
CONFERENCE ABSTRACT

Integrated Health System Response to the First Large COVID-19 Outbreak in Alberta

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Introduction

In April, 2020 the High River, Alberta area was connected with North America's largest COVID-19 outbreak at the time. The primary care response in Canada with COVID-19 has been documented by others. However, this study describes the health system response in Alberta with the first large rural outbreak in Canada, which was within the geographic catchment of the Calgary Rural Primary Care Network. This study describes the context of the healthcare system that enabled an unprecedented response to the outbreak, factors that contributed to success or challenges with response, and lessons learned or strategies implemented from the experience.

Aims Objectives Theory or Methods

An exploratory study was conducted to gain understanding of the COVID-19 outbreak in High River, Alberta where a pandemic response was new for the Calgary Rural Primary Care Network (CRPCN). A convenience sample of 11 health system leaders were interviewed using a semi-structured interview guide. Verbal consent was obtained and interviews were between 30 to 60 minutes in length. Interviews were recorded and transcribed for ease of analysis. A coding framework was developed based on the interview guide and initial interviews. Atlas.ti was used for the qualitative data analysis and themes were coded to the framework.

Highlights or Results or Key Findings

Organizations involved in the response include Alberta Health Services, Primary Care Networks and Business Unit, Non-Government Organizations, City of High River, and Isolation Hotels. Primary Care Networks played a major role in the outbreak response through testing sites and follow up care. Organizational roles and processes were identified and created, with redundancies and challenges identified. Success was attributed to teamwork, which was described as being eager to help and take on different roles and tasks, and co-operation, which was described as health system leaders and organizations working together towards common goals and strategies to overcome the outbreak and having a coordinated approach to patient care. Documenting developments and changes through the creation of plans, pathways, maps, or checklists to capture ongoing decisions

and including social services in the response planning were strategies identified to help with the pandemic response. Daily meetings with key stakeholders allowed all to stay focused.

Conclusions

Health system leaders described a response plan that did not consider a large rural COVID-19 outbreak. Stakeholders worked together, with admitted challenges, to integrate care across the healthcare system in response to the outbreak. Organizations executed a response under high pressure conditions with Primary care mobilizing their first testing site.

Implications for applicability/transferability sustainability and limitations

Responding to COVID-19 outbreaks became easier as roles and processes were refined and ongoing changes communicated frequently and effectively. Primary Care responded with clinicians' safely monitoring and treating patients virtually, as COVID-19 infections and mutant strains increased. Further testing sites were deployed upon demand and patient care response sustained.