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

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

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

RN Call Group and RDC Go Live: Tuesday, 3/17/20
Video: The Patient’s RDC Experience

• https://youtu.be/KJifImwTmP0
RN Call Group Line & Respiratory Diagnostic Center Workflows
COVID-19 Current Clinical Pathway & Process Overview

Patient calls into the main line

Patient will be scheduled for a telephonic visit

PRR completes over the phone check in

Provider provides care over the phone

Assess need for F/U or POD Care

Patient arrives if needed for POD Care

Telephonic Visits go live 3/25
RN Call Group Line & Respiratory Diagnostic Center Workflows

ACH Phone and Virtual Visit Model
3.25.20 version 1

Patient Initiates Call
- Patient enters the phone system
- Patient receives information regarding workflow (e.g., call checklist, FAX options)

Call Center receives call, schedules, and completes mini-registrations (e.g., billing information) for new patient only

- Call Center will route to PRF Group to start registration and check in with patient via phone
  - Patient completes appropriate IDP
  - PAH completes registration (new patient only)

- Call Center will send note to PRF Group

Patient receives messaging regarding care, scheduling, and follow-up (if available)

Patient scheduled for same day?

- Patient is instructed to return to their car and review a call that the PAH is meant to

PFM will contact patient in advance of appointment for registration with patient phone

MA schedule appointment on the RIS and UCW schedule

- MA completes PAH planning and scheduling of the provider visit

In the RIS or UCW email, indicate:

- MA requests scheduling when needed

Provider conducts a call to the patient (if UCW and/or UCW) and enters appropriate charges for the patient visit

Provider:

- Provides response to follow-up questions
- Follow-up note received
- Patient to follow up as scheduled

CNMT will complete call
- Patient is discharged

CNMT conducts a follow-up call to the patient to assess response to provider's note and document in phone notes

CNMT will follow-up with the patient

- MA will complete follow-up call

- Provider will follow-up

- Provider to follow-up questions

- MA will complete follow-up

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RN Call Group Line & Respiratory Diagnostic Center Workflows

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<thead>
<tr>
<th>Category</th>
<th>Medical</th>
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<tbody>
<tr>
<td>Essential Services on Site via POD/Virtual Care</td>
<td>IF PTS SCREEN NEGATIVE (1. No Fever, 2. No Respiratory Complaints, 3. No Known Contact) OK TO SCHEDULE THESE VISITS:</td>
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<tr>
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<td>• &lt; than 16 months WCC ONLY</td>
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<td></td>
<td>• Essential injections (B12, Testosterone)</td>
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<td>• POCT Testing</td>
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<td>• Lab Work</td>
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<td>• Coumadin Clinic</td>
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<tr>
<td>Telehealth Services (Use Script)</td>
<td>• Acute Visits, including patients with respiratory symptoms,</td>
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<td>• All other visits (EXCLUDING NON ESSENTIAL BELOW) schedule a telehealth visit with the Pts PCP on their Telephonic schedule</td>
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<tr>
<td>New Patients</td>
<td>• Schedule Essential Visits same as above for established patients</td>
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<td>PHONE NOTE TO PCP &amp; RN for further triage</td>
<td>• Follow normal procedures with no appointment availability or Urgent Triage</td>
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<tr>
<td>NON ESSENTIAL DO NOT SCHEDULE (Use Script)</td>
<td>• AWV</td>
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<td>• Physicals</td>
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<td>• WCC &gt;16 months</td>
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RN Call Group Line & Respiratory Diagnostic Center Workflows
RN Call Group Line & Respiratory Diagnostic Center Workflows
## Current Concerns and Strategies to Respond

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<th>Current Concerns</th>
<th>Strategies to Respond</th>
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| 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