<u>Nurse Telephone Screening to Support Ambulatory Areas without a Designated Clinician</u>

1. Activate the system
   A. Front desk staff completes the COVID SCREENING questions following front desk screening process (see Appendix A). If patient screens positive, patient is directed to designated area (each clinic has designated room/area in which a patient can complete screening process)
   B. Front Desk Staff then pages the Screening Nurse at **#26664**, and provides
      > (1) location calling from
      > (2) patient name,
      > (3) MRN
      > (4) if an interpreter is required (include language)
      > (5) number to contact patient (could be patient cell phone—US number; or phone in the area where the patient is waiting).
      > **It is important that the paging dept includes their <u>caller name and call back</u> as the nurse will need to call back with the patient's disposition.*

2. Screening Nurse calls back to speak directly with patient
   A. May need do a three-way call with interpreter services (see Appendix B).
   B. Nurse will complete COVID-19 Triage Screening within a telephone encounter (see Appendix C).
   C. Then follows Clinical Process Flow (see Appendix D) and schedules appointment to RIC if appropriate
   D. Nurse will call back clinic and review the patient's disposition. Patient is provided directions on how to proceed to RIC.
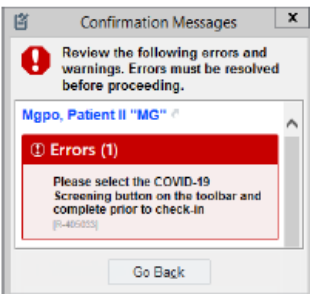
Screening at Check-In

Regardless if the patient has been screened previously via eCheck-In or by phone prior to date of service, PSCs will be required to do a just-in-time COVID screening at check-in before the patient enters the practice. A new COVID-19 Screening button has been added to the Registration activity toolbar to perform this screening.

Note: If the patient has more than one appointment on a single day, the screening will only be required at the first visit. Likewise, if the COVID-19 Triage Smartform is completed on the same day as a visit, the screening will not be required during check in. You only need to screen the patient when a new error warning appears.
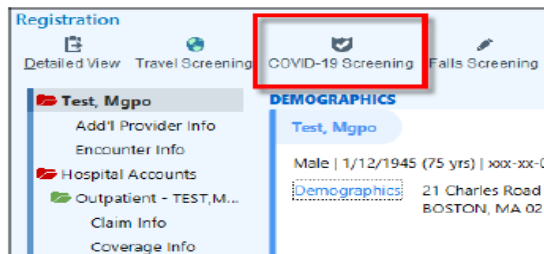
1. From the DAR, click **Check In**.

2. Before completing any routine check in tasks, click **Continue Check In** on the bottom of the screen.

3. If the below error message appears, the patient has not been screened today and screening must be completed during check in (proceed to next step).

    Note: If you do not get the error message below, screening has already been completed today and does not need to be repeated, so you can proceed with check-in.
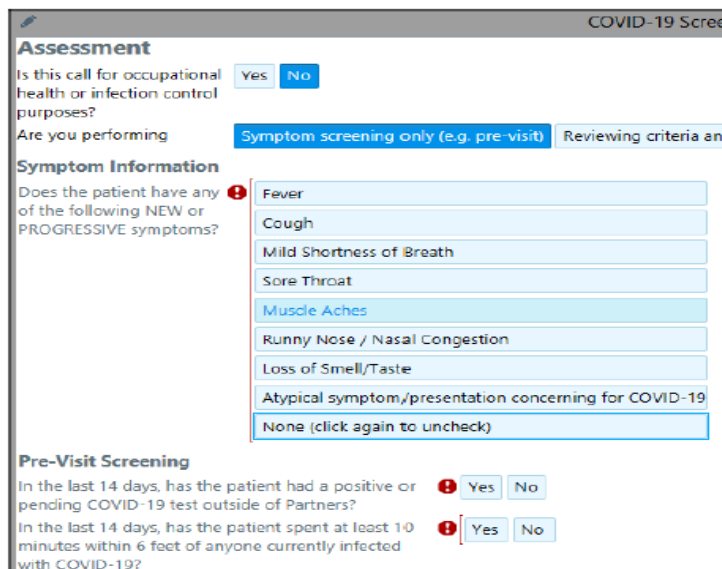

    Note: If the screening has already been completed, clicking 'COVID-19 Screening' on the toolbar will not show the screening answers from the earlier visit/COVID-19 Triage Smartform.

4. On the Registration activity toolbar, click **COVID-19 Screening**.

5. Ask the patient all the screening questions and enter the responses (red stop signs indicate required fields). On first question, PSCs will always choose **Symptom screening only (e.g. pre-visit)**.

6. Based on the patient's responses, if the patient is –

Cleared (answered "No" to all screening questions)

a. The system displays the message "Patient screened negative." Click the **X** on the top right corner of the screening window to close.

b. Proceed with remaining steps to check in patient.

c. Notify MA to room patient immediately, if possible.

> In the last 14 days, has the patient spent at least 10 minutes within 6 feet of anyone currently infected with COVID-19?   **Yes** **No**
>
> *Note that healthcare workers wearing appropriate PPE caring for CC
>
> **Recommendations**
>
> **Patient screened negative**   ⬅

Not Cleared (answered "Yes" to any screening questions)

a. Instructions appear with next steps. Read and follow the instructions.

> In the last 14 days, has the patient spent at least 10 minutes within 6 feet of anyone currently infected with COVID-19?   **Yes** **No**
>
> *Note that healthcare workers wearing appropriate PPE caring for COVID-19 patients are not considered exposed.
>
> **Recommendations**
>
> **Patient screened positive, please follow your site/clinic guideline for further evaluation.**   ⬅

b. Click the **X** on the top right corner of the screening window to close.

c. Proceed with remaining steps to check in patient.

d. 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.

Exiting Out of Screening (Only if Viewing Reg Details Prior to Check In or Access Patient in Error)

If you access the patient in error, you can exit out of the screening questionnaire by clicking the **Click here to close form if opened in error** button and then clicking the **X** on the top right corner of the window. The error will present itself again at check in for the patient after 5 minutes. Use of this button will be monitored and should only be selected when the patient is accessed in error.   **New** ⬅

> This form guides the user toward appropriate patient
> Testing Criteria, which can be found here
>   https://pulse.partners.org/hub/departments/emerge
> After completing the questions, see Recommendation
> can be referred under the "BestPractice" tab. To creat
> Speed Button.
>   https://labtest.partners.org/documents/COVID_Testir
> Click here to close form if opened in error

MASSACHUSETTS GENERAL HOSPITAL

MEDICAL INTERPRETER SERVICES

MGH Medical Interpreter Services is pleased to welcome CyraCom as our new vendor for remote telephonic interpreting. Here are some instructions on the various ways to access CyraCom for a remote telephonic interpreter 24/7/365.

Any MGH Cisco or Nortel/Meridian black phone

- From any MGH phone to call a patient at home or to access the interpreter for a patient encounter using the speakerphone feature on your MGH phone:
    1. Dial 3-3344
    2. After the prompt enter your PIN
    3. Say the Language you need
        1. If you are having difficulty with the language, press 0 and a customer service rep will help you
    4. Say yes to confirm the language or press 1
    5. To make a conference call to the patient say yes after the next prompt ("To make a call to another phone number and add an additional person...say yes or press 1")
        1. Then you will be prompted to enter and confirm the patient's phone number
    6. If there is no conference call, say "no" or press 2. You may do this at the beginning of the voice prompt.
    7. After the prompt **YOU MUST** enter the patient's medical record number or you will be transferred to CyraCom's client service and be asked for the MRN or the patient's name and date of birth
- This is an automated system which will connect you directly with the interpreter.

Complete the following questions with patient. Once completed it will autoselect patients disposition i.e., testing only, Respiratory Illness Clinic, or follow your site/clinic guidelines for further evaluation

COVID-19 Triage

This form guides the user toward appropriate patient triage and disposition based on current Partners COVID-19 Testing Criteria, which can be found here
https://pulse.partners.org/hub/departments/emergency_preparedness/coronavirus/ambulatory_triage_algorithm_

After completing the questions, see Recommendations for next steps. Patients who meet criteria for further testing or evaluation can be referred under the "BestPractice" tab. To create a note from this form, open Documentation and select the COVID-19 Speed Button.
http://labtest.partners.org/documents/COVID_Testing_Contacts.pdf

Assessment

Is this call for occupational health or infection control purposes?   [Yes] [No]

Are you performing   [Symptom screening only (e.g. pre-visit)] [Reviewing criteria and ordering testing if indicated]

Symptom Information

Does the patient have any of the following NEW or PROGRESSIVE symptoms?

Fever	Cough
Mild Shortness of Breath	Sore Throat
Muscle Aches	Runny Nose / Nasal Congestion
Loss of Smell/Taste	Atypical symptom/presentation concerning for COVID-19
None (click again to uncheck)	

Recommendations

Patient meets criteria for testing and likely should be referred to testing in a Respiratory Illness Clinic.

If your patient has any concerning symptoms, such as chest pain suggestive of an acute cardiac issue, severe shortness of breath, or fainting/syncope, they should be sent to the Emergency Department.
Click here for more information about Respiratory Illness Clinics.

Plan

○ Order COVID-19 PCR testing   ● Refer for Evaluation at Respiratory Illness Clinic
○ Other

Plan Details

Education

INSERT GENERAL PATIENT INSTRUCTIONS, EDIT AS CLINICALLY APPROPRIATE

[✓ Close] [✗ Cancel]   [↑ Previous] [↓ Next]

After you close the COVID-19 Triage, at the top of the encounter BEST PRACTICE will highlight, CLICK for next steps:

Telephone

Sent By: Christine Marie Marra, RN

| Contacts | Reason for Call | **BestPractice** | Verify Rx Benefits | Routing | Meds & Orders | Allergies | Problem List | Associated Diagnoses | SmartSets |
| MyChart Msg | Medications | Travel Screening | COVID-19 Triage | PT QUESTIONNAIRES | Incomplete Qnrs: Staff | | | | |

Best Practice Advisories auto selects the orders to be placed based off the COVID-19 Triage

Click accept and the REFERRAL/ORDER with auto populate at the bottom.

Associate a diagnosis: Suspected COVID-19 virus infection (Z20.828)

Sign order using: D.o.D

<p style="text-align:center">Appendix D: Clinical process flow</p>

Disposition Table: Disposition recommendations are based on need for COVID testing (based on Partners COVID-19 Testing Criteria) and patient's acuity score (based on a combination of severity of symptoms, co-morbidities, other risk factors, see details below).

	COVID Testing Recommended	No COVID Testing Recommended
Low Acuity = 1	Test only clinic	Home Quarantine, Education +/- Virutal Care
Moderate Acuity = 2	Respiratory Illness Clinic	Respiratory Illness Clinic or Home Quarantine with close PCP Virtual Care follow-up
Severe Acuity = 3	ED	ED

Acuity Score: Determined by a combination or symptoms severity and presence or absence of comorbid risk factors. **Low Acuity = 1**, **Moderate Acuity = 2**, **Severe Acuity = 3.**

	Severe Symptoms	No Severe Symptoms
Co-Morbidities Present	3	2
No Co-Morbidities	3	1

Symptoms:

1. Fever, subjective or documented
2. New sore throat
3. New cough
4. New runny nose or nasal congestion
5. New shortness of breath
6. New muscle aches
7. New anosmia (loss of smell)

Severe Symptoms:

1. Chest pain
2. Severe dizziness
3. Shortness of breath
4. Fainting

Co-Morbidities:

1. Age ≥70
2. Severe chronic lung disease (e.g. asthma, bronchiectasis, cystic fibrosis, COPD, bronchopulmonary dysplasia, Cerebral Palsy with recurrent pneumonia, trach dependency, etc.)
3. Severe heart disease (including congenital heart disease)
4. CD4 count <200
5. On immunocompromising medications (e.g. prednisone >20mg/d, chemotherapy, mycophenolate, cyclosporine, azathioprine, tacrolimus, TNF inhibitors, monoclonal antibodies, etc.)
6. Long term care facility or group home setting

https://pulse.massgeneralbrigham.org/hub/departments/emergency_preparedness/coronavirus/ambulatory_triage_algorithm