Joint Learning Network for Universal Health Coverage
Virtual Learning Exchange: COVID-19 -- Triaging the Patient Journey
Call for Expressions of Interest

Participation for this learning exchange is limited. Please respond by July 31st

Background

In responding to the Covid-19 pandemic, health systems are having to make rapid and radical changes to traditional patient pathways and flows. New triage and referral processes, transitioning to telehealth-by-default service delivery, new care settings and facilities, new ways of integrating services across providers and linking providers to community-based social services are all being introduced. To support these efforts, the JLN is establishing a fast-paced new virtual co-learning group for people designing and implementing these changes around the world. This document sets out the scope of this virtual learning exchange to encourage applications from officials that fit the following profile and wish to join the group.

Objectives of the Learning Exchange

The focus of this virtual learning exchange will center on rapid sharing of best practice resources, peer-to-peer exchange of real-time experiences and lessons, and input from expert practitioners around four specific technical themes, which may be merged or modified depending on participants' needs:

1. **Establishing dedicated intermediate centers** to rationalize patient flows, provide appropriate care and reduce crowding of hospitals, including partnerships with private providers. Examples include new fever/respiratory clinics, isolation centers, field triage/testing sites, step-down recovery centers for Covid patients and special facilities for non-covid patients.

2. **Restructuring patient pathways and protocols** to streamline patient flows and better coordinate care of Covid and non-Covid patients across multiple provider settings. Examples include forward triaging to preserve emergency room capacity, standardized cross-provider case management, risk assessment tools, patient transport and transitions, post-discharge guidelines, home care and palliative care.

3. **Rapidly scaling telehealth innovations to address Covid and maintain non-Covid care.** Examples include virtual triage, teleoutreach for high-risk individuals, virtual post-discharge care, telerehabilitation of patients and staff, teleconsultations and tele-prescribing.

4. **Linking to social service providers** to access to community-based services related to social support, mental healthcare, employment, food and housing, among others.
Structure of the Learning Exchange

The learning exchange aims to deliver immediate benefit to participants in terms of insight, resources and best practices within the initial 1-2 months, with peer learning and joint work then continuing for the following 4 – 6 months as participants learn, adapt and implement together (see figure below).

Recognizing the fast-changing nature of country needs, the virtual learning exchange will have three distinct phases, with each adapting to the discussions and decisions made by participants in the prior phase:

1. **Scene setting (Month 1):** An initial two-hour scene setting virtual workshop on progress, activity and early lessons across key global case examples, with discussion on future priorities for in-depth sessions. Post workshop, the technical facilitation teams will assign participants to clearly defined thematic working groups based on their priority interests, and develop further cases for in-depth consideration of the groups.

2. **In-depth case presentation, discussion and knowledge sharing (Months 2-3):** Working within thematic work streams, two rounds of case-driven virtual workshops will be held. Participants will hear firsthand from individuals behind the innovations they decide are of greatest relevance to the group, and have the opportunity to get into real depth and detail about the ‘what’ and ‘how’ of these case examples, and explore the applicability of these ideas to their own context.

3. **Co-production and co-learning (Months 4 – 6 and ongoing):** Upon concluding the workshops, sub-groups will diverge as determined by the participants themselves into whatever activities participants decide are most valuable. This may mean deciding on a set of projects or products to be co-produced with help from the technical facilitator and experts, or to continue regular themed discussions geared toward implementation of the ideas they have encountered.

Throughout, participants will use a shared online collaboration platform to exchange knowledge, resources and emerging best practice. Intermittent group and individual assignments (such as preparing mini-case studies on their current situation), online group chat and optional 30 minute ‘check in’ calls will also help participants to stay in touch and feed into the peer-learning process.
**Expected Outcomes**

Participants can expect to get five principal benefits out of participating in the virtual learning exchange:

1. Opportunity to meet and collaborate with a tight-knit group of service leaders, officials and practitioners working on the same challenges and solutions as you around the world, who you can draw on as an ongoing community to ask questions and share knowledge.

2. Access to world class health system leaders that have been ‘first out of the gate’ in implementing radical shifts in patient pathways in response to Covid. You will hear directly from these experts and be able to get into real depth about the what, how, and how could we of their patient pathways and flow strategies

3. Work through the challenges you identify as current priorities in a structured way with groups of peers that share them.

4. The chance to share what is working well (or not) in your own efforts to shift patient flows with other countries interested in learning from and replicating these.

5. Support from a dedicated technical facilitation team who can help you and your group to identify the right resources and solutions to your context, and collate a growing library of relevant resources.

**Level of effort/Expected Contributions**

There is no financial cost to joining, but participants will be expected to contribute their time, perspective and expertise, join at least three virtual meetings of approximately 2 hours each during a three month period, and complete some short individual and group work assignments during the course of the learning exchange (such as short case studies on their own country’s current practices and priorities related to the technical themes).

**Participants**

Individuals performing one of the following three roles at a national or state/regional level in low- and middle-income countries:

1. Service leaders and practitioners responsible for adapting/rearranging Covid and non-Covid patient pathways and service delivery across provider settings, including community-based social service providers.

2. Officials tasked with designing or implementing new healthcare facilities, services or technology platforms in response to the pandemic.

3. Covid command center staff in charge of high-level planning of patient flows and provider networks.

All low- and middle-income countries are welcome to join (including JLN non-member countries), but we will limit participants to 2 or 3 per country, reaching a maximum total of 50 participants.

**How to Submit an Expression of Interest**

Simply register your interest in joining by giving a few details about yourself [in this link](#). The deadline for expressions of interest to be received is **July 31st**. Please note that places for this learning exchange are
strictly limited. Early sign up is encouraged and preference will be given to applicants that best fit the participant profile outlined above.

If you have any further questions, please email the Joint Learning Network at jln@msh.org and Madeleine Lambert at mlambert@acesoglobal.org.