• Explore alternatives to face-to-face triage and visits for the acutely ill. The following options can reduce in-person healthcare visits and prevent transmission of respiratory viruses in your facility:
  
  o Instruct patients to use available telephone advice lines, patient portals, and on-line self-assessment tools, or call and speak to an office/clinic health care provider if they become ill with symptoms such as fever, cough, or shortness of breath.
  o Identify sufficient health care providers to conduct telephonic and telehealth interactions with patients.
  o Develop protocols so that health care providers can triage and assess patients prior to entering the facility or immediately upon entering.


Preventative and Chronic Care

• Family Medicine, Internal Medicine and Geriatric providers should continue with adult preventive care and chronic care visits for all populations via telehealth per the CDC COVID-19 guidance:
  
  As a public health action to preserve staff, PPE, and patient care supplies and to ensure safety for patients and HCP, **facilities should delay elective ambulatory provider visits** and implement service delivery models such as telemedicine. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html)

• Provider visits related to prevention services that cannot be performed virtually such as routine adult immunizations, lipid screenings, and cancer screenings (mammography, cervical cancer screening, and colonoscopy) should be postponed unless the risks of postponement are believed to outweigh the benefits.

• Many services can be performed via telehealth including Annual Wellness Visits. Document AWVs in the EHR as if the telehealth visits were an in-person visit. Include the time spent and any deviation in the service because the visit was not performed in-person.
Provide care for adult chronic conditions according to existing office protocols. If a visit is needed, consider a video visit first for the following conditions. Refer to the video visit workflow for QliqSoft on the Trinity Health COVID-19 Pulse site. Offices may also have specific workflow developed for video visits via MyChart, Zoom, or WebEx.

Consider a video visit for:

- Routine management of and medication refills for stable chronic conditions such as:
  - Hypertension
  - Diabetes
  - Hyperlipidemia
  - Asthma and COPD
  - Coronary Artery Disease
  - Congestive Heart Failure
  - Thyroid disorders
  - GERD
- Behavioral Health management: Depression, anxiety, ADD or ADHD maintenance rechecks; or new concerns of depression, anxiety, or OCD
- Controlled Substance Refill requests/visits: As determined by the clinician and depending on last documented visit
- Annual Wellness Visit

Acute Care

Provide adult acute care according to existing in-office protocols. If a visit is needed, consider a video visit first – refer to the video visit workflow for your RHM (using QliqSoft, MyChart Video Visits, Zoom, or WebEx).

- Discussion of Lab/Imaging Results
- Post-Hospital Discharge and Post-Procedural Follow-up: as determined by clinician
- GI Concerns: Abdominal pain, constipation, heartburn, nausea, vomiting, diarrhea
- Minor Injuries and Pain: Pain (back, joint, muscle, headache), cuts, abrasions, burns, concussion, animal or insect bites, swelling, or limping
- Reproductive System Concerns: Menstrual pain, STD questions, erectile dysfunction
- Skin Irritations and Allergies: Rash, acne, minor infections (cellulitis), lice, rashes (hives, eczema, scabies), fungal infections (e.g. ringworm, athlete’s foot), sty, warts, insect/tick bites, nail concerns (ingrown, paronychia), immunization reaction concerns, burn
- Urinary Concerns: Frequency, burning or pain (NO fever) – If clinically indicated, a urine sample may be provided to the lab or office
- Transitional Care Management follow-up
- If patient has had fever in the last 72 hours, cough, vomiting, diarrhea, sore throat, ear pain, try to schedule a video visit and evaluate patient for referral to FURI Clinic.
FURI (Fever/URI) or Sick Clinic Visits

**FURI or sick clinic adult care may include:**
- ANY sick visit for a patient with a fever and/or cough or any of the following symptoms within last 72 hours. (Note: **consider a video visit**)
  - Fever/ feels warm
  - Chills or shaking with chills
  - Body aches/muscle aches
  - Cough, congestion, wheezing, runny nose, sinus pressure
  - Shortness of Breath or Difficulty Breathing
  - Headache
  - Ear pain
  - Sore throat
  - Vomiting and/or diarrhea
  - Urinary complains with fever – consider initial video visit with patient dropping off urine sample at lab
  - Any pink eye – consider initial video visit if no other symptoms
  - Loss of taste or smell

Patients at high risk for complications and who have a fever and cough may need **testing** for COVID-19 (if available). Such patients may include those with:

- Aged 65 or older
- History of asthma or another chronic lung disease
- Diabetes
- Immunocompromise
- Heart disease
- A chronic neuromuscular condition
- End-stage kidney disease / on dialysis
- Cirrhosis
- Someone living in the household who is pregnant or has a high-risk condition (e.g., diabetes, etc.)
- Someone living in the house who is a healthcare worker
- A known COVID-19 close contact exposure
- Employment as a healthcare worker
- Employment as a first responder
- Resident of a long-term care facility
- Unsheltered Homelessness
Triage Protocols for Telephonic Assessments and Triage

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>ClearTriage Tutorial's</td>
<td>Overview tutorial (3 minutes) will provide basics around telephonic assessment/triage. Also includes guidance in navigating Schmitt/Thompson clinical protocols within ClearTriage platform.</td>
<td><a href="http://www.cleartriage.com/training-videos">www.cleartriage.com/training-videos</a></td>
</tr>
<tr>
<td></td>
<td>Note: You have access to only COVID-19 protocols – not the entire library of 225 clinical protocols. Utilize your standard clinical protocols (Schmitt-Thompson) if the caller is presenting with new or worsening symptoms not covered within the COVID-19 protocols.</td>
<td></td>
</tr>
<tr>
<td>Adult and Pediatric Schmitt-Thompson Clinical Triage Protocols</td>
<td>Protocols provided by ClearTriage that are most suitable for use by experienced registered nurses and providers. <em>(Note: Sound clinical judgment is imperative in this rapidly changing situation.)</em></td>
<td><a href="https://covid.cleartriage.com">Website:</a> Account ID: trinityhealth Password: Triage2020</td>
</tr>
<tr>
<td></td>
<td>Alternate Disposition: Please refer to your RHM for specific guidance related to home/self-care and telehealth visits, e.g. asynchronous (Zipnosis) or synchronous (QliqSoft, MyChart Video Visits).</td>
<td></td>
</tr>
</tbody>
</table>
Adult Telehealth Video Visits

See Trinity Health QLIQSoft Visit Workflow (RHM may have specific workflow for use of MyChart Video Visits, Zoom and WebEx)

Additional Notes for Clinics and In-Person Visits:

- **Urgent Care, X-ray, Lab, FINE and FURI Clinic Locations**
  - RHM to fill in appropriate locations for well urgent care, well x-ray and well lab testing, FINE well clinics and FURI clinics

- **Cleaning rooms**
  - Clean rooms per RHM protocol after every sick patient. Try to wait 45 minutes in between throat or nasal COVID-19 swabbed patients

- **Masks and infection control**
  - Wear a mask all the time and wear gloves when performing direct patient care
  - Everyone in the waiting room should wear a mask. Consider a “car waiting room” and calling patients in only when the exam room is ready.
  - For provider and MAs who are not swabbing and/or performing any “procedures”, a surgical mask, gown, gloves and goggles or face shield is preferred however a mask and gloves is sufficient during outbreak and shortages of PPE ([https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html))
  - All of those who are swabbing or performing procedures must follow PPE guidelines per the RHM

**Updates for Providers on managing Adult Patients during COVID**