
Outpatient Diagnostic Reactivation Playbook - Plans for Safety and Operations

Reactivation Guiding Principles

- **Ensure safety for all patients and NM team members.**
- Maintain readiness for a COVID-19 resurgence.
- Equip clinical and operational leaders to determine the local sequence, pace and approach for reactivating care based on facility, staff, supply, testing and PPE availability.
- Continue to focus on wellness as we acknowledge and respect physician and employee experiences relative to COVID-19.
- Identify lessons learned and emerging best practices, technologies and tools.

Reactivation Workgroup Structure

Regional and Medical Group Presidents

Ambulatory

**Hospital
Outpatient
Diagnostic**

**Interventional
/Procedural**

Surgery

Scheduling and Telehealth

Re-surge and Resource Modeling






PPE and Testing Guidelines

Safety/Operations Questions with “Recommendations and Resources” for Outpatient Leaders

To support physician and operating leaders in reactivating regional outpatient departments, a team curated questions and associated recommendations.

Outpatient diagnostic department physician and operating leaders should review, evaluate and implement answers to all questions in the documents embedded below.

Questions are grouped into five categories:

Category	Document
“Before Patient Arrival” - Patient Pre-Arrival Scheduling, COVID Clearance and Testing	 Microsoft Word Document
“Upon Patient Arrival” - Patient Arrival and Check-in	 Microsoft Word Document
“Patient Care” - Rooming, Physical Exam, POC/Lab Testing and In-Clinic Treatments	 Microsoft Word Document
Team Safety - PPE, Physical Space, Cleaning Protocols and Testing	 Microsoft Word Document
Care for the COVID-19-positive or Influenza-like-illness patient	 Microsoft Word Document

Proposed Ambulatory and OP Diagnostic Reactivation Populations and Phases

Patient Grouping Description	
Group A	Patients who are already receiving in-person care
Group B	Acute symptomatic, chronic or complex patients who can no longer be postponed and need in-person care
Group C	Patients requiring routine in-person care that should wait until post stay-at-home (e.g., non-time-sensitive care or at-risk populations requiring routine care)

Televisits remains a key tool or “mode” for delivering ambulatory care across all three groups and should be leveraged wherever appropriate.

Phase Description	
Phase 0 - Now	Continue to provide in-person care for Group A patients (and televisits for appropriate Group B and Group C patients).
Phase 1 - Begin May 4	Pending the achievement of safety milestones*, begin providing in-person care for Group B patients (and continue to provide televisits for all groups wherever appropriate).
Phase 2 – As Appropriate	Pending achievement of safety milestones*, begin providing in-person care for Group C patients (and continue to provide televisits for all groups where appropriate).

Pace of Reactivation for Outpatient Departments

Reactivate starting with Phase 1 and Category B patients at a pace that avoids overcrowding and ensures safety for patients, physicians, staff and visitors.

- Consistent with our primary principle of **safety**, reactivation volumes should ramp up slowly and in a thoughtful manner.
- Consider modeling your weekly “maximum” ramp-up and continue to reassess future volume increases week-by-week.
- Share your reactivation schedule with local leaders for approval as appropriate.

Example Reactivation Schedule – “Keep Weekly Reactivation Rate Under X%”

Baseline Daily Volume	Last Week Daily Volume	May 4	May 11	May 18	May 25	June 1	June 8	June 15	June 22
-	-	5%	5%	10%	10%	10%	20%	20%	20%
200	20	30	40	60	80	100	140	180	~200

Note: Model a week-by-week percentage ramp-up that peaks back at the original baseline. *This is example is not intended to convey the appropriate pace for your department.* Work with leadership to determine the pace for your department.

Resources for additional Information

- [PPE Guidelines](#)
- [HOD Scheduling Algorithm](#)
- [HOD Check-In Algorithm](#)
- [Patient/Visitor Screening Algorithm](#)