Version 1.0, 3/25/2020 5:00PM

MASSACHUSETTS GENERAL HOSPITAL

Patient flow through respiratory illness clinic (RIC)

- Patient scheduled into RIC by ambulatory practices
    a. RNs in RIC monitor the schedule to do chart reviews.
        i. If chart review reveals patient being referred for COVID testing or other red flags, will contact referring practice to request that they re-route the patient to Ambulance Bay/ED as appropriate. RNs also place huddle note (e.g. get nurse at check in) in case patient does not get message about re-routing and presents to RIC. PSCs will see message and RN can escort patient to correct destination.
        ii. Otherwise, RNs place huddle note indicating chart reviewed and any brief salient FYI info to provider.
- Patient arrives to RIC and checks in at labeled greeter station
    a. If patient is on the schedule for RIC, PSC instructs them to take a mask from the box of masks on the corner of the desk.
        i. PSC checks huddle note, gets RN if huddle note indicates this is needed. Otherwise asks the patient to proceed to the front desk for check in.
            1. Instruct patient to wait at main door until patient in front of them has finished at the desk.
    b. If patient is not on schedule, PSC follows PSC greeter script to see where patient should be seen today.
        i. If patient is simply presenting to the wrong RIC, PSC will transfer patient to our schedule and let the other RIC know by phone. This will prevent patient from having to travel across hospital unnecessarily.
        ii. If indicated by the PSC greeter script, PSC contacts DoD via phone who will then triage patient to appropriate location.
- Patients confirmed by greeter to be appropriate for RIC (either scheduled or walk-ins that meet criteria) check in at front desk.
- Patient takes seat in waiting room (seats ~6 ft apart from one another)
    a. PSC tells MA by Voalte or phone that the patient has arrived and needs vital signs; gives MA name and MRN. (MA to sit at stool by PPE station to monitor patients in waiting room visually when not taking vital signs).
    b. MA dons in back of labeled check-in station
        i. Door to waiting room will remain propped open so door handles do not need to be touched to enter and exit.
    c. MA goes to waiting room and verifies patient identifiers, takes vital signs
        i. If patient vitals abnormal, MA checks in immediately with RN to see if patient needs to be moved up or triaged to different location
    d. MA enters vital signs on laptop on cart that will stay in waiting room all day
        i. RN also monitoring vital sign entries from computer in RN work area. If abnormal, RN will proactively check in with MA and will prioritize patient for evaluation and expedite dispo (eg. ED vs move-up)
        ii. MA will also proactively check in with RN if vital signs abnormal.
    e. MA wipes down laptop and vital sign machine
    f. MA doffs outside door of waiting room, hand hygiene, return to clinic
- Patient called back from waiting room

   a. Occurs by either:
      i. For non-move-ups, MA to put patients in rooms in order as soon as room becomes available (to decompress waiting room)
      ii. For move-ups, MA or RN to call back from waiting room and put in next available room.
- Whiteboard system in hallway and Dot system in Epic will track patient flow through clinical visit
   a. Whiteboard system
      i. Once patient is in a room, MA or RN writes down salient information: 1) place in line, 2) Pt identifier, 3) move up status
      ii. MD/APP will monitor whiteboard and pick up patients by writing their own initials next to their patients' information. MD/APP will choose move ups as priority but otherwise will move down list by place in line.
      iii. Once MD/APP finishes clinical evaluation (as noted below), will erase information from whiteboard. This will signal to MA that exam room is available for the next patient
   b. Dot system in Epic
      i. Once MA enters vitals, will change patient's dot color to green. This signals to RNs to evaluate vital signs and for final chart review
      ii. RNs will remove dot if patient is appropriate and a non-move-up. If a move-up, RN will place change dot to red.
      iii. Once MD/APP begins clinical evaluation, will change dot to yellow to indicate patient is being seen
      iv. Once patient has left the clinic, MD/APP will indicate this by claiming the patient under their name, as this will make the patient drop off the master calendar. Alternatively, MD/APP can indicate patient has left the premises by changing patient's dot color to white.
- Patient has clinical evaluation with MD/APP
   a. MD/APP uses disposable stethoscopes which are wiped down between patients.
   b. We will NOT be doing NP or OP swabs, oropharyngeal exams involving tongue depressors, or peak flows and will instead be following empiric treatment guidelines.
   c. If patient needs blood draw or EKG:
      i. MA to don/doff and do it unless RN already going in for some other reason.
      ii. EKG machine to be cleaned after each use
      iii. Outer bag for labs to be kept clean and not touched while in dirty PPE. Disposable emesis basins to be used to maintain cleanliness of bag as per blood draw protocol.
   d. If patient needs neb, RN to do under **strict isolation** in negative pressure room.
      i. Nebs are only to be done if absolutely necessary as negative pressure room will need to be closed for 60min after each neb. Basic rule of thumb is only give neb if you need it to determine patient dispo (i.e. home v ED).
   e. If patient needs Pedialyte, snacks, etc it can be passed in on the mayo stand and mayo stand left in room to be cleaned when whole room cleaned. As long as patient 6 ft away this stand can be rolled into the room from the door without wearing PPE.
   f. If patient needs CXR, MD/APP can order portable – imaging to be done in patient's exam room
   g. Discharge paperwork printed in the room (as stacks of pre-printed paperwork presents an IC risk).
- Patient exits through same route as they entered. PSCs will not check out patients, and no copays will be processed.
- Last person in room cleans it regardless of role to prevent wasting PPE as per room cleaning procedure.

- Staff will preferentially exit the clinic via Room 6 when room is clean, otherwise if Room 6 is occupied, may exit via greeter station when no patients present.