Remote Service Delivery Model for the IRC Urban clinics at Mafraq & Ramtha
Version 2.1, March 29, 2020

Responding to the recent situation of the COVID-19 outbreak in Jordan and the resulting movement restrictions enforced by the governmental authorities all over the country, it is practically not possible to continue the direct delivery of services at the IRC Primary Health Care (PHC) urban clinics situated in Mafraq and Ramtha. The remote service delivery plan has therefore been developed based on the possible scenarios as per the current and expected situation which is rapidly evolving. The best remote service delivery option will be selected out of the given options according to the situation. IRC may chose a combination of two scenarios while selecting the remote service delivery model to maintain maximum level of service delivery at its urban clinics in a given situation. The remote service delivery plan will be activated in case none of the below preconditions are fulfilled or any of the essential preconditions is not fulfilled

- Movement restrictions applied by the authorities restrict the movement of essential IRC Health and other required support staff (Drivers)
- The beneficiaries are not able to access the IRC urban clinics in the presence of movement restrictions and if there is no flexibility for the patients to physically access the clinics

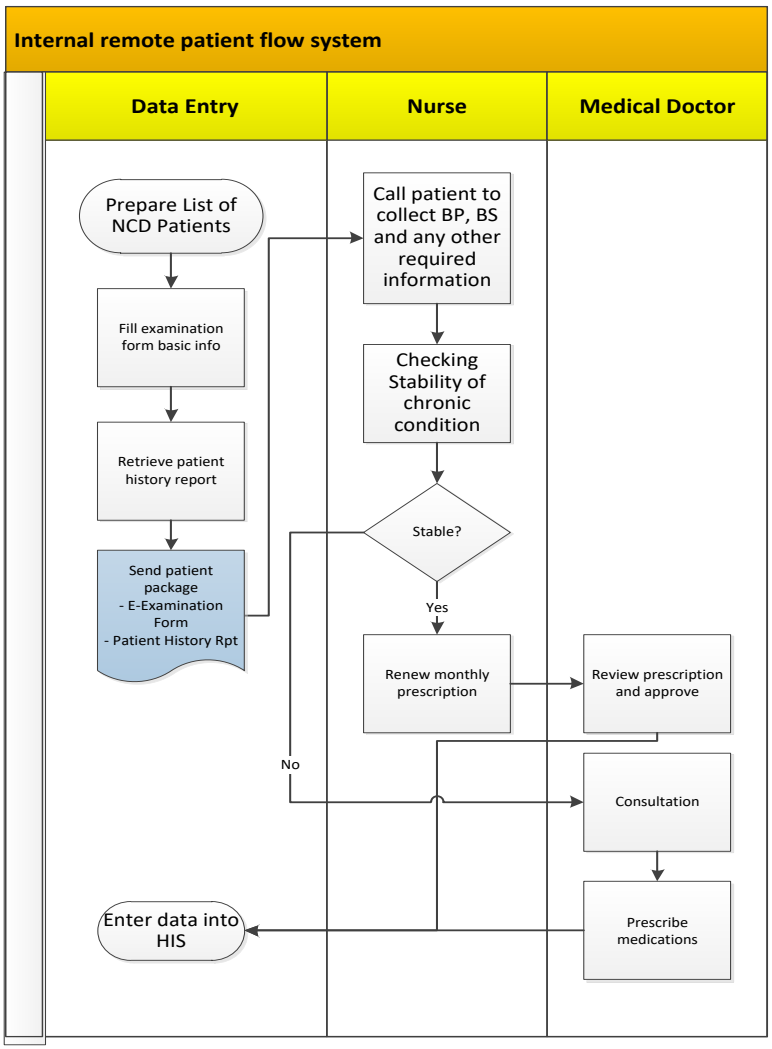
General preconditions for the following three scenarios:

- The medical team consist of one data entry, one nurse and one medical doctor
- Each clinic can have up to two medical teams to work in the following three scenarios
- Each medical team is required to contact 50 patients per working day
- The medications should cover one month only
- All staff who use their phone numbers will use the private mode when they call beneficiaries to ensure that they keep IRC clinics hotline numbers as primary contact point
- Data entry staff will be well oriented on referral pathways and some major FAQs
- Working hours will be between 10:00am – 5:00pm but adjustments will be made as required
- Contracted pharmacies will be briefed on IPC measures and any other IRC “No Harm” principles
- Contracted pharmacies should be oriented on the new workflow before implementation
- All emergency cases should be referred to MOH facilities through 911 and if COVID-19 suspected through 111
- If delivery by the IRC drivers is selected; operation department should be informed and oriented on the new system
- Medical teams are recommended to use official IRC communication software like outlook and MS teams

Note: this plan is guided by the **IRC COVID-19 Risk Categorization and Response Plan** Version **3.0** and all the decisions for service continuity will be taken in accordance with the guidelines and criteria for risk categorization and project criticality provided in the document (version 3.0

Remote patient flow system for Scenarios one to three:

In the following remote patient flow system, the IRC staff will contact NCD patients remotely based on the appointment system which was already implemented before COVID-19 outbreak. In this system the IRC clinical staff will be using the new e-Examination form in addition to patient history report. The senior health officer who is supervising the clinic will be the focal point with the contracted pharmacy who will share the prescription list by the end of each day.

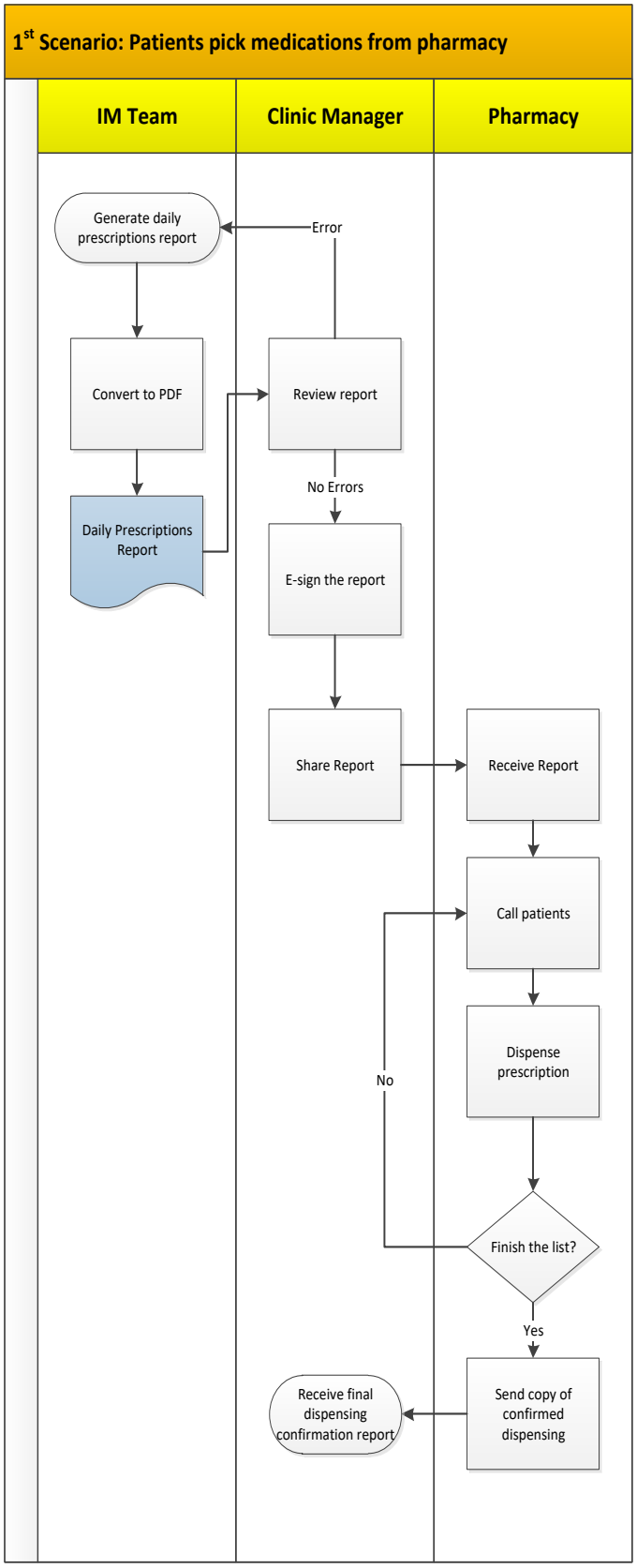


e-Forms which will be used in remote scenarios:

1. *General e-Examination form: Same as the hard copy that the IRC clinics are using with some additions from patient basic information, contact and address. Coloring the form to make it more eye catch for users: grey for data entry, blue for nurses and white with yellow headers are for MD.*
2. *Patient history form: Includes the last two visits details, chief complaint, vital signs and medications.*

Scenario 1:

In the following scenario the IRC is assuming that the patients will be able to pick medications from contracted pharmacy.



IPC measures recommendations which should be applied in any contact between humans:

1. *Hand hygiene: Frequently clean your hands by using alcohol-based hand rub or soap and water, and avoid touching your mouth, nose or eyes unless you have performed hand hygiene. This measure helps to prevent possible transmission of COVID-19 by touching contaminated surfaces or objects.*

2. *Respiratory etiquette: When coughing and sneezing cover your mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands. This measure helps to prevent the possible transmission of COVID-19 through respiratory droplets if you are infected.*

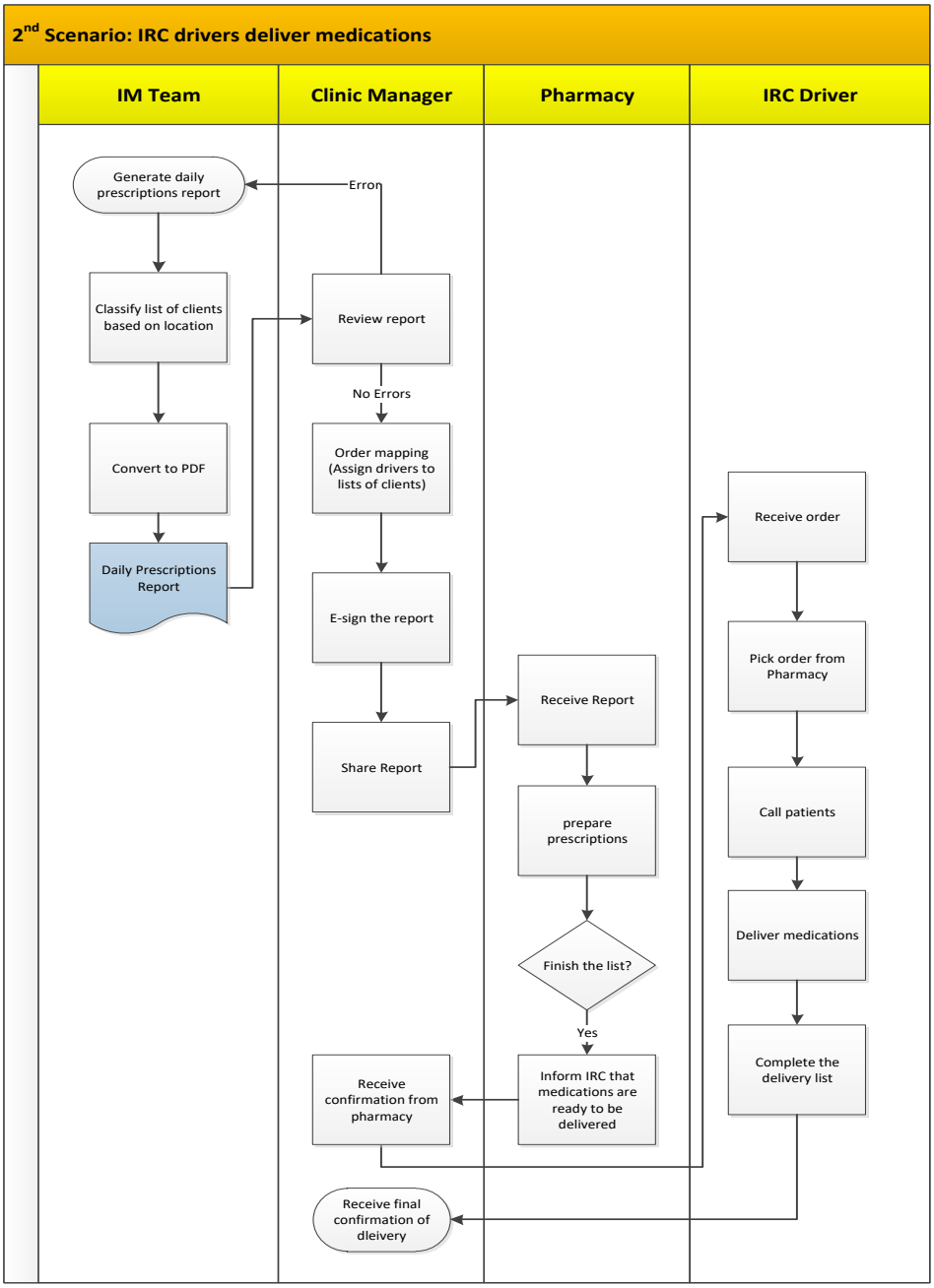
3. *Social distancing: Avoid close contact (maintain at least 1m distance) with anyone who has respiratory symptoms. This measure helps to prevent the transmission of COVID-19 through respiratory droplets.*

4. *Use appropriate PPE's in health care settings for COVID-19 (Face mask, Gloves , Gown, Face Shield or Eye goggles, N95(only for aerosol generating procedures), head and shoe covers), and don't reuse them after dispose them.*

5. *Wash hand before and after remove the PPE's.*

Scenario 2:

In this scenario the IRC will assume that patients are restricted to reach the pharmacy, and IRC drivers are permitted to deliver medications.

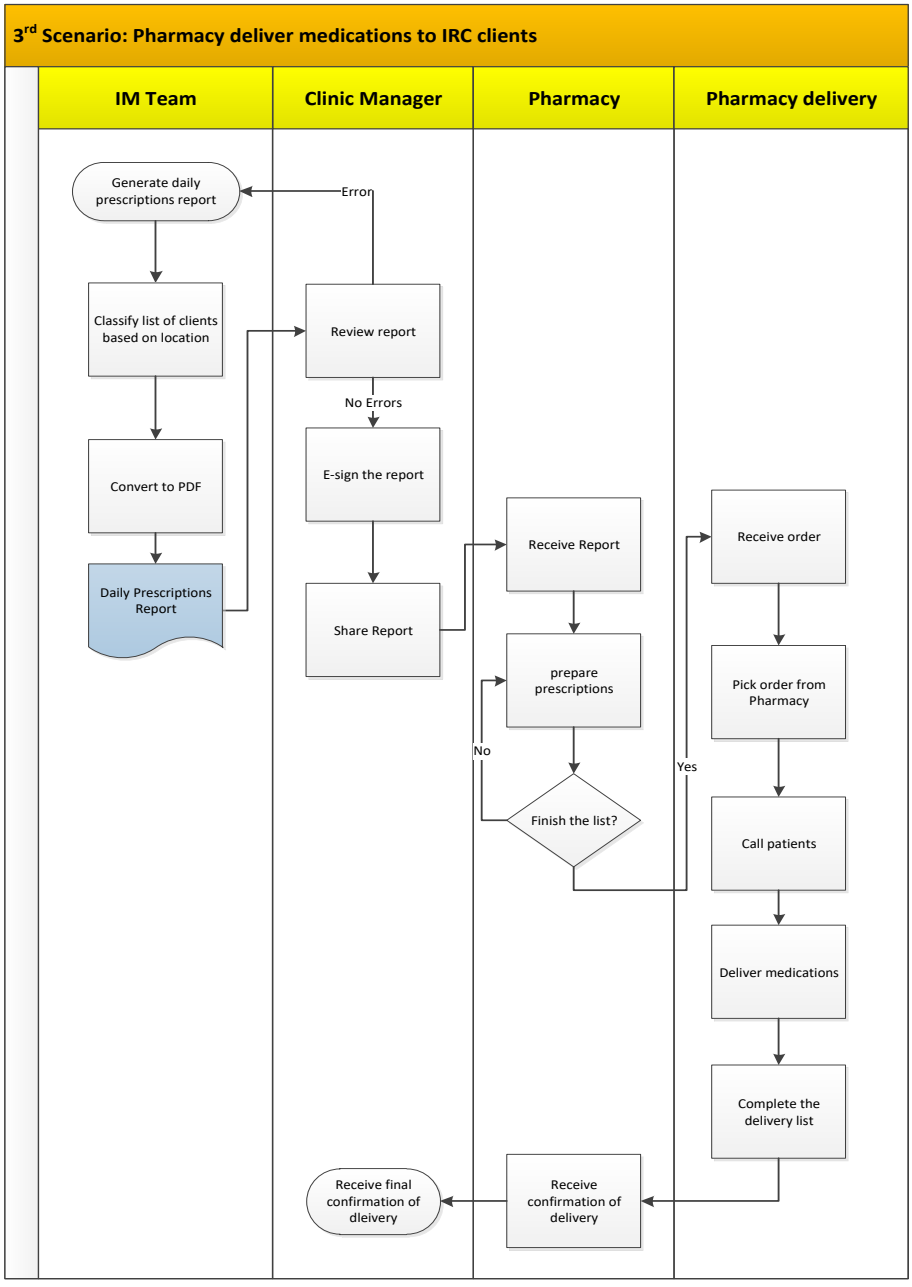


Suggested engaging IRC operations department:

1. *Assign five cars to each clinic.*
2. *Senior health officer will be focal point of contacting the drivers.*
3. *Senior health officer will classify delivery lists based on location.*
4. *Minimum target for each driver is 20 delivery per day.*
5. *Drivers should be authorized to move with IRC vehicles.*
6. *Senior health officer will develop a simple system to ensure delivery to patient.*

Scenario 3:

In this scenario the IRC will assume that patients are restricted to move and delivery of medication will be the contracted pharmacy's responsibility.



Pharmacy delivery:

As instructions on government announcement about pharmacy delivery cost is still unclear, the IRC should discuss the below scenarios with the contracted pharmacy before go with this scenario:

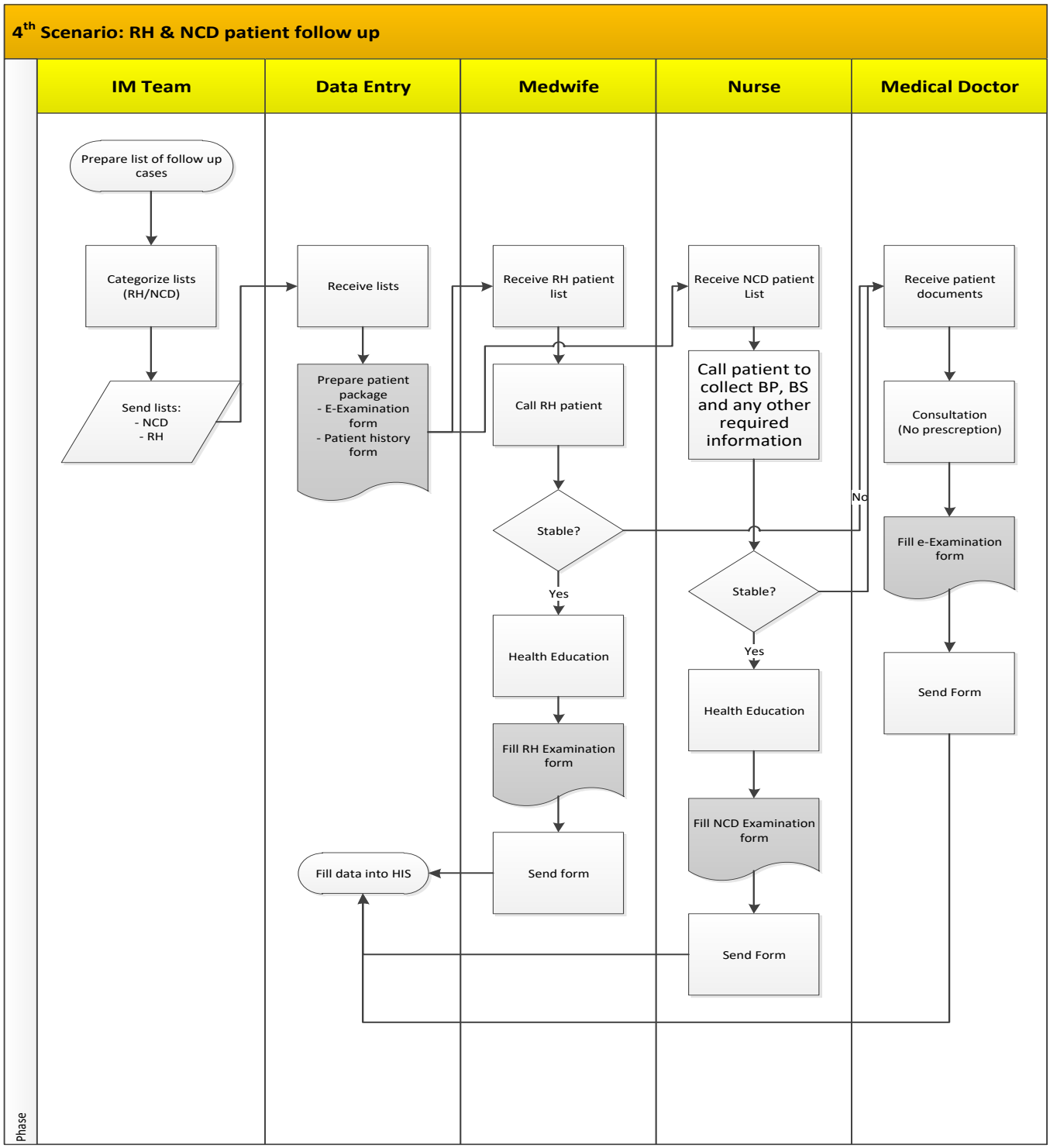
1. *What are the locations that can be free of cost and which aren't?*
2. *The system of delivery extra charge.*
3. *The availability of budget if the IRC can afford these extra charges.*

Note: If the IRC couldn't afford the delivery extra charge, then the medical team can negotiate with patients about alternative delivery options.

Scenarios for follow up, health education and consultations without medications:

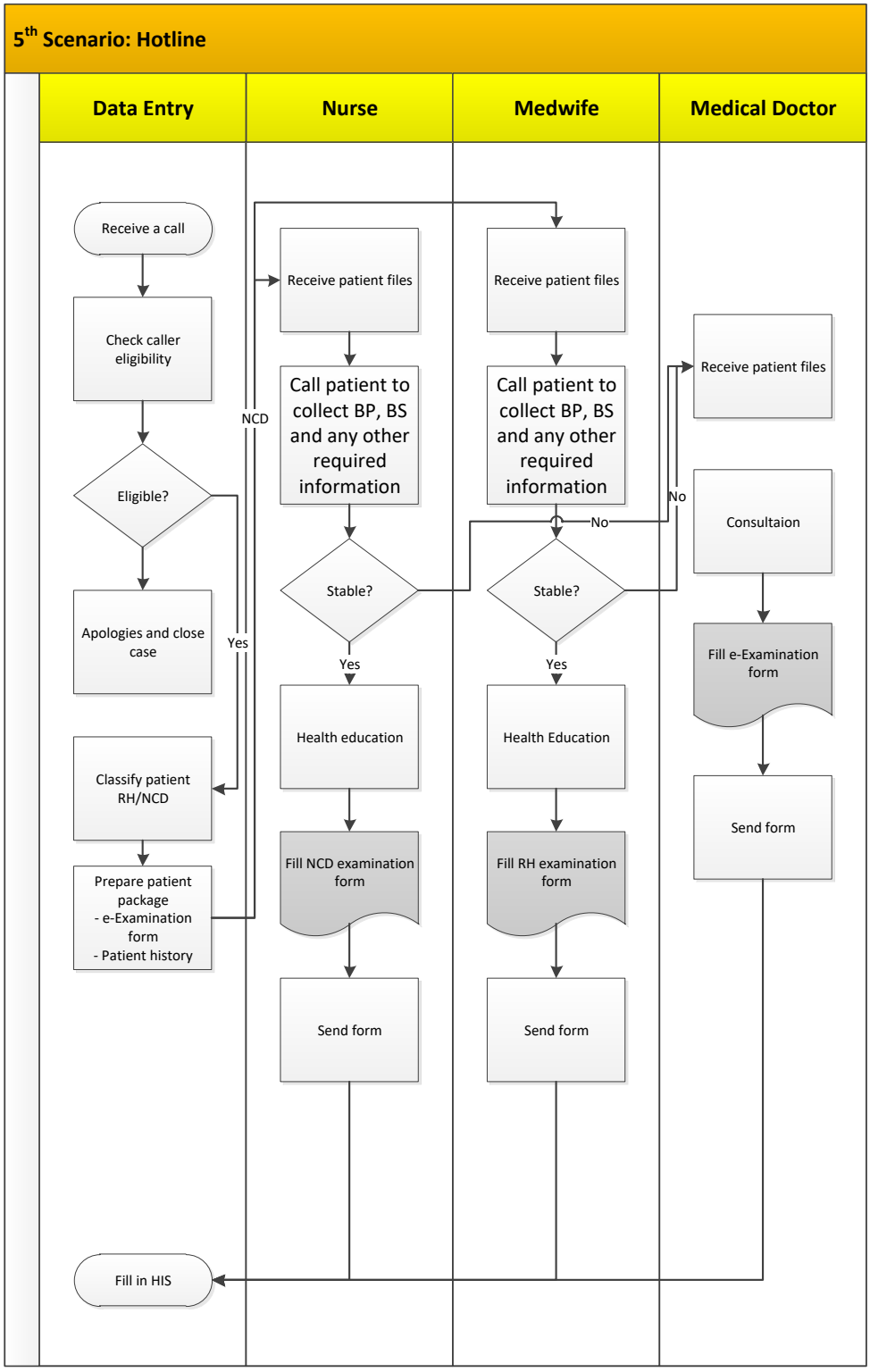
Scenario 4:

In this scenario the IRC health staff will prepare list of NCD & RH patients to call them and provide them with health education and counseling.



Scenario 5:

In this scenario we present the hotline procedures when the clinics receive a call from clients.



Patient Stability definition:

In all the scenarios NCD patient stability check is a mandatory procedure to decide if patient should be referred internally/ externally or to renew the monthly prescription. The following table explain the risk assessment for NCDs and COVID-19 which happens in the stability check process:

Assessment question	Reaction for Yes answer
1. Screening for DM/ HTN complications: Ask the Patient for his vital readings/ symptoms :	Abnormal emergency reading , may lead to further complication
a. BP >180/110 Or Symptom of High BP (Severe headache, Confusion, change in vision , may be Nausea or vomiting or nasal bleeding)	if yes ask for below cardiovascular event screening questions , if one symptom is positive **call 911**
b. BP ≤ 90/40 Or Symptom of low BP (Dizziness, Weakness , Lightheadedness, Unsteadiness, Dimming or blurring of vision)	If yes : ask patient to take some fluid and then **call 911**
c. BS (Random) > 400 Or Symptom of high BS (excessive thirst , frequent urination , Blurred vision , fatigue)	**Call 911**
d. BS ≤ 60 Or Symptom of low BS (feeling dizzy or lightheaded, beat fast, they may feel like they are going to pass out and are weak	If yes ask the patient to take sweet or fluid sugar , then **call 911**
2. Screening for Cardiovascular complication : ask the patient if (recently within the last 24 hours) has :	Any yes may indicate a symptoms of CVA or stroke , even if it is single symptom
a. Chest pain/pressure, tightness b. Shortness of breathing c. Swelling of the legs that won't go away d. Headache that is new, different, severe e. New and sudden loss of vision f. Numbness or weakness in arms or legs, difficulty speaking or swallowing, drooping of one side of the face	**Call 911**
3. Screening question for suspected COVID -19	Suspected symptoms may expose the NCD patient to higher risk of complication from COVID-19
If patients has fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)	Immediately **call 911**, to transfer to the nearest hospital for further investigation

Note: *If the answer is "NO" then patient is stable.*

WHO CASE DEFINITIONS COVID-19

Suspected case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable case

A. A suspect case for whom testing for the COVID-19 virus is inconclusive. Inconclusive being the result of the test reported by the laboratory.

OR

B. A suspect case for whom testing could not be performed for any reason.

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Definition of contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
4. OR 4. Other situations as indicated by local risk assessments.

Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation

Focal Points:

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