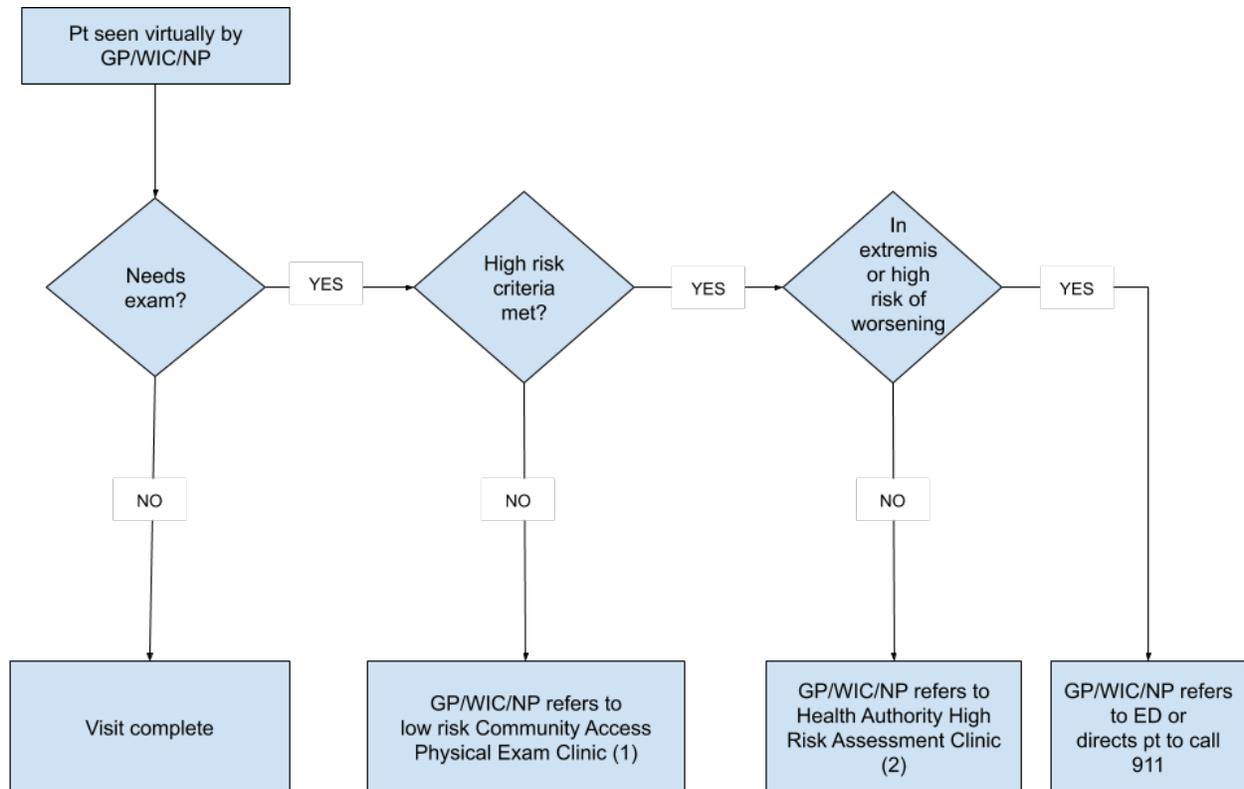


CAPE clinic referral process

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Overview



(1), (2) Referral process to be defined. May require pre-assessment (phone/video) or physician-to-physician hand-over prior to appointment being made. See referral process for details.

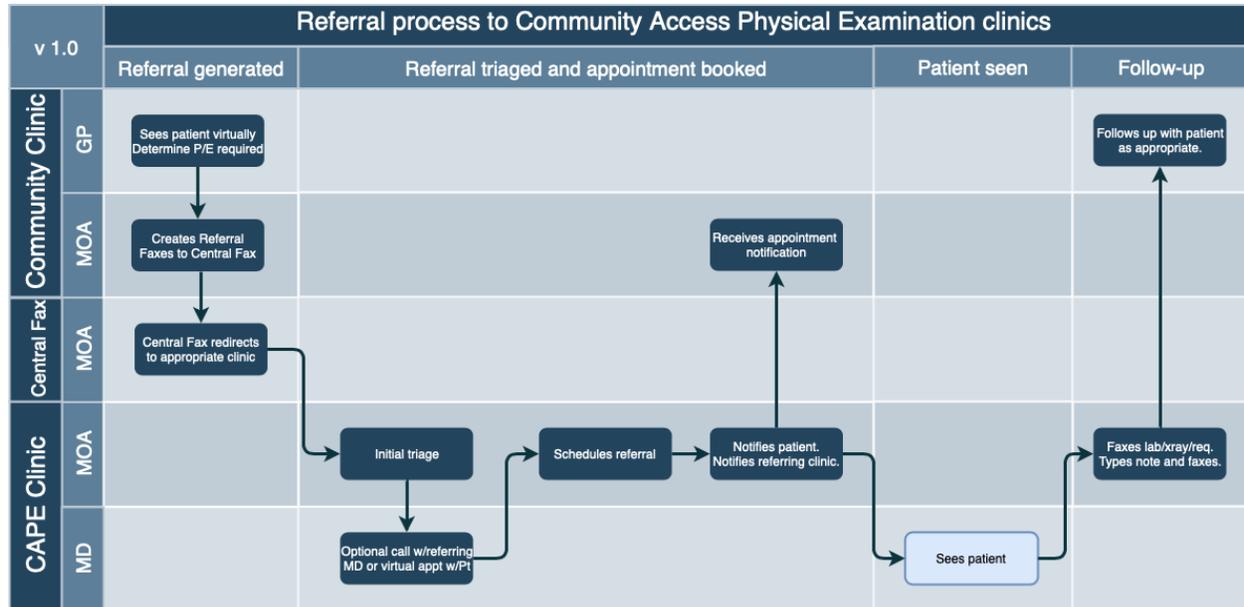
Risk stratification

High-risk patient	Low-risk patient
High risk of viral shedding	Low risk of viral shedding
<ul style="list-style-type: none"> ● respiratory symptoms (regardless of severity)*, ● COVID-positive, ● confirmed or presumed contact, ● returning travelers (until isolation period over). 	<ul style="list-style-type: none"> ● no respiratory symptoms, ● was COVID-positive, now 10 days after symptom onset, ● no known high-risk contacts (e.g. family members), ● not a returning traveler.
Refer to <u>High-Risk</u> clinic (High-Risk form)	Refer to <u>Low-Risk</u> clinic (Low-Risk form)
<p>* Diarrhea, nausea and vomiting can be present in up to 5% of patients but never in isolation from respiratory symptoms, so if it's just diarrhea, nausea and vomiting, then they aren't high risk.</p>	

<p>If any of the following are YES, refer to Island Health <u>High-Risk</u> clinic using <u>High-Risk</u> form</p>	<ul style="list-style-type: none"> <input type="checkbox"/> COVID-positive (and less than 10 days since symptom onset; lingering cough is okay) <input type="checkbox"/> Less than 14 days since contact with a confirmed/presumed COVID-positive person <input type="checkbox"/> Returning traveler within 14 day isolation period 															
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Dyspnea</td> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Congestion/Coryza</td> <td><input type="checkbox"/> Loss of smell/taste</td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Myalgia</td> <td><input type="checkbox"/> Chills</td> <td><input type="checkbox"/> Diarrhea</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Sore Throat</td> <td><input type="checkbox"/> Nausea/Vomiting</td> <td><input type="checkbox"/> Chest Pain</td> <td></td> </tr> </table>	<input type="checkbox"/> Fever	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Headache	<input type="checkbox"/> Congestion/Coryza	<input type="checkbox"/> Loss of smell/taste	<input type="checkbox"/> Cough	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Chills	<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Fatigue	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Chest Pain		
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Detailed process

May vary slightly from clinic-to-clinic.



Referral generation

1. MRP or WIC Physician sees patient virtually, and determines a physical examination is necessary in order to make a management decision.
2. MRP/WIC Physician determines patient is low-risk and so creates and sends a faxed referral to the central fax number for low-risk CAPE clinics.
 - a. Initially, the central fax number will be monitored Monday–Friday, 9 am–5 pm. Referrals received outside of these hours will be distributed when the office opens.

Referral triage and scheduling

3. The central fax number is monitored M–F 9–5 and incoming referrals are re-faxed to individual CAPE clinics based on:
 - a. Has a specific clinic been identified by the Referring MRP/WIC Physician?
 - b. Which clinic is the patient geographically closest to?
 - c. Is the identified clinic currently accepting referrals?
4. Each CAPE clinic triages incoming referrals.
 - a. If there are questions about the appropriateness of the referral, the CAPE clinic MD calls the Referring MRP/WIC Physician directly.
 - b. If there are questions about what assessment is needed, the CAPE clinic MD calls the Referring MRP/WIC Physician directly.
 - c. If further information is required from the patient, the CAPE clinic MD undergoes a virtual appointment with the patient (scheduled by the CAPE clinic).
5. The CAPE clinic schedules referred patients.
 - a. A notification is faxed to the Referring Physician of the appointment date/time.
 - b. Patients are notified of their appointment directly by the CAPE clinic.

Patient arrival and room filling

6. Patients arrive and are directed to wait in their car/shelter outside the clinic.
7. Clinic staff assess the patient prior to entering the clinic for any worrisome symptoms. For example, a staff member may take O₂ saturation and temperature on waiting patients, in their cars/or the “arrival by transit” waiting area.
 - a. If they are “sick” they
 - i. are redirected by the CAPE clinic to the ED (via EMS if appropriate). In this case, the CAPE clinic notifies the referring physician of the outcome: redirection to ED.
 - ii. are redirected by the CAPE clinic to the High-Risk Assessment clinic. In this case, the CAPE clinic notifies the referring physician of the outcome: redirection to High Risk Assessment clinic.
 - iii. undergo a virtual appointment with the CAPE clinic to determine next steps. In this case, the CAPE clinic notifies the referring physician of the outcome.
 - iv. the CAPE clinic calls the referring physician and asks the referring physician to follow up with the patient as the patient no-longer meets criteria for a low-risk referral.
8. Patients are called (or a messenger is sent) when the clinic is ready for them to enter the clinic.
9. Patient is directed to wait in an assigned examination room.

Patient examination

10. CAPE Physician reviews the referral and makes their examination plan, including gathering appropriate equipment.
11. CAPE Physician enters the examination room wearing appropriate PPE.
12. CAPE Physician reviews key details of the referral with patient and develops an examination plan.
13. CAPE Physician reviews findings and develops a near-term management plan in consultation with the patient.
For example, if the patient is referred for a new swollen knee, and the CAPE Physician conducts an examination and determines that it is likely an ACL tear, it would be reasonable to expect that they would provide pain management recommendations, initial management, and order an Xray to rule out any bony involvement/if a referral to Rebalance was warranted. However, the referring physician would be responsible for following up on progression, any imaging ordered, and to initiate any referral.
14. If a prescription, x-ray requisition or lab requisition is required, CAPE Physician asks patient which lab/xray/pharmacy they use/prefer.
15. CAPE Physician leaves room, discarding gloves and other appropriate PPE before they leave.
16. Patient leaves the room and is directed to leave the clinic. OPTIONAL: prescription(s), laboratory requisition(s) and/or medical imaging requisition(s) are provided to the patient.

Post-examination

17. Prescription/x-ray requisition/lab requisition is faxed to desired location(s)
18. CAPE Physicians' notes are typed and a consult sent back to the referring physician via fax. Includes a note of any prescriptions, lab or x-ray requisitions provided to the patient or faxed.
19. Referring physician follows up with patient as appropriate/indicated on consult note.

Appropriate referrals to CAPE clinics

Sourced from <https://bcfamilydocs.ca/wp-content/uploads/2020/03/What-are-Essential-Services-in-Primary-Care-032520.pdf>, retrieved March 28, 2020

Overall

1. Patients who have urgent needs and require services / treatment and would otherwise have to go to hospital for care.
2. Essential preventive services.
3. This referral process is only for patients the referring doctors deems as having LOW RISK for COVID-19 infection.

Details

- Acute exacerbation of chronic illness that doesn't require hospitalization
- Complications of pregnancy
- Certain acute infections, such as otitis, UTI, cellulitis, STIs, acute diarrhea with blood
- Acute major illness/injury (including fractures or potential fractures or dislocations)
- Acute minor injuries (e.g. lacerations that require more than taping)
- Acute psychiatric illness
- Abdominal pain NYD
- Musculoskeletal pain with trigger features (i.e. not a basic sprained ankle)
- New onset headache
- Other vaccines/prophylaxis required for outbreak control

Potentially appropriate referrals to CAPE clinics

Sourced from <https://bcfamilydocs.ca/wp-content/uploads/2020/03/What-are-Essential-Services-in-Primary-Care-032520.pdf>, retrieved March 28, 2020

Overview

1. Patients whose situation is non-critical and who require treatment / services that can be deferred for a few weeks (i.e. after the peak of the pandemic wave).

Details

- Uncomplicated pregnancy care – 1st or 2nd trimester: we are working on a maternity referral process.
- Well baby visit: we are working on a maternity referral process.
- Please note we are currently working on the potential for a separate process for low risk maternity referrals, we will provide details as they become available

Inappropriate referrals to CAPE clinics

Sourced from <https://bcfamilydocs.ca/wp-content/uploads/2020/03/What-are-Essential-Services-in-Primary-Care-032520.pdf>, retrieved March 28, 2020

Overall

1. **Patients whose condition is life-threatening should be sent to the Emergency Department.**
2. Patients whose condition is non-life threatening and who require services that can either be deferred or managed in another way (e.g. automatic prescriptions) for the duration of the pandemic.

Details

- Well child and adult checkups
- Nutrition and weight counselling
- Pap smears
- Routine adult immunizations
- Preventive services and clinics
- Insurance and other forms
- Palliative care (use Palliative Response Team)
- Patients recently discharged from hospital on new medications who must be followed closely (e.g. Warfarin) (can be done virtually)
- Patients requiring pneumococcal immunization (can be done at pharmacy)
- Flu vaccine when it becomes available (can be done at pharmacy)
- Routine childhood immunization (direct to public health unit)
- Stable chronic disease management, including asthma, diabetes, hypertension, and stable cardiac, pulmonary, renal, neurological or hepatic disease (if stable can be virtual visit)