavirus Disease (COVID-19): How to manage symptoms • Consider additional community supports, including accessing 211 • Access care through primary care or 811 for non-emergent symptoms • Access care through ED, urgent care or 911 for emergent symptoms
Primary Care	**PCP** • Accept responsibility for monitoring and managing COVID-19 positive patients • Ensure continuity of care as per CPSA standards if unable to follow patients • Book virtual appointment (in person only if needed) to assess clinical risk • Monitor and manage patient in the community based on zone-based Presumed/Confirmed COVID-19 Positive Primary Care Pathways • In partnership with Public Health, ensure patient is able to safely self-isolate and refer to appropriate zonal resources, as needed • Connect with Zone MOH for concerns or questions around patient self-isolation and/or compliance • Access COVID-19 specialist advice when appropriate Resource: COVID-19 Primary care tele-advice • Consider additional community supports that may be appropriate for patient, depending on their care preferences and clinical needs • Have ongoing advanced care planning and goals of care designation conversations and decisions, which are fundamental to a person's care and support Resource: Planning Ahead with Vulnerable Patients during COVID-19: A Conversation Tool for Clinicians **PCN** • For patients requiring care post-discharge from acute care, establish transition processes that support receiving safe hand-offs from hospital, ED, or UCC back to the primary care provider

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020

	Resource: COVID-19 Provincial Pandemic Flowsheet: Patient Discharge from Hospital
Public Health-CDC/MOH	Note: Active daily surveillance is not typically being done by public health

Acute care/ED/UCC	At admission:
	
	• Establish transition processes that supports safe hand-offs from hospital, ED, or UCC to the primary care provider, including:
	    o Ensure patient has a primary care provider, and make provider aware of the admission
	    o Create a plan to support patients with complex care needs, including social determinants of health and vulnerable population needs
	• Consider additional supports that may support discharge, including virtual hospital if available
	• As early in the admission as possible, plan for discharge by working with care teams to anticipate needs for information or assessment in the home living environment
	
	At discharge:
	
	• Notify MOH of discharge from acute care
	• Notify PCP, or alternate depending on zone process, of discharge Resources:
	COVID-19 Provincial Pandemic Flowsheet: Patient Discharge from Hospital
	COVID-19 Safe Discharge Checklist
	• Consider additional supports that may support discharge, including virtual hospital if available

Home Living and Supportive Living	• Ensure care is optimized in a person's home and in line with their goals of care • Ensure care is optimized for patients within the community • For information about activities and exercises to help with physical concerns, strategies for day-to-day activities impacted by COVID-19, and information on what services and support are available for in-person or virtual visits, consider calling the Rehabilitation Advice Line: 1-833-379-0563

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020

Resolution of COVID-19 Symptoms/Discontinuation of Isolation

Health system group	Role
Patient	• Monitor symptoms with the support of primary care • Continue isolation as directed by public health
Primary Care (PCP)	• After patient has been cleared from isolation by public health, continue to medically manage patient based on clinical judgement Resource: zone-based Presumed/Confirmed COVID-19 Positive Primary Care Pathways
Public Health-CDC/MOH	• Notify patient of clearance from self-isolation • Notify PCP when self-isolation has been cleared for their patient
Acute care/ED/UCC	
Home Living and Supportive Living	• Ensure care is optimized for patients within the community • For information about activities and exercises to help with physical concerns, strategies for day-to-day activities impacted by COVID-19, or information on what services and support are available for in-person or virtual visits, consider calling the Rehabilitation Advice Line; 1-833-379-0563

Reference:
Alberta Health Services. (2020). *Novel Coronavirus (COVID-19). Frequently Asked Questions- Staff.* Retrieved from https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-2019-staff-faq.pdf on May 20, 2020.

Guideline for Monitoring and Managing COVID-19 Patients in Community
Distribution: COVID-19 PCN Incident Response Task Force, ahs.ca
Last Updated: 06/03/2020