



Title: COVID-19 Clinic Protocol		Protocol Number IIIV-009
CEO	Date	Issue Date 3/13/20
		Page 1 of 6

Revision Dates: 3/13/20, 3/20/20, 4/7/20, 6/11/20

**SCOPE:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Physician/Medical Providers  | <input checked="" type="checkbox"/> Nursing                  |
| <input checked="" type="checkbox"/> Behavioral Health Clinicians | <input checked="" type="checkbox"/> Contract Providers/Staff |
| <input checked="" type="checkbox"/> Finance / Billing            | <input checked="" type="checkbox"/> Clinical Support         |
| <input checked="" type="checkbox"/> Administration               | <input checked="" type="checkbox"/> Clerical                 |

**OVERVIEW:**

The following protocol is based on the CDC’s: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, along with feedback from local Health Departments. This protocol is subject to change at any time as we continue to monitor the COVID-19 pandemic.

**PROTOCOL:**

**1. Minimize chance of exposures**

**A. All staff:**

- a. Must use an ear loop mask to protect staff and patients.
- b. Are encouraged to wear scrubs to work.

**B. All sites have put a red “X” on the floor 6 ft away from check-in/out so patients are aware of the appropriate social distance at the front desk.**

**Scenario 1: Patient arrives to the clinic, does not call ahead with symptoms**

**A. Outside of Clinic Triage/Testing**

- a. Each clinic will have signage instructing patients to call first with any upper respiratory issues before entering clinic.
- b. Patient will call and speak to Call Center/Front Desk/Triage Nurse
- c. Screen for the following:

QUESTION	YES (Please check)	NO (Please check)	NOTES
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<b>Do you have a fever, sweats, or chills?</b>			
<b>Do you have a cough?</b>			
<b>Are you currently experiencing difficulty breathing?</b>			
<b>Have you had any problems with smell or taste?</b>			
<b>Have you been exposed to anyone who has been diagnosed with COVID- 19?</b>			
<b>Have you been diagnosed with COVID-19 in the past two weeks?</b>			

- d. If yes to any of the questions, politely ask patient to return to their car, ask them to provide a phone number, and advise patient we will call them shortly for next steps. Note: If NO to any of the above questions, follow regular check-in process.
- e. If yes to any of the questions, Front Desk staff notifies RN Manager of patient arrival and responses.
- f. RN Manager phones patient and completes the ClearTriage protocol in Athena:

**P Coronavirus (COVID-19) Exposure**

**A Coronavirus (COVID-19) Exposure**

- g. RN Manager discusses patient’s responses with the provider
- h. Provider determines next steps, based on symptoms, COVID-19 testing supplies, and PPE supplies
  - a. Patient to be seen outside in their vehicle by provider
  - b. Patient to be seen in clinic by provider
  - c. Patient to be sent to an external site for testing (use for WALK-INS and/or when the clinic is low on testing or PPE supplies). If applicable, reschedule the patient’s visit if no treatment provided
- i. If patient is to be sent to an external site for testing, designated CRCHC staff will go out to car and provide handout with testing site information. Advise we will follow up via phone.
  - a. Manager logs patient into Excel spreadsheet located on the P Drive, EMPLOYEE RESOURCE FOLDER, HUDDLE SHEETS, OFFSITE Coronavirus Log
  - b. RN Manager follows up with patient within 3 days to find out if they went for testing & result
  - c. RN Manager creates Patient Case with the subject: COVID TEST & sends to provider to review
    - i. If the patient is not in Athena, RN Manager can skip this step
  - d. RN Manager updates log on the P Drive, EMPLOYEE RESOURCE FOLDER, HUDDLE SHEETS, OFFSITE Coronavirus Log
- j. If patient to be seen outside in their vehicle, designated provider/team should don PPE in the appropriate order: Hand hygiene, gown, gloves, mask (recommend N95), face shield/googles (if available)
- k. Designated provider/team will go to car, triage patient, and determine if:
  - i. Only swab for COVID-19 at car

- ii. Check patient in for regular visit due to other symptoms
- l. If swab only
  - i. Provider performs test and makes sure that once the COVID-19 specimen is obtained, labeled correctly, and processed correctly (frozen) for pick-up.
  - ii. When patient contact is complete, provider/team doffs PPE in the following order: Gloves, face shield/goggles, gown, mask, hand hygiene
  - iii. Provider completes required paperwork, submits to RN Manager
- m. If office visit, provider gives patient mask in parking lot and escorts patient to room.

#### **B. Office Visit**

- a. Provider performs assessment, determines the need to test for flu, COVID-19, or other. Follow latest recommendations from CDC and/or Health Department.
- b. If patient is tested for COVID-19, give patient information on self-isolation.
- c. Have the patient continue to wear mask upon leaving the clinic area (until out of the building) and to use alcohol-based sanitizer before leaving the clinic.
- d. When patient contact is complete, provider/team doffs PPE in the following order: Gloves, face shield/goggles, gown, mask, hand hygiene
- e. After patient leaves clinic area, the exam room, including doorknobs, chairs, exam table, desk, counters, needs to be wiped down completely with disinfectant wipes.
- f. Place sign on door for deep cleaning each night.

#### **C. After COVID Testing**

- a. If results come back as positive, care team is responsible for notifying the patient and appropriate external agencies.

### **Scenario 2: Patient calls ahead to the clinic**

#### **A. Pre-Visit**

- a. If patient calls in with any of the following, send the caller to the Triage Nurse:
  - i. Fever, signs/symptoms of lower respiratory illness (cough, shortness of breath), or close contact with a confirmed COVID-19 case (their own or someone they know)
- b. If yes to any of the above, consult with the provider and advise patient that we will call them back with further instructions.
- c. If testing arrangements need to be made, when possible, schedule appts **for the end of the clinic (preferably between 4pm and 5pm)**, unless provider determines the patient needs to be seen sooner due to deteriorating condition.
- d. Instruct patient to call us upon arrival from their vehicle.
- e. Each clinic will have signage instructing patients to call first with any upper respiratory issues before entering clinic.
- f. Designated provider/team should don PPE in the appropriate order: Hand hygiene, gown, gloves, mask (recommend N95), face shield/goggles (if available)
- g. Designated provider/team will go to car, triage patient, and determine if:
  - i. Only swab for COVID-19 at car
  - ii. Check patient in for regular visit due to other symptoms
- h. If swab only:
  - i. Provider performs test and makes sure that once the COVID-19 specimen is obtained, labeled correctly, and processed correctly (frozen) for pick-up.
  - ii. When patient contact is complete, provider/team doffs PPE in the following order: Gloves, face shield/goggles, gown, mask, hand hygiene

- iii. Provider completes required paperwork, submits to RN Manager
- i. If office visit, provider gives patient mask in parking lot and escorts patient to room.

**B. Office Visit**

- a. Provider performs assessment, determines the need to test for flu, COVID-19, or other. Follow latest recommendations from CDC and/or Health Department.
- b. If patient is tested for COVID-19, give patient information on self-isolation.
- c. Have the patient continue to wear mask upon leaving the clinic area (until out of the building) and to use alcohol-based sanitizer before leaving the clinic.
- d. When patient contact is complete, provider/team doffs PPE in the following order: Gloves, face shield/goggles, gown, mask, hand hygiene
- e. After patient leaves clinic area, the exam room, including doorknobs, chairs, exam table, desk, counters, needs to be wiped down completely with disinfectant wipes.
- f. Place sign on door for deep cleaning each night.

**C. After COVID Testing**

- a. If results come back as positive, care team is responsible for notifying the patient and appropriate external agencies.

**After Hours**

- A. CRCHC's after-hours line, **TriageLogic (PRN)**, utilizes triage protocols in line with ClearTriage to ensure continuity of cohesive care.

**Positive COVID-19 Patients Seeking On-Site Care**

- A. All patients who have tested positive for COVID-19 (or have a diagnosis) should complete a two-week quarantine and be symptom free before returning to CRCHC for face-to-face services. Final approval for exceptions lies with the DOCS and/or CMO.
- B. Upon determination of positive test, DOCS/RN Manager/Triage Nurse (or designee) will document patient's positive test date/diagnosis in the Athena sticky note. For two weeks from the date of the positive test/diagnosis, if the patient is approved to be seen for appointment, he/she will have to call in from the parking lot, be triaged, required to don a mask during the appointment, and be seen by minimal staff.
  - a. Athena Note: Patient tested (+) for CV19 on \_\_\_\_\_; Appts need approval from DOCS/CMO thru \_\_\_\_\_ (2 weeks out); If patient seen before \_\_\_\_\_ (2 weeks out), give mask and re-direct to vehicle for triage
- C. Any patients within two weeks of a positive coronavirus test/diagnosis who are scheduled should be discussed in the daily huddle.

**Caring for CRCHC Deaf Patients with Low Internet Coverage During COVID-19**

- A. Patient will be scheduled for a telehealth visit but directed to come to the office for the date and time of the visit
  - a. Patient will be checked in at the front desk using FD procedures
  - b. Patient will be provided an iPad from FD staff for the visit
- B. Patient will be directed to the telehealth room, varying the location of the visit
  - a. The provider will come into the room and talk to the patient for 15mins with only a face shield and ensuring 6 ft social distance is upheld.

- b. Intro the visit (share what to expect)
- c. Ensure the patient is able to get on the telehealth visit
  - i. Call FD if any trouble occurs; troubleshoot will occur via phone to reduce FD staff exposure.
- C. After the allotted 15 mins, the provider will then leave the room and join the patient on the telehealth visit in another room (office, exam room or Northern Front Desk Office).
  - a. Normal telehealth procedures will proceed.

## 2. Implement other best practices

- A. Use Daily Huddle to identify issues/concerns and number of tests available for the day**
- B. Adhere to Standard and Transmission-Based Precautions:** Hand Hygiene; PPE, N95 masks (follow latest recommendations from the CDC)
- C. Patient Visits/Appointment Management:** Home treatment preferred unless complications; Consider phone and telehealth options; Clinic assessment as addressed above
- D. Manage Visitor and Access movement within facility:** Restricted
- E. Implement Engineering Protocols:** Create barriers to prevent spread of disease; For example, signs to re-direct symptomatic individuals to their cars to be assessed/ensure that all pts go through designated triage/hygiene station; Install barriers (complete)
- F. Monitor and Manage ill and exposed personnel:** See separate HR protocols
- G. Train and Educate Healthcare Personnel:** On-going with frequent communications
- H. Implement Environmental Infection Control:** As above; need to be strict about housekeeping and clinic assistants cleaning in between suspected patients and daily decontamination after-hours by housekeeping; Audit process implemented on 6/9/20
- I. Ensure adequate freezer space for specimens**

### **REFERENCES/ATTACHMENTS:**

<https://www.ncdhhs.gov/>

<https://www.cdc.gov/>

[CRCHC COVID-19 Response Plan](#)

[IIIV-011 COVID-19 Rapid Site Testing Protocol](#)

[Extended PPE Guidelines](#)

**SIGNATURES:**

Signature\_\_\_\_\_ Date\_\_\_\_\_  
Dr. Lydia Adams, CMO

Signature\_\_\_\_\_ Date\_\_\_\_\_  
Danita Washington, COO

Signature\_\_\_\_\_ Date\_\_\_\_\_  
Will Thompson, CFO

Signature\_\_\_\_\_ Date\_\_\_\_\_  
Jacklynn Connor, DOCS



Title: COVID-19 Rapid Site Testing Protocol		Protocol Number VIII-011
CEO	Date	Issue Date
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Revision Dates: 5/12/20, 5/21/20

**SCOPE:**

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**PROTOCOL:**

During the 2019 COVID Pandemic a need for testing became portent in order to identify individuals in the community who may have come in contact with novel coronavirus but may be asymptomatic.

In order to address the community need, Cabarrus Rowan Community Health Centers, Inc. (CRCHC) were given 3 rapid testing machines as part of the State’s initiative to increase testing.

On 4/20/20, the Division of Public Health, NC State Laboratory of Public Health issued the following guidance:

**1. Regulatory Requirements:**

- All sites must adhere to regulatory requirements for testing.
- The ID Now COVID-19 is classified as CLIA waived, as such, each testing site must operate under a current CLIA certificate of waiver or higher or be accredited by a CLIA approved regulatory agency such as CAP or COLA.
- CMS will permit a CLIA waived laboratory to operate a temporary COVID-19 testing site in an off-site location. The temporary site is only permitted to perform waived tests, including the ID Now COVID-19 test. All testing will still function under the direction of the existing laboratory director.

**2. Biosafety Risk:**

- The ID Now system contains an open well and is subject to splash/splatter and possible generation of aerosol. Therefore, it is recommended that testing sites perform a risk assessment to assure safety of personnel performing the test.
- If available, testing is recommended to be performed in a biosafety cabinet (BSC).
- If no BSC is available, the use of biohazard shields or splash guards is recommended and personnel PPE for this test including gloves, face shield, and respiratory protective equipment.

Tests will be provided by Abbott and CRCHC staff was trained to complete tests in a controlled lab-like environment. Tests are identified as Abbotts Rapid-ID NOW tests, product description is provided below:

“ID NOW COVID-19 is a rapid (13 minutes or less), instrument-based isothermal test for the qualitative detection and diagnosis of SARS-CoV-2 from nasal, nasopharyngeal and throat swabs. The ID NOW Instrument has a small footprint and easy to use graphical user interface for convenience within a busy hospital or near patient testing environments. The ID NOW COVID-19 kit contains all components required to carry out an assay for SARS-CoV-2 on the ID NOW Instrument.” – Abbott 2020

In addition to the tests CRCHC was given funds from the Federal Relief CAREs Act that allowed for the purchase of an RV for mobile testing and an approved laboratory environment.

**I. Patient Identification**

- A. Cabarrus Rowan Community Health Clinic offers testing to all active patients in addition to community members. Rigorous marketing was utilized to identify individuals in the community that are at high risk of contact with novel coronavirus, i.e. essential workers; as well as direct partners of CRCHC.
- B. Direct Partners Include: Rowan Health Department, Rowan Helping Ministry, Patterson Farms, Logan Housing Authority, Salvation Army Center of Hope – Concord, and others as identified as this situation evolves

**II. Process and Procedure for Mobile Testing**

- A. Patient Registration Process
  - a. Appointment Type: By Appointment
    - i. Upon calling for an appointment, patients are screened using the COVID-19, approved screening tool.
    - ii. If the patient answers yes to one of the screening items, the patient is put on the schedule
    - iii. If it is a new patient, rapid testing registration is completed via phone: demographics and insurance information
    - iv. HIPAA and Consent to Treat will be signed by patient at testing site and scanned into patient’s file at a later time.
  - b. Appointment Type: Walk-In
    - i. Clinical Form and Rapid Test Registration Form will be given to patient
    - ii. Clinical Form - FD responsibility to include demographics and screening questions.
    - iii. Note: Insurance card copy will be documented with staff iPad
  - c. Check-In (Registration)
    - i. Upon arrival, the FD staff person (in full PPE) will welcome patient and obtain photo i.d. to confirm appointment.
    - ii. Patient will be check-in to include all signed documents, including a liability release for testing.
    - iii. On completion of check-in, staff will change patient status to “Ready for Staff”

B. Testing Process: Roles and Responsibilities

Role	Location	Responsibility
FD Staff	Outside of mobile unit,	• Gives the “okay” when patient is registered and



<b>Role</b>	<b>Location</b>	<b>Responsibility</b>
	unless inclement weather	ready
<b>MA/Assistant 1</b>	Outside of mobile unit, unless inclement weather	<ul style="list-style-type: none"> <li>• Takes patient vitals, labels specimen</li> <li>• Documents vitals in Athena (or communicates them to Assistant 2)</li> <li>• Advises swabber that patient is ready</li> <li>• Disinfects vitals equipment before the next patient</li> </ul>
<b>Swabber</b>	Outside of mobile unit, unless inclement weather	<ul style="list-style-type: none"> <li>• Informs the patient about the test and what to expect</li> <li>• Performs nasal swab and places swab immediately into the specimen tube</li> <li>• Reviews the patient informational handout, self-isolation form, and work excuse (if requested) and asks the patient to roll up the window and EXIT</li> <li>• Hands off specimen to Tester</li> </ul>
<b>Tester</b>	Inside the designated lab portion of the mobile unit	<ul style="list-style-type: none"> <li>• Receives specimen</li> <li>• Performs test and gives results to Assistant 2</li> </ul>
<b>Data Entry/ Assistant 2</b>	Inside the mobile unit separate from the lab	<ul style="list-style-type: none"> <li>• Inputs patient information into Athena</li> <li>• Inputs order and results</li> <li>• Remains inside the mobile unit in a separate area</li> <li>• Forwards result to provider assigned for the testing clinic to review</li> </ul>
<b>On-Site Provider</b>	Inside the mobile unit separate from the lab, outside of unit as needed, can also participate remotely	<ul style="list-style-type: none"> <li>• Oversees orders, results, and updates to patient's problem list</li> <li>• May see patients as needed</li> </ul>
<b>Runner/ Coordinator</b>	Outside of mobile unit, unless inclement weather	<ul style="list-style-type: none"> <li>• Helps maintain flow and assists with any tasks</li> </ul>
<b>Driver/Set up/ Break down</b>	Depends on plan for clinic	<ul style="list-style-type: none"> <li>• Drop off/Pick up</li> <li>• Set up/pack up</li> </ul>

**NOTE: At least two clinical staff need to remain at the testing site until the clinic is closed and the equipment is packed up.**

**C. Patient Communication/Follow-Up for Rapid Site Testing (RST)**

- a. The provider assigned for the day will ensure documentation of the order and results
- b. If the patient waits for the results, he/she will receive documentation of result at the site
  - i. If negative and no COVID-19 symptoms, advise patient to contact CRCHC with any questions/changes in health.
  - ii. If negative but signs and symptoms of COVID-19, arrange for LabCorp testing since studies have shown 15% error rate with rapid testing equipment.
  - iii. If positive, CRCHC will instruct the patient on isolation procedures, advise that the Health Department will be notified, and advise the patient to follow up with any questions/concerns.
- c. If the patient does not wait for the results, the on-site provider will forward the results to the Triage RN and/or RN Manager, who will contact patient with results and any instructions and document that results were communicated

- d. For all positive patients, CRCHC will contact the local Health Department for the county where the patient resides.
- e. CRCHC will also provide daily care management to ensure that the patient does not require hospitalization via his/her established provider or the on-site provider
- f. QI will report data to state via email and perform quality assurance

**D. Infection Control**

- a. Testing will be conducted in a space with adequate ventilation.
- b. Staff with direct patient contact and those performing testing should maintain full PPE (gowns, gloves, mask, face shield) for the duration of the clinic.
- c. All pens, clipboards, iPads, laptops, and any equipment that touches a patient should be disinfected after each patient.
- d. Gloves should be changed after each patient and hand sanitizer applied before new gloves are applied.
- e. Due to current PPE shortages and in accordance with CDC guidelines, masks and gowns can be worn for the duration of the clinic, unless overtly soiled and then will need to be discarded and replaced.
- f. Proper donning and doffing techniques should be adhered to.
- g. At the end of the testing clinic, all staff will assist with completing the Infection Control cleaning process.
- h. See checklists for Mobile Lab Set Up and Infection Control.

**E. HIPAA**

- a. All staff will maintain HIPAA privacy and confidentiality during this process, speaking in low voices when consulting with the patients and one another.

**III. Process and Procedure for Rapid Site Testing in Clinic Lab**

**A. Call Center/Registration Flow**

- a. Patient calls in, would like to be seen at NRFM for COVID-19 rapid testing
- b. Call Center or FD staff screens and captures basic information in Athena
- c. If scheduled, Call Center or FD staff advise patient of appointment time and to call 704-792-2242 upon arrival to COVID-19 Rapid Testing parking space at NRFM

FOR THE NEXT SECTION, EITHER PATIENT CAN CALL UPON ARRIVAL OR IF THEY PARK IN THE DESIGNATED SPOTS, RST TEAM MEMBERS WILL GREET THEM

- d. Patient arrives and calls number
- e. Call Center or FD staff transfers patient to FD staff at NRFM (2228 or 2631)
- f. If a walk-in, no call, patient will be asked to return to his/her vehicle and advised to wait/call to be added to schedule. Staff will make every effort to work patient in.
- g. FD staff will answer call and/or RST team member will greet patient
  - i. For established patients
    - 1. Verify if any paperwork needs to be updated
    - 2. FD team member will notify testing team that patient has arrived
    - 3. In full PPE, FD team member will go to vehicle to obtain necessary paperwork
  - ii. New patients
    - 1. Whenever possible, complete as much as the registration via phone as possible

2. In full PPE, FD team member will go out to car, take pictures of insurance cards, IDs, obtain signatures
3. Paperwork needs to be scanned and updated the same day or by the next business day if end of day

B. Testing Process

- a. In full PPE, Swabber and FD team member will go to patients car for the following:
  - i. Obtain needed signatures (FD)
  - ii. Explain process (Swabber)
  - iii. Take vitals (Swabber)
  - iv. Swab patient (Swabber)
  - v. Advise patient to remain in car for results or offer to call (patient preference) – (Swabber)

**\*\*\* If rain, staff can wear a poncho over their PPE, and carry umbrellas to protect themselves (and materials). For inclement weather that poses a safety threat, the clinic will be cancelled, and patients will be rescheduled. \*\*\***

- b. Swabber takes COVERED specimen (Biohazard bag can be used, I have put in a call to Abbott for other ideas) to Triage Room/Lab via the back door at NRFM; FD team member will unlock it
- c. Swabber puts in vitals and lab order
- d. Tester runs test
- e. Tester provides results to Swabber, who enters them into Athena
- f. Swabber completes negative or positive note, FD team member makes a copy for the chart
- g. Swabber gives results to patient with informational handout (or calls), Swabber advises patient on further instructions
- h. If negative test but overt COVID-19 signs and symptoms, testing team may take second swab for LabCorp processing

- C. Patient Communication/Follow-Up for Rapid Site Testing (RST) is the same as what is stipulated on in section II, C.

**REFERENCES/ATTACHMENTS:**

On Shared Drive:

- CRCHC Patient Disclaimer
- CRCHC Patient Waiver
- VIII-09 COVID-19 Clinic Protocol
- Rapid Site Testing Roles and Responsibilities (Expanded)

**SIGNATURES:**

Signature\_\_\_\_\_ Date\_\_\_\_\_

Dr. Lydia Adams, CMO

Signature\_\_\_\_\_ Date\_\_\_\_\_

Danita K. Washington, COO

Signature\_\_\_\_\_ Date\_\_\_\_\_

Will Thompson, CFO

Signature\_\_\_\_\_ Date\_\_\_\_\_

Jacklynn Connor, DOCS

**RAPID Site Testing Pre-Site Planning Guide**



**CRCHC Rapid Site Testing Pre-Site Form**

<b>CATEGORY</b>	<b>DETAIL</b>
<b>Event Date and Time</b>	
<b>RV Delivery Time</b>	
<b>RV Pick-Up Time</b>	
<b>Clinic Set Up Time</b>	
<b>Location</b>	
<b>Address</b>	
<b>MAP with area designated for RV; Need 6 spaces to park RV and 6 spaces for vehicles</b>	





<b>Social distancing plan? Can individuals be called to come out a few sent at a time?</b>	
<b>Area designated for a line of patients with six feet per person? Shelter for patients or no?</b>	
<b>How many people are we expecting?</b>	
<b>Walk Thru Date, Time, and individuals</b>	
<b>Organization Point of Contact</b>	
<b>Weather Plan</b>	





Staffing

Role	Staff Member
RV Driver	
Provider	
Swabber	
MA	
Order Entry/Data	
Tester	
FD Staff 1	
FD Staff 2	
Runner/Crowd Management/Set Up	



### CRCHC RAPID SITE TESTING ROLES AND RESPONSIBILITIES

Role	Set Up/Breakdown*	Responsibilities	Location
FD Staff (x2) 	<ul style="list-style-type: none"> <li>- Table</li> <li>- Chairs</li> <li>- Extension cord</li> <li>- Dymo Map</li> <li>- Hot spot</li> <li>- Tent</li> </ul>	<ul style="list-style-type: none"> <li>- Greets patients</li> <li>- Completes registration process</li> <li>- Gives the “okay” when patient is registered and ready</li> </ul>	Outside of mobile unit, unless inclement weather (then, one FD inside the mobile unit separate from the lab and one under the awning)
MA 	<ul style="list-style-type: none"> <li>- Clinic supplies</li> <li>- Equipment</li> <li>- Biohazard trashcan</li> <li>- Clean/Dirty vital bins</li> </ul>	<ul style="list-style-type: none"> <li>- Takes patient vitals, labels specimen</li> <li>- Documents vitals in Athena (or communicates them to Assistant 2)</li> <li>- Advises swabber that patient is ready</li> <li>- Disinfects vitals equipment before the next patient</li> </ul>	Outside of mobile unit, unless inclement weather (then, under the awning)
Swabber 	<ul style="list-style-type: none"> <li>- Clinic supplies</li> <li>- Table</li> <li>- Chairs</li> </ul>	<ul style="list-style-type: none"> <li>- Informs the patient about the test and what to expect</li> <li>- Performs nasal swab and places swab immediately into the specimen tube</li> <li>- Reviews the patient informational handout, self-isolation form, and work excuse (if requested) and asks the patient to roll up the window and EXIT</li> <li>- Hands off specimen to Tester</li> </ul>	Outside of mobile unit, unless inclement weather (then, under the awning)
Tester 	<ul style="list-style-type: none"> <li>- Machines</li> <li>- Testing supplies</li> <li>- Biohazard trashcan</li> </ul>	<ul style="list-style-type: none"> <li>- Oversees orders and results</li> <li>- May see patients as needed</li> </ul>	Inside the designated lab portion of the mobile unit

Role	Set Up/Breakdown*	Responsibilities	Location
Order Entry 	<ul style="list-style-type: none"> <li>- Laptop</li> <li>- Hot spot</li> </ul>	<ul style="list-style-type: none"> <li>- Inputs patient information into Athena</li> <li>- Inputs order and results</li> <li>- Remains inside the mobile unit in a separate area</li> <li>- Forwards result to provider assigned for the testing clinic to review</li> </ul>	Inside the mobile unit separate from the lab NOTE: If combine with Tester, location changes to lab and laptop must be wiped down after data entry
Provider 	<ul style="list-style-type: none"> <li>- Laptop</li> <li>- Assist Swabber and MA with set up</li> </ul>	<ul style="list-style-type: none"> <li>- Oversees orders, results, and updates to patient's problem list</li> <li>- Performs nasal swab and places swab immediately into the specimen tube</li> <li>- May see patients as needed</li> </ul>	Inside the mobile unit separate from the lab, outside of unit as needed, can also participate remotely
Runner/ Coordinator 	<ul style="list-style-type: none"> <li>- Cones</li> <li>- Signage</li> <li>- Ensure all staff have PPE</li> </ul>	<ul style="list-style-type: none"> <li>- Conducts brief huddle before clinic start (see page 3)</li> <li>- Helps maintain flow and assists with any tasks</li> <li>- Crowd control (ex: direct patients to parking spaces or chairs for waiting, advise of updates)</li> <li>- Works with FD staff once we have reached XX patients to start to close down the clinic</li> <li>- Provides PPE reminders during clinic</li> <li>- Filling in for other roles within scope (Ex: If MA absent, disinfects vitals equipment before the next patient)</li> </ul>	Outside of mobile unit, unless inclement weather (then, under the awning)
Driver/Set up/Break down 	<ul style="list-style-type: none"> <li>- Depends on plan for clinic</li> <li>- Tables/Chairs</li> <li>- Tents</li> </ul>	<ul style="list-style-type: none"> <li>- Drop off</li> <li>- Set up/pack up</li> <li>- Pick up</li> </ul>	N/A

\* Staff should follow infection control cleaning procedures during breakdown



**HUDDLE COMPONENTS**

<b>Check in with the Team</b>
How is everyone doing?
Are there any anticipated issues for the clinic (i.e. staff coming or going before close of rapid site)?
Is everyone clear on their roles and responsibilities?
<b>Review today's schedule</b>
How will the flow work today (for vehicles and/or walk-ups)?
<b>Other important information</b>
Discuss rain plan (if applicable)

**Supply List for Mobile Unit**

<b>Item</b>	<b>Par Level</b>	<b>Storage Location</b>
<b>GENERAL</b>		
Face shields for staff	10	Storage box on couch in kitchen
Gowns for staff	10	Storage box on couch in kitchen
N95s for staff*	10	Storage box on couch in kitchen
Gloves for staff	6 Boxes (2 S, 2 M, 2 L)	Storage box on couch in kitchen
Tables	2	Under kitchen table
Patient plastic chairs	2	Under kitchen table
Staff chairs	4	Under kitchen table
Signs	6	Behind driver seat
Cones	10	Floor in the kitchen
Water	2 Packs	Kitchen
<b>REGISTRATION</b>		
Registration Forms (Eng & Spanish)	30 of each	Folder rack in sink
COVID Releases (Eng & Spanish)	30 of each	Folder rack in sink
Negative/Positive Notes	30 of each	Folder rack in sink
Health Dept Isolation (Eng & Spanish)	30 of each	Folder rack in sink
Dymo printer	1	Couch in kitchen in box
Pre-printed labels	Review schedule	Bring to the mobile unit
Extra labels	2 rolls	Storage box on couch in kitchen
iPads	2	Bring to the mobile unit
Hot spot	1	Bring to the mobile unit
Cavi Wipes	1	Storage box on couch in kitchen
Face masks for patients	40	Storage box on couch in kitchen
Hand sanitizer	1	Storage box on couch in kitchen
Extension Cord	1	Drawer in kitchen
Clipboards	5	Storage box on couch in kitchen
Pens	10	Storage box on couch in kitchen
HIPAA folder (info to be shredded after)	1	Storage box on couch in kitchen
Trash can	1	Kitchen

Cabarrus Rowan COVID-19 Resource Pack

Item	Par Level	Storage Location
<b>CLINICAL – SWABBER/VITALS</b>		
Hand Sanitizer	1	Storage box on couch in kitchen
Clean/Dirty Bins	1 of each	Storage box on couch in kitchen
Pulse Ox	2	Storage box on couch in kitchen
Oral thermometer	1	Storage box on couch in kitchen
Thermometer probes	1 box	Storage box on couch in kitchen
Forehead thermometer	1	Storage box on couch in kitchen
Cavi Wipes	1	Storage box on couch in kitchen
Abbott swabs	40	Bedroom
Plastic specimen tubes	40	Storage box on couch in kitchen
LabCorp swabs	20	Storage box on couch in kitchen
Trash can and bags	1	Kitchen, bottom of trash can
HIPAA folder (info to be shredded after)	1	Storage box on couch in kitchen
Tracking Form	10	Storage box on couch in kitchen
Vital slips	40	Storage box on couch in kitchen
Cart	1	Bedroom
<b>CLINICAL – TESTER/DATA ENTRY</b>		
Dongle	1	Storage box on couch in kitchen
Printer	1	Kitchen bench
Laptop	1	Bring to the mobile unit
Hot spot	1	Bring to the mobile unit
Printer paper	1 pack	Drawer in kitchen
Testing machines	2	Kitchen in box
Cavi Wipes	1	Bathroom
Trash can & biohazard bags	1	Bathroom
Disinfectant spray	1	Bathroom
Red box with ice packs	1	Bedroom
Extension cord	1	Bathroom

Cabarrus Rowan COVID-19 Resource Pack

Item	Par Level	Storage Location
Pump alcohol	2	Bathroom
4x4 wipes	1 pack	Bathroom



Title: Virtual and Telephonic Communication (VPC) Services		Protocol Number VIII-10
CEO	Date	Issue Date
		Page 1 of 5

Revision Dates:

**SCOPE:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Physician/Medical Providers  | <input checked="" type="checkbox"/> Nursing          |
| <input checked="" type="checkbox"/> Behavioral Health Clinicians | <input type="checkbox"/> Contract Providers/Staff    |
| <input checked="" type="checkbox"/> Finance / Billing            | <input checked="" type="checkbox"/> Clinical Support |
| <input checked="" type="checkbox"/> Administration               | <input checked="" type="checkbox"/> Clerical         |

**PROTOCOL:**

Virtual and Telephonic evaluation and management for beneficiaries with chronic health conditions who need routine, uncomplicated follow up and who are not currently experiencing symptoms of COVID-19 but who are at higher risk of complications should they come in contact with the virus will be available.

Virtual and telephonic patient communication for beneficiaries who are actively experiencing mild symptoms of COVID-19 (fever, cough, shortness of breath) prior to going to the emergency department, urgent care or other health care facility.

**PROCEDURE:**

Purpose:

The Centers for Medicare & Medicaid Services has determined that RHCs and FQHCs can receive payment for Virtual and Telephonic Communication (VPC) services when at least 5 minutes of communication technology-base or remote evaluation services are furnished by an RHC or FQHC practitioner to a patient who has had an RHC or FQHC billable visit within the previous year, and both of the following requirements are met:

- The medical discussion or remote evaluation is for a condition not related to an FQHC service provided within the previous 7 days, and
- The medical discussion or remote evaluation does not lead to an FQHC visit within the next 24 hours or at the soonest available appointment.

**Statement of Need:**

As the geographic spread of COVID-19 is rapidly evolving there is an increased need for access to care, both medically and for behavioral health services. In an effort to support both medical and therapeutic intervention, CRCHC has adopted a Virtual and Telephonic Patient Communication (VPC) protocol.

The HIPAA compliant vendor that will host telehealth visits is Qure4U(Q4U). The vendor is a third-party app in Athena, the current EHR. A Spanish version of the app is available dependent on the patient's preferred language, as identified in their chart.

Novant consulting providers for behavioral health services will not be integrated into the Q4U model but will continue to utilize Zoom as their telehealth platform.

### Patient Identification

Medical patients who will benefit from a VPC, will be identified through the following processes:

Front Desk Staff will "scrub" charts 48 hours in advance of the appointment date/time to identify patients who should be considered for VPC. Types of patients include:

- a. Chronic Conditions such as diabetes and hypertension and other stable chronic conditions with reason for visit:
  - a. Medication Management
  - b. Routine Follow Up
    - i. Review if patient is scheduled same day for a Behavioral Health Provider visit. If scheduled notify BHC provider.
- b. BH Patients
  - a. Ongoing active caseloads identified high risk patients, patients unable or self-initiated inability to attend in person sessions will be offered a VPC appointment.
  - b. Patient requests a VPC visit (during confirmation call or referral from a pcp)
- c. Patients seen within primary care clinic for a brief intervention and/or triage will be offered a follow up VPC, if the FU must take place within 24 hours
- d. Patients that have been triaged and need to see a PCP same day
- e. Patients who requests VPC visit upon cancellation or original appointment.

A. Front Desk Staff will call patient to confirm appointment and inform patients of VPC services

- a. Front desk staff will call 24 hours prior to the patient's appointment and inform them that they can be seen via telehealth or telephonic visit.
  - a. Patient will be provided a telehealth visit,
    - i. if they do not have the needed capabilities (internet, smart phone or computer
      1. Patient is offered a telephonic visit instead.
  - b. If patient agrees, FD staff will change the appointment type to one of the following:
    1. BHC

- a. BHC 45 Minute Telehealth visit
  - b. BHC 60 Minute Telehealth visit
  - c. BHC 45 Minute Telephonic visit
2. Medical
    - a. Phone Consult (15 min)
    - b. Phone Consult – Same Day (15 min)
    - c. Telehealth Visit Est PT 15 min
    - d. Telehealth Visit Est PT 30 min
    - e. Telehealth Visit New PT 30 min
    - f. Telehealth – Same Day 15 min
- c. Front desk staff will document in the appointment note section  
**“Telehealth/Telephonic encounter requested and initiated by patient. Informed consent verbally obtained”**
  - d. FD staff will instruct patient on where to find information for the Qure4U/My-Care-Plan set up process.
    - i. Instructions are provided by patient portal, CRCHC website or front desk staff.
      1. FD staff will click on the Qure4U link in the patient's Quickview
        - a. From Q4U website send an invite email to patient with instructions on how to prepare for appointment.
      - ii. Staff ensures patients have downloaded the app and are comfortable with using the app
    - e. Front desk staff will inform patients that they will receive a phone call at the time of their appointment for check in and to collect their payment
    - f. **Front Desk Staff** will ensure that a working email address is in patient’s chart and the Qure4U/My-Care-Plan link/notification has been sent to their computer or phone.
    - g. **MA will ensure all medical forms such as PHQ2 and 9 are completed.**
      - i. **MA will complete all pre-visit charting.**
- B. Registration and Payment
- a) Provider will send an Athena message to FD staff to inform them that they are available for the next patient.
  - b) FD Staff Workflow
    - a. 10 mins prior to the appointment staff calls to check patient in for appointment, verify patient’s demographic, insurance information and collect payment over the phone.
    - b. FD staff will verify that the patient is prepared to be seen for their telephonic or telehealth visit.
      - i. Telephonic – FD staff will transfer patients call to the provider’s office extension
      - ii. Telehealth – FD staff will ensure patient is comfortable and ready to use the Qure4U/My-Care-Plan app.
    - c. FD desk staff will select “ready for provider” in Athena to indicate to the provider that the patient is ready to be transferred and/or ready.
      - i. **Spanish-speaking patients**
        1. Interpreters will be present during the telehealth/telephonic visit.

c) Providers

- a. Prior to session beginning, providers will have patient scan their room in efforts to ensure elimination of any safety hazards or others present for visit, in efforts to maintain confidentiality.
  - i. Provider will ask patient to identify any persons in the room and document information in the encounter notes.
  - ii. Provider will request for the patient to close any doors and secure the session.
    1. If patient cannot relocate to a more secure location.
      - a. Provider will inquire if patient wants to continue.
        - i. If so, provider will note the lack of security in the chart but also note the patient's approval to continue with the session.
- b. Providers will also scan his/her room in efforts to provide that security for patient as well.
  - i. Providers can forward email, upon request, regarding update to changes made to COVID-19 HIPAA violations that have been altered to meet the needs of patients.
- c. The provider will provide the patients follow up appt date and time, send tickler with appt information for FD staff to schedule appointment.

d) End of the Day

- a. Front desk staff will complete check out before the end of day.
- b. FD Supervisor/Lead will meet to share feedback, identify areas of improvement and plan for the next day.

Technological Support:

- Should a telephone session experience a disruption/technological failure the provider will re-establish the connection (place a new telephone call or refresh the Athena/Qure4U/My-Care-Plan webpage).
- If we are unable to first reach a patient, the provider will call the patients telephone number again after 5 minutes and/or text the patient utilizing the Qure4U/My-Care-Plan app.
- If after 15 minutes connection cannot be re-established, or the session resumed on the phone then the session will be rescheduled.

Appointment Scheduling

a. Appointment Type –

- a. BHC
  - i. BHC 45 Minute Telehealth visit
  - ii. BHC 60 Minute Telehealth visit
  - iii. BHC 45 Minute Telephonic visit
  - iv. BHC 30 Minute Telehealth Psych visit
  - v. BHC 60 Minute Telehealth Psych visit



- b. Medical
  - i. Phone Consult (15 min)
  - ii. Phone Consult – Same Day (15 min)
  - iii. Telehealth Visit Est PT 15 min
  - iv. Telehealth Visit Est PT 30 min
  - v. Telehealth Visit New PT 30 min
  - vi. Telehealth – Same Day 15 min
- b. Cancellation Reason Type –
  - a. Behavioral Health
    - i. BHC Telehealth and/or Telephonic No Show
    - ii. BHC Telehealth and/or Cancellation
  - b. Medical
    - i. Pt Resched. – COVID 19
    - ii. Pt Cancel - COVID 19

**REFERENCES/ATTACHMENTS:**

VI-002 HIPAA Security Policy & VI-003 HIPAA Privacy Policy

[NC Medicaid Billing Code Phase 2](#)

**SIGNATURES:**

Signature\_\_\_\_\_ Date\_\_\_\_\_

Dr. Lydia Adams, CMO

Signature\_\_\_\_\_ Date\_\_\_\_\_

Danita K. Washington, COO

Signature\_\_\_\_\_ Date\_\_\_\_\_

Margaret Currie-Coyoy, Director of Quality

Signature\_\_\_\_\_ Date\_\_\_\_\_

Jacklynn Connor, DOCS