1. I heard there is an outbreak in FMC maternity ward.  
   See this article with comments from Dr. John Conly -  
   https://calgaryherald.com/news/staff-at-foothills-maternity-ward-tested-positive-for-
   covid-19/wcm/1e3cd646-0866-435f-b165-81e2ed0fedfb/ 

2. Criteria to enter the pathway is still restricted to confirmed, probable and possible, which have 
   specific criteria. What about all other ILI patients where clinical suspicion is high? Usual referral 
   path?  
   Yes  
   and it is a very good point. Almost all patients at this phase will go down the R hand side 
   of the algorithm 

3. Thanks to everyone that worked out the pathway and the work sheet - given that it has all the 
   relevant data, has there been discussion about using this as the primary documentation and 
   charting for the patient visit? A note on the ED face sheet may redirect the reader to the 
   worksheet.  
   Because it is in draft form, and still being trialed, we have not put it into official AHS 
   format. However, if it has a patient sticker on it, it will be part of the permanent patient 
   record.  

4. We are presently having more success direct admitting to IM than to hospitalist groups thru 
   RAAPID. We are working on the other piece.  
   Bruce and I are working with Jim Eisner to develop a direct admission pathway for 
   hospitalist patients from UCC, especially those requiring simple isolation, when the ASIS 
   is unavailable 

5. Is there any chance that hospitalist team will be able to start taking direct admissions from 
   outside the ER? Currently patients who require a hospitalist admission have to be transferred to 
   the ED first, which is frustrating coming from urgent care.  
   From Neil - Bruce and I are working with Jim Eisner to develop a direct admission 
   pathway for hospitalist patients from UCC, especially those requiring simple isolation, 
   when the ASIS is unavailable
Chat

Link to UofC ED COVID resource page that also has the admission flow diagram and clinical form is also at the top of the ED COVID order set. Also the SAG (Scientific Advisory Group) are posting all their summaries as far as AHS cars and evidence on the web: http://ahs-cis.ca/sag


Except we do swabs on all ILI pts now right?

correct- you can swab for COVID

I personally strongly feel all people over 60 in Calgary (or Alberta for that matter) should be having a telehealth phone consult with their GP re. Goals of Care and have this documented (can bring with them to hospital or placed on Netcare). Meeting a patient for 5-10min and having this discussion should be a last resort.

NB: due to NP swab depletion, we are moving to throat swabs and new collection kits for this. For Peds nasal aspirates instead.

See most recent lab bulletin on HOW TO collect throat swabs (what swab to use and WHERE to collect from in throat)

From Kelsey - PFSP website: https://www.albertadoctors.org/services/pfsp and this - Wellness Hub Needs Survey:
https://docs.google.com/forms/d/e/1FAIpQLSfJE2HcTy4eBajxnjla1Mq8atmhj6frETsZlea0SI_nclVOpQ/viewform

Both of these are on the website as well