

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

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:

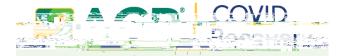
Patient Scheduling Considerations

- 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 <u>CDC's COVID-19 Telephone Response Guide</u>):
 - Collect patient's demographic information
 - o Screen for life-threatening symptoms or conditions
 - o Document chief complaint/reason for appointment request
 - Screen for <u>COVID-19 symptoms</u>
 - 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)
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Example worksheet to help prioritize patient scheduling:

Priority Level.



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
 - Ask patients to complete a pre-appointment questionnaire to ensure you understand the goal(s) of the appointment.