



Ambulatory Management

Pre-Visit Screening Workflow
5/18/20





Zoom Best Practices



- Join the meeting via Zoom first
 - Prompt the meeting to call you (to link your audio)
 - Use your webcam (if possible)
- Remain muted unless invited to speak
- Please send in questions via the Chat
- **This session will be recorded and the recording distributed**



Agenda: *Pre-Visit Screening Updates*



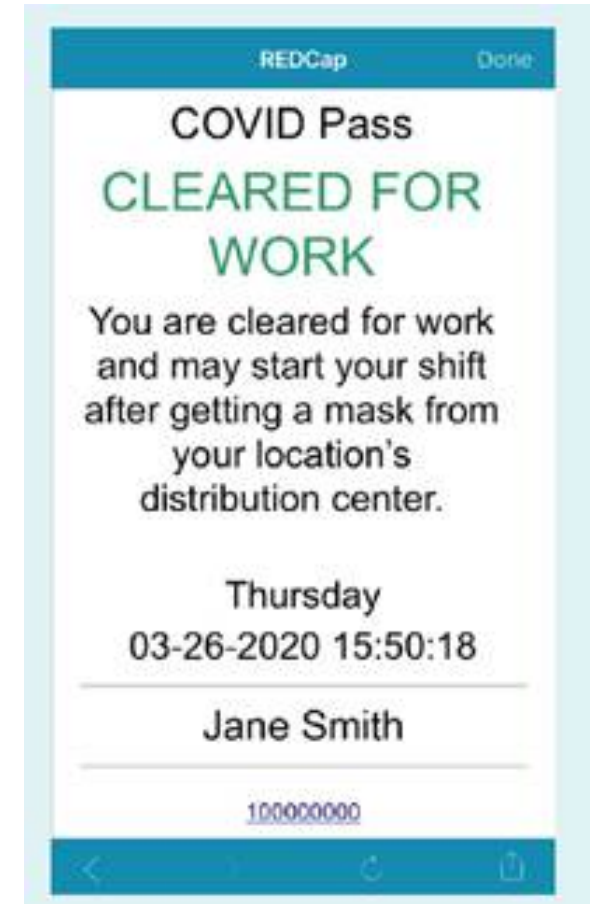
- Masking and Attestation Reminder – Lindsey Pabst
- Pre-Visit Workflow Updates – Melanie Cassamas
- Pre-Visit Symptom and Exposure Screening – Mike Cook
- Questions & Answers



Masking and Staff Attestation Procedure



- Reminder for practices in buildings without centralized masking and COVID pass checking
- Staff must attest to being symptom free each day:
<https://covidpass.partners.org/employee/login>
- Dedicated staff member to distribute masks for staff and patients upon entry
- Dedicated staff member to review employee COVID-pass, staff without the pass may not work





Pre-Visit Workflow Updates



- All patients must be screened for COVID-19 at each of the following points in the pre-visit process:
 - **At the time of scheduling**
 - **72-hours in advance of the visit**
 - **At Check-in**
- **Effective today (5/18/20)**, new Cadence tools are in place to support pre-visit COVID screening activities in ambulatory practices:
 - **Scheduling Questionnaire:** required, automatic screening questions that guide appropriate scheduling or clinical triage pathway
 - **Patient Gateway Questionnaire:** automated self-screening tool, pushed to patient 72-hours prior to upcoming visit
 - **New DAR Columns:** screening questionnaire completion status and result of screening (pass/fail)



COVID PRE-VISIT SYMPTOM & EXPOSURE SCREENING



COVID Pre-Visit Symptom & Exposure Screening



As we plan for Phase 1 of the Ambulatory Recovery and to ensure the safety of our patients and workforce, it is required that all patients are screened for COVID-19 during multiple checkpoints prior to arrival at the clinic.

Below is a summary of the workflow -

Phase	Who	Audience	When	Workflow
Scheduling	PSC	All patients	Varies	A required scheduling questionnaire will fire in Cadence for all departments, unless visit type is for a virtual visit. Patient responses to this questionnaire will determine next steps.*
Pre-Visit (Auto-mated)	PPG	Active PPG Patients	72 hours out	<p>Patients will be prompted to complete a self-screening prior to their in-person appointment (see appendix for complete form). Next steps are based on patient responses to questions -</p> <ul style="list-style-type: none"> ○ No to all screening questions: patient will be asked to confirm appointment and complete e-check-in ○ Yes to any screening questions: patient is asked to call the practice to discuss best treatment pathway and eCheck-in is suspended
Pre-Visit (Manual)	PSC	Inactive PPG patients & unresponsive PPG patients	48 hours out	Patients who are not enrolled in PPG or have not responded to PPG eCheck-In questionnaire must be called starting 48 hours prior to their visit to answer screening questions using the COVID Screening Questionnaire . Responses should be recorded in Appt Notes.
Check-In	PSC	All patients	Date of service	All patients need to complete the screening questionnaire at the time of check-in before being seen.

***NOTE:** Patients with an unresolved COVID status cannot be seen in the practice and must be [scheduled in a RACC](#) location. Hover over the Infection status in patient header to view add/onset dates.



COVID Pre-Visit Symptom & Exposure Screening



As we plan for Phase 1 of the Ambulatory Recovery and to ensure the safety of our patients and workforce, it is required that all patients are screened for COVID-19 during multiple checkpoints prior to arrival at the clinic.

Below is a summary of the workflow -

Phase	Who	Audience	When	Workflow
Scheduling	PSC	All patients	Varies	A required scheduling questionnaire will fire in Cadence for all departments, unless visit type is for a virtual visit. Patient responses to this questionnaire will determine next steps.*
Pre-Visit (Automated)	PPG			<p>Patients will be prompted to complete a self-screening prior to their in-person appointment (see appendix for complete form). Next steps are based on patient responses to questions -</p> <ul style="list-style-type: none"> ○ No to all screening questions: patient will be asked to confirm appointment and complete e-check-in ○ Yes to any screening question: patient will be asked to call the practice to discuss best treatment options
Pre-Visit (Manual)	PSC	Inactive PPG patients &	48 hours	<p>Patients who are not scheduled to respond to PPG eCheck-In questionnaire must complete screening questionnaire prior to their visit to answer questionnaire. Responses should be recorded in Appt Notes.</p>
Check-In				All patients need to complete the screening questionnaire at the time of check-in before being seen.

1) Texting options for non-PPG patients

We are actively working with PeC & Epic on 2 enhancements to this process

2) Feasibility to fire questionnaire in Cadence at check-in & record responses in Epic

*NOTE: Patients with status cannot be seen in the practice and must be [scheduled in a RACC](#) location. Hover over the infection status in patient header to view add/onset dates.



COVID Pre-Visit Symptom & Exposure Screening



At Scheduling

A new COVID questionnaire will fire for all departments. Schedulers must ask the patient each question and enter responses in Epic. At the end, Epic will provide instructions on next steps to either Proceed with Scheduling, Proceed with Scheduling (based on date of appointment) or Refer to Clinician.

Decision Tree for FOLLOW UP

Will this visit be occurring within the next 30 days?

Can this patient be scheduled virtually?

Has the patient already been cleared by a provider?

Results - Follow Instructions

Instructions
Important Information:

COVID Infection Status: **COVID-19**
COVID Infection Expiration Date: **6/13/2020**

Instructions
If the intended appointment date is before the Expiration Date above, or there is no expiration date above, do not schedule and refer to a clinician for next steps.

If the intended appointment date is after the Expiration Date above, proceed with scheduling.

Show Path Discard Tree

Decision Tree for FOLLOW UP

Will this visit be occurring within the next 30 days?

Can this patient be scheduled virtually?

Have you tested positive for COVID-19 outside of Partners?

Have you had "close contact" with anyone with confirmed COVID-19?

Close contact means you spent at least 10 minutes within 6 feet of that person.

Are you, or a household member, currently on home isolation or quarantined?

Do you or anyone in your household, have any cold symptoms? (Nasal congestion, runny nose, sneezing, cough, feverish, sore throat, shortness of breath, muscle aches, loss of smell and loss of taste.)

Results - Follow Instructions

Instructions
Proceed with scheduling.

Show Path Discard Tree

Decision Tree for FOLLOW UP

Will this visit be occurring within the next 30 days?

Can this patient be scheduled virtually?

Have you tested positive for COVID-19 outside of Partners?

Have you had "close contact" with anyone with confirmed COVID-19?

Close contact means you spent at least 10 minutes within 6 feet of that person.

Has the patient already been cleared by a provider?

Results - Deny

Denial Instructions
Please refer to clinician.

Show Path Discard Tree





Pre-Visit (Automated)

PPG will send a screening questionnaire out to patients enrolled in PPG via eCheck-In 72 hours prior to their appointment with an action for patient to complete the questionnaire. Sample questionnaire can be found in appendix for reference.

COVID-19 Patient Questionnaire

Attached to a message from [REDACTED] received 5/15/2020

* Indicates a required field.

* Thank you for taking the time to complete the COVID-19 Questionnaire. The information you provide in this survey will help us tailor our care to match your needs. Your care team will be able to see your survey responses, which are kept securely in your confidential electronic medical record.

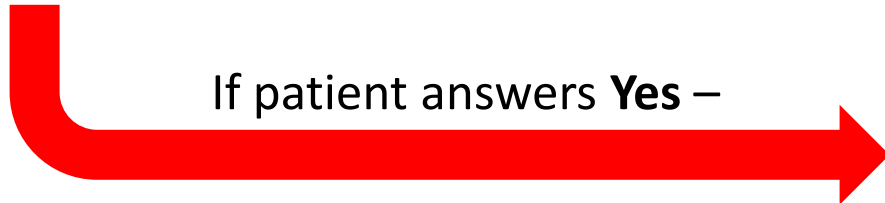
* Indicates a required field.

* Have you been tested for COVID-19 outside Partners?

Yes

No

If patient answers **Yes** –



* Indicates a required field.

* Have you been tested for COVID-19 outside Partners?

Yes

No

* What was the result of your test?

Negative

Positive

Pending/Unknown

* What was the date of your test?

If you are not sure, please give us your best guess.

MM/DD/YYYY

Where did you get the test?



COVID Pre-Visit Symptom & Exposure Screening



Pre-Visit (Automated), continued...

* Indicates a required field.

* Have you had "close contact" with anyone with confirmed COVID-19?
"Close contact" means you spent at least 10 minutes within 6 feet of that person.

If patient answers **Yes** –

* Indicates a required field.

* Have you had "close contact" with anyone with confirmed COVID-19?
"Close contact" means you spent at least 10 minutes within 6 feet of that person.

* Indicates a required field.

* Are you, or a household member, currently on home isolation or quarantined?



COVID Pre-Visit Symptom & Exposure Screening



Pre-Visit (Automated), continued...

* Indicates a required field.

Do you have any of the following new symptoms:

	Yes	No		Yes	No
* Fever:	<input type="radio"/>	<input type="radio"/>	* Muscle Aches:	<input type="radio"/>	<input type="radio"/>
* Cough:	<input type="radio"/>	<input type="radio"/>	* Runny Nose / Nasal Congestion:	<input type="radio"/>	<input type="radio"/>
* Shortness of Breath:	<input type="radio"/>	<input type="radio"/>	* Loss of Smell/Taste:	<input type="radio"/>	<input type="radio"/>
* Sore Throat:	<input type="radio"/>	<input type="radio"/>			

If patient selects yes to any of the symptoms:

* Indicates a required field.

Do you have any of the following new symptoms:

	Yes	No		Yes	No
* Fever:	<input checked="" type="radio"/>	<input type="radio"/>	* Muscle Aches:	<input type="radio"/>	<input checked="" type="radio"/>
* Cough:	<input checked="" type="radio"/>	<input type="radio"/>	* Runny Nose / Nasal Congestion:	<input type="radio"/>	<input checked="" type="radio"/>
* Shortness of Breath:	<input checked="" type="radio"/>	<input type="radio"/>	* Loss of Smell/Taste:	<input type="radio"/>	<input checked="" type="radio"/>
* Sore Throat:	<input type="radio"/>	<input checked="" type="radio"/>			

Please enter the date when your symptoms began:

-

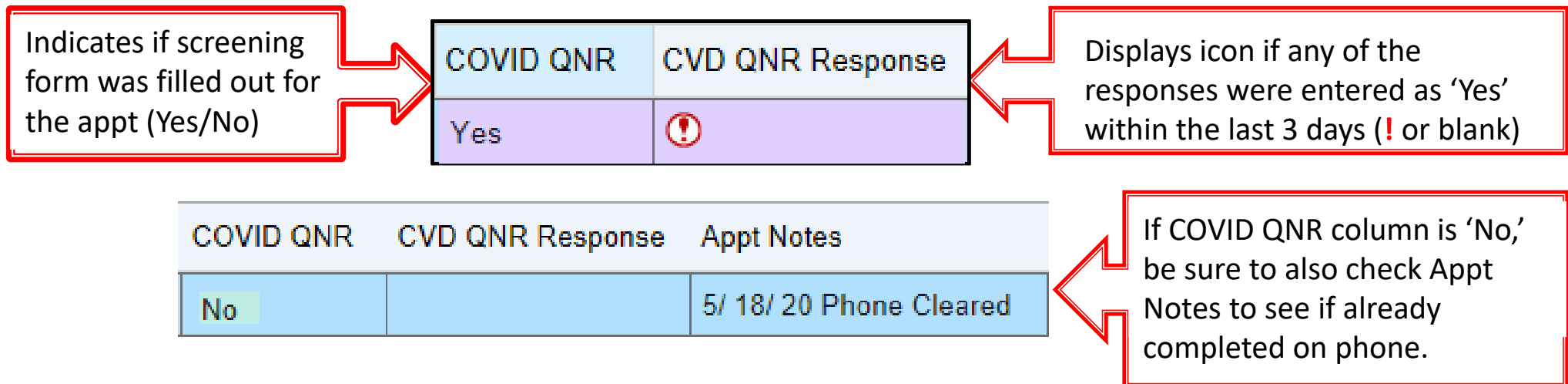
Pre-Visit (Manual)

Note: If using a private DAR, the 2 columns must be manually added via DAR report settings window Display tab.

PSCs need to run their DAR for 2 days out to -

- identify any patients who completed the screening and answered yes to any questions
- all patients who have not completed the screening to date starting 2 days before appt
 - Unresponsive PPG patients
 - Non-PPG patients

Two new columns have been added to the standard PHS CHECK-IN DAR and PHS CHECK IN & CHECK OUT DAR to provide information around the completion of the screening questionnaire and results.



Pre-Visit (Manual)

Based on 2 new DAR columns, PSCs will –

- 1) Refer any fails to Clinician for next steps
- 2) Contact incomplete patients by phone to do a manual phone screen. Enter responses in appt notes. (bookmark [COVID Screening Questionnaire](#))

If patient answers yes:

* Indicates a required field.
 * Have you had "close contact" with anyone with confirmed COVID-19?
 "Close contact" means you spent at least 10 minutes within 6 feet of that person.

Yes No Unknown

* Indicates a required field.
 * Are you, or a household member, currently on home isolation or quarantined?

Yes No

* Indicates a required field.
 Do you have any of the following new symptoms:

	Yes	No		Yes	No
* Fever:	<input type="radio"/>	<input type="radio"/>	* Muscle Aches:	<input type="radio"/>	<input type="radio"/>
* Cough:	<input type="radio"/>	<input type="radio"/>	* Runny Nose / Nasal Congestion:	<input type="radio"/>	<input type="radio"/>
* Shortness of Breath:	<input type="radio"/>	<input type="radio"/>	* Loss of Smell/Taste:	<input type="radio"/>	<input type="radio"/>
* Sore Throat:	<input type="radio"/>	<input type="radio"/>			

If patient selects yes to any of the symptoms:

* Indicates a required field.
 Do you have any of the following new symptoms:

	Yes	No		Yes	No
* Fever:	<input checked="" type="radio"/>	<input type="radio"/>	* Muscle Aches:	<input type="radio"/>	<input checked="" type="radio"/>
* Cough:	<input checked="" type="radio"/>	<input type="radio"/>	* Runny Nose / Nasal Congestion:	<input type="radio"/>	<input checked="" type="radio"/>
* Shortness of Breath:	<input checked="" type="radio"/>	<input type="radio"/>	* Loss of Smell/Taste:	<input type="radio"/>	<input checked="" type="radio"/>
* Sore Throat:	<input type="radio"/>	<input checked="" type="radio"/>			

Please enter the date when your symptoms began:
 MM/DD/YYYY

If patient answers yes on any of above, follow immediate steps for patients identified with symptoms consistent with a Viral Respiratory Illness –

- a. Have the patient don a mask immediately if not already wearing one
- b. Ensure that patient remains masked while in the clinic.
- c. Limit the number of clinic staff in contact with patient
- d. Room immediately and keep the door closed. If not possible to room immediately, seat patients at least 6 feet apart, with physical barriers between patients if possible.

COVID-19 Patient Questionnaire
 Attached to a message from [redacted] received 8/13/2020

* Indicates a required field.
 * Thank you for taking the time to complete the COVID-19 Questionnaire. The information you provide in this survey will help us tailor our care to match your needs. Your care team will be able to see your survey responses, which are kept securely in your confidential electronic medical record.

* Indicates a required field.
 * Have you been tested for COVID-19 outside Partners?

Yes No

If patient answers yes:

* Indicates a required field.
 * Have you been tested for COVID-19 outside Partners?

Yes No

* What was the result of your test?

Negative Positive Pending/Unknown

[Redacted]

Where did you get the test?

* Indicates a required field.
 * Have you had "close contact" with anyone with confirmed COVID-19?
 "Close contact" means you spent at least 10 minutes within 6 feet of that person.

Yes No Unknown



COVID Pre-Visit Symptom & Exposure Screening



Pre-Visit (Manual), continued...

If...	Then...	Why?
COVID QNR column = “Yes” and CVD QNR Response = blank	No action required	Patient is cleared to be seen in practice.
COVID QNR column = “Yes” and CVD QNR Response = “!” icon	Refer to clinician	Provider will determine if patient should be deferred, updated to a virtual visit, or scheduled at a RACC location.
COVID QNR column = “No” and Appt Notes column has no record of screening	Contact patient for screening (COVID Screening Questionnaire)	Patient has not completed questionnaire.



COVID Pre-Visit Symptom & Exposure Screening



Check-In

Regardless if the patient has been screened previously via eCheck-In or by phone prior to visit, PSCs must do a just-in-time screening at check-in before the patient enters the practice.

- Open the [COVID Screening Questionnaire](#) (bookmark and keep open on desktop for easy access)
- Ask the patient the screening questions and record in the Edit Notes window.
 - No to all questions; “<date> check-in screen cleared”
 - Yes to any question; “<date>check-in screen not cleared”
- If patient is cleared, room patient immediately, if possible.
- If patient is not cleared, follow immediate steps for patients identified with symptoms consistent with a Viral Respiratory Illness
 - Mask, room, close door, limit contact

Edit Notes

5/18/20 Check-in Screen Cleared
5/16/20 Phone Screen Cleared