Clinic Social Distancing and Infection Prevention Planning Checklist

# Minimize the Potential for Exposure:

# Managing known COVID-infected Patients

* Please review Guidance for Return to Clinic to determine when COVID-infected patients should be scheduled for follow-up and what to do if they need to be seen prior to being “cleared” through a test-based or clinical-based strategy.

# Managing Patients with Possible COVID infection

* **Establish multiple screening points** to assess patients for COVID symptoms and exposure to ensure they are appropriately routed to the correct location for care. Include screening questions:
  + *At scheduling* (on phone or online);
  + *On pre-visit calls* (described below);
  + *Upon arrival* (front entrance to large shared buildings as per latest [Duke Health guidance](https://covid-19.dukehealth.org/documents/pdc-patient-and-visitor-screening)); and
  + *At check-in* (front desk).
* Determine the best place to provide care for patients flagged by one of the above-mentioned screening methods:
  + From 8a-8p, have patients call the **COVID patient hotline (919-385-0429, option 2)** and **COVID triage** to direct adult, pediatric, or obstetrics patients to the right site of care – including ED, Respiratory Care Centers, Video Visits and Home Monitoring.
    - Telephone or Video-visit: After deemed appropriate by a provider/video visit, a patient can be scheduled for **drive-up COVID testing** (locations listed below), to avoid potential exposure to staff and other patients.
    - Order COVID Outpatient Orderable
    - Clinic calls Drive Up Testing hotline to schedule the patients for the same day at 919-620-1294 (do not distribute number to patients).
  + For patients in need of an in-person assessment, but not sick enough for the ED, they should be scheduled at one of the **Respiratory Care Clinics (RCC) for Adult, Pediatric and Obstetric** (locations listed below)these sites are set up and resources to manage COVID suspected or COVID+ patients very effectively.
    - Refer patients to RCC’s, when a patient with respiratory symptoms or COVID suspicion presents and based on symptoms or risk factors they would benefit from an in-person assessment
    - To schedule an appointment at these sites, patients should call the COVID Hotline (919-385-0429, options 2)
  + When there is a need to bring potentially symptomatic patients to a non-Respiratory Care Clinic, **consider a separate entrance** for patientswho have screened positive for symptoms and possible exposure.
    - Patients with appointments at hospital-based clinics at Duke Clinic must enter through the main Duke South entrance. Remind patients who screen positive to wear a mask when they arrive on campus.
    - Label entrances clearly and in an innocuous way: (e.g., “A” or “B” not “sick” or “well.”)
    - Consider separate parking lot entrances and exits where possible.
  + When patients are flagged at the clinic entrance or by the front desk, screening staff will contact provider patient is scheduled to see to evaluate the case and determine if visit needs to occur as scheduled, visit can be moved to telephone or visit delayed to a later date.
    - If patient is symptomatic or concerned about COVID and care can be delayed, they are instructed to call COVID Hotline or their Primary Care Office to be evaluated
* **Separate the clinic schedule** so that all COVID+, potentially COVID+, or potentially exposed patient visits are at the end of the day. This will limit exposure to “well” patients.

## Drive Up COVID Testing Locations

Days and Hours of Operation are subject to change. For the latest, please visit: <https://pdc.dukehealth.org/patient-communication#Drive-up>. As of 4/20/2020 the below detail is correct, but being updated regularly based on demand.

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| **Locations** | **Monday – Friday** | **Saturday** | **Sunday** |
| DFM Pickens | 8:30AM-4:30PM | 10AM – 4PM | Closed |
| Duke Raleigh - MOB9 | Mon: 10AM-5PM  T-F: 8AM-5PM | 10AM – 4PM | 10AM – 4PM |
| DPC Pickett Rd | 9AM-4PM | Closed | Closed |
| DPC Morrisville UC | 9AM-4PM | 10AM-3PM | Closed |
| Roxboro Rd Peds | 8:45AM-5PM | Closed | Closed |

## Respiratory Care Clinic (RCC) Locations

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| **Locations** | **Monday – Friday** | **Saturday** | **Sunday** |
| DPC Apex | 10AM-5PM | 10AM-5PM | 10AM-5PM |
| DPC Brier Creek | 9AM-7PM | 9AM-7PM | 9AM-7PM |
| DPC Harps Mill UC | 9AM-7PM | 9AM-7PM | 9AM-7PM |
| DPC Croasdaile | 10AM-5PM | 10AM-5PM | 10AM-5PM |
| H&S OB/GYN Capitol | MWF: 1PM-3:30PM  Tue + Thu: Closed | Closed | Closed |
| Roxboro Rd Pediatrics | 8AM-12PM;  1PM-5PM | 8AM-12PM | Closed |

# Minimize Potential for Exposure – Implement Social Distancing During Clinic Visits

* Complete care via **video visit or telephone encounter** whenever possible.
* **Encourage patients to come to appointments alone**, if possible (e.g., add to on hold messages, appointment reminders).
  + Current policy limits patients to one visitor over 12 years old.
  + Appointment reminders, MyChart, Duke Health website and on hold DHAS messages all share this recommendation.
* **Spread out clinic start times** to avoid large volumes of patients at check-in and in waiting rooms at the same time. Consider altering templates to ensure the ability to maintain social distance depending on the number of providers in the clinic.
  + Staggered start time for providers
  + Reduction of number of patients per session or day, spread out patients throughout the week/available hours
* **Telephonic pre-chart** any pre-visit work for the next day’s visits to avoid and/or limit what needs to be done after the patients check-in, including calling patients ahead of time to complete medication reconciliation and other tasks.

# Conduct a Pre-Visit Patient Call for Appointments Scheduled in Advance

* **Screen for COVID symptoms** **and potential exposure** using Epic screening tool. Additionally, inquire if patient has lives with or has been exposed to a known COVID+ patient in the last 14 days.
  + **If patient screens positive**for fever, URI symptoms or COVID+ exposure
    - Review appointment with provider to determine plan—proceed, covert to phone or virtual encounter, or delay.
    - If plan is to proceed with in-person clinic visit, provide appropriate instructions for how to enter the building.
    - For a hospital-based clinics, notify the hospital OA or Risk Management so that the patients can be flagged appropriately in the system to allow entry through main entrance screening.
    - For off-site clinics, instruct the patients on any clinic specific instructions (including calling ahead from the parking lot and entering through a designated entrance – potentially, not the main door).
      * Several clinics have phone trees so you may need to consider a dedicated phone number in each clinic to do this.
    - Move in-person visits for COVID+, potentially COVID+, or potentially exposed patients to the end of the day.
* Conduct **medication review**.
* Remind patients that they will be **screened again at the entrance.**
* **eCheck-in process available for certain locations, establishing a plan to turn this on for all – which would all registration, check in and co-pay collection from home through MyChart** (currently available in select locations)
  + Help patient establish MyChart account in order to use eCheck-in, if needed. There is a tip sheet available on this process to share with team doing pre-call.
  + **If eCheck in is active,** remind patient to **fill out all necessary forms and questionnaires and to pay all required copays via MyChart** prior to their arrival to limit contact.
* *For patients without eCheck-in capability*, if live for your clinic, explain the new process to call the clinic to check-in, screening at any front entrance, any waiting room changes, and how we will conduct intake and rooming. Please note that most clinics have phone trees. You may need to consider a designated phone number for each clinic if instructing the patient to call when arriving.

# In-Person Patient Visits

As we move toward more normal operations amid continuing COVID outbreaks, we should initially function assuming every patient is COVID+ or COVID exposed. All best practices for Infection Prevention and flow should be followed for each patient.

## In-Person Clinic Visits

* Allow patient with eCheck-in capability to pay any copays and fill out any necessary forms and questionnaires that way.
* Consider having patients call front desk to check in (again, consider a dedicated phone number for clinic’s with phone trees) and wait in the car until called for their appointment. Or, if facility design allows, consider checking in and collecting payment via Tablet in the parking lot as cars and patients arrive.
  + Clinic front desk and nursing staff coordinate to call patients with enough time to get from car, through screening, to front desk but not wait in waiting room.
  + It is possible to accept co-payments over the phone. Credit Card numbers should be entered directly into Epic while talking with patient and not written down on another piece of paper.
  + Where waiting is required mark 6+ feet distances on floor to facilitate social distancing – line to screening table, line to front desk to show ID, line to check out to schedule appointments
  + Check valid picture ID, patient holds license while registration staff view card
* All patients and visitors are masked upon entry to clinic and instructed to keep mask on during their time in the facility unless instructed to remove the mask by their provider or staff. This includes while waiting along in the exam room. Screening details available here: <https://covid-19.dukehealth.org/documents/pdc-patient-and-visitor-screening>.
* Ensure patient is able to swipe their card without touching shared equipment. Credit Card co-pay collection at front desk does not require patient to confirm the amount or provide a signature.
* Deployment of touchless payment – ApplePay, GooglePay, AndroidPay, Tap in progress for all sites.
* Upon rooming, if layout of the **room isn’t conducive to a 6-foot distance** between staff and patient, **consider taking patients cell phone number** to conduct appropriate portions of intake via FaceTime or phone from outside the exam room.
* Conduct **clinical intake (vitals, weight, etc.) in exam** room where possible (not the usual Intake or Vital Signs rooms) with door shut to limit patient movement into and out of shared spaces.
* Check processes and establish observations for **hand hygiene** for all staff and providers going into a room, before and after touching a patient and after leaving a room.
* Determine if check out is needed, and if so, consider taking the patients cell phone and completing check out while in the room or immediately after they leave.
* If teaching and other more complex tasks are required in the room, establish process to maintain 6-foot distance when possible.
* FCCs will call patients who have financial questions or need estimates.
* Confirm process and conduct observations of fully wiping down all equipment in room, including commonly touched surfaces (doors, sink, chairs, beds) and any equipment touched by clinician (computer, mouse) or patient (BP cuff, thermometer)
  + Clean and wipe down each exam room between patients.
  + Clean all equipment—including blood pressure cuffs, pens, computers, keyboards, mouse, door handles, etc—before and after use.
  + Wipe down shared areas (intake rooms) and commonly touched surfaces (doors, exam room furniture and beds) with Oxivir wipes once per hour.

## Non-COVID+ Patients with Ancillary Services (e.g., Labs, Radiology)

* For LABS, please follow the new “Lab and Leave” policy, effective April 27, 2020.
  + Effective April 27, 2020, several clinic locations in Durham and Wake Counties will begin providing “Lab and Leave” phlebotomy services for adult patients. The clinics offering this service all have ample free parking and easy access for our patients.
  + While these clinics all have sufficient waiting room space for social distancing, we will also be able to register patients from their cars and then call them into the facility when the phlebotomist is ready for them.
  + The phlebotomy services will be available between the hours or 8am and 5pm, Monday-Friday.  In order to receive services at these locations, the patient must be an adult and there must be future orders placed in the Maestro Care system.   No appointment is required.

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| **Lab and Leave Location** | **Address** | **Phone Number** |
| [**The Duke Health Center at North Duke Street**](https://pdc.dukehealth.org/duke-health-center-north-duke-street) | 3116 North Duke Street  Durham, NC  27704 | 919-660-2200 |
| [**The Duke Health Center at Southpoint**](https://www.dukehealth.org/locations/duke-health-center-southpoint) | 6301 Herndon Road  Durham, NC 27713 | 919-572-6095 |
| [**Duke Health Heritage**](https://www.dukehealth.org/locations/duke-health-heritage) | 3000 Rogers Road  Wake Forest, NC 27587 | 855-855-6494 |
| [**Duke Health Holly Springs**](https://www.dukehealth.org/locations/duke-health-holly-springs) | 401 Irving Pkwy  Holly Springs, NC 27540 | 855-855-6484 |

* For IMAGING, Should follow the current processes for now, but we will likely have social distancing (car check-in, etc.) in other sites going forward as well.

## Ancillary Services for COVID-positive patients – Section In Progress

# Facility Recommendations

## Clinic Preparation

* Consider purchasing infrared thermometers, disposable blood pressure cuffs, disposable linen, if not prohibitively expensive.
* Update signage (English and Spanish) to clearly state no visitors preferred, with maximum of one visitor over 12 years old.
* Position hand sanitizing stations at each entryway and any door a patient or staff member might need to touch.
* Place Duke Health logoed handwashing signage on ALL restroom mirrors.
* Place Duke Health logoed handwashing instructions in both English and Spanish. Instructions should include directions on proper hand washing technique and prompts to use paper towels to turn off manual faucets and open doors to the restroom where automated options do not exist, etc.
* Remove all magazines and shared materials (including toys) from all waiting areas.
* Retrofit highly trafficked doors with automated door opening and closing options (e.g., options that allow the use of elbow or non-hand body part to press a plate).
* Arrange chairs to facilitate social distancing by removing or rearranging chairs as needed. Those left place should be six feet apart. Consider making the same accommodations in staff breakrooms.
  + The number of chairs left represents the exact number of patients and visitors that can be inside the clinic.
* Place signage on the floor to indicate to patients where to stand when checking in to effectively social distance. Use arrows to provide directions on clinic flow.
  + Instructions on how to get these and how to clean and keep clean.
* Set up paper towels and trashcans at all doors where a handle needs to be pushed or pulled. Monitor as appropriate to avoid any egress issues.
* Making physical changes to the provider work rooms and work stations as follows:
  + place painter’s tape on the floor for help with physical distancing
  + Remove furniture in break rooms, provide visual cues with tape on the floor, and hang signs to say no more than 2 people unmasked in the room at a time
  + Make cleaning wipes readily available at work stations
  + Place hand sanitizer bottles at work stations
  + Create laminated name cards for all providers to place at their work station for their clinic shift

## Daily Clinic Efforts

* All staff and clinicians will continue to be screened for symptoms upon arrival to clinic per [latest Duke Health guidance](https://covid-19.dukehealth.org/documents/pdc-employee-provider-screening).
* All staff and clinicians will be masked upon entry to the clinic.
* All patients and visitors will continue to be screened for symptoms and masked upon entry to the clinic.
* Screeners should monitor and encourage hand sanitation upon entry to building.
* Monitor and encourage regular and frequent handwashing for all staff. Managers and Infection Prevention Liaisons can provide oversight.
* Conduct hourly sanitization of waiting room, front desk area, and other areas as needed.
* Place pump hand sanitizer stations at front door and after any door that might require someone to touch a door knob or pull a handle.
* Clean all non-dedicated patient equipment (blood pressure, thermometers, etc.) between each patient.