

# Re-Opening Guide: Primary Care / Community Specialist Offices

Created by: Ontario Health West - South West Primary Care  
Pandemic Response Table

This document is intended to support clinicians in the Southwestern Ontario region in preparing to re-open their practices through the chronic phase of the COVID19 pandemic.

This guide is not meant to be prescriptive but rather to support your own local decision making and circumstances. This document will be iterated, with the most up-to-date version being housed at [swcovidtools.ca](https://swcovidtools.ca).

If you have materials, feedback, suggestions or advice that you think would benefit others, please share at [info@partneringforquality.ca](mailto:info@partneringforquality.ca) and include your practice model.

Links to external sources will ensure that you always access the most up-to-date information.

For ease of use, click on headings within the Table of Contents to go to that section.

## Contents

General Guidance and Support.....	4
Ministry of Health .....	4
Public Health / Health & Safety .....	4
Provider Organizations.....	4
Communication with patients .....	4
Overall patient messaging.....	4
What patients need to know before arriving .....	4
Communication tools .....	5
Signage for office .....	5
Scheduling of patients/providers .....	5
Providers/providers .....	5
Deciding on Appropriateness of Virtual vs. In-Person Booking.....	6
EMR.....	6
Screening.....	7
COVID Testing.....	7
To consider: .....	7
Current Case Definition.....	7
If you decide to swab in office: .....	7
Current testing locations: .....	8
Reporting to Public Health .....	8
In-Office Flow.....	8
To Consider: .....	8
Physical Office set-up .....	8
Reducing time in office.....	9
Active Screening as patients arrive in office .....	9
Patient Messaging – in office .....	10
Financial Transactions .....	10
Sanitizing/Cleaning .....	10
Your office/exam rooms .....	10
Electronics, such as tablets, touch screens, keyboards, remote controls, and point of sale machines.....	10
Cloth gowns, clothing, towels, linens, and other items.....	10
Maintaining Restrooms that Remain Open:.....	12

Health and Safety .....	12
Infection Prevention and Control (IPAC) Education .....	12
PPE .....	13
Business/HR .....	14
Technology / platforms to enable you to work remotely .....	14
Staff scheduling .....	14
Clothing Change/Scrubs - where to buy? .....	15
Staff absences for sick leave or childcare .....	15
What if you are sick or test positive but have to work? .....	15
Psychosocial supports .....	15
Patient Visits – Things to Consider.....	16
Telephone and Virtual Visits .....	16
Medico-Legal Concerns .....	16
Home Visits.....	16
In-Person Visits.....	17
Secure Messaging/Email .....	17
Diagnostic Support.....	17
Consulting Specialists.....	17
Community Resources.....	17
Teaching.....	18
Contact Us .....	18
Feedback or questions?.....	18
This document was created collaboratively by the Ontario Health West – South West Primary Care Pandemic Response Table. ....	18

## General Guidance and Support

### Ministry of Health

- [COVID-19 Operational Requirements: Health Sector Re-start](#) – May 26, 2020
- [Guidelines for primary care and other providers](#) – May 22, 2020

### Public Health / Health & Safety

- [Getting your workplaces ready for COVID-19](#), Southwestern Public Health
- [Health and Safety Guidance during COVID-19 for Provider and Primary Care Provider Employers](#) – Public Services Health & Safety Association
- [COVID-19: Infection Prevention and Control Guidance for Community-Based Providers, Nursing Professionals and Midwives in Clinic Settings](#), BC Ministry of Health

### Provider Organizations

- [COVID-19: Resuming your Practice](#), CPSO
- [COVID-19: Re-opening Practice](#), College of Providers and Surgeons of Alberta
- [Managing your Practice During COVID-19](#), CMA
- [Post COVID Primary Care Re-Boot](#), Canadian Family Provider
- [Free virtual academic detailing on COVID-19](#) from Centre for Effective Practice

## Communication with patients

### Overall patient messaging

- [Practical advice for talking with patients during COVID-19](#)
- When should you go to the ER? (to come)

### What patients need to know before arriving

- Limit those attending to only those requiring care + one caregiver/assistant if needed
- Whether restrooms are open or closed so they can prepare appropriately
- If waiting in car – call them when ready to come in, send text message you're your computer (if that feature is available to you), or use restaurant-style buzzer system
- Upon arrival: all patients use hand sanitizer and apply a mask if they do not have their own cloth mask
- Follow visual cues to maintain physical distancing – until we receive more direct advice for health care offices, here are some ideas from the business sector:
  - Resource: <https://www.ideas42.org/blog/designing-for-effective-physical-distancing-in-essential-public-spaces/>
    - Make all aisles one-way with clear waymarks on the ground noting the flow of traffic, and use street traffic signs (do not enter, yield, one-way) to facilitate, as they're already familiar to people in other contexts
    - Tape simple guides on the floor throughout the office to help people space by at least six feet throughout their time in the office.

- By reception, create physical cues on the floor and at the reception window to tell patients to wait six feet from the window until it's their turn.
- Place or paint a picture of feet near where you want patients to be/stand while they're waiting for reception/ other staff.
- Resource: <https://planet-lean.com/spaghetti-chart-physical-distancing/>

## Communication tools

- Phone:
  - Sample voicemail message: “We are here to meet your health care needs, but due to COVID-19 there are changes in how you may access care. Please listen to this whole message to hear your options”.
  - Another helpful resource: “[Setting up the perfect medical voicemail greeting](#)”
- Email, if available
  - [Health Myself](#)
  - [Chronometrig](#)
  - [Empower Health](#)
  - [Ocean](#)
  - [Wellx](#)
- Social Media
  - [Social media: appropriate use by providers](#) – CPSO policy statement
  - [How to use social media in healthcare: a guide for health professionals](#)

## Signage for office

- [Passive screening – English](#)
- [Physical distancing - English](#)
- [Physical distancing](#) - for staff areas and patient areas
- [Physical distancing](#) - for elevators
- [Physical distancing for dog people](#) - (humorous sign)
- [Pushing back against COVID-19](#) – signage for patients from OCFP
- [Public Health Ontario signage](#) on how to wash hands and use hand sanitizer
- Post [current symptom list](#) somewhere for patients to see as means of self-screening
- [What is virtual care?](#)

## Scheduling of patients/providers

### Providers/providers

- Stagger in person bookings among providers in multi-doctor practices so multiple patients are not arriving simultaneously (one doc on the hour, one on 15, one on 30 in a 3 doctor office, for example)
- Change # of docs in the office at the same time
- Exam room turnover - consider that cleaning products need ‘wet’ time so may not be ready right away
- Number of exam rooms kept “open” (consider one room per PROVIDER to alleviate cleaning duties?)

## Deciding on Appropriateness of Virtual vs. In-Person Booking

- Virtual care is any care that is not provided face to face, e.g., phone, email, video, etc.
- In person appointments - limit attendance to only those requiring care + one caregiver/assistant if needed
- In a one-hour period, alternate between virtual visits and in-person visits to spread out the time between in-person appointments.
- Solo providers/small clinics: consider staggering in-person with virtual to allow for room cleaning in between
- Large clinics: consider having each provider pick a designated day to be in office seeing patients and provide virtual care the remainder of the time. One provider in-house could provide same-day access to group's patients.
- [In person visits when phone/video isn't enough](#) – OCFP
- Questions to consider when booking as in-person, virtual or telephone (based on CPSA recommendations):
  - Is the patient visit urgent/crucial to the patient's health?
  - Does the patient feel the benefit of therapy exceeds the risk of leaving their home? Would you be putting the patient at risk by asking them to come to the office for something that could be handled over the phone or virtually?
  - Is the medical benefit to the individual patient worth the risk to you and your office staff by having them travel to a community office or health facility?
  - Could further delay in provision of the care or preventative health maintenance result in a worse outcome for the patient?
  - Will offering care in a community setting lessen the burden on hospital facilities?
  - Could scarce resources, like acute care, need to be accessed if the procedure does not go as planned? How will this be coordinated? What impact might that have on limited resources?
  - Will the care provided prevent the need for a patient to access acute care in the foreseeable future?
  - Would a group of peers support the decision of the care being important? Would colleagues perceive these actions as being self-serving, rather than putting the needs of patients, staff and society first? For example, if there was an outbreak related to your clinic or facility, could you justify your decision-making?

## EMR

- Create blocks of time when in-person visits can be booked
- Create new appointment types in different EMR (in-person, virtual, telephone, home visit) for schedulers/providers
- Check with your EMR vendor to refresh training on different booking features
- Consider online booking platform to free up phone lines for telephone visits
  - Examples: [Health Myself](#), [Medeo](#), [Chronmetriq](#)

## Screening

- [Screening based on current symptom list](#) prior to and upon arrival of patients

## COVID Testing

### To consider:

- Will you be testing in your office or sending patients elsewhere?
- If you're testing in your office:
  - Separate entrance?
  - Drive thru?
- Homebound patients – will you be providing mobile swab access?

## Current Case Definition

[Click here to access the most updated case definition](#) as defined by the Ministry of Health.

### If you decide to swab in office:

#### How to get swabs for your office

- Public Health Ontario [ordering form](#)
- [Ontario Health Swab Kit Request Form](#)

#### How to collect swab:

- [Link to NEJM Youtube Video on swab collection](#)

#### Requisition

- Public Health Ontario COVID-19 swab [requisition](#)

#### Handout for Patients post-swab:

- Southwestern Public Health's [post-swab handout](#) to patients

#### Where to send swabs? How?

- Special considerations: if using a community lab (i.e., Lifelabs or Dynacare), call ahead to let them know you have COVID swabs to send. COVID swabs sent via community labs often have to be packaged in a special box and the lab driver often provides this at time of pick-up.

#### How do I assess a patient with COVID symptoms on the telephone or virtually?

- [BMJ infographic](#) on providing virtual assessments

## Current testing locations:

### Assessment Centres

- [Elgin/Oxford](#)
  - Patients can book an appointment at the Assessment Centre directly. Number to call is: 519-631-2020, x 6210
  - If they are not sure whether they need a swab, they should book a telephone consult with you and you can refer them if necessary.
- [Grey Bruce](#)
  - Patients and providers may call any of the numbers below to ask about testing:
  - Owen Sound Hospital 519-378-1466
  - Kincardine Hospital 519-396-3331, ext. 4313
  - Hanover Hospital 519-364-2340, ext. 217
- [Huron Perth](#)
  - Patients should call primary care provider to be assessed and sent for testing.
  - Patients without a family doctor should call Huron Perth Public Health at 1-888-221-2133, ext. 3267.
  - At this time, drive thru assessment sites require pre-arrangement/ appointment and may be scheduled at HPHA sites, Goderich Knights of Columbus Assessment Centre, or Listowel Assessment Centre
- [London Middlesex](#)
  - Contact your healthcare provider
  - Visit a [COVID-19 Assessment Centre in London](#)

## Reporting to Public Health

- [Grey Bruce Health Unit](#)
- [Huron Perth Public Health](#)
- [Middlesex London Public Health](#)
- [Southwestern Public Health](#)

## In-Office Flow

### To Consider:

- **After-hours clinic:** what is expected, how to manage, consider an answering service to allow patients to be distanced appropriately if brought into office.
- **AHCs:** Consider doing your AHC virtually with the option of bringing patients into the office if a virtual visit suggests that a physical exam is required.
- **Allergy shots:** how will you manage these safely, allowing time within the office post-injection where patient is physically distanced from others?
- **Equipment turnover:** need dedicated equipment for COVID-suspect patients
- **Staffing:** how many staff do you need in the office?

## Physical Office set-up

### General

- If safe/private to do so, leave doors open to avoid repeated doorknob contact.



- “Common areas” used by multiple providers/staff – i.e. lab, storage rooms, procedure rooms, weigh scales, etc.
  - Limiting the number of different individuals that use these areas (i.e., dedicated staff for lab?)
  - Disinfecting these areas, etc.
- Keep rooms “bare” – keep surfaces clear of equipment other than computer monitor
- More general tips in this [OCFP document](#)

### Exam Rooms

- Keep rooms “bare” – keep surfaces clear of equipment other than computer monitor
- Anticipate what you will need for the visit and bring into exam room with you (i.e., tongue depressors, reflex hammers, swabs, etc.)

### Reception Area

- Plexiglass barrier – contact installers in your local area
- Health cards: don’t take health cards. Validate online or visual check of version code without handling card
- Install visual cues to maintain physical distancing – until we receive more direct advice for health care offices, here are some ideas from the business sector:
  - Resource: <https://www.ideas42.org/blog/designing-for-effective-physical-distancing-in-essential-public-spaces/>
    - Make all aisles one-way with clear waymarks on the ground noting the flow of traffic, and use street traffic signs (do not enter, yield, one-way) to facilitate, as they’re already familiar to people in other contexts.
    - Tape simple guides on the floor throughout the office to help people space by at least six feet throughout their time in the office.
    - By reception, create physical cues on the floor and at the reception window to tell patients to wait six feet from the window until it’s their turn.
    - Place or paint a picture of feet near where you want patients to be/stand while they’re waiting for reception/ other staff.
  - Resource: <https://planet-lean.com/spaghetti-chart-physical-distancing/>

### Waiting Room

- Chairs: space chairs by 2 metres, consider vinyl/plastic for wiping
- Remove toys, magazines, remote controls, etc.
- Provide visual cues to maintain physical distancing (see above)
- Have available: tissues, alcohol-based hand rub and a waste basket

### Reducing time in office

- Pre-visit questionnaires/calls to reduce time in office (if you use Ocean, consider questionnaire forms emailed to patient prior to visit)
- Virtual visit (e.g., phone call) the day before to ask prenatal/well baby or other history questions

### Active Screening as patients arrive in office

- Screening patients as they come in based on [current symptom list](#).

## Patient Messaging – in office

- If waiting in car: call them to tell them when ready for them to come in, message through computer to text them (if this feature is available to you), , or use restaurant-style buzzer system
- Upon arrival: all patients use hand sanitizer and apply a mask if they do not have their own non-medical mask
- Post [current symptom list](#) somewhere for patients to see as means of self-screening
- [Public Health Ontario signage](#) on how to wash hands and use hand sanitizer

## Financial Transactions

- Encourage clients to pay with tap where possible to limit need to handle money, limit need to touch Interac machines

## Sanitizing/Cleaning

### Your office/exam rooms

- Exam rooms - between patients/daily/weekly
  - [Cleaning and disinfection of non-critical multi-use equipment and devices in community settings](#) – Infection Prevention and Control Canada
  - [BC Centre for Disease Control - guideline on medical office cleaning](#)
- Waiting room + offices
  - Keeping rooms “bare” - surfaces clear of equipment other than computer monitor
  - Anticipate what you will need for the visit and bring into exam room with you (i.e. tongue depressors, reflex hammers, swabs, etc.)
- “Common areas” used by multiple providers/staff – i.e., lab, storage rooms, procedure rooms, weigh scales, etc.
  - Limit the number of different individuals that use these areas (i.e., dedicated staff for lab?)
  - Disinfect these areas frequently.

### Electronics, such as tablets, touch screens, keyboards, remote controls, and point of sale machines

- Consider putting a wipeable cover on electronics.
- Follow manufacturer’s instruction for cleaning and disinfecting
- If no manufacturer’s guidance, use alcohol-based wipes or sprays containing 70-90% alcohol. Dry surface thoroughly.
- [Key tips for sanitizing your mobile phone](#), from OCFP

### Cloth gowns, clothing, towels, linens, and other items

- Launder items according to the manufacturer’s instructions.
- Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people’s items.

- Do not shake dirty laundry.
- Clean and disinfect clothes hampers according to guidance for surfaces.
- Wash hands before and after using gloves.

## Maintaining Restrooms that Remain Open:

If restrooms will be closed, notify visitors ahead of time so they can prepare appropriately

- Ensure toilets are functional and restrooms are supplied with toilet paper, hot and cold running water, soap, paper towel or air dryer, plastic lined waste container, and hand sanitizer with 70%-95% alcohol
- Clean and disinfect twice daily – more often if possible
  - Disinfect high touch surfaces frequently with appropriate disinfectants including faucets, toilets, handles, doorknobs, and light switches
  - A [list of hard surface disinfectants](#) is provided by Health Canada.

## Health and Safety

### Infection Prevention and Control (IPAC) Education

IPAC knowledge is critical in order to protect patients and staff, and to help decrease the risk of transmission of infection in health care.

#### Online Learning

All providers, office managers and other employees are strongly encouraged to acquire basic IPAC skills and knowledge by completing the [IPAC Core Competencies online learning modules](#) available from Public Health Ontario.

#### Additional Support

For in-person assistance, contact Public Health Ontario's IPAC Regional Support Team-West at [IPACWest@oahpp.ca](mailto:IPACWest@oahpp.ca) or call 1-866-916-1127.

#### Hand Hygiene

- [How to wash hands and how to use hand sanitizer](#)

## PPE

### Required Health Care Worker Precautions

A summary of required health care worker (HCW) precautions are listed below (from the [May 22, 2020 primary care MOH guidance document](#)):

Activity	HCW Precautions
Before every patient interaction	HCW must conduct a point-of-care risk assessment to determine the level of precautions required
All interactions with and within 2 metres of patients <b>who screen positive</b>	Droplet and Contact precautions: <ul style="list-style-type: none"><li>• Surgical/procedure mask</li><li>• Isolation gown</li><li>• Gloves</li><li>• Eye protection (goggles or face shield)</li><li>• Perform hand hygiene before and after contact with the patient and the patient environment, and after the removal of PPE</li></ul>
All interactions with and within 2 metres of patients <b>who screen negative</b>	Surgical/procedure mask required <ul style="list-style-type: none"><li>• Use of eye protection (goggles or a face shield) should be considered</li><li>• Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE</li></ul>

### Donning and Doffing

- [Donning/Doﬀing education and proper disposal](#)
- Donning Video: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>
- Doﬀing Video: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

### PPE Stewardship

- [Updated IPAC measures](#) from Public Health Ontario
- Removing masks:
  - If you need to remove your mask (i.e. to eat, make a phone call), place mask face down on paper towel and avoid touching the outside surface when removing or re-applying.
  - Wash your hands immediately after removing the mask.

### PPE ordering

- Regular supplier list (i.e., MediMart, Surgo, etc.)
- Urgent supply ordering [via the South West PPE hub](#)
- Price lists of PPE from different suppliers – [compare pricing here](#).

- How do I know what is 'good' PPE if I am ordering from alternative suppliers? (to come)

### Reporting PPE inventory

- [Click here to report to OMA](#)

## Business/HR

- [Getting your workplaces ready for COVID-19](#)
- [Canada Emergency Business Account](#) – Government of Canada loan program for small business owners

## Technology / platforms to enable you to work remotely

- Home access (VPN)
- E-fax to retrieve faxes when not in office
  - <https://www.srfax.com/>
  - <https://www.myfax.com/>
  - Ocean E-referral for specialists: <https://www.oceanreferralnetwork.ca/>
- Faxing prescriptions:
  - [PrescribeIT](#) sends your prescription electronically to enrolled pharmacies (free for you).
- The [Reacts app](#) provides secure patient/provider communication.

## Staff scheduling

- To consider: If there are no patients in the office, do we need to wear masks, or just maintain physical distancing? Develop your own office policy considering your office configuration and ability to physically distance.
- Minimize the number staff in the office/clinic. Ask what tasks can be done from home or outside of regular hours to minimize staff interactions with each other and patients.
- Stagger start times, shifts, breaks, and lunch times.
- Create workflows to minimize number of people in one area of the premises, limit number of people working in one space at the same time/people sharing equipment according to business needs.
- Utilize teleconferencing and video conferencing to hold meetings. If holding in person meeting, hold in large spaces to accommodate 2 meters' distance between workers.
- Staff self-screening for symptoms
  - [Public Health Ontario recommendations](#) for self-isolation while working
  - Require staff to screen themselves for symptoms before entering the clinic/office, understanding protocol will vary based on office size
  - Determine what should be done when staff report to work, e.g., temperature screening and masking like in LTC
  - Develop a notification protocol for staff to follow if they develop symptoms
  - [Signage for staff as they leave for the day](#)

## Clothing Change/Scrubs - where to buy?

- [Figs](#) (consider bulk order cheaper to save on US shipping)
- [Medelita](#) (consider bulk order cheaper to save on US shipping)
- [Marks Work Wearhouse](#)
- [GreenPaw](#)
- [Giant Tiger](#)
- [Dixie Uniforms](#)
- Dr. Scrubs (physical locations)

## Staff absences for sick leave or childcare

- [Sick Leave provisions](#) - Employment Standards Act, Ontario
- [Sick Leave](#) - Employment and Social Development Canada
- [EI sickness benefits/CERB](#) - Government of Canada
- Wage subsidy - [OMA summary](#) for providers

### To consider:

- Cross-training of staff and planning for backfilling positions should a staff member be unable to work
- Temporary Workers - agency? Do we need to worry about where else they've been working?

### I need staff!

- <https://bookjane.com/>
- [Ontario Workforce Matching Portal](#)

## What if you are sick or test positive but have to work?

- While at work, the health care worker (HCW) should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene.
- These measures at work are required to continue until non-test based clearance (or test based clearance if required by employer/Occupational Health and Safety).
- The HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The HCW on work self-isolation should not work in multiple locations.
- [See the provincial guidance for health care workers who test positive for COVID-19](#) for more information.

## Psychosocial supports

- [BC Centre for Disease Control guideline](#) on supporting psychosocial wellbeing of staff
- Canadian Psychological Association – Free Services for Front-Line Health Care Providers
- OMA Provider Health Program: <http://php.oma.org/>

## Patient Visits – Things to Consider

### Telephone and Virtual Visits

- Adequate Telephone Lines
- Block your number on call display
  - [How to block number on cell phone](#)
  - [How to block number on home phone.](#)
- Documenting start/stop time (use EMR stamps to help with this)
- [Summary](#)
- [Platforms](#)
- [Billing](#)
- [Documentation](#)
- Use of home monitoring devices (scale, glucometer, O2 sat monitor, home BP cuff) if available/affordable to patients

### Medico-Legal Concerns

- [CMPA](#)
- [CPSO](#)
- Can I refuse service to a patient who refuses to wear a mask?
  - CPSO response: If you encounter a situation where a patient declines to wear a mask (or another face covering), sensitively explain the expectation that they wear a mask and the importance of protecting all involved by following the recommendations of public health organizations. Depending on your patient's needs, and your ability to safely isolate and provide care, you may need to defer or reschedule their appointment or redirect them to a setting that can safely provide care to them.  
Be aware that some patients may have a health condition that makes it difficult or uncomfortable to wear a mask.
- Can I charge patients for masks or PPE?
  - CPSO response: It is not appropriate to charge patients for any masks you provide or for any other increase in costs associated with managing your practice at this time

### Home Visits

- [How patients can prepare for a home visit](#)
- [Housecalls 101](#)
- [How to clean equipment used in home visits](#) -- ensure you carry wipes in your car as well as a garbage bag for used wipes.
- [COVID safety](#)
- Billing
- PPE for Home visits
  - ["How to" YouTube video](#) from Niagara North Family Health Team on PPE for home visits
  - Where to don/doff (keep clean/dirty bins in your trunk); ask family to have an open garbage container at the front entrance



## In-Person Visits

- Person presenting with COVID-19 symptoms – document list of everyone who interacts with the patient for contact tracing purposes later?
  - Create EMR stamp or scheduler per provider?

## Secure Messaging/Email

- Platforms
  - [Health Myself](#)
  - [Chronometrig](#)
  - [Empower Health](#)
  - [Ocean](#)
  - [Wellx](#)
- Medico-legal concerns – [see CMPA article on using electronic communication and protecting privacy](#)
- The [Reacts app](#) – secure messaging between patients and providers
- With your staff/colleagues who may be working from home

## Diagnostic Support

- Lifelabs
  - use the [Apple App](#) or [Android App](#) for wait times
  - fax requisition to the lab
  - email or mail requisition to patient
  - [book online](#)
- [Gamma Dynacare](#)
- Hospital Diagnostic Imaging - what's available or not, modified hours?
- Private/Community Diagnostic Imaging Centres – Modified Hours?
- COVID Symptom assessment centre/swab

## Consulting Specialists

- [Telephone consult billing codes](#) (provider to provider – not new!)
- E-Consult set up and billing codes
  - [Primary Care Sign Up](#)
  - [Specialist Sign Up](#)
- Ocean provides e-Referral set up to send and receive/manage referrals electronically

## Community Resources

- [www.southwesthealthline.ca](http://www.southwesthealthline.ca) – search within your region
- [Virtual Physio](#)
- [South West Self-Management - online workshops](#)

## Teaching

- Ask for guidelines or expectations from learner's institution on breakdown of rotation (i.e., % of rotation they are allowed to perform virtual visits vs see patients in-person)
- Resources:
  - [Supervision of Family Medicine Learners for Virtual Visits](#) – CFPC
  - [Evaluating Learners in Virtual Care](#) - CFPC
  - [Supervising Learners in Virtual Care Environment](#) – Northern Ontario School of Medicine
  - [Peer Tips](#), CFPC

## Contact Us

### Feedback or questions?

If you have materials, feedback, suggestions or advice that you think would benefit others, please email [info@partneringforquality.ca](mailto:info@partneringforquality.ca), and they will ensure you receive a response.

**This document was created collaboratively by the Ontario Health West – South West Primary Care Pandemic Response Table.**

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