

Advance Community Health COVID-19

3.26.2020

Safety and Risk - How We Are Protecting and Screening our Patients

- As of 3/19 at 4pm, any patient presenting with respiratory complaints, fever, known contact with COVID-19 will not be seen at regional sites and only seen at Southeast Raleigh RDC.
- Patients are instructed to stay home, self-care and self-isolate, unless medical care is needed.
- As of 3/25 at 4pm, no patient is able to enter a facility and will directed to obtain a telehealth/telephone visit except for POD visits.

Safety and Risk - How We Are Protecting Staff

- Similar strategies for protecting employees as with our patients with the following exceptions:
 - Evaluating best practices and forthcoming guidance
 - Return to work guidance
 - Develop strategies to screen employees for infection
 - Promoting social distancing within our current workflows (i.e. virtual visits, GoToMeeting)
- Disperse workspaces, consolidated sites & isolated
- Increased communications and trainings (i.e. Daily debriefs with workgroups, daily leadership meetings, traveling roadshows, and just-in-time training)
- As of 3/19 at 4pm, any patient presenting with respiratory complaints, fever, known contact with COVID-19 will not be seen at regional sites and only seen at Southeast Raleigh RDC.
- As of 3/25 at 4pm, any patient seeking care at any site will be directed to call for a telephone/telehealth visit. Patient will only be allowed in for POD/Essential visits

COVID-19 Workflows

- RN COVID-19 screening – implemented on 3/5; 5 Total Revisions – Stopped 3/26
- RDC workflows – implemented on 3/17; 5 Total Revisions – Stopped 3/23
- Telephone Visits – implemented 3/24; 2 Total Revisions
- Telehealth Visits – in development

COVID-19 Past Clinical Pathway & Process Overview

RN Call Group
and RDC Go
Live: Tuesday,
3/17/20

Patient calls into
the main line

Patient will select
option 1 to speak
with an RN if
COVID-19
symptoms are
present

RN conducts
COVID-19 screening
via phone

Patient is added to
the Respiratory
Diagnostic Center
(RDC) schedule if
COVID-19 screening
results are positive

Patient arrives to
the RDC for their
scheduled
appointment:

- Greeter at Respiratory Etiquette Station
- PRR for check in
- MA for intake
- Provider visit
- Flu &/or Strep test &/or COVID-19 test are completed per provider's clinical judgement and results of flu/strep tests

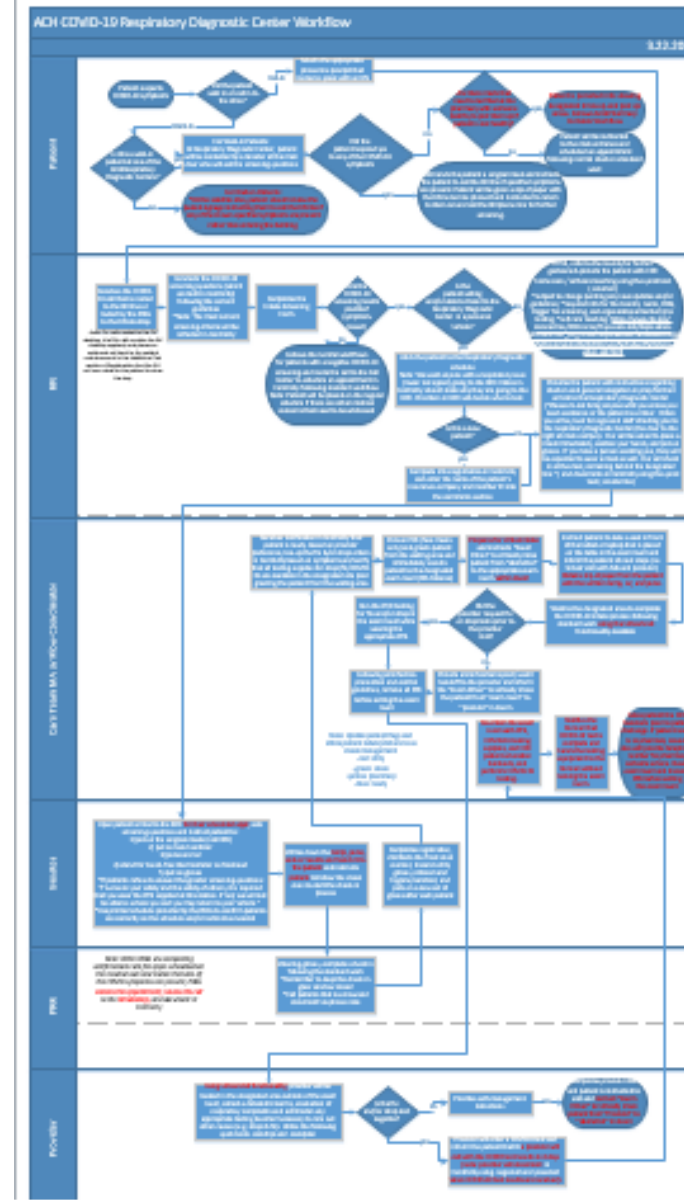
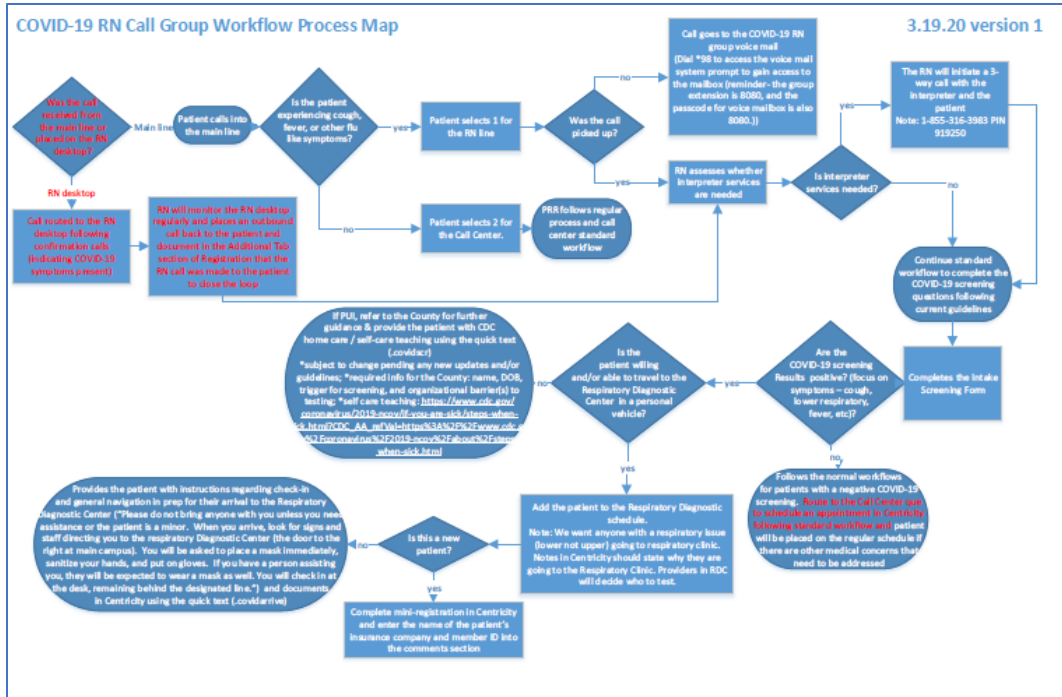
Patient is
discharged. If
medications or
pharmacy consult is
needed, will utilize
ACH Pharmacy
Curbside service



Video: The Patient's RDC Experience

- <https://youtu.be/KJiflmwTmP0>

RN Call Group Line & Respiratory Diagnostic Center Workflows



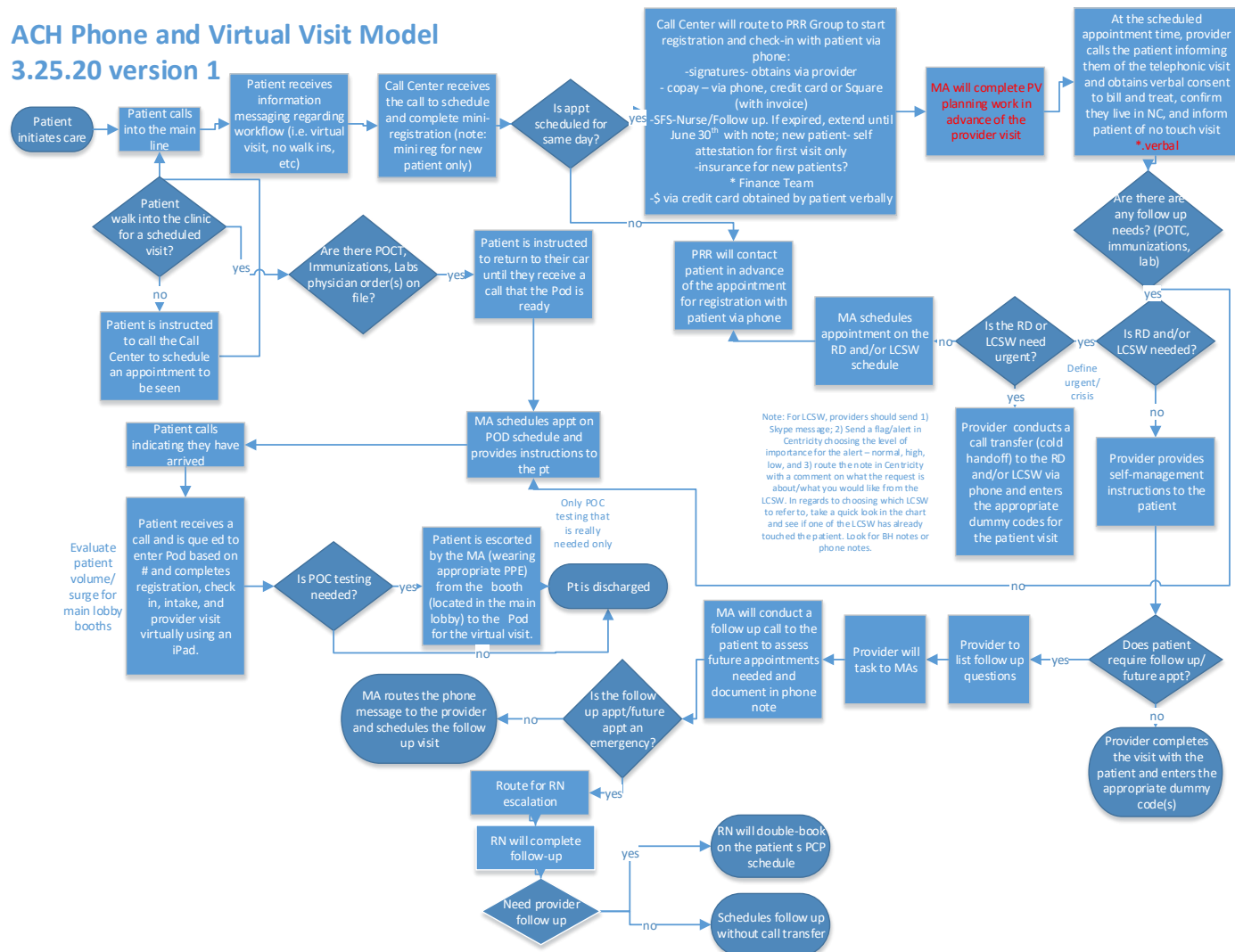
COVID-19 Current Clinical Pathway & Process Overview



RN Call Group Line & Respiratory Diagnostic Center Workflows

ACH Phone and Virtual Visit Model

3.25.20 version 1



RN Call Group Line & Respiratory Diagnostic Center Workflows

Category	Medical
Essential Services on Site via POD/Virtual Care	<p>IF PTSS SCREEN NEGATIVE (1.No Fever, 2.No Respiratory Complaints, 3. No Known Contact) OK TO SCHEDULE THESE VISITS:</p> <ul style="list-style-type: none"> • < than 16 months WCC ONLY • Essential injections (B12, Testosterone) • POCT Testing • Lab Work • Coumadin Clinic
Telehealth Services (Use Script)	<ul style="list-style-type: none"> • Acute Visits, including patients with respiratory symptoms, • All other visits (EXCLUDING NON ESSENTIAL BELOW) schedule a telehealth visit with the Pts PCP on their Telephonic schedule
New Patients	<ul style="list-style-type: none"> • Schedule Essential Visits same as above for established patients
PHONE NOTE TO PCP & RN for further triage	<ul style="list-style-type: none"> • Follow normal procedures with no appointment availability or Urgent Triage
NON ESSENTIAL DO NOT SCHEDULE (Use Script)	<ul style="list-style-type: none"> • AWW • Physicals • WCC >16 months

RN Call Group Line & Respiratory Diagnostic Center Workflows



RN Call Group Line & Respiratory Diagnostic Center Workflows



Current Concerns and Strategies to Respond

Current Concerns	Strategies to Respond
Lack of PPE and clinical equipment	Utilize virtual visits to minimize the need for PPE Prioritize PPE and clinical equipment for patient care
Lack of COVID-19 tests	Forthcoming state guidance will de-emphasize testing
Health of our staff and high-risk staff	Establish work from home for high risk and isolate staff.
Ability to keep a functional, healthy workforce	Develop processes to limit staff risk and evaluate current concerns through frequent communication and feedback mechanisms
Criteria of high-risk patient categories keep fluctuating	Leverage technology to minimize face-to-face direct patient contact (i.e. telehealth, virtual visits)
Unknown implications of telehealth on our patient population	Development of POD care
Funding constraints	Work with partners to understand grant opportunities
Fast moving and continuously evolving guidance and best practice	ACH has established an Incident Command Structure with several section groups developed to work on multiple projects at once
Multiple sites create challenges in assessment, implementation, and evaluation	Develop standardized work

Packet

- Telephone and Virtual Visit Model - Workflow Process Map 3.25.20v1
- Standard Process Map_Pre-visit Planning
- PRR Call Center Cheat Sheet
- Provider Cheat Sheet
- MA Cheat Sheet