

Ambulatory triage and referral process for potential COVID19 patients

Criteria for COVID-19 Testing:

https://pulse.partners.org/hub/departments/emergency_preparedness/coronavirus/covid19_testing_criteria

If the patient is in clinic, please follow the appropriate Isolation and Contact Precautions when assessing patient:

https://pulse.partners.org/hub/departments/emergency_preparedness/coronavirus/covid19_clinical_policies

Screening Assessment and Referral Process

All screening assessments are documented in Epic using the COVID-19 Triage Smartform, available in Telephone Encounters and Office Visit Encounters.

1. Click **Epic > Patient Care > Telephone Call**. Or navigate to the COVID-19 Triage Smartform in Rooming.
2. Enter Reason for call: **"COVID-19 Inquiry."**

The screenshot shows the 'Telephone' smartform interface. The 'Reason for Call' section is active, and the 'Reason' field is populated with 'Covid19 Inquiry'. The interface includes a left-hand navigation menu with options like 'Chart Review', 'PHS Viewer', and 'Telephone'. The main content area shows the 'Reason for Call' table with columns for 'Reason', 'Onset', and 'Comment'.

3. Click on the COVID-19 Triage form from the navigator. Note new symptoms.

The screenshot displays the 'COVID-19 Triage' smartform. The 'Assessment' section contains a question: 'Is this call for occupational health or infection control purposes?' with 'Yes' and 'No' buttons. The 'Symptom Information' section lists various symptoms: Fever, Cough, Shortness of Breath, Sore Throat, Muscle Aches, Chest Pain, Severe Dizziness, and Fainting. The 'Date of symptom onset' field is also visible.

4. Assess patient for high risk factors:

Patient Instruct...	Risk Factors		
	Patient is a household contact of a Partners Healthcare employee who is required to work at a clinical site?	Yes	No
Post Discharge	Patient is at least 70 years old?	Yes	No
HM	Patient has severe chronic lung disease (e.g. asthma, bronchiectasis, cystic fibrosis, COPD, etc.)?	Yes	No
Communicatio...	Patient has severe heart disease (e.g. angina, congestive heart failure, arrhythmia, etc.) or congenital heart disease?	Yes	No
Sign Encounter	Patient has a CD4 count less than 200?	Yes	No
	Patient is on immunocompromising medications (e.g. prednisone >20mg/d, chemotherapy, mycophenolate, cyclosporine, azathioprine, tacrolimus, TNF inhibitors, monoclonal antibodies, etc.)?	Yes	No
	Patient is on dialysis?	Yes	No
	Resides in long term care facility (SNF, Rehab, LTAC, Group Home)?	Yes	No
	Patient is homeless?	Yes	No
	Other Indications		
	Patient with prior indeterminate/inconclusive COVID-19 result?	Yes	No
	This patient does not meet criteria above. However, I personally discussed this patient with Infection Control/Biosafety/Biothreats/Epidemiology who certified this patient should be tested.	Yes	No
	http://labtest.partners.org/documents/COVID_Testing_Contacts.pdf		
	Recommendations		

5. Recommendations are based on combination of Testing criteria, Symptoms and Risk Factors (Partners COVID-19 Ambulatory Triage Algorithm)

IMPORTANT NOTE: This assessment form is designed for use by clinicians and providers to guide triage. Referral orders are accessible via the BestPractice tab after completing the form. After completing the questions, see the Recommendations section for next steps. Select the COVID-19 Speed Button under Documentation.

1. Patients who do not meet criteria for COVID-19 testing, should be advised to self-isolate.
2. Asymptomatic or mildly symptomatic patients who meet criteria for COVID-19 testing can be **referred** for scheduling at Testing-only Sites.
3. Patients with symptoms and risk factors may be **referred** for evaluation at a Respiratory Illness Clinic. Testing to be determined upon evaluation.
4. Patients with severe symptoms should be sent to the ED for evaluation.

6. ONLY if the recommendation is to Refer – go to the **BestPractice** section to order the referral by clicking **Accept**.

- Select a location where the patient would go potentially for testing (COVID-19 Screen referral) or evaluation (Respiratory Illness Clinic).

Ambulatory referral for COVID-19 Screen ✔ Accept ✖ Cancel

Class:

Referral: Priority:

To provider:

To prov spec:

Process Inst.: Screening is currently only performed in patients with symptoms and at least one additional factor.

Location:

Indication for Referral/Testing:

I/referring provider would like to be notified via In Basket in the event an appointment cannot be scheduled for this patient:

[Show Additional Order Details](#)

Next Required ✔ Accept ✖ Cancel

Ambulatory referral for Respiratory Illness Clinic ✔ Accept ✖ Cancel

Class:

Referral: Priority:

To provider:

To prov spec:

Process Inst.: This is NOT a referral for COVID-19 Testing.
Refer patient to RIC who have High risk symptoms, Age > 70, or High risk conditions (i.e. transplant, chemotherapy, immunotherapy, immunodeficiency, severe lung disease, ESRD on dialysis, decompensated CHF, cirrhosis, or uncontrolled diabetes).

Location:

I/referring provider would like to be notified via In Basket in the event an appointment cannot be scheduled for this patient:

[Show Additional Order Details](#)

Next Required ✔ Accept ✖ Cancel

- Once the referral is placed, the site’s scheduling team will call the patient to schedule testing or evaluation.
- Document a note pre-populated with answers from the form by using the COVID-19 Triage Quick button.

Documentation This Visit Sign Encounter

+ Create Note 1 COVID-19 Triage

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Covid-19 Screening Form

Date: 03/12/20