

FHC Transitions Planning

Moving from risk mitigation to managing impact and building a foundation for the future



Thank you to all staff who contributed to the FHC Transitions Planning. We heard feedback through multiple avenues including a staff survey (24 responses), drop-in sessions (34 staff attended) and/or manager feedback from team meetings. Your input is extremely valuable and critical to influence outcomes as we begin the transition phase on October 4th 2021. While not all input can be addressed or addressed right away, we want to be collaborative and transparent about the decision-making process. At the core, we strive to ensure a positive, respectful and safe environment for all our staff, clients and FHC patrons.

Below are the top calls we heard and have sought to address:

1.	Call for mandatory COVID-19 vaccinations at FHC <ul style="list-style-type: none">• Concern over working with unvaccinated staff• process, reliability and accountability of Point of Care Testing
2.	Gradual return to on-site/community work
3.	Coordinating in-person vs virtual appointments for clients
4.	Coordinating staff spaces for work and breaks
5.	Managing traffic congestion at entrance and in waiting areas

Please see below the finalized transitions plan after changes incorporated from staff input:

Introduction

- This document is focused on moving from the Pandemic Phase to the transition Phase
- This phase runs from October 2021 to March 2022
- The document includes guiding principles, goals and **high-level policy/process changes** being implemented during this phase
- More work on the Build Back Better phase (post March 2022) will take place in Q4 - 2022.
- All policies and processes are temporary and will be re-evaluated for the 'Build Back Better' phase.
- All staff are required to read this document carefully and refer to the detailed policies and processes when needed. All information will be on Policy Medical. If you have trouble finding any materials, reach out to management.

What are our guiding principles during the Transition phase?

- ❖ Keeping the safety of staff and clients central to our work
- ❖ Adhering to regulations and provincial guidelines
- ❖ Liaising with hospital IPAC colleagues
- ❖ Flexibility to adjust and adapt based on evolving needs

What are our goals for the Transition phase?

- ❖ Prioritize client and staff safety
- ❖ Maximize client and staff experience
- ❖ Ensure low-barrier access for clients and support them with long-term needs including preventative care
- ❖ All FHC staff are vaccinated
- ❖ Provide staff with tools needed to enable best possible care
- ❖ Maintain and enhance our accountabilities to funders and the communities we serve
- ❖ Understand and respond to trends and emerging needs among staff and the community
- ❖ Support interdisciplinary work, collaboration and workplace connections
- ❖ Prioritize those most in need – following principles of equity
- ❖ Create a positive and safe environment for all staff

What can be expected during the Transition stage?

Continue

- Use of mask
- Use of face shield or plexi-glass when 2m physical distancing is not possible
- Meticulous Hand hygiene
- Self-screening of staff
- Screening of clients at booking and as they come in
- Cleaning protocols in alignment with guidelines

Starting

- Gradually increasing onsite presence for staff, students and volunteers and temporary hybrid work environment.
- Decision-making tool to support when care should be in-person or virtual; virtual care can be provided on-site and on-site care can be increased gradually.
- Screening of staff, students, volunteers, vendors and contractors via Online Screening tool.
- Vaccine policy and point of care rapid antigen testing.
- Staggered lunch hours spanning 12pm to 2pm and additional dedicated lunch spaces
- Ability to book meeting rooms for in-person care.
- Increasing capacity, signage and floor markings in waiting areas and at entrances. Use of plexiglass when 2 m physical distancing is not possible.
- Signage and plexiglass in shared offices and other spaces.

Stopping

- Floating

What changes are being implemented starting October 04th 2021?

CHANGE	RATIONALE
<p>Staff Schedules</p> <p>Onsite/in-Community: minimally 3 days per week in October 2021 (as an adjustment period) with a target of moving to minimally 4 days per week in November 2021</p> <p>Remote: temporarily 2 days per week in October and 1 day per week in November, if needed and possible</p>	<ul style="list-style-type: none"> • To support interdisciplinary team work and collaboration, staff need to be onsite. • COVID-19 is here for the long-term and now that vaccination is available we can turn our attention to managing it in an ongoing manner. • Some client care has been delayed. We need to move towards increasing access to care for clients – particularly for new clients who we may not have met face-to-face. • Returning to on-site work will decrease feelings of isolation and not being fully supported by fellow team members. • Being face-to-face is the best way to build relationships, learn from others and solve problems together. Informal chats when running into co-workers on-site is a big part of improving staff morale.
<p>COVID-19 Screening</p> <p>Staff (including volunteers, students, vendors and contractors): Online tool (link) to be used for screening</p> <p>Clients/Others: Continue with active screening while other options are being explored</p>	<ul style="list-style-type: none"> • Staff continue to self-screen. • Moving to an online platform will prevent line ups upon entry, improve data capture (legibility) and enable follow-up • Exploring electronic tools and simpler processes for screening clients.
<p>Hours of Operations</p> <p>All sites to resume pre-pandemic hours of operations</p>	<ul style="list-style-type: none"> • Need to accommodate client needs as we resume moving from urgent care only to all care (including preventative care) • If we do not focus on prevention, the health of our communities will decline and they are already experiencing a health disparity gap due to inequity • FL and HATP hours are already at pre-pandemic levels. FV would resume evening hours on Monday and Wednesdays (9am to 7pm)
<p>Programs and Services</p>	<ul style="list-style-type: none"> • Clients to come alone or with one support person for appointments • Decision-making tool has been developed to support consistent, client-centered approach to patient care. The tool will provide guidance to staff on when virtual care should be provided or in-person care. • Appointment booking guidelines for Primary Care and Allied Health clients have been updated to indicate when virtual care is most appropriate • Population Health and Wellness teams will continue virtual programs predominantly

	<ul style="list-style-type: none"> Community-based Vaccine engagement programs and COVID-19 response initiatives will continue to be prioritized
<p>Physical Space Usage</p>	<ul style="list-style-type: none"> Mandatory masking in common and shared spaces. Masking not required in private spaces. Plexi-glass barriers in waiting areas and in spaces where workstations/chairs cannot be 2 metres apart or more Additional PPE stations set up across sites Additional waiting space capacity for clients identified and marked to mitigate flow of traffic with increased in-person appointments Lunch/Break rooms assigned for staff Hoteling space identified and marked for additional workspace for staff, students and volunteers Staggered lunch hours (12pm to 1pm or 1pm to 2pm) Revived process to send room booking requests through Outlook Calendar for in-person client appointments, meetings and extra workspace Stronger signage and floor markings installed for wayfinding and to direct flow of traffic Cleaning Supplies available and easy to access Managers have completed reviews of staff schedules and rooms used by teams
<p>Partners Onsite</p>	<ul style="list-style-type: none"> Partners that are scheduled to be onsite will work with Managers to ensure protocols are followed and Health and Safety is maintained
<p>Policy Changes</p>	<ul style="list-style-type: none"> COVID-19 days extended to end of March 2022 Temporary Employee Assistance Program (EAP) extended to end of March 2022 Implemented Starter FHC Covid Vaccination policy in alignment with Directive #6 (proof of vaccination OR vaccine education OR exemption) Implementing Rapid antigen testing for unvaccinated staff Implemented temporary hybrid work policy Updated relevant technology policies for working remotely Updated cleaning policy according to and removed references to floating Updated FHC COVID Safety Plan for staff

Staff Tools

- Oceans client messaging and appointment reminders implemented
- Updating workstations with cameras, speakers and mics to facilitate continued virtual care and virtual engagement where needed
- To be implemented this year:
 - Microsoft 365 including MS Teams to facilitate collaboration
 - Modernize telephone system at FL to improve client communications