

comes from the objectives we had with this new process which includes reducing unnecessary contact with those suspected of COVID and providing hands on care to those that need it. We thank those that have helped with the tele-triage system so far and appreciate your willingness to test out the system while providing valuable feedback. We also thank those that are working in the urgent care clinics providing care for both the respiratory patients as well as the other urgent needs unrelated to respiratory symptoms.

Based on feedback we've received from the tele-triage providers and urgent care providers we, the COVID committee, are implementing the following changes to the current process. A new flow chart showing these changes is attached (changes are underlined and in red text) and we hope to implement as soon as possible once we've confirmed the process with the scheduling department and providers. We would like to start this on Friday.

1. For improved continuity and quality of care - The tele-triage patients will now be routed to their own PCP for triage.
 - a. Each clinic location will be tasked with creating a rotation to cover tele-triage for when patient's PCP is out of office for every day during normal business hours.
 - i. If a patient's PCP is out of office, they will be assigned to the provider covering for that clinic location
 - b. If a patient does not have a PCP, they will be assigned to the covering provider on a rotational basis between each clinic location
 - c. For the After Hours tele-triage, the provider in the non-respiratory UC in both Westside and Layton locations will provide tele-triage and the patient will be assigned based on the patient's location and preference by the appointments department
 - d. We will no longer utilize the shared sign-up sheet so please be aware those shifts will no longer be needed. Thank you all again for your willingness to help in this and we apologize for any inconvenience this may cause as you adjust your schedules.
2. To continue to reduce risk exposure and maintain critical levels of PPE - if the tele-triage PCP deems it necessary to do a physical assessment on the patient, the PCP will refer the patient to the respiratory provider at the location most convenient to the patient.
 - a. The process for this remains unchanged and will process as currently outlined in the flowchart.

In order to ensure you are ready for this change, please contact Becky to let her know what your tele-triage availability is so she knows when to send your patients to the backup provider.

You'll also need to make sure Susan has your telemedicine waiting room address 24 hours prior to your first appointment to make sure it's correctly linked in Phreesia.

Lastly, if you are working the after-hours clinic in Layton or Westside, Becky's team will need to know which doctor is doing respiratory and non-respiratory care to know who to send the tele-triage visits too so make sure she knows before 5 PM on the day you work the evening or Friday night if you work Saturday.

We thank all of those on the COVID Physician's Committee which include Dr. Candice Smith (committee chair), Dr. Jim Bledsoe, Dr. Darin Checketts, Dr. Scott Cardon, Dr. Glenn Morrell, Dr. Steve Meek, Dr. Marc Abdersibm Theron Stoker, Brandon Cassel, Becky Geis, Cayden Womack, Nancy Fahrenbach and Kathy Bennett. Without all of these we wouldn't have a process that is working as well as it is. We also appreciate all feedback we've received and will continue to receive as we refine this process to minimize the event of a mass outbreak and focus on protecting our patients, staff and providers.