

Ambulatory COVID 19 FAQ's

SCREENING

1. Are patients being screened on the phone and what are the instructions?

- a. Yes, all patients calling to schedule a visit are being phone screened utilizing the EPIC Travel Screen and the BMC COVID 19 Phone Questionnaire. The BMC "COVID 19 Phone Screening" can be found on the [BMC Emergency Management COVID-19 Intranet Site](#). If appropriate patients are asked to stay home and given symptoms management advice. If patients have severe symptoms they are directed to the emergency department and the ED expect line is called (**Expect line 4-7522 and ED Charge Nurse 857-292-9434**)

2. What guidance do I give patients that have screened in as high risk on the phone based the BMC Travel Screen and the "COVID 19 Phone Questionnaire"?

- a. Please check the most recent version of the telephone screening.

3. Are all patients being screened during the check in process?

- a. Yes, if a patient screens positive at check-in for both flu-like symptoms and travel history or contact with a known case of COVID-19, the patient should be given a mask and be immediately roomed in an exam room following the process defined in the BMC "COVID 19 Screening Algorithm – Outpatient Clinics" found on the [BMC Emergency Management COVID-19 Intranet Site](#).

4. Do we have access to run a report that shows if the EPIC travel screen has been completed and when? Does it have patient level detail?

- a. Yes, this report is being monitored daily by the incident command center

5. Will the EPIC Travel Screen be updated to include questions about contact with a confirmed positive COVID-19 patient the past 14 days?

- a. Yes, travel screening is updated and in production. However, close contact with a confirmed COVID-19 positive

6. What guidance do I give patients that are asymptomatic, but have traveled to country with a level 3 travel health notice or have come in close contact with a confirmed COVID 19 patient within the past 14 days?

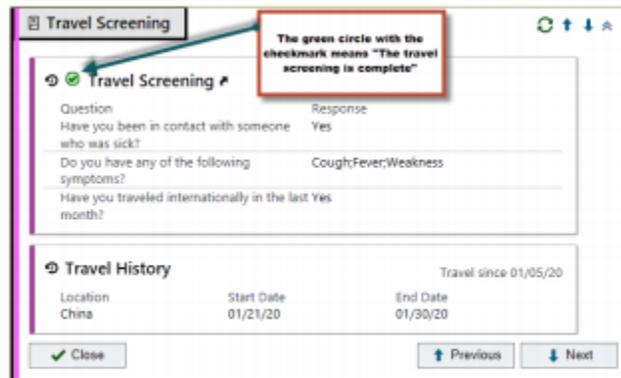
- a. The patient should self-quarantine at home for 14 days and call their PCP if they develop moderate to severe symptoms.
- b. Please check the [BMC Emergency Management COVID-19 Intranet Site](#) for the most up to date recommendations for ID

7. Should patients that screen negative at the front desk but are coughing wear a mask?

- a. Yes, any patient with cold or flu-like symptoms regardless of travel history should be given and required to wear a mask in the waiting room. If they refuse, please try to room as soon as possible to limit potential exposure to others.

8. Where can I find travel screener information in the patients chart?

6. Documented travel screening information can be found in the **Encounter** report in **Chart Review**. If previously documented, it will also appear already documented when the users look in their own navigators.



7. Travel screenings will also carry across encounters. Information documented will stay in the patient's chart across Epic.

TESTING PATIENTS FOR COVID-19 AND OTHER VIRAL INFECTIONS

9. Who will be obtaining COVID 19 testing specimens on patients who meet criteria in the Ambulatory setting?

- a. Please check the [BMC Emergency Management COVID-19 Intranet Site](#) for the most up to day procedures. Check the link for the testing guidelines.

10. Should providers continue to collect flu swabs and respiratory panels in clinic?

- a. Yes, Influenza swabs and comprehensive respiratory panels should be continued to be collected in patients with clinical suspicion for influenza and viral respiratory infections
- b. The standard comprehensive respiratory panel testing does not test for COVID 19.
- c. In those patients in which COVID 19 testing is indicated based on the BMC COVID 19 Screening Algorithm, then testing for influenza and other viral respiratory infections should be performed only after discussion with Infectious Disease.

11. When are the guidelines to lower the threshold for testing going to be changed?

- a. Please check the [BMC Emergency Management COVID-19 Intranet Site](#) for the most up to day procedures. Check the link for the testing guidelines.

TELEPHONE REMOTE VISITS

Please access the tip sheets via links instead of PDFs as we continue to update them based on feedback.

- Tip sheet for providers ([link](#))
- Tip sheet for ASR and call center ([link](#))
- Tip sheets have been created for Residents and “on the fly” telephone visits as well
- All these tip sheets are housed in the COVID19 2020 emerge training folder ([link](#))

12. In the telephone remote visit, I can't move passed the pre-charting screen

- a. Click the “START THE VISIT” button on lower right of pre-charting and encounter will open.

13. MAs are unable to enter vitals if a telephone remote visit is converted back to an office visits

- a. TBD

14. Are interpreters available outside of regular office hours

- a. To get ahold of an interpreter over the phone from outside BMC during regular business hours (8am-5pm) providers can dial 617-414-5549. When they call they can press 3 and it automatically transfers the call to Cyacom, our phone vendor. After hours and during the weekend, they can call the same number and they can press 2.
- b. Providers will be asked their department codes and patient's MRN. If the MRN is unknown they can simply press 111.
- c. Department codes are posted on the Ambulatory Operations Sharepoint site.

Residents / Fellows and Telephone Remote Visits

15. Basic process for a resident telephone remote visit:

- a. Resident assigns their preceptor as 'cosigner' on the progress note within the telephone medicine encounter
- b. Preceptor will find the encounter in 'cosign notes' basket in their in-basket
- c. Click "encounter" to enter encounter
- d. Select 'progress note' then click 'attest:'

“I provided supervision for the resident for this service under the primary care exception as a televisit during the current COVID-19 crisis. I was present or immediately available during the visit. I reviewed the resident's note and I agree with the diagnosis and plan as documented in the resident's note with no changes (or) except as outlined below. @ME@ ” (You can use this smart phrase “Mycovidattest” on Mitch Medow’s smart phrases)

- e. put in 'no charge' on LOS

16. Can you let me know if there is an attestation required for the attending in the resident workflow?

- a. See above

17. What is the process for fellows and telephone remote visits? How should attending bill for visit?

- a. The Revenue Cycle team is working to consolidate all of the questions and decisions related to billing. Please direct questions to Margie Canady and Harriet Johnson.

18. How should the preceptor document an attestation?

- a. TBD

SCHEDULING AND SEEING VISITS IN AMBULATORY CLINICS

19. What guidance should be given to patients regarding scheduling in-person office visits?

	Not Well	Well
Urgent	Call PCPs office for guidance	N/A
Not Urgent	Call clinic back to schedule after symptoms subside	Patient can self-select if they want to be seen

20. What signage and supplies should we have in lobbies or clinic front desks?

- a. Ensure tissues and hand sanitizer are available at all front desks and entry points into clinics. In addition, surgical masks should be available, but kept behind the desk to provide to any patient with cold or flu-like symptoms in an effort to conserve our supply.
- b. Post flu signage is in your clinics: [Signage is available on the Emergency Management section of the Hub](#) in English, Portuguese, Haitian Creole, and Spanish.

21. What time frame should we be rescheduling non-urgent appointments when patient call to cancel due to flu like symptoms?

- a. Patient can be reschedule a patient to a telephone remote visit if appropriate
- b. If the patient must come into clinic, appointments should be rescheduled for at least 14 days after symptoms subside

22. Who do we contact to have an exam room cleaned after treating a patient that has met criteria for COVID 19 testing?

- a. After the patient has vacated the exam room, keep the door closed, affix a “Do Not Enter” sign and email DG-EVS@bmc.org with Subject Line “Urgent: COVID 19 Room Cleaning Request” with the following information: Building, Floor, Suite #, and contact information. The email will trigger the EVS manager on call via pager, as well.

23. How many and where are the PPE kits? Who has access to them? What PPE is included in the kit? How are they replaced?

- a. PPE kits were dropped off to every floor in all buildings with ambulatory clinics
- b. Providers and nurses should have access. Storage location will vary so please ask your manager for location in your clinic.
- c. These kits include a face shield, two N95 masks (one of each size), gloves, and gown

- d. If resupply of PPE kits is needed, the clinic manager must e-mail Miguel Medina, Miguel Angel Morales, Kristen Kremer and Stephanie Martinez to request restocking of PPE supplies.

24. For patients who walk in with illness, should these patients be sent to the ER even if low COVID 19 risk?

- a. No – follow outpatient protocol.

25. If a tissue box has been used by a high-risk patient, should it be decommissioned?

- a. Yes.

26. Guidance on if a patient refuses to wear a mask? What if it get contentious? Do we involve public safety?

- a. Asked to put on a mask and if they refuse, they should be escorted out. Public Safety can be involved.

27. What is the contingency plan for workforce reduction?

- a. (Kate/Jess/Sarah – working on a process to help clinics identify plan). There are no plans to send essential employees home.

28. What is the protocol on how to respond to a medical emergency?

- a. Put on yellow mask and gloves to care for patient.

29. Does the person accompanying a patient who needs to wear a mask also wear a mask? What if the person accompanying a patient have visible symptoms, should they wear a mask or should they be in clinic?

- a. Yes.

30. Tips for using a shared dictation devices

- a. Providers who use shared handheld dictation devices should stop using them as we are trying to reduce risk of spreading COVID-19. A tip sheet on using phone for dictation is attached (preferably one that is not shared).
- b. If someone does not have their own dictaphone, then they should use personal devices whenever possible. If they must share a Dictaphone, then they must wipe it down between providers (use PDI purple top wipe). If they use a shared phone, they must wipe it down between providers.
- c. Link to Nuance phone dictation workflow

31. Can providers create a visit 'on the fly' if it's not pre-scheduled?

- a. Yes, tip sheet [here](#).

PATIENT COMMUNICATIONS

32. What communication methods are being utilized to send patients guidance on scheduling, cancelling or rescheduling visits if having flu like symptoms?

- a. Appointment Messaging- All patients with appointments currently scheduled are now receiving MyChart messaging to reschedule non-urgent appointments if having flu-like symptoms.
- b. Work is in progress to send this messaging via Medumo, as well.
- c. Blast Messaging – Work is in progress to send messaging to all patients via Medumo and MyChart to reschedule non-urgent appointments if having flu-like symptoms.

33. Can we send a general message to patients to not come to non-urgent appointments if they have flu like symptoms while on hold on the phones?

- a. Yes, this work is currently in progress and on hold messaging will encourage patients, having flu like symptoms, to hold to reschedule non-urgent appointments, or if they need to be seen for flu like symptoms to call their PCP.

34. What message should we communicate to patients who call in with general COVID-19 questions?

- a. See separate phone guidelines

35. Mychart to cancel appointments?

- a. TBD

36. How is Medumo being used?

- a. See question #32. However, we are working to suppress all reminders for this week.

EMPLOYEE MANAGMENT

Please see Manager Communication from Lisa Kelly-Croswell for the most recent information. The below questions are address in that communication

37. If employees reach out to Working Well and are advised to stay home, will Working Well close the loop with the manager?

- a. It is the employee's responsibility to communicate with his/her manager.

38. Guidance for time off regarding self-quarantine; in general more information from HR?

- a. See email and tip sheets sent from Lisa Kelly Croswell on 3/16.

39. Staff related questions:

- a. Employees are anxious about working
- b. Employees needs assistance with child care / resources

40. What are the guidelines for HCWs staying home?

- a. Guidance from Working Well is all clinical staff are considered essential and should care for COVID-19 patients.

PPE

41. Will there be additional fit testing scheduled for providers or nurses not currently fitted for N95 masks?

- a. No additional fit testing has been scheduled at this time.

42. Can you reuse an N95 mask?

- a. Yes, you can reuse an N95 mask as long as it is not soiled or used to take care of a high risk COVID-19 patient.

43. If you are not fit tested, or you have a beard should you treat the patient who has screened positive?

- a. For questions regarding PPE please check the [BMC Emergency Management COVID-19 Intranet Site](#) for the most up to day procedures.

GENERAL FAQs

44. Does BMC have a process in place to screen non-patients such as ambulance crews, visitors, family members, etc.?

- a. Please check the [BMC Emergency Management COVID-19 Intranet Site](#) for the most up to day procedures.

45. Environmental Services – What is EVS cleaning schedule? Are clinics responsible for keeping their own area sanitized or will EVS begin to wipe down tables, door knobs, etc. in waiting rooms?

- a. All clinics are cleaned in the evening shift starting 3pm. Each floor has an assigned housekeeper.
- b. We have in each building at least one housekeeper or two working on policing the floors during the day from 7a-3:30p. They are cleaning the public restrooms, waiting areas, special request, staff lounge, break rooms, and any excessive trash and soiled linen.

46. What is the best way to clean electronic signature pads and credit card readers at the front desks?

- a. These items can be cleaned with the PDI purple wipe as long as you avoid the screens.

47. Does the new clinical observer policy prohibiting nonemployees from coming in to the hospital to learn from, observe or shadow staff at work include Medical Students?

- a. Please check the [BMC Emergency Management COVID-19 Intranet Site](#) for the most up to day procedures.

48. If a patient is advised to go to the ED over the phone and says they will use public transportation to get there, will we send an ambulance to pick the patient up?

- a. No, we are not sending an ambulance and patients should be advised not to use public transportation.

49. **What are the consequences of a positive screen of a clinic pt.? If a pt. checking in screens positive and turns out to be infected (or highly likely to be infected), what are the quarantine recommendations? Is the front desk person quarantined? What about other front desk people nearby? Is there a process to document who was in line to notify if that person was positive?**
- a. We take direction from ID on procedures to follow related to quarantine.