

Managing Patients with Suspected or Potential COVID-19 Symptoms in the Clinic

1) Reducing spread of COVID-19 in our facility and through our workforce:

We will be implementing a process to screen all employees and providers each day for fever as they enter the building, and expect all to notify their manager/supervisor and not come to work if they have fever, cough, or shortness of breath. Please accommodate this process and avoid exposing others in your desire to work.

We will also observe the newest KDHE guidelines for quarantine of our staff due to travel. This is the current guidance from KDHE:

Individuals should observe a 14-day home quarantine if they have:

- Traveled to a state with known widespread community transmission (currently California, New York and Washington state) on or after March 15.
- Received notification from public health officials (state or local) that you are a close contact of a laboratory-confirmed case of COVID-19. You should quarantine at home for 14 days since your last contact with the case. (A close contact is defined as someone who has been closer than 6 feet for more than 10 minutes while the patient is symptomatic.)
- Visited Eagle, Summit, Pitkin and Gunnison counties in Colorado within the past week.
- Traveled on a cruise ship on or after March 15.
- Traveled internationally on or after March 15.

(Individuals who have previously been told by public health officials their health care provider to quarantine because of cruise ship or international travel should finish out their quarantine period.).

2) Management of the ill patient being seen in the clinic with respiratory symptoms:

Our protocol to manage those arriving in our clinic with potential COVID-19 symptoms involves the following steps:

- Screen at the front desk by questioning fever, cough, or shortness of breath. If the patient has also traveled or had direct exposure to someone with COVID-19, then place a mask and take patient to a room with the door closed immediately.
- If the evaluation doesn't reveal a cause readily treatable like pneumonia or asthma, then we would perform Flu testing first, and then Viral Respiratory Panel (VRP) next. Assuming they are stable, they would be sent home to await the STAT VRP results.
- If the results are negative, the state epidemiologist would be contacted to request COVID-19 testing. If approved, we would have the patient return to the clinic and remain in their car for COVID-19 testing in the parking lot with PPE in place. Then home quarantine and monitoring by phone while awaiting the test results. Coach on symptoms to observe anything that would require a higher level of care.

3) Diversion of ill visits out of our clinic:

With limited testing available and limited supplies to do the testing, we are **asking our providers to encourage those who are stable and mildly ill to self-quarantine at home and not come into the office** until broader testing can be obtained. We should track those patients and call for updates.

We are working closely with the emergency medical services provider to establish ways to get testing performed out of our clinic, such as through a drive-through system with phone results to follow. This should help reduce the numbers entering our clinic.

4) Delay of routine, elective office visits:

We understand that many patients will be resistant to coming to an office for fear of unnecessary exposure. We will work to develop methods for managing those with Medicare wellness visits, well child checks without vaccines, and chronic disease management visits such as DM, CHF, COPD, etc. This will include virtual visits and delaying some of those down the road for a month or so until we have a better handle on the impact of COVID-19 on our practice.

5) Virtual Provider Office Visits:

We will initiate training for you to provide office visits through _____. This will include some training materials and videos to review, as well as understanding the coding and documentation to support this work.

6) Diversion of elective surgeries and procedures (if applicable):

We are needing to manage both the exposure risk of patients with elective procedures and the utilization of supplies/materials/PPE during this time. We will work with the clinic leadership team to oversee this. We anticipate implementing this change in scheduling on _____, 2020. Some patients may voluntarily self-select out and should be re-scheduled toward the end of April.