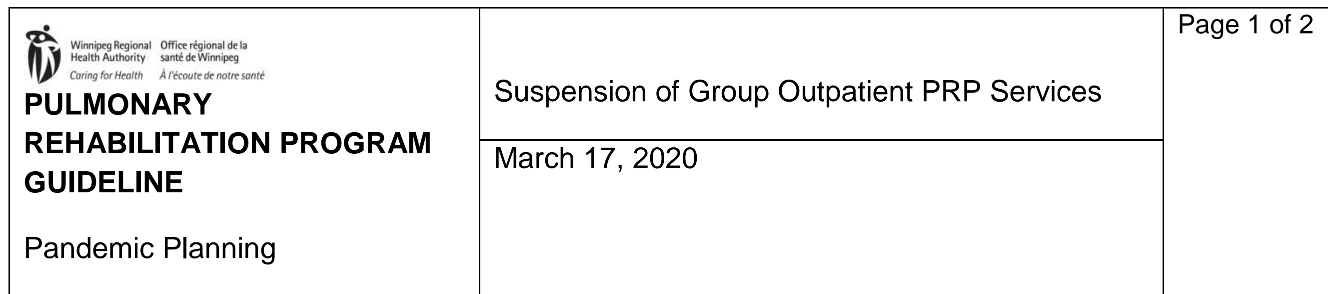

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PULMONARY REHABILITATION PROGRAM GUIDELINE

Pandemic Planning

Suspension of Group Outpatient PRP Services

March 17, 2020

Management of Existing clients:

1. Sites should ensure that an up to date client list with contact information is available
2. Triage client list:
   High risk clients include those with:
   - Greatest risk for decompensation without intervention
   - Limited external supports
   - Risk of ED/UC presentation including those with exacerbation in the last 30 days
3. Call all clients to discuss suspension of group program and alternatives:
   - Clients with questions about COVID-19 should be directed to https://www.gov.mb.ca/covid19/ or Health Links at 204-788-8200 or 1-888-315-9257
   - Follow the usual procedure re: documentation – Indicate that the client was followed over the phone due to COVID-19 pandemic
4. Service delivery upon suspension of group program:
   - Telephone assessment, education and support is the preferred method of service delivery. Videoconferencing technology should be considered where available
   - Frequency of telephone contact should mirror pattern of attendance at outpatient programing

   If the telephone contact reveals that the client needs to be seen in person, two options are available:

   A) 1:1 appointment with appropriate team member
   - Conduct screening questions – If positive screen, refer to Health Links as above, if negative screen proceed with appropriate PPE for Outpatient Settings
   - Appointments should be staggered to avoid contact in waiting areas
   - Programs should work with site housekeeping to ensure environmental sanitation

   B) Home Visit
   - If client unable to attend for 1:1, or for whom a home visit would be most effective, a home visit may be considered
   - Consider whether connection with an existing outreach service could meet this client's needs at this time: Rapid Response Nursing, My Health Team, Home Care Case Coordinator, Community Therapy Services, Geriatric Outreach Teams
   - If a home visit will be conducted by your team, conduct screening as outlined in the Provincial Guidance and Screening Tool for Management of Home Visits – If positive screen,

refer to Health Links as above, if negative screen proceed with appropriate PPE for in home care
  - Travel expenses should be recorded as COVID-19 expenses if not a usual budget line

5. Teams should continue to meet on a regular basis following social distancing guidelines to review client lists and establish management plans

Management of New referrals

- A letter advising referred clients of suspension of outpatient programming will be sent to each new referral and referral source
- Staff will conduct a paper triage of all new referrals and assign a high or low risk status to them High risk clients include those with:
  - Greatest risk for decompensation without intervention
  - Limited external supports
  - Risk of ED/UC presentation including those with exacerbation in the last 30 days
- Clinicians will initiate telephone contact with referred people triaged as high risk to further elucidate issues and necessary supports
- Team physicians should participate in the decision making process where needed
- Referrals triaged as low risk will be contacted as time permits

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A) 1:1 appointment with appropriate team member

- Conduct screening questions – If positive screen, refer to Health Links as above, if negative screen proceed with appropriate PPE for Outpatient Settings
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