



Continuous Interdisciplinary Care Provided to Patients

- All NPLCs provided continuous, interdisciplinary in-person or virtual primary care services without interruption
- Most NPLCs continued with virtual new intakes of patients to address ongoing community needs for primary care
- Some procedures (e.g., foot care) were postponed, but these were restarted as soon and as safely as possible
- Many NPLCs established regular “check-in” phone calls to older, socially isolated and high-risk patients
- All continuous and interdisciplinary primary care was also documented by NPLCs within the electronic medical record



Immediate Transition to Providing Virtual Care to Patients

- All NPLCs transitioned immediately to virtual care (phone calls and video visits using various platforms) and both virtual capacity and virtual consent of patients were recorded within the electronic medical record
- Virtual appointments provided for non-urgent services and in-person appointments provided for essential services
- Many NPLCs have setup virtual outreach programs and videos (e.g., YouTube) for topics such as chronic disease management, exercise, meditation, yoga, pain management, smoking cessation and coping with pandemic stress



Comprehensive Safety Protocols and Practices for Patients and Provider Team

- All NPLCs have restructured patient flow (e.g., advising patient arrival at appointment time and moving patients directly to clinic room if symptomatic) and incorporated time between appointments for adequate sanitization
- All NPLCs quickly adapted for providers to work from home (e.g., with necessary technology), obtained PPE supplies, established a pandemic response team and held regular (virtual) team meetings either daily or weekly
- Sharing of continuous and updated information for patients and providers was key to ensure safety and well-being



Partnership with Community Agencies and Community Assessment Centres

- NPLC team members provided either clinical or administrative support to local community agencies as needed
- Many NPLCs collaborated with local hospitals, Public Health Units, Canadian Red Cross, CMHA, LHIN, Rapid Access Addictions Clinics (RAAM / RAAC) and Emergency Services (EMS) to support their broader community, especially particularly at-risk and non-patient populations, such as complex, homeless or refugee individuals
- NPLC providers also either led or assisted with Community Assessment Centres for screening during the pandemic

All NPLCs Provided Continuous, Comprehensive, Safe and Interdisciplinary Care to Thousands of Patients Across Ontario Throughout the COVID-19 Pandemic

Key Challenges



- Some patients appreciated phone call check-ins from NPLC providers, but indicated that they were somewhat frustrated by screening questions and wait times in other parts of the health care system
- Some NPLCs were challenged in ensuring that relevant patient information was accurate and up-to-date, especially for virtual care appointments (email address / phone number)
- Some patients did not have access to the required resources or technology for use in virtual care appointments, which required NPLCs to adapt to these needs, such as through applying and receiving funding from the Canadian Red Cross for a lending program to avoid care gaps among at-risk patient populations
- NPLCs also had to respond to technological and mental health needs of patients



Key Successes



- NPLCs have received overwhelming appreciation from their patients and the communities for the services and support that they have provided throughout the pandemic
- Many patients reported appreciation of minimizing exposure and enhanced convenience of virtual care options
- Many clinics reported a mix in preference from their patients in terms of preferring virtual care or in-person care
- NPLCs were able to provide adequate and supportive resources for clinical staff to work offsite quickly and effectively (for example: technology, programs)
- NPLCs have also focused on updating their clinic websites and social media accounts to provide regular and relevant information to their patients and partners (for example: any changes in hours, guidelines or services)
- Many clinics will be assessing the overall experiences of their patients through Patient Experience Surveys
- Overall, we would like to acknowledge that NPLCs were an integral and proactive primary care partner, which came together with other organizations to address needs (for example: establish surge plan), overcome challenges and focus on how best to serve their patients and communities in need
- Truly, this partnership was a glimpse into what health care could be, if we all focus on working together

All NPLCs Provided Continuous, Comprehensive, Safe and Interdisciplinary Care to Thousands of Patients Across Ontario During COVID-19 Pandemic

The logo for NPLCA (Nurse Practitioner-Led Clinic Association) features the acronym 'NPLCA' in white, bold, sans-serif font on a dark blue background. A vertical green bar is positioned to the right of the text.

NPLCA

**Nurse Practitioner-Led Clinic
ASSOCIATION**

A corporate member of NPAO

COVID-19 Response by NPLCs in Ontario

**Prepared by the Quality Improvement and
Information Management Specialists (QIIMS)**

Data Collected – July 2020

Report Created – October 2020

Overview



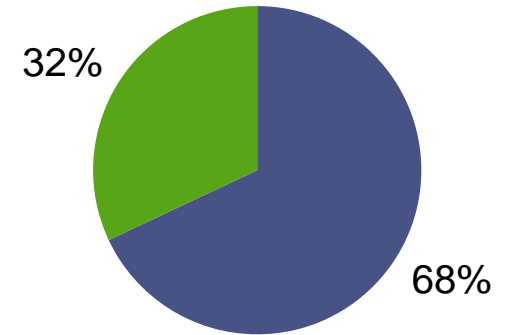
- 16-Question survey sent to all NPLCs in July 2020 to capture how NPLCs responded to COVID-19 and how services / supports have adapted and changed during the pandemic
- Responses were received from all 25 NPLCs
- Feedback from NPLCs was separated using two key themes: data entry and data collection and continuous care provided

NPLC Response to COVID-19

- All NPLCs were able to continue providing primary care services without interruption
- Providers were able to transition quickly to phone and virtual visits
- NPLCs implemented extensive safety measures to keep both their providers and patients safe during either virtual or in-person care
- NPLCs partnered with multiple community agencies to organize and deliver innovative services / supports
- NPLC providers also either led or assisted with Community Assessment Centres for COVID-19 screening purposes

DATA ENTRY AND EMR DATA COLLECTION

1. Are there specific forms that you are using to screen patients that are tracked in your EMR?

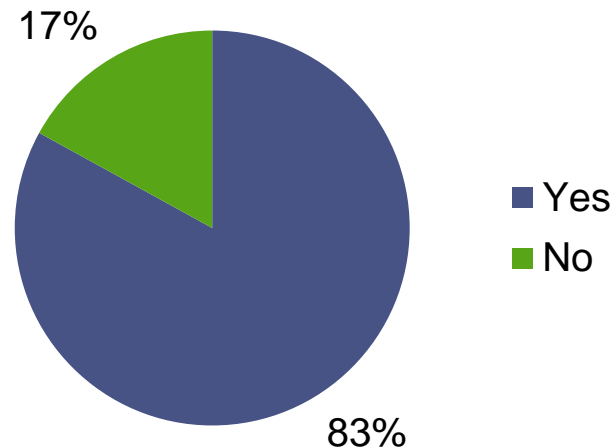


■ Yes ■ No, only verbally screening

Tracking patients screened

- Many clinics are using a COVID-19 toolbar and / or COVID-19 screening form
- Many clinics are documenting using specific formats like Encounter Details / End of Visit / Log Sheet that are completed after each visit
- Some clinics are using COVID-19 EMR stamps and documenting by text in appointment notes
- Some clinics are scanning screening forms into EMR

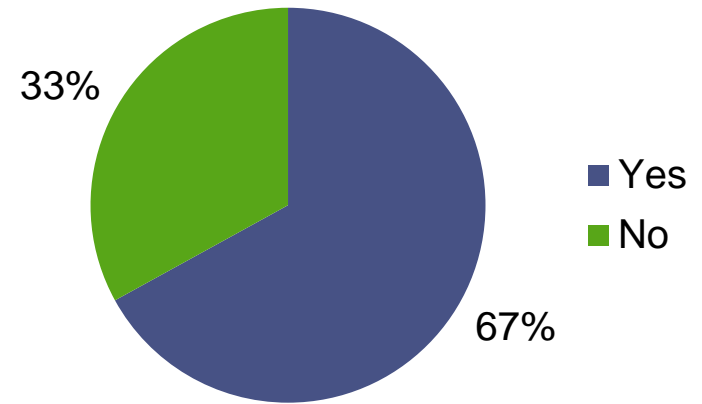
2. Have you tracked virtual visits vs. phone visits?



Virtual visits vs. phone visits

- Many clinics are tracking by appointment type in the EMR
- Many clinics are tracking using Encounter Details / End of Visit / Log Sheet
- Some clinics are tracking using progress notes / macros, specifically documenting phone vs. video visits and privacy
- Specific custom forms for phone and video visits have been created, as well as specific stamps for documentation

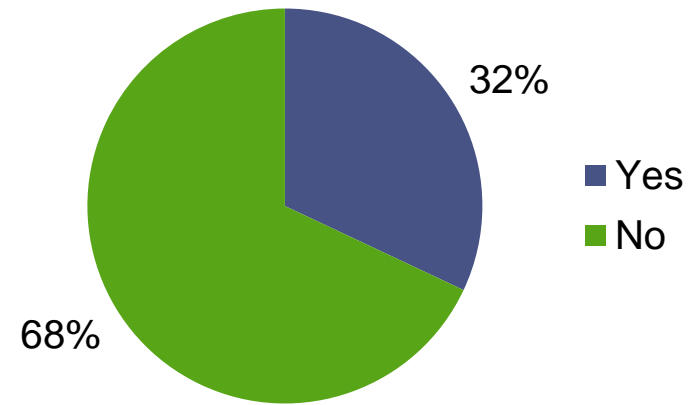
3. Are you flagging or tracking patients that are COVID-19 positive?



Tracking and flagging COVID-19 patients

- Many clinics did not have any patients that have tested positive as of the date of the survey completion
- Many clinics are tracking patients who are tested through either lab reports or lab result notes, as well as contacting all patients with follow-up results (either positive or negative)
- Some clinics have created a flag within EMR for tracking
- Some clinics are scanning lab results into the record

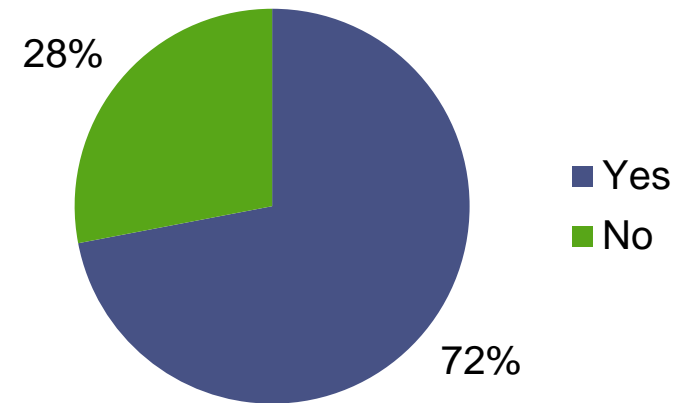
4. Are you flagging or tracking patients that have virtual capacity (i.e. have technological capacity to do OTN or other virtual visits)?



Tracking virtual capacity

- Many clinics document virtual capacity by an email address or if patient consent is obtained and documented in the record
- Many clinics are also documenting limited virtual capacity in the record if a patient is not able to do virtual visits or if there is lack of access to required resources
- Some clinics include virtual capacity within a stamp or on a screening form, which is then scanned into the EMR
- Some clinics have obtained email consent for virtual visits and email communication through Ocean patient messaging in which providing consent indicates capacity
- Some clinics have flagged those patients without access specifically to provide access through a lending program

5. Are you tracking consent to virtual visits and electronic communication (e.g. custom form, templates, adding emails indicates verbal consent has been obtained)?

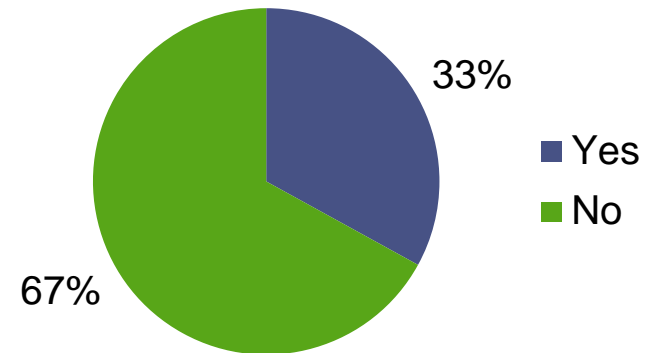


Tracking consent for virtual visit and email communication

- Most clinics are tracking consent to virtual care within encounter notes or progress notes in which verbal consent is documented for each phone or video visit
- Most clinics are also using a stamp with consent script
- Some clinics are obtaining consent within the virtual visit process (informed consent required to start video)
- Some clinics have sent virtual care consent forms to be completed by patients via email (such as via Ocean)
- Some clinics obtain virtual care consent when an appointment confirmation is sent
- Some clinics have an eVisit preparation note template for use prior to OTN visit
- Some clinics are also using a virtual visit custom form

CONTINUOUS CARE PROVIDED

6. Have you had to stop providing care / services at any point since the pandemic began mid-March?



Care services impacted

- Note: None of the NPLCs closed completely during the pandemic, but instead adapted to be able to deliver services in alternative ways that enhanced safety for both staff and patients
- Many clinics had specific procedures and services (such as foot care, chiropractic care, physiotherapy, lab work, physicals and screening) that had to be postponed to minimize risk for patients and providers
- In-person delivery of these procedures and services were restarted as soon and as safely as possible (with COVID-19 screening and personal protective equipment)
- Some clinics had to postpone community programs or adapt these programs to be held virtually online
- Overall, non-urgent appointments were conducted virtually (phone or video) and all essential services were provided with in-person appointments

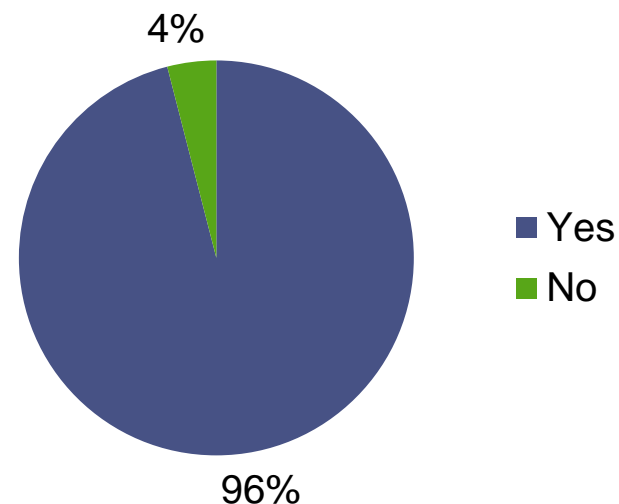
7. How have you kept providers safe during the pandemic (i.e. working from home, obtaining PPE supplies from different sources, safety and sanitizing protocols, regular team meetings)?

- Most clinics quickly adapted to ensure that providers were able to work from home (with the necessary resources and technology), obtained PPE supplies from various sources to meet needs, created / updated and enacted safety and sanitizing protocols and held regular (virtual) team meetings on either a daily or weekly basis
- Most clinics enabled providers to work from home, which reduced the number of staff onsite at clinics and ensured clinical work continued, and many clinics have implemented “virtual days” and rotating schedules
- Most clinics reviewed PPE supplies on a regular basis and obtained supplies for future months whenever possible
- Most clinics either created or updated their safety and sanitization protocols and tracking of these protocols was facilitated through OCC and IPAC
- Most clinics have adjusted clinic rooms and work spaces to facilitate physical distancing whenever possible and surfaces are sanitized regularly
- Patient and staff screening is conducted before entering the clinic and wearing masks and maintaining physical distance is required in the clinic
- Most clinics ensured team members received updated information through regular (virtual) team meetings, establishing a pandemic committee / pandemic emergency plan and creating a COVID19 resource board

8. How have you kept patients safe during the pandemic (i.e. virtual care, safety protocols, social distancing guidelines)?

- Most clinics quickly adapted to deliver virtual care whenever possible (via phone or video) and essential services were provided in-person
- While the majority of virtual care was provided by phone, the use of video appointments (such as through PSS Virtual Visits, Accuro Medeo or Zoom platforms) and virtual form completion before appointments (such as through Ocean) has increased over time
- Most clinics have adjusted waiting rooms (such as by removing chairs and adding markings on the floor) and clinic rooms to facilitate physical distancing whenever possible, masks and screening are required before entering the clinic and surfaces are sanitized regularly
- Most clinics have restructured patient flow through the clinic, such as by only allowing a small number of patients in the clinic at one time, requesting that patients arrive at their scheduled appointment time, moving patients directly to a clinic room (especially if experiencing symptoms) and allowing for time between appointments to ensure adequate sanitization is possible
- Some clinics also emphasized to patients that the intention of primarily delivering care virtually was to ensure their safety during the pandemic

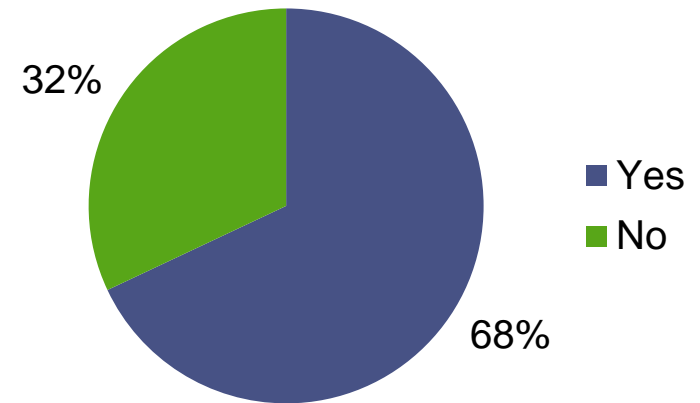
9. Have you done any specific outreach to specific patient groups (65+, chronic conditions) that may be at higher risk of contracting COVID-19?



Outreach to patient groups

- Many clinics have established regular “check-in” phone calls by appropriate IHPs to older patients, patients who are socially isolated and high-risk patients
- Some clinics even delivered food hampers to patients who were identified as dealing with food insecurity

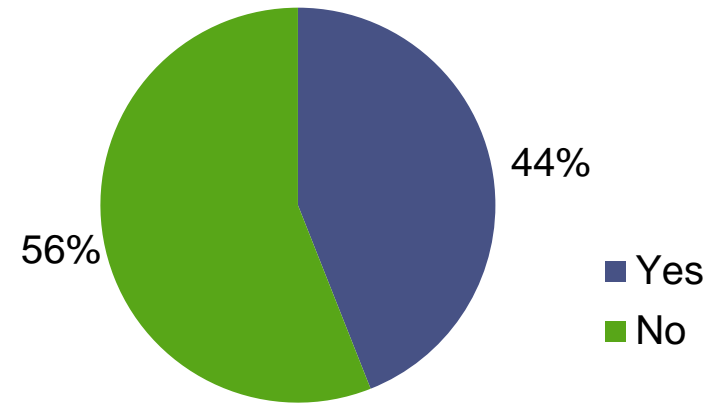
10. Have you done any specific outreach programs through phone / virtual for chronic disease management?



Outreach for chronic disease management

- Many clinics have set up virtual outreach programs for patients with chronic conditions (such as diabetes, hypertension, asthma or mental health issues)
- Some clinics modified their typically in-person programs (such as those for patients with cardiovascular disease, diabetes or eating disorders) to phone / video programs to avoid any interruption
- These outreach for chronic disease management programs were mainly organized and run by IHPs

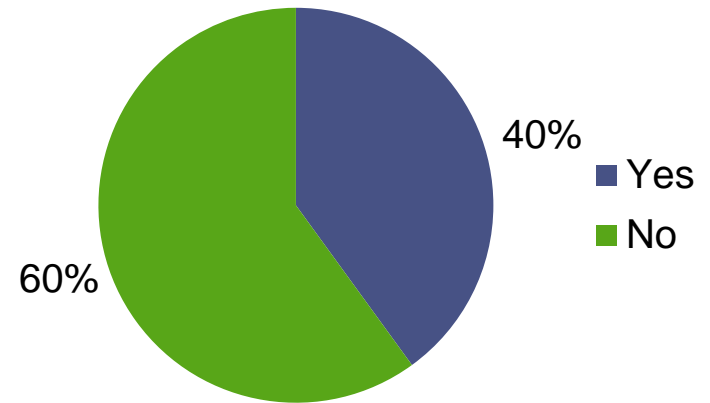
11. Has your clinic offered any webinars or online programming for patients / community?



Webinars and online programming

- Many clinics have offered several webinars and online programming such as stress management, chronic disease self-management, cooking on a budget, cognitive behavioural therapy and post-partum programs
- Some clinics have developed YouTube / social media videos on several topics such as exercise, pain, weight management, smoking cessation and coping with COVID-19

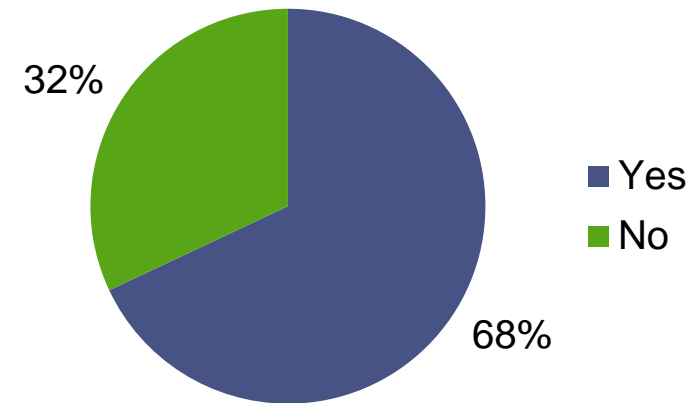
12. Has your clinic provided any assistance or led a Community Assessment Centre for COVID-19?



Community Assessment Centres

- Many clinics have collaborated with community partners such as local hospitals and Public Health Units to set-up and run Community Assessment Centers and drive thru testing for asymptomatic individuals
- Some clinics also provided training to the community and Aboriginal Assessment Centre's staff including mentorship on starting operations, IPAC training and site review to assist in planning

13. Has your clinic partnered with any other agencies to provide any new or adapted services / supports during COVID-19 (mental health walk-in clinic)?



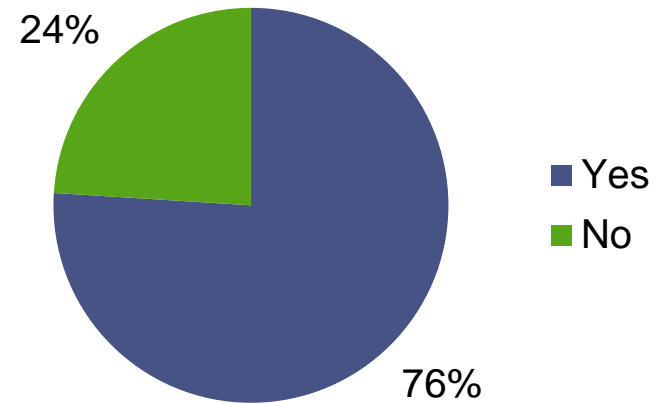
Partnering with other agencies

- Several clinics have partnered with other agencies such as local hospitals, CHCs, PHUs, Canadian Red Cross, CMHA, LHIN, Rapid Access Addictions Clinics (RAAM/RAAC) and Emergency Services (EMS) to support their broader community
- For example, some clinics provided school vaccinations (previously done by PHU) and some clinics provided virtual “walk-in” services to addiction and mental health patients
- Some clinics partnered with Mission United and programs for the homeless by offering primary care and other services such as meals, counselling and assistance finding additional resources
- Some clinics partnered with local organizations to assist with unattached newborns and refugee families who required primary care services

14. Have you provided any services / supports to the non-patients due to closure of other agencies or programs in the community?

- Many clinics provided services to non-registered patients and followed open-door policy to assist clients regardless if they were NPLC patients
 - Mental Health supports to two local physicians
 - Homeless primary care support to paramedic run community clinics
 - Mission United has offered primary care to people without a primary care provider, homeless and individuals that have been released from incarceration
 - Thousands of non-patients attended the clinic for COVID assessments
 - COVID swab testing as referred by Public Health Unit
 - Provide addictions medicine service while other clinics were closed
 - Delivering Meals on Wheels two days a week to most vulnerable population and available to support migrant worker outbreak or assessment and to assist with PPE distribution for Oxford County
 - Have continued to offer CBT group Counselling, RAAM Program Services to non-patients during the pandemic but not due to closure of another agency
 - Case management and system navigation for those staying at the homeless shelter and providing online programs to the community

15. Have you received responses from patients about changes to care due to COVID-19 (e.g. virtual / phone visits, any challenges to using virtual care, patient appreciation)?



Patient feedback

- Many clinics have received overwhelming support from their patients and the communities for services they have provided
- Many clinics reported a mix in preference from their patients in terms of preferring virtual care or in-person care
- Many patients reported appreciation of minimizing exposure, enhanced convenience and avoiding the clinic with virtual care

Patient challenges

- Some patients appreciated phone call check-ins, but were frustrated by screening questions and wait times in other parts of the health care system
- Some patients did not have access to the required resources or technology for use in virtual care
- Some clinics were challenged in ensuring patient information was accurate and up-to-date (email address / phone number)

16. Other aspects of your clinic's work during COVID-19 that you would like to highlight?

- Most clinics have introduced several unique ideas to support the communities they serve and provided support to registered and non-registered clients by forging partnerships with other agencies resulting in comprehensive services and successes in care delivery, which are highlighted below:
 - None of the NPLCs closed completely during the pandemic, but instead adapted to be able to deliver services in alternative ways that enhanced safety for both staff and patients
 - Most patients who were discharged from hospital received a post hospital follow-up visit or appointment with their provider
 - Most patients who requested / required their health care needs addressed within same day or next received an appointment, specifically with assistance from nursing triage processes
 - Most clinics benefited from the crucial role of mental health counsellors
 - Some clinics noted a significant reduction in patients reporting somatic complaints, which may have been a benefit of continuing regular check-ins
 - Some clinics noted that home visits and group home visits were important services specifically for frail high-risk patients during the pandemic
 - COVID-19 Assessment Centre has highlighted that NPs can make significant contributions to their community and makes the clinic very visible within the local community, which has been very beneficial

16. Other aspects of your clinic's work during COVID-19 that you would like to highlight?

- NPLCs were able to provide adequate and supportive resources for clinical staff to work offsite quickly and effectively (for example: technology, programs)
- NPLCs have also focused on updating their clinic websites and social media accounts to provide regular and relevant information to their patients and partners (for example: any changes in hours, guidelines or services)
- Incorporating enhanced supplies of PPE and safety procedures has created additional and incremental clinic expenses, which have been integrated into the clinic existing budget (may need to be better supported moving forward)
- In fact, some clinics have assisted with thousands of face masks and gowns that were made by volunteers being made available to community members
- Some clinics distributed information packages to community members to educate about COVID-19 and outline available services in the community
- Many clinics will be assessing the overall experiences of their patients during the pandemic through Patient Experience Surveys
- Overall, we would like to acknowledge that NPLCs were an integral and proactive primary care partner, which came together with other organizations to address needs (for example: establish surge plan), overcome challenges and focus on how best to serve their patients and communities in need
- Truly, this partnership was a glimpse into what health care could be, if we all focus on working together

THANK YOU

A decorative illustration of a branch with leaves and berries in shades of purple and blue, framing the text 'THANK YOU'. The branch curves across the middle of the image, with several leaves of varying shapes and sizes, some with detailed vein patterns. Small clusters of berries are attached to the branch. The text 'THANK YOU' is written in a stylized, serif font, with 'THANK' on the top line and 'YOU' on the bottom line. The letters are white with a dark outline. Small decorative marks, resembling three radiating lines, are placed near the 'T' and the 'U'.