

## Workflow Modifications to Ensure Patient and Clinician Safety in the Time of COVID

*Practices may need to modify workflows, including check-in and rooming procedures, patient scheduling protocols, and pre-visit planning procedures to minimize risk of exposure and transmission of COVID-19. Workflows and procedures should be modified to ensure the safety of patients and office staff by limiting contact and physical interactions between clinical and office staff and patients. The aim is to maximize the value of the in-person visit. Practices may need a plan for integrating telemedicine into existing workflows. The following menu of suggestions are designed to help you adapt your offices' workflows and procedures as part of your COVID-19 recovery plans:*

### Patient Scheduling Considerations

- Prior to scheduling an appointment, practices may want to consider conducting an initial tele-triage visit to determine if an in-person visit is required. The triage process may include the following steps (adapted from [CDC's COVID-19 Telephone Response Guide](#)):
  - o Collect patient's demographic information
  - o Screen for life-threatening symptoms or conditions
  - o Document chief complaint/reason for appointment request
  - o Screen for [COVID-19 symptoms](#)
  - o Assess ongoing high-risk medical conditions (e.g., chronic lung disease, congestive heart failure, diabetes with complications, neurological conditions that weaken ability to cough, weakened immune system, dialysis, cirrhosis of the liver, extreme obesity, pregnancy)
  - o Screen for special circumstances (e.g., do they live in a nursing home or long-term care facility?)
  - o Determine appropriate disposition (e.g., emergency, in-person visit, telemedicine visit, home care) and provide follow-up instructions to your patient
- Consider incorporating these steps into a tele-triage template in your electronic health record to minimize documentation burden
- If your practice uses an online scheduling tool, consider adding a screening questionnaire to help you prioritize scheduling or deploy the questionnaire through your patient portal
- If possible, consider adding extended hours (e.g., early-morning, evening, or weekend appointments) for vulnerable patients who are elderly or have high-risk medical conditions or for patients with respiratory complaints (r/o COVID)
- Consider blocking out more time per patient visit
  - Initial visits for high-priority patients may require more time to address complex clinical issues
  - Allow time for cleaning procedures in-between patient visits
- Consider making your cancellation policy more flexible for patients
- Consider asking remote staff (MA, LPN, RN) to proactively identify patients that need follow up by telemedicine or in-person visit using a population health approach
- Consider prioritizing scheduling in-person visits for patients with high priority needs

Example worksheet to help prioritize patient scheduling:

Priority Level	Considerations	Schedule Options (based on availability)
High Priority	<ul style="list-style-type: none"> <li><input type="checkbox"/> Acute, semi-emergent care</li> <li><input type="checkbox"/> Delayed care – high risk (patients with previously cancelled appointments who are at high risk)</li> <li><input type="checkbox"/> Complex chronic condition management</li> <li><input type="checkbox"/> Post-COVID hospitalization</li> <li><input type="checkbox"/> Peri-operative care</li> <li><input type="checkbox"/> Vulnerable patients (e.g., older patients or patients with high-risk conditions)</li> <li><input type="checkbox"/> Patients with access issues</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule immediately (within 1-2 weeks) during normal office hours</li> <li><input type="checkbox"/> Schedule immediately during extended hours (reserved for vulnerable patients)</li> </ul>
Medium Priority	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine care visit for patients with chronic conditions</li> <li><input type="checkbox"/> Delayed care – medium risk (patients with previously cancelled appointments whose conditions are well managed)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule (within 2-4 weeks) during normal office hours</li> <li><input type="checkbox"/> Schedule (within 2-4 weeks) during extended hours (reserved for vulnerable patients)</li> <li><input type="checkbox"/> Recommend telemedicine visit</li> </ul>
Lower Priority	<ul style="list-style-type: none"> <li><input type="checkbox"/> New patients</li> <li><input type="checkbox"/> Preventive care</li> <li><input type="checkbox"/> Wellness visit</li> <li><input type="checkbox"/> Annual physical</li> <li><input type="checkbox"/> Prescription refill</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule (within 4-6 weeks) during normal office hours</li> <li><input type="checkbox"/> Recommend telemedicine visit</li> </ul>

## Check-in and Rooming Procedures Considerations

- Adapt workflows to minimize contact between patients and clinical or office staff.  
*Example workflow:*
  - o Upon arrival, ask patients to call the front desk to check-in
  - o Instruct patients to wait outside (e.g., in their car) until time of their appointment
  - o Send text notification to patient when they are ready to be seen
  - o Reserve physically distanced waiting room seats for patients with special considerations (e.g., patients without a car, no cell phone, etc.)
- Implement contactless check-in procedures and notification of rooming via mobile phone
- Contact your EHR vendor to determine if there are any applications you can install to reduce in-person contact.
- Implement policy to minimize additional people coming to the office (e.g., families, caregivers, children) - only if they are essential to care

## Maximize the Value of the In-Person Visit

- Implement a daily huddle before in-person visits, consider including remote tele-triage staff in the huddle as they may have important information about the needs of patients on the schedule
- Implement pre-visit planning protocols
  - o Ask patients to complete a pre-appointment questionnaire to ensure you understand the goal(s) of the appointment.
    - Resource: [CDC Self-Checker](#)
  - o Require patients to take temperature and report any respiratory symptoms to the office on the day of scheduled in-person visit
  - o Implement pre-visit lab testing to inform decision making and cut down on need for follow up communication
  - o Assure examination room is set up for specific procedures/examinations (joint injection, Pap smear, cryotherapy, etc.)
- Implement standing orders protocols for integrating preventive care (e.g., flu vaccinations, Pap smears) for in-person visits. While your practice may consider delaying non-urgent in-person medical care during the COVID-19 outbreak, it is important to consider implementing protocols to provide critical preventive care services for patients who require an in-person visit.
  - o Resource: [Using Standing Orders for Administering Vaccines: What You Should Know](#)
- If possible, develop follow-up care plans that can be conducted remotely (minimize the need for the patient to return to the office)

## Integrate Telemedicine into your Practice Workflow

*Telemedicine is critical to helping your practice continue or resume care of your patients during the COVID-19 outbreak. [ACP's Telemedicine Guide provides](#) practical guidance for incorporating telemedicine into your practice. The following menu of recommendations and resources from ACP's Telemedicine Guide are designed to help you in your COVID-19 recovery plans.*

- Ensure clinical team members have time blocked on their schedule to conduct telemedicine visits
  - o You can set aside a portion of your day that you know from past experience is typically slow (e.g., Wednesday afternoons).
  - o Intersperse telemedicine visits into your daily schedule.
  - o Offer telemedicine visits in the evenings or weekends to patients who cannot come in during weekdays due to their work schedule limitations.
- Train staff to use telehealth documentation templates and algorithms and solicit their ongoing feedback on how to improve them
- Train staff on how to appropriately code and bill for the visit
  - o [Telehealth Coding and Billing During COVID-19](#)
- Identify HIPAA-Compliant technology options to help your practice conduct telehealth visits
  - o [Technology for Telehealth](#)