COVID-19
Managing the Virtual Visit Queue
Objectives

- How the 866-443-2584 COVID-19 hot line supports the system
- Expectations for you working the schedule
- Triaging COVID-19
- Testing criteria
- Testing sites
- Provide Care Advice
- How to access the virtual schedule
- How to make an appointment at the testing site
COVID-19 Hot Line - 866-443-2584

• Number that is on all signage, social media, email outreach (2.5M), web sites and portal instructing patients to call if they have questions about COVID-19

• Team members at the contact center answer the calls and nurses will triage emergent symptoms

• Virtual/telephone visits are scheduled to further evaluate patients, determine if testing is needed and to give advice

• Anyone can call this number

• Testing can be ordered for all patients existing and new
Physician/APC Expectations When Performing Virtual Visits

• Triage all patients from IL and WI, new and existing
  • AAH Legal review of the Federal Emergency Waiver concluded that under this emergency situation AAH Physicians & APN’s in either state can provide care to all patient’s in IL and/or WI despite licensure

• You will triage other doctor’s patients (AMG & APP, un-doctored)

• Order COVID-19 testing when appropriate
  • There will be a team to help with resulting and connecting to the patients
  • Results will be shared via the portal

• Send messages back to the provider’s clinical support pool if additional treatment or follow up is needed
  • IL (p provider’s last name clinical support pool) & WI (p provider’s last name)

• Order and schedule the visit for temporary mobile collection site
Triage

• COVID-19 Travel Screening
  • History of travel within 14 days of symptom onset to:
    • China
    • South Korea
    • Iran
    • Europe
  • Continue to check CDC website for updates
Triage

COVID-19 Exposure History

• Any person, including healthcare workers, who had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset – close contact is defined as a household close contact or confirmed close contact (within 6 feet of one another)

• The following are NOT close contact
  • Living in a community with one or more confirmed cases
  • Being in the same school, church, workplace or building with a confirmed case
  • Walking by a person with confirmed coronavirus
Assess: Symptoms, Comorbidities & Condition

- Typically a lower respiratory tract illness

<table>
<thead>
<tr>
<th>Most Common Symptoms:</th>
<th>Less Common Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Body Ache</td>
</tr>
<tr>
<td>Fever</td>
<td>Chills</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>Diarrhea</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Fatigue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Headache</td>
</tr>
<tr>
<td></td>
<td>Runny Nose</td>
</tr>
<tr>
<td></td>
<td>Sore Throat</td>
</tr>
</tbody>
</table>
Determine Risk

High Risk Patients

- Women who are pregnant or postpartum
- Persons <2 years old and >65 years old
- Lung Disease (COPD, Asthma, CF, BPD)
- Technology dependent lung disease
- Heart Disease (CHF, Pacemaker, Cardiac Surgery)
- Neuromuscular Disease (Stroke, Parkinson’s, Muscular Dystrophy, CP, epilepsy)
- Diabetes
- Kidney Disease (dialysis, nephrotic syndrome)
- Liver Disease (liver failure, chronic hepatitis)
- Weak Immune System (cancer, chemotherapy, HIV, transplant, oral steroids)
- Aspirin Long Term Therapy
Dispositions from triage

1. **Emergency department referral for the sickest patients**
   (notify ED they are coming and instruct patient to mask immediately)

2. Home care/Reassurance

3. Testing

4. **Other healthcare needs**
   - Treatment for other disease
   - Work notes and clearance
   - Refills
Patient has other healthcare needs

1. Assume community acquired COVID-19 with all patients with respiratory symptoms until proven otherwise

2. **Do not** send any patients to the office for an in-person visit with a positive screening for COVID-19 (travel or exposure or cough or fever or sob)

3. Send a message to the provider’s clinical support pool letting them know what is needed
   - IL (p provider’s last name clinical support pool) & WI (p provider’s last name)

4. The site is to reach out to the patient and either treat the patient further over the phone or determine how to safely bring the patient into the office.
**Who to test?**

*There are limited testing supplies*

**Clinical Presentation**

Fever and/or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)

**AND**

any of the following epidemiologic or other factors:

<table>
<thead>
<tr>
<th>Contact</th>
<th>Travel</th>
<th>Congregated Living / Healthcare Facility</th>
<th>Medical Health Concern</th>
<th>Public Health Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any person, including health care workers, who has had: • close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</td>
<td>A <strong>history of travel from affected geographic areas within 14 days of symptom onset</strong></td>
<td>The individual (staff and/or patient/resident) is from a <strong>congregate living or health care facility</strong>: • with clusters of infection not due to influenza and suspected to be due to COVID-19, as determined in collaboration with public health authorities</td>
<td>The patient is at <strong>higher risk for complications</strong> from COVID-19 and for whom <strong>rapid test results are more likely to impact clinical care/outcomes</strong>: • older adults (age ≥ 65 years) • chronic medical conditions and/or an immunocompromised state (i.e. diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease, etc.)</td>
<td>Other situations involving patients that clinicians have thoroughly evaluated and are deemed: • high priority after consultation with public health <strong>OR</strong> • are part of a situation of concern as determined by public health (e.g. cluster of cases from same venue)</td>
</tr>
</tbody>
</table>
## Who & where to send for testing?

*Do not send patients for testing to the ED who do not need emergency care.*

<table>
<thead>
<tr>
<th>Travel/Exposure</th>
<th>Symptoms</th>
<th>Send for testing?</th>
<th>Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>No</td>
<td>Home</td>
</tr>
<tr>
<td>None</td>
<td>Mild</td>
<td>No</td>
<td>Home</td>
</tr>
<tr>
<td>None</td>
<td>Moderate</td>
<td>Yes</td>
<td>Drive Through Testing or Emergency Room</td>
</tr>
<tr>
<td>None</td>
<td>Severe</td>
<td>Yes</td>
<td>Emergency Room</td>
</tr>
<tr>
<td>Yes to Either</td>
<td>None</td>
<td>No</td>
<td>Home</td>
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There are 2 types of testing units

- **Emergency Department Testing Units**
  - An extension of the ED and is an ED visit
  - IL-Testing requires IDPH approval and code
  - WI-Provider needs to contact ED prior to sending

- **Temporary Collection Centers (aka, TENTS, POP-Ups, Mobile Units)**
  - Opening multiple sites within the week
  - Collection only, no evaluation
  - Order must be in EPIC
  - Schedule an appointment
  - Drive up & do not get out of their car
  - Will see children
    - IL-LGH and Christ Only
    - WI-all sites
Testing Sites & Epic Department Name & Visit Type

Testing Site: Epic Department Name

• Baycare Green Bay: ABMC AMG Mobile Testing Unit (3/20/20 afternoon)
• St. Lukes: ASLMC AMG Mobile Testing Unit
• Lutheran General: LGH ADMG Mobile Testing Unit (OPEN NOW)
• Illinois Masonic: IMC ADMG Mobile Testing Unit
• Christ: CMC ADMG Mobile Testing Unit
• Good Shepherd: GSH ADMG Mobile Testing Unit (3/20/20 afternoon)
• Good Sam: GSAM ADMG Mobile Testing Unit

Visit Type - Mobile Testing (#7453)
Home Care

Should the Patient Go to Work?

• It is reasonable for people who have traveled from a high risk area per current CDC guidelines or had close contact exposure to coronavirus in the last 14 days, to make arrangements to work from home until 14 days have passed.
• 14 days, to make arrangements to work from home until 14 days have passed.
• The patient should talk to the occupational health office for their workplace.

Reassurance and Education:

• Although you were exposed to Coronavirus, it appears that you do not currently have any symptoms of coronavirus
• Infection. Coronavirus infections starts within 14 days following the last exposure.
• Since it's been less than 14 days, you still are at risk for getting sick with coronavirus.
• You need to watch for symptoms until 14 days have passed. Check your temperature two times a day.
• Limit close contact with others for at least 14 days from last exposure
Home Care

Measure Temperature:
• Measure your temperature 2 times each day, until 14 days after exposure.
• Report any fevers to your health care provider or to the local department of public health.

Isolation is Needed If Fever or Other Respiratory Symptoms Occur:
• *Isolation will be needed if you develop a cough or fever within 14 days of coronavirus exposure:*
• Isolate yourself at home.
• Do Not allow any visitors
• Do Not go to work or school
• Do Not go to church, child care centers, shopping, or other public places.

Call Back (or Call Your Doctor) If:
• Fever or feeling feverish occurs within 14 days of coronavirus exposure.
• Cough or difficulty breathing occur within 14 days of coronavirus exposure.
• Body aches, chills, diarrhea, headache, runny nose, or sore throat occur within 14 days of coronavirus exposure.
• You have more questions
Home Quarantine

• Less sick individuals who get tested will go home on quarantine:
  • No Visitors
  • No work or School
  • No church, childcare centers, shopping or public places
  • Avoid close contact with others

• Close home contacts should also be quarantined and monitor for symptoms. If symptoms develop they should call their doctor’s office or the COVID hotline for instruction
Returning to work after COVID-19
(confirmed or presumed)
*using the non-test-based strategy

- **Exclude from work until**
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
  - At least 7 days have passed *since symptoms first appeared*

*Per CDC guidelines*
EPIC Workflow

• Sign into Virtual schedule

• Create note and documentation

• Order COVID test

• Schedule appointment at mobile collection site
Appendix
Reference Triage Protocols

• Go to the COVID Information Center for resources
• Provider applies principles of Schmitt-Thompson Clinical Content Protocols
  o Coronavirus (2019-nCoV) Exposure – Adult
  o Coronavirus (2019-nCoV) Exposure – Pediatric
10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. **If you have a medical appointment, call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. **For medical emergencies**, call 911 and notify the dispatch personnel that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands** often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. **As much as possible**, stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

9. **Avoid sharing** personal items with other people in your household, like dishes, towels, and bedding.

10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)