

## Tanner Clinic COVID-19 Protocol Update for Thursday, April 2, 2020

For purposes of this communication, “COVID” is indicative of fever, cough, respiratory issues – along with, but less and less so, travel/contact history. At this point, COVID swab collections are still sent to an applicable lab for actual testing. Results now seen back in 2-3 days. Actual COVID testing not yet available at the clinic. Always exploring options for this to change.

\*\* Situation changes daily – Refer to this official communication before making any changes otherwise \*\*

Questions or Input – to Brandon, ext 7382

### 4-02-02 change summary:

1. Changes are constant, the present is scary, the short-term future is unknown. We can only do what we know to do, and can do it better, together. Support each other. We WILL get through this!
2. Crisis counseling - Dr. Christiansen is available for one-session crisis counseling via doctor-referral only for either employees or current patients in crisis need. We also have Victoria Thompson, LCSW in Westside that wants to help.
3. TeleTriage change – See attached letter and triage protocol that details changes to provider involvement in teletriage.
4. ALL respiratory issues should have careful hands-on care with respiratory care docs at south entry Layton and east entry Westside before entering buildings. Triage docs will orient patients such.
5. Schedulers – for full day coverage, access to all schedules, understanding of processes, etc. our Scheduling staff will remain point on patient scheduling. Please don't attempt takeover in offices.
6. Teletriage docs – don't do the test ordering if sending to parking lot care. The respiratory doc will order.
7. Layton IHC hospital no longer does COVID testing – see attached.
8. Name badge proof – no projections of policing yet, but with increasing “stay home” orders by counties, wouldn't hurt to have your name badge with you in case anyone questions the ‘essential’ need for you to be out.
9. Re-use masks? If utilizing a custom-color mask, be sure to wash it daily and be careful where you set it and how you handle it.

### 3-30-20 change summary:

1. If calling 911 with a suspected COVID patient, let them know at the time of the call.
2. Provider leaving early for the day? Please let CS supervisor know to see if MA can be used elsewhere.
3. Davis hospital update on COVID Testing Guidelines. See attached.
4. Home isolation after COVID testing. See attached from Candice Smith.
5. Please be aware of touch points for patients and wipe down often.
6. Employee protection – please wear masks if ever you feel exposed and in need of protection
7. Providers – please don't instruct symptomatic patient to go straight to parking lot for COVID triage. Each patient now gets a TeleTriage visit by an FP, who will determine sending them there, and will undergo another visit by the respiratory doc. IF the patient gets to the parking lot on their own, we will handle it with them then.

8. Tele-visit billing. Be sure to follow the e-billing protocol (billing template) sent last week for proper billing of Tele-visits.

### **3-27-20 change summary:**

1. Pharmacy letter – Please see attached letter from Shawn Spriggs about prescribing medications.
2. Missionary quarantine – for providers who are getting questions about returning ‘LDS’ missionary quarantine guideline, please see attached from Candice Smith.
3. Chest xrays update from yesterday’s update – patient need to carry a hard copy order, wear a mask and check in at hospital main entrance rather than ER tent.
4. Telemedicine Letter – Please see attached letter from board member, Ben Humpherys.
5. Triage protocol change – The COVID hotline is transitioning to more doctor Tele-Triage to better assess medical needs and appropriately route patients. This starts Monday. See attached set of triage protocols for details.

### **3-26-20 change summary:**

1. Patient-only. From whatever work position, please encourage patients to not bring anyone to their appointments that aren’t absolutely necessary to be there.
2. Telemedicine! The doxy.me platform is working well. All providers and offices would be wise to consider using it, where applicable, for patient care. It will keep us connected to our patients, and them to us.
3. Employee hours. The clinic is committed to keep doing whatever possible to provide work hours for staff where reductions are inevitable, yet also not spend clinic resources unwisely. We can all work together through this as situations change daily. Look to your supervisors for guidance and direction.
4. Supervisors – in working with staff on reduced hours, please consider a smaller hit to the hours of all over a larger hit to the hours of a few. Share the love.
5. Chest xrays. When treating COVID suspected or tested patients who might need a chest xray, Davis hospital is poised to take them so they don’t enter the clinic. Those patients should check in through the white tent outside the ER.

### **3-25-20 change summary:**

1. Many doing Telehealth now. Strongly encouraged where applicable. Website shows who is so that patients know they can schedule for it.
2. Medical staff - strongly encouraged to use masks and gloves with any patient that may be contagious in any form. Always good to have an extra layer of protection.
3. Reception – if not done already, please re-arrange waiting room chairs to allow patients to sit 6 feet apart. Place extra chairs out of the way in whatever fashion you see best. Call Facilities if need help.
4. See attached communication from Davis Hospital on “Minimizing Risk to Your Loved Ones.”
5. Creative scheduling – in areas where possible and work demands are still present, consider splitting staff and staggering shifts to different times of day or days of week in order to minimize exposure.

### **3-23-20 change summary:**

1. Contagion Exposure Risk template – see attached for a template that helps document Patient Contagion Exposure Risk.
2. Phone triage – we will soon begin involving MDs/APCs on certain COVID-symptom triage calls for enhanced patient assessment. Complexity of screening for best patient servicing suggests such. FP department will put schedule together on who is covering the line. Walk-in patients who display symptoms will continue to be sent back to their cars to call hotline for phone triage.
3. Provider schedule changes – per the Friday update, and on their own, we are beginning to see providers and departments of providers make schedule changes to accommodate both sick and well patients via telehealth visits or on-site visits as the case demands. Specialists – please be sure to stay contactable for the primary care providers who will still need to consult with you on their patients. A communication on practice reductions/closures will be forthcoming. This will be kept as up-to-date as possible.
4. Telemedicine – tomorrow there will be sent to providers a communication detailing Telemedicine options and instructions for getting started. Providers are asked to respond today to survey link sent out today on Telemedicine desires and needs.
5. Patient/staff safety – short of government or clinic mandated closures, providers are asked to please consider the safety and well-being of patients and staff in how/if you continue to see patients.
6. Employee health – just as we triage patients entering our buildings, staff should be upfront with their own health and arrange with their supervisors to stay home if they are experiencing COVID symptoms.
7. Davis ER – Davis no longer does drive-through COVID testing and is reserving their resources for inpatient needs. Please don't send patients there for testing. In fact, they may send patient HERE for patient care that doesn't warrant ER or admission action.
8. Out of work - if you find yourself short on hours due to reduction of work, you will first look to your PTO for coverage, then 'go negative' for the year if needed. Pay for COVID-based missed work beyond PTO will only be granted where the health department has interacted and asked you to quarantine for a given period of time due to a work-related exposure.

### **3-20-20 change summary:**

1. We were told yesterday that a car-based test for COVID-19 came back positive. MA was in full PPE and therefore not at risk. Patient never entered the building. Triage efforts are working – and important. Thanks to all who are making this happen.
2. Telemedicine. Can be used for regular visits as well as COVID-based communications. A description and how-to memo is being prepared. Should come out Monday. FaceTime and Skype is authorized. For now, non-video calls are not. Hope that changes soon. Use your best judgement. Doxy.me and Zoom seem to be the easy and free ones others are using if you want to play around with those now. See billing instructions below in the 3-18-20 update.
3. Layton main is now issuing wrist-bands to patients as they enter as indication to personnel that patient has been asked the screening questions at the door. Satellites will quickly follow. Reminder: Besides Layton and Westside, COVID-symptom respiratory patients shouldn't be entering at all.
4. We have dire and continual need for door screener personnel at each site. If your supervisor/director clears you to help out or you wish extra hours, we could use your help. Trying to leave this for those who need hours before a stronger approach to assign risk-averse staff.

5. Pediatricians will be on-site at Westside during day and at Layton main during After Hours hours to help with Pediatric respiratory patients. Pediatric patients walking-in at Layton during the day will be given the choice to stay or drive to Westside.
6. County health department reports that some patients have been instructed to call them for test results. All COVID-19 test results will be reported back to the provider for communication to the patient.
7. LabCorp is the reference lab that is processing our COVID-19 samples. Their turnaround time is currently about 7 days, though some results come back much sooner. Rather random. They are working to get faster.
8. The clinic Infectious Control committee met last evening to review the newly-published guidelines on non-essential medical service. The committee recommends careful evaluation of the following:
  - i. Well care visits, annual be postponed or performed by telemedicine means for at least 2 weeks, but probably longer.
  - ii. Screening mammograms be postponed.
  - iii. Routine elective surgeries be postponed: those named include carpal tunnel release, EGD, colonoscopy, cataracts, endoscopies.
  - iv. All department chiefs evaluate surgery performed and assess need of surgery and triage risk of patients per known COVID risk factors.
9. New ICD-10 code for "COVID-19" starting April 1 - U07.1
10. Patients who are turned back to their cars for testing will be given the attached half-sheet flyer outlining what to expect from there.

### **3-18-20 change summary:**

1. Westside clinic will join Layton main as an additional site for respiratory-only servicing. So – Layton main AND Westside, day and After Hours, will be our COVID-car testing and respiratory screening sites. Thank you, Westside!
2. Telehealth visits are now 'okay' via FaceTime and Skype. Still also testing out other platforms with hopeful additional direction out soon. See attached for how-to on Telehealth document in NextGen. However tele-communicate, can charge appropriate E&M and add '02' place of service and '-95' modifier (which the NextGen template does for you)
3. Providers – if not getting these updates via text to click on, be sure to unblock phone number 801 784-4178 which is the number from which these are sent (which means you aren't getting THIS one either so someone may have to tell you that). Employees – updates come from 888 416-1783 so be sure to unblock that number.
4. Intermountain COVID referrals – if sending patient to Layton Intermountain hospital for testing, be sure to use the attached "Intermountain Central Laboratory" form and fax to 801 543-6076. They say testing is compromised if not accompanied by that form.
5. Well visits – no clinic-wide direction to curtail well-visits, even with elderly population. At this point, patients and docs will choose their own course with this.
6. Sick/Well docs Urgent Care – Layton and Westside, day and night, divide their providers into those treating COVID-car/respiratory patients (in full PPE all day – see treatment protocols below) and those treating all other Urgent Care patients.
7. The triage and testing protocol have been updated. Please see attached.

### 3-17-20 change summary:

1. All COVID-19 screening tests AND respiratory-only (no travel or contact history) will be done at Layton Main AND Westside Clinic during the day and during After Hours (defined as 5-9 evenings and Saturdays).
2. Kaysville and Syracuse After-Hours will close. These providers will assist in Layton and Westside, doubling up the providers during After Hours – one at front seeing COVID symptomatic patients and possibly respiratory other and the other seeing regular After Hours patients.
3. NO CHANGE to traditional ‘walk-in’ patients – If COVID, follow protocol. If not, still allow to be treated.

### General COVID protocol – updated to reflect the latest changes:

1. All locations will have “door greeters” that screen EVERY patient according to the attached triage questions.
2. Phone personnel will forward concerned COVID calls to clinic hotline staff. Hotline will be open matching UrgentCare/After Hours hours. Hotline staff will screen patients according to the attached triage questions. COVID symptomatic and respiratory patients will be sent to Layton Main or Westside. Others, handled as usual.
3. Layton main – Daytime and After Hours
  - a. Stalls at the south end of the Layton original building (near the south entrance) will be clearly designated.
  - b. Full-time staff will be available for in-car testing as patients arrive. Monday-Friday 9 am – 9 pm. Saturdays 9 am – 5 pm.
  - c. Dedicated screening staff will follow the attached (updated) screening protocol.
  - d. COVID-based – car contact only.
  - e. All other respiratory concerns will be ushered through Layton’s South entrance and treated at the Urgent Care offices. Pediatric respiratory, where applicable, will be screened at Westside Clinic by staffed Pediatricians.
  - f. Non-respiratory appointments and walk-ins will be ushered through the East entrance and handled as usual. Greeter staff will also be at the East entrance to screen patients according to this protocol.
4. Westside clinic – daytime and After Hours
  - a. Stalls at the east end of the Westside building will be clearly designated.
  - b. Full-time staff will be available for in-car testing as patients arrive. Monday-Friday 9 am – 9 pm. Saturdays 9 am – 5 pm.
  - c. Dedicated screening staff will follow the attached (updated) screening protocol.
  - d. COVID-based – car contact only.
  - e. All other respiratory concerns will be ushered through Westside’s East entrance. Pediatricians will also be on-site during these times to help screen Pediatric patients.
  - f. Non-respiratory appointments and walk-ins will be ushered through the South entrance and handled as usual. Greeter staff will also be at the South entrance to screen patients according to this protocol.
5. Option is still open, with a faxed or carried order, to send patient to:

- a. ~~Davis Hospital drive through on north side of hospital. M-F 9-5. Fax #801-807-7060. As of 3/17 this drive through was closed due to running out of supplies.~~
  - b. Layton Intermountain Hospital drive-up. Hours? iCentra order or via fax #801-543-6076. **As of 3/18 this drive through is still open and ramping up to do loads of tests. Be sure to use the attached form for Intermountain testing.**
6. Physicians with high-risk patient populations are encouraged to assess need for visits and cancel or postpone as deem pertinent. Telemedicine options will be soon available to providers and patients.
7. Treatment protocols:
- a. COVID-facing screeners – face mask, eye shield, gown – constant. Gloves changed each time
  - b. Respiratory-facing treatment – face mask, eye shield, gown – constant. Gloves changed each time. Dedicated rooms/areas, wiped down between each patient. Patient waits in car until room/area available.
  - c. Parameters:

Symptoms for COVID-19- remember that congestion and sore throat are less common symptoms.

fever (87.9%) early on (43%)	myalgia or arthralgia (14.8%)	nasal congestion (4.8%)
dry cough (67.7%)	sore throat (13.9%)	diarrhea (3.7%)
fatigue (38.1%)	headache (13.6%)	hemoptysis (0.9%)
sputum production (33.4%)	chills (11.4%)	conjunctival congestion (0.8%)
shortness of breath (18.6%)	nausea or vomiting (5.0%)	

**HIGHEST RISK:**

**FEVER or COUGH or DYSPNEA or other compatible symptoms**

**PLUS:**

**ANY PERSON WITH A CONTACT of a lab-confirmed OR suspected case in 14 days**

**OR**

**History of TRAVEL OUT OF COUNTRY OR HIGH RISK STATE in past 14 days. See triage questions**

**MODERATE RISK:**

**FEVER or COUGH or DYSPNEA or other compatible symptoms**

**NO KNOWN EXPOSURES ND**

**TRAVEL to a moderately AFFECTED AREA in 14 days, or an evolving area**

**OR CONCERN about exposure to a suspected person**