

# Northwestern Medicine Private Practice Ambulatory Reactivation Playbook V2.1 – 6.28.2020

## July 2020

One of the key strategies for reactivation at Northwestern Medicine has been to reinforce an environment of trust for patients, physicians and employees. We have implemented protocols such as universal masking, physical distancing and disinfecting processes to create safe environments of care.

For your convenience, the NMPN team has created this Private Practice Reactivation Playbook that compiles the related resources on NM Interactive and Physician Forum into one document. While all these resources may not be applicable to your private practice, we are sharing them for your reference. We welcome your feedback on this guide.

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1. Appointment Scheduling	
a. Patient screening at the time of scheduling	<ul style="list-style-type: none"><li>• Prior to scheduling an appointment, screen all patients for ILI symptoms and a COVID+ diagnosis.</li><li>• <b>All patients</b> should be educated on how to register through NM MyChart in advance of their appointment to reduce check-in requirements.</li></ul> <p><b>NON-ILI/COVID+:</b></p> <ul style="list-style-type: none"><li>• Patients who <b>do not have current ILI symptoms and are not COVID+</b> can be scheduled for a visit per the normal clinic process.<ul style="list-style-type: none"><li>○ Some specialties are defaulting to telehealth visits and other specialties are defaulting to in-person visits.</li><li>○ For in-person visits, inform patient of the universal masking requirement and screening process they can expect upon arrival.</li></ul></li></ul> <p><b>ILI/COVID+:</b></p> <ul style="list-style-type: none"><li>• Patients <b>reporting existing ILI or COVID+</b> will be scheduled for a telehealth visit with an accompanying note with relevant clinical history to the clinic.</li></ul>

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	<ul style="list-style-type: none"> <li>• If an in-person visit is required:             <ul style="list-style-type: none"> <li>○ COVID+ patients should be scheduled at the end of the day, when possible.</li> <li>○ Inform patient of the universal masking requirement and screening process they can expect upon arrival.</li> <li>○ COVID+ patients should be instructed to wear a mask throughout the entire visit.</li> </ul> </li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Ambulatory Scheduling COVID-19 Algorithm</a></li> <li>• <a href="#">COVID 19 Flag Alert</a></li> </ul>
<p>b. COVID-19 flagging</p>	<ul style="list-style-type: none"> <li>• Patients who have been tested at any NM facility will display a COVID-19 flag in the Epic Storyboard to provide visibility of a patient’s COVID-19 lab results and appropriate isolation status updates.</li> <li>• If tested at a non-NM facility, Care Everywhere will automatically place a COVID-19 flag in the chart.</li> <li>• If a COVID-19 flag is missing, staff should do one of the following:             <ul style="list-style-type: none"> <li>○ Document the COVID+ diagnosis in the Travel Screen activity</li> <li>○ Scan any paper results in the Media tab and enter via Enter/Edit results activity</li> </ul> </li> <li>• The COVID-19 presumed flag will be added by Infection Prevention.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID Infection Status flag</a></li> <li>• <a href="#">Diagnosed with COVID-19 Outside of NM</a></li> <li>• <a href="#">COVID19 External Results Integration</a></li> </ul>
<p><b>2. Pre-visit Telephone Screening (at practice discretion)</b></p>	
<p>a. Screening process</p>	<ul style="list-style-type: none"> <li>• Each clinic can review schedules 1 to 2 days before appointments for appropriateness of visit type (in person vs. telehealth visit) and modify visit type or reschedule as appropriate.</li> <li>• Review the patient chart for the presence of a COVID-19 flag (see Scheduling Section 1B and <a href="#">COVID Infection Status flag</a>)</li> <li>• If tested at NM, the flag is placed automatically at the time of testing. If testing is done outside of NM, Care Everywhere will automatically place a COVID-19 flag in the chart.             <ul style="list-style-type: none"> <li>○ If a COVID-19 flag is missing, staff should do one of the following:                 <ul style="list-style-type: none"> <li>▪ Document the COVID+ diagnosis in the Travel Screen activity</li> <li>▪ Scan any paper results in the Media tab and enter via Enter/Edit results activity</li> </ul> </li> <li>○ COVID-19 presumed flag will be added by Infection Prevention.</li> </ul> </li> </ul> <p><b>Telephone screening for scheduled in-person visits:</b></p>

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	<ul style="list-style-type: none"> <li>• Patients may be called prior to the appointment and screened for ILI symptoms and a COVID+ diagnosis. (See <a href="#">Ambulatory Scheduling COVID-19 Algorithm</a> and <a href="#">Ambulatory Clinic Algorithm</a>.)</li> <li>• Patients screening positive for ILI symptoms are prioritized, assessed and either converted to a telehealth visit, rescheduled, or kept as an in-person visit.</li> <li>• The <a href="#">Ambulatory Clinical Clearance Guidelines</a> should also be used to assess if a COVID+ patient can be cleared (see <a href="#">Ambulatory Clinical Clearance Guidelines</a>).</li> <li>• If a patient confirms a COVID+ diagnosis and does not have a COVID-19 flag, this must be documented in the Travel Screen to trigger the flag (see <a href="#">Diagnosed with COVID-19 Outside of NM</a>).</li> <li>• During the visit screening process, teams should emphasize the importance of patient safety and review the following:             <ul style="list-style-type: none"> <li>○ Process of symptom screening upon arrival</li> <li>○ Universal masking</li> <li>○ Physical distancing</li> <li>○ Visitor and companion policies</li> </ul> </li> <li>• Instruct patients to inform the clinic via phone call or NM MyChart message if they develop any symptoms between the screening call and appointment.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Ambulatory Scheduling COVID-19 Algorithm</a></li> <li>• <a href="#">Ambulatory Clinical Clearance Guidelines</a></li> <li>• <a href="#">PPE FAQ's</a></li> <li>• <a href="#">Patient and Visitor Arrival to NM Facilities Screening Algorithm</a></li> <li>• <a href="#">Visitor Restrictions</a></li> </ul>
<p>b. COVID-19 clinical clearance protocols</p>	<ul style="list-style-type: none"> <li>• The ambulatory clinical clearance workflows outline the process for clinicians to clear a COVID+ patient via clinical symptom criteria or testing.</li> <li>• A COVID-19 flag will automatically drop after 40 days, but this process allows a clinician to remove the flag prior to the 40 days, when appropriate.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Ambulatory Clinic Algorithm</a></li> <li>• <a href="#">Ambulatory Clinical Clearance Guidelines</a></li> </ul>
<p><b>3. Patient Arrival to Clinic</b></p>	
<p>a. Waiting areas</p>	<ul style="list-style-type: none"> <li>• Every effort should be made to ensure physical distancing guidelines are respected in our waiting areas. Create lines for waiting/queuing at 6-foot intervals.</li> </ul>

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	<ul style="list-style-type: none"> <li>• If a clinical escort is deemed appropriate, the escort should wear a procedure mask and gloves if they anticipate they will touch or position the patient.</li> <li>• An escort for a presumed COVID+ patient to the clinic is not required. However, practices, departments or sites that identify “at-risk patients” may adjust workflow. Review next-day clinic schedules, communicate (via phone or NM MyChart message) patient workflow modifications and visit expectations. “At-risk” patient populations (such as immunocompromised patients) may be roomed immediately upon their arrival or directed to a specific waiting area.</li> <li>• Reference the <a href="#">Waiting Room and Occupancy Simulation Tool</a> to assist in managing waiting room capacity.</li> <li>• Utilize the <a href="#">Facilities Reactivation Playbook</a> to help reorganize waiting areas. For example:             <ul style="list-style-type: none"> <li>○ Adjust the number of seats.</li> <li>○ Remove nonessential high-touch items, such as magazines, coffee machines and charging stations.</li> <li>○ Display NM physical distancing signage.</li> <li>○ Provide hand sanitizers/wipes and additional garbage cans.</li> </ul> </li> <li>• The Epic Patient Messaging tool can also be used to notify a patient to proceed to the department check-in, update them on clinic delays, and send a message to their designated ride when the patient is ready for pick-up.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Waiting Room and Occupancy Simulation Tool</a></li> <li>• <a href="#">Facilities Reactivation Playbook</a></li> <li>• <a href="#">“Real-Time Updates” Epic Tip Sheet</a></li> </ul>
<p>b. Waiting room and check-in area cleaning/disinfecting</p>	<ul style="list-style-type: none"> <li>• Reference the <a href="#">Facilities Reactivation Playbook</a> and COVID Cleaning &amp; Disinfecting Guidance (linked below) for specific details and ownership of cleaning routines.</li> <li>• Daily cleaning and disinfecting by EVS or a third-party contractor will continue to be performed pursuant to regular cleaning guidelines. This scope includes, but is not limited to:             <ul style="list-style-type: none"> <li>○ Sanitizing all hard surfaces, sinks and faucets</li> <li>○ Cleaning walls and glass</li> <li>○ Vacuuming</li> <li>○ Emptying and cleaning trash receptacles and restrooms</li> </ul> </li> <li>• The Patient Services Representative team should use a hospital-approved disinfectant to clean check-in areas and high-touch items after contact, including the desk surface, electronic signature pad/pen, credit card machine, clipboard, pen and chair.</li> <li>• Use hospital-approved cleaning products that are easily accessible. Contact Supply Chain to acquire the cleaning products.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Vending machines can remain in the waiting area, but should be wiped down regularly. Place hand hygiene dispensers near the machine.</li> <li>• High-touch surfaces, such as chair arms, door handles, light switches and hand rails, should be routinely cleaned.</li> <li>• Remove magazines, newspapers, remote controls and other nonessential shared items. Distribution of patient education materials should be addressed per clinic.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Facilities Reactivation Playbook</a></li> <li>• <a href="#">Cleaning Guidelines</a></li> </ul>
<p>c. Check-in process: Maximizing the hands-free approach</p>	<ul style="list-style-type: none"> <li>• Co-pays will be collected per local guidelines.</li> <li>• Patients should be educated on how to use eCheck-In to register through NM MyChart before their appointment. This will reduce time spent at the check-in desk.</li> </ul>
<p>d. Patient screening at check-in</p>	<ul style="list-style-type: none"> <li>• All patients will be screened for symptoms and previous COVID+ diagnosis at check-in as described in the Ambulatory Patient and Visitor Screening process and the <a href="#">Ambulatory Clinic Algorithm</a>.</li> <li>• All patients will also have their temperature taken upon arrival at the clinic (at check-in or during rooming, at the discretion of the clinic).</li> <li>• Check-in staff are trained to look for the <a href="#">COVID-19 flag</a> status in the Epic Storyboard.             <ul style="list-style-type: none"> <li>○ If a patient confirms a COVID+ diagnosis and does not have a COVID-19 flag, this must be documented in the Travel Screen to trigger the flag (see <a href="#">Diagnosed with COVID-19 Outside of NM</a>).</li> </ul> </li> <li>• If during screening it is noted that the patient is symptomatic or has been diagnosed COVID+, staff must activate the COVID-19 workflows as described in the <a href="#">Ambulatory Clinic Algorithm</a>.</li> <li>• The ambulatory clinical clearance workflows outline the process for clinicians to clear a COVID+ patient via clinical symptom criteria or testing.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Ambulatory Clinic Algorithm COVID-19</a></li> <li>• <a href="#">Ambulatory Clinical Clearance Guideline</a></li> <li>• <a href="#">Diagnosed with COVID-19 Outside of NM</a></li> </ul>
<p>e. Visitor screening</p>	<ul style="list-style-type: none"> <li>• All visitors will be screened for symptoms upon arrival in the clinic area as per the Ambulatory Patient and Visitor Screening Process.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Symptomatic visitors that <b>MUST</b> accompany a patient during their appointment will be roomed with the patient. Otherwise, they will be asked to leave the clinic area and will be notified when the patient visit is completed.</li> </ul>
f. Commitment to employee and patient safety scripting	<ul style="list-style-type: none"> <li>• On April 2, 2020, the CDC recommended masking for the general public in situations where physical distancing may be difficult to maintain. The CDC has also recommended that all patients be screened for symptoms upon arrival. At NM, this includes taking their temperature.</li> <li>• PSRs should emphasize the importance of universal masking.</li> <li>• Suggested scripting: “Some patients can have COVID-19 but not show any symptoms. Wearing a mask to cover your mouth and nose at all times when inside our facility can help reduce the possibility of infecting others. Universal masking helps create a safe environment for everyone.”</li> </ul>
g. Clinic delays	<ul style="list-style-type: none"> <li>• Implement a process to call/text patients to notify them of delays. The Epic Patient Messaging tool can be used to notify a patient to proceed to the department to check in, update them on clinic delays and send a message to their designated ride that the patient is ready for pick-up.</li> <li>• Consider a process to shift appointment times, reschedule or move to telehealth visits to avoid overcrowding in waiting areas.</li> <li>• Continue to reactivate slowly to avoid crowding and long wait times. Leverage telehealth to minimize in-person volumes.</li> </ul> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Real-Time Appointment updates (Text message)</a></li> </ul>
<b>4. Clinical Care</b>	
a. Ambulatory PPE signs	<ul style="list-style-type: none"> <li>• Ambulatory PPE signs should be used to communicate proper PPE use, when appropriate.</li> <li>• Signs should be placed on the exam room door as soon as a COVID+/ILI+ patient has been roomed, and removed once the room has been fully cleaned.</li> <li>• Signs can be printed or ordered in advance; they are located on the NM Interactive <a href="#">Infection Prevention Page</a> (login required).</li> <li>• Use double-sided tape to hang the isolation sign.</li> </ul> <p>Types of signs:</p> <ol style="list-style-type: none"> <li>1. <a href="#">“Droplet, Contact, and Eye Protection Precautions”</a> <ol style="list-style-type: none"> <li>a. To be used when caring for a patient with ILI, rule-out COVID-19 or COVID+</li> <li>b. An AGP is <b>NOT</b> being performed in the exam room</li> </ol> </li> <li>2. <a href="#">“Aerosol Generating Procedures Being Performed”</a> <ol style="list-style-type: none"> <li>a. To be used when caring for any patient, regardless of COVID-19 status</li> <li>b. Please note that if a patient has true COVID- result, a <b>procedural mask</b> is required but an N-95 respirator may be used if preferred.</li> </ol> </li> </ol>

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	<p>c. Sign should be placed on the exam room prior to rooming the patient and removed after the room has been cleaned.</p> <p>3. <a href="#">AGP Safety Sign</a></p> <p>a. Indicates patient received an AGP and to use an N-95 respirator if you enter before the “clear time”</p>
<p>b. PPE resources</p>	<ul style="list-style-type: none"> <li>• <a href="#">PPE Resources</a> <ul style="list-style-type: none"> <li>○ <a href="#">PPE Grid</a></li> <li>○ <a href="#">Safe PPE Re-Use</a></li> <li>○ <a href="#">PPE Videos</a></li> </ul> </li> <li>• <a href="#">PPE FAQs</a></li> </ul>
<p>c. Rooming</p>	<p><b>When rooming non-COVID+/ILI patients:</b></p> <ul style="list-style-type: none"> <li>• Patients should be roomed following the clinic-specific rooming process.</li> <li>• Follow <a href="#">universal masking</a> for staff and patients/visitors.</li> <li>• Patients/visitors should wear a mask in the exam room if tolerated. If the mask must be removed in order to properly examine the patient, employees must wear proper eye protection (such as goggles or face shield) when removing a patient’s mask.</li> <li>• <b>Obtaining a temperature:</b> It is safe to take oral temperatures. Patients may lower the mask for this purpose and then replace it over their nose and mouth when complete.</li> </ul> <p><b>When rooming COVID+/ILI+ patients:</b></p> <ul style="list-style-type: none"> <li>• Patients should be roomed immediately to minimize the risk of spreading infection.</li> <li>• Follow the <a href="#">Ambulatory Clinic Algorithm COVID-19</a>.</li> <li>• The patient should remain masked with the exam room door closed.</li> <li>• If unable to room the patient immediately: <ul style="list-style-type: none"> <li>○ Consider efforts to separate the COVID+ patients from others.</li> <li>○ Ensure the patient remains masked and is roomed as soon as possible.</li> </ul> </li> <li>• Place the appropriate isolation signage on the door depending on the type of visit. <ul style="list-style-type: none"> <li>○ Refer to <i>5A: Ambulatory PPE Signs</i>.</li> </ul> </li> <li>• Refer to the <a href="#">PPE Grid</a> for proper PPE selection. <ul style="list-style-type: none"> <li>○ If accompanying the patient to the exam room: Surgical mask</li> <li>○ Clinical staff entering the room or needing to touch/position a patient: <b>Usual COVID+ PPE</b></li> </ul> </li> <li>• <b>Obtaining a temperature:</b> It is recommended to use no-touch thermometers (laser, temporal, etc.). <ul style="list-style-type: none"> <li>○ Connect with your Supply Chain contact to order this device.</li> <li>○ Oral temperature can be taken by staff wearing Usual COVID+ PPE.</li> </ul> </li> </ul> <p><b>References:</b></p>

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	<ul style="list-style-type: none"> <li>• <a href="#">PPE Grid</a></li> <li>• <a href="#">Safe PPE Re-Use</a></li> <li>• <a href="#">Link to PPE Videos</a></li> <li>• <a href="#">Private Practice Reactivation Signs</a></li> </ul>
<p>d. Clinical exam/evaluation of a <b>non-COVID+/ILI+</b> patient</p>	<ul style="list-style-type: none"> <li>• Follow <a href="#">universal masking</a> for staff and patients/visitors.</li> <li>• Patients/visitors should wear a mask in the exam room if tolerated; if the patient is unable to wear a mask, clinical staff must wear goggles.</li> <li>• In addition to universal masking, follow standard precautions as outlined in the <a href="#">NMHC Standard Precautions policy</a>: NMHC HEIP 02.0003.</li> </ul>
<p>e. Clinic exam/evaluation <b>COVID+/ILI+</b> patient</p>	<ul style="list-style-type: none"> <li>• Don <b>Usual COVID+ PPE</b> per the <a href="#">PPE Grid</a>.</li> <li>• Confirm the <a href="#">Contact, Droplet, and Eye Protection Sign</a> is posted (for patients not receiving AGPs). <ul style="list-style-type: none"> <li>○ Patient should remain masked for their appointment as tolerated.</li> </ul> </li> <li>• Use disposable equipment, such as a stethoscope, when available; when unavailable, follow standard equipment cleaning or reprocessing practices.</li> <li>• If a COVID-19 flag is missing, it must be documented in the Travel Screen to trigger the flag (see <a href="#">Diagnosed with COVID-19 Outside of NM</a>).</li> <li>• See <a href="#">COVID dot phrases</a> for documentation. <ul style="list-style-type: none"> <li>○ Provides standard instructions for COVID+ and COVID- patients.</li> </ul> </li> <li>• Refer to the <a href="#">Ambulatory Clinic Assessment of the ILI Patient pathway</a>.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">External results</a></li> <li>• <a href="#">Diagnosed with COVID-19 Outside of NM</a></li> </ul>
<p>f. COVID testing criteria and ordering</p>	<ul style="list-style-type: none"> <li>• <a href="#">Testing Guidelines Dashboard</a>: Defines criteria for ILI symptoms and approved guidelines for testing and retesting.</li> <li>• <a href="#">Ambulatory COVID Testing Order Placement and Result Follow-up</a></li> <li>• <a href="#">Outpatient Testing Site Workflow</a>: Describes outpatient workflows (pre-op, MD orders and ICC). <ul style="list-style-type: none"> <li>○ <a href="#">COVID Order Mapping</a>: Describes which test is used (such as Abbott or PCR) based on patient type.</li> </ul> </li> <li>• If a patient is scheduled to receive an AGP, COVID-19 testing is recommended <b>72 hours prior to the procedure</b>. Refer to clinic-specific procedures. <ul style="list-style-type: none"> <li>○ <a href="#">Testing Resources FAQs</a></li> <li>○ <a href="#">Testing Guidelines Dashboard</a>: Provides COVID-19 testing criteria</li> <li>○ <a href="#">Ambulatory Order Placement and Results follow-up</a></li> <li>○ <a href="#">Clinical FAQs</a>: Provides a list of AGPs</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"> <li>• If a patient refuses to be tested for COVID-19, they should have a <a href="#">“Presumed COVID” flag</a>.</li> <li>• <a href="#">Virology Hours and Locations</a>: As we expand testing capabilities, check the Testing Resource Page often for the latest list of testing locations and hours.</li> <li>• <a href="#">COVID-19 Serology Testing Guidelines</a></li> </ul>
g. COVID+ results management	<ul style="list-style-type: none"> <li>• As of June 1, all COVID-19 results will be routed to the ordering MD/APP. Results management should follow the clinic’s standard practice. <ul style="list-style-type: none"> <li>○ <a href="#">Results Management</a></li> <li>○ <a href="#">Testing Resources FAQs</a></li> </ul> </li> </ul>
h. COVID+ clinical management	<ul style="list-style-type: none"> <li>• Refer to <a href="#">Ambulatory Clinical Guidelines</a> for numerous topics (including the list below). <ul style="list-style-type: none"> <li>○ <a href="#">COVID-19 Patient Care Guidelines</a></li> <li>○ <a href="#">COVID Dot phrases</a></li> <li>○ <a href="#">Patient FAQs</a></li> <li>○ <a href="#">Provider FAQs: Medications and COVID-19</a></li> <li>○ <a href="#">Patient Monitoring Program Summary</a> (see <i>Section 6B</i>: Monitoring Program)</li> </ul> </li> </ul>
i. COVID+ clinical clearance: How to clear a patient’s COVID status	<ul style="list-style-type: none"> <li>• Refer to the <a href="#">Clinical Clearance Algorithm</a> that outlines the process for clinicians to clear a COVID+ patient via clinical symptom criteria or testing.</li> </ul>
j. <b>Non-AGPs</b> : Labs, POCT, flu test, strep test, etc.	<ul style="list-style-type: none"> <li>• Procedures to collect specimens for COVID-19, flu and strep testing not considered AGPs. However, for the first phase of reactivation, we will continue to refer patients to outdoor facilities or specific sites for testing (refer to <i>Section G</i>).</li> </ul> <p><b>For the <u>Non-COVID+/ILI</u> patient:</b></p> <ul style="list-style-type: none"> <li>• Follow universal masking for staff and patients/visitors.</li> <li>• In addition to universal masking, follow standard precautions as outlined in the <a href="#">NMHC Standard Precautions policy</a>: NMHC HEIP 02.0003.</li> <li>• Patients/visitors should wear a mask in the exam room if tolerated. If a patient removes their mask for a procedure, the employee should wear proper eye protection (goggles or face shield).</li> <li>• To minimize exposure, consider performing procedures (such as phlebotomy) in the exam rooms.</li> </ul> <p><b>For the <u>COVID+/ILI</u> patient:</b></p> <ul style="list-style-type: none"> <li>• Usual COVID-19 PPE should be worn; refer to below for additional support: <ul style="list-style-type: none"> <li>○ <a href="#">PPE Grid</a></li> <li>○ <a href="#">Safe PPE Re-Use</a></li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ <a href="#">PPE Videos</a></li> <li>● Post the Ambulatory PPE signage: <a href="#">Contact, Droplet, and Eye Protection Sign</a></li> <li>● Use disposable equipment when available; when unavailable, follow standard equipment cleaning or reprocessing practices.</li> <li>● Procedures should be performed locally in the clinics with a closed door as much as possible.</li> <li>● If unable to perform phlebotomy in the office, ensure Lab staff is prepared by notifying them of the patient’s status prior to sending the patient to the Lab.</li> <li>● Patient should remain masked for their appointment as tolerated.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>● <a href="#">PPE Grid</a></li> <li>● <a href="#">Virology Hours and Locations</a></li> <li>● <a href="#">Safe PPE Re-Use</a></li> <li>● <a href="#">PPE Videos</a></li> </ul>
<p>k. Aerosol generating procedures (AGPs)</p>	<ul style="list-style-type: none"> <li>● Refer to <a href="#">Clinical FAQs</a>: What are examples of AGPs? <ul style="list-style-type: none"> <li>○ Other AGPs may be performed in your area. Contact Infection Prevention if unsure whether a procedure is an AGP.</li> </ul> </li> <li>● If a patient is scheduled to receive an AGP, COVID-19 testing is recommended <b><u>72 hours prior to the procedure.</u></b> <ul style="list-style-type: none"> <li>○ COVID-19 testing criteria: <a href="#">Testing Guidelines Dashboard</a></li> <li>○ Refer to <a href="#">Ambulatory Order Placement and Results follow-up</a></li> </ul> </li> <li>● If possible, avoid performing AGPs in the ambulatory setting.</li> </ul> <p><b>PPE for <u>Non-COVID+/ILI</u> patients:</b></p> <ul style="list-style-type: none"> <li>● If the patient is known to be COVID- (tested in the last 72 hours) and is receiving an AGP: <ul style="list-style-type: none"> <li>○ Place the Ambulatory PPE Sign <a href="#">“Aerosol Generating Procedure”</a> on the exam room door.</li> <li>○ Don gloves, gown, goggles, procedural mask.*</li> </ul> </li> </ul> <p>*Staff may choose to wear an N-95 respirator for patients with a COVID- status.</p> <p><b>PPE for COVID+ or unknown COVID-19 status patients:</b></p> <ul style="list-style-type: none"> <li>● Don usual COVID PPE per the <a href="#">PPE Grid</a>.</li> <li>● Place the Ambulatory PPE sign <a href="#">“Aerosol Generating Procedure Being Performed”</a> and <a href="#">AGP Safety Signs</a> on the exam room door.</li> <li>● Perform the procedure in an exam room with a closed door.</li> <li>● AGPs should be performed in an airborne infection isolation room (AIIR) or under negative airflow whenever possible.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The patient should remain masked as tolerated.</li> <li>• Use disposable equipment when available; when unavailable, follow standard equipment cleaning or reprocessing practices.</li> <li>• Once the AGP is completed, the exam room door should remain closed and the room remain unavailable to allow for adequate air filtration for:             <ul style="list-style-type: none"> <li>○ 70 minutes in a standard room</li> <li>○ 35 minutes in an AIIR</li> </ul> </li> <li>• Avoid entering the room during the air filtration period.             <ul style="list-style-type: none"> <li>○ <b>Required PPE</b> (if you must enter the room but are not touching anything): N-95 respirator</li> <li>○ <b>Required PPE</b> (if you must enter the room and are touching equipment, etc.): Usual COVID PPE</li> <li>○ Refer to the <a href="#">PPE Grid</a></li> </ul> </li> <li>• Discard the N-95 respirator after an AGP.</li> <li>• See <i>Section 5L</i>: Exam room cleaning/disinfecting and follow protocols of room cleaning.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Testing Guidelines Dashboard</a></li> <li>• <a href="#">Ambulatory Order Placement and Results follow-up</a></li> <li>• <a href="#">PPE Use and Re-Use</a></li> </ul>
<p>I. Exam room cleaning/disinfecting</p>	<ul style="list-style-type: none"> <li>• Routine cleaning of exam rooms, procedure rooms and diagnostic areas should continue to be performed between patients as required by policy.             <ul style="list-style-type: none"> <li>○ Requests for terminal cleaning should be made to NM Environmental Services or Property Operations.</li> </ul> </li> <li>• In addition, high-touch surfaces should be routinely cleaned. These items may include chair arms, door handles, check-in/check-out desk surfaces, keypads, phones, touch screens, light switches, hand rails, shared carts and file cabinet handles. More frequent cleaning and disinfection may be required based on level of use.</li> <li>• Daily cleaning and disinfecting by EVS or a third party contractor will continue to be performed pursuant to regular cleaning guidelines. This scope includes, but is not limited to:             <ul style="list-style-type: none"> <li>○ Sanitizing all hard surfaces, sinks and faucets</li> <li>○ Cleaning walls and glass</li> <li>○ Vacuuming</li> <li>○ Emptying and cleaning trash receptacles and restrooms</li> </ul> </li> <li>• Follow standard cleaning/disinfecting procedures for the following:             <ul style="list-style-type: none"> <li>○ COVID+/ILI where an AGP is not performed</li> <li>○ COVID- where an AGP is being performed (tested with 72 hours of the procedure)</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Non-ILI patients without an AGP being performed</li> <li>● Standard cleaning/disinfecting procedures include:             <ul style="list-style-type: none"> <li>○ Disinfect high-touch surfaces (such as BP cuffs, keyboards, door handles and chairs) with a hospital approved wipe/spray after <b><u>EVERY PATIENT</u></b></li> <li>○ Ensure product dwell time is achieved when disinfecting (refer to manufacturer guidelines); no special cleaning processes are required.</li> <li>○ The room can be used immediately after the cleaning and disinfection process is complete.</li> </ul> </li> <li>● <b>Required PPE:</b> Gloves and mask (due to universal masking). Refer to the <a href="#">PPE Grid</a>.</li> </ul> <p><b>For COVID+/ILI patient rooms where an AGP is performed:</b></p> <ul style="list-style-type: none"> <li>● Once the AGP is completed, the room door should remain closed and the room should remain unavailable to allow for adequate air filtration for:             <ol style="list-style-type: none"> <li>a. 70 minutes in a standard room</li> <li>b. 35 minutes in an airborne infection isolation room (AIIR)</li> </ol> </li> <li>● Place the Ambulatory PPE sign "<a href="#">Aerosol Generating Procedure Being Performed</a>" and <a href="#">AGP Safety Signs</a> on the exam room door.</li> <li>● Avoid entering the room during the air filtration period.             <ol style="list-style-type: none"> <li>a. <b>Required PPE</b> (if you must enter the room but are not touching anything): N-95 respirator</li> <li>b. <b>Required PPE</b> (if you must enter the room and are touching equipment, etc.): Usual COVID PPE</li> <li>c. Refer to the <a href="#">PPE Grid</a></li> </ol> </li> <li>● Once air filtration is complete:             <ol style="list-style-type: none"> <li>a. <b>Respiratory protection required:</b> Surgical mask</li> </ol> </li> <li>● Follow the cleaning/disinfection procedures.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>● <a href="#">Ambulatory Clinic Algorithm COVID-19</a></li> <li>● <a href="#">PPE Grid</a></li> <li>● <a href="#">AGP Safety Sign</a></li> <li>● <a href="#">Cleaning Guidelines</a></li> </ul>
m. Emergency response plans	<ul style="list-style-type: none"> <li>● For a list of AGP examples, refer to <a href="#">Clinical FAQs</a>: What are aerosolizing procedures or AGP examples?             <ul style="list-style-type: none"> <li>○ Nebulizer treatments, intubation, Venti masks and CPR are examples of AGPs.</li> </ul> </li> <li>● <a href="#">Ambulatory Emergency Response PPE Kit</a></li> </ul>
n. Clinical resources available	<ul style="list-style-type: none"> <li>● <a href="#">COVID-19 Patient Care Guidelines</a></li> <li>● <a href="#">COVID Dot phrases</a></li> <li>● <a href="#">Ambulatory Clinic Algorithm COVID-19</a></li> <li>● COVID-19 Ambulatory Clinical Screening dotphrase: .covidclinicalscreening</li> </ul>

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	<ul style="list-style-type: none"> <li>• <a href="#">Patient FAQs Medication and COVID-19</a></li> <li>• <a href="#">Provider FAQs: Medications and COVID-19</a></li> </ul>
<b>5. Telehealth and Post-visit Care</b>	
a. Telehealth visit	<ul style="list-style-type: none"> <li>• Refer to <a href="#">Telehealth Resources</a></li> <li>• The COVID-19 Ambulatory Clinical Screening dotphrase (.covidclinicalscreening) has been created to assist with assessment and documentation of care of a COVID+ patient</li> </ul> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• dotphrase: .covidclinicalscreening</li> </ul>
b. Patient Monitoring Program	<ul style="list-style-type: none"> <li>• As of June 8, the Care Coordination team will manage the monitoring pool.</li> <li>• Positive COVID-19 test results will not automatically enroll patients.</li> <li>• See the <a href="#">Patient Monitoring Program Summary</a> for information on program and enrollment. <ul style="list-style-type: none"> <li>○ Outpatients that test COVID+ will <b>not</b> automatically be enrolled in the monitoring program.</li> <li>○ Inpatient, ED and ICC patients who test COVID+ will be automatically enrolled.</li> </ul> </li> <li>• Refer to “Positive Result BPA” (below in reference).</li> </ul> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID Patient Monitoring Program</a></li> </ul>
c. Return to work assessment	<ul style="list-style-type: none"> <li>• Follow the <a href="#">Ambulatory Clinical Clearance guidelines</a>.</li> <li>• <a href="#">Return to work letters</a></li> </ul>
<b>6. Care of the Team</b>	
a. Employee screening	<p><i>Updated June 24, 2020</i></p> <p>A new NM Symptom Check app is being used by NM employees and physicians to prescreen for COVID-19 symptoms. Using the NM Symptom Check app significantly expedites the required daily screening process for employee and physician entry to any NM building.</p> <ul style="list-style-type: none"> <li>• This app asks several questions about COVID-19 symptoms, and the user will receive a green or red screen response based on their answers.</li> <li>• A green screen result can be shown to staff at any NM-designated entry point for building admission. The green screen will last for 14 hours.</li> <li>• If a user receives a red screen result, they will be asked to remain home, notify their manager and call the NM COVID-19 Hotline at 312.47.COVID (312.472.6843) for next steps.</li> </ul>

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	<p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Hospital Entry Screening</a></li> </ul>
<p>b. NM employee masking</p>	<ul style="list-style-type: none"> <li>• NM employees will continue universal masking until NM policies change.</li> <li>• NM employees are required to wear an NM-provided mask while in NM facilities. Personal masks are not permitted.</li> <li>• Follow guidelines on PPE use and reuse (link below).</li> <li>• Reusable goggles/face shields are available per employee preference.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">PPE FAQ's</a></li> <li>• <a href="#">PPE Donning and Doffing Instructions</a></li> <li>• <a href="#">Safe PPE Use and Re-Use</a></li> </ul>
<p>c. Physical distancing for clinical teams and work spaces</p>	<ul style="list-style-type: none"> <li>• Physical distancing and universal masking is reinforced throughout NM facilities.</li> <li>• Please refer to the <a href="#">Facilities Reactivation Matrix</a> for specific guidance around setup for areas such as waiting rooms, and clinical and administrative work stations.             <ul style="list-style-type: none"> <li>○ Rearrange work rooms, break rooms and shared offices.</li> <li>○ Provide Plexiglas shields for check-in areas.</li> </ul> </li> <li>• The importance of maintaining 6 feet between staff is particularly important when masking cannot be done (for example, in common break rooms, workrooms or treatment areas).</li> <li>• Post physical distancing signage as a reminder to everyone in the clinic areas and workrooms.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">PPE FAQ's</a></li> </ul>
<p>d. Employee COVID-19 testing</p>	<ul style="list-style-type: none"> <li>• Please refer to NM Interactive for current testing criteria (resources below).</li> <li>• Call the <a href="#">COVID Employee Hotline</a> at 312.47.COVID.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Testing Dashboard</a></li> <li>• <a href="#">COVID-19 Serology Testing Guidelines</a></li> <li>• <a href="#">NMI Testing Resources</a></li> <li>• <a href="#">NM Workforce COVID-19 Hotline Algorithm</a></li> </ul>

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e. Physician wellness	<a href="#">Physician Well-Being Resources</a>
<b>7. Patient Arrival at an NM Facility</b>	
Screening	<ul style="list-style-type: none"> <li>• Symptom screening for patients and visitors has moved from the point of entry to the point of care for all sites. Patients and visitors will continue to use existing safety processes when visiting any NM facility:               <ul style="list-style-type: none"> <li>○ Universal masking upon entry is in place at all NM locations.</li> <li>○ Physical distancing accommodations are in place in our buildings.</li> <li>○ COVID-19 screening occurs at the time of appointment scheduling and is included on appointment reminders.</li> </ul> </li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Patient and Visitor Arrival to NM Facilities Screening Algorithm</a></li> <li>• <a href="#">Ambulatory Clinic Algorithm COVID-19</a></li> </ul>
Universal masking	<ul style="list-style-type: none"> <li>• In accordance with CDC and IDPH guidelines, universal masking is required at all NM facilities. Masks must cover both the mouth and nose.</li> <li>• Patients/visitors may cover their own mask with an NM-provided mask.</li> <li>• Under no circumstances should a patient or visitor wear an exhalation value mask unless it is covered by an NM-provided mask.</li> <li>• If a patient refuses or is unable to wear a mask, reference the <a href="#">Patient Mask Refusal Guidelines</a>. Make every effort to explain the rationale of universal masking for patient and employee safety. Determine the reason(s) for refusal:               <ul style="list-style-type: none"> <li>○ <u>If personal/political/other:</u> Do not make an accommodation. Direct the patient to reschedule as a telehealth visit and notify the clinic.</li> <li>○ <u>If medical condition and/or disability:</u> <ul style="list-style-type: none"> <li>▪ We cannot ask for proof of the disability or medical condition, but can confirm if accommodations will work for the patient.</li> <li>▪ Contact Security in our hospital facilities or the clinic with whom the patient has an appointment to discuss reasonable accommodations.</li> <li>▪ Provide a reasonable accommodation:                   <ul style="list-style-type: none"> <li>• Schedule or convert to a telehealth visit, if appropriate.</li> <li>• If an in-person visit is required, activate the same workflow as having a symptomatic patient at arrival:                       <ul style="list-style-type: none"> <li>○ Minimize duration and proximity of exposure by isolating the patient and maintaining physical distancing.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Notify the clinic so that staff can meet the patient at the point of entry, donning mask and goggles, and accompany the patient to the clinic.</li> <li>○ Once in the clinic, expedite rooming, bypassing check-in.</li> <li>○ Clinical staff dons PPE (mask and goggles) to assess the patient.</li> </ul> <ul style="list-style-type: none"> <li>● <a href="#">Visitor refusal/unable to mask</a>: If a visitor is unable to comply with NM’s universal masking protocol, they will be asked to leave the premises.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>● <a href="#">PPE FAQ's</a></li> <li>● <a href="#">Patient Mask Refusal Guidelines</a></li> </ul>
Use of common areas, such as elevators	<ul style="list-style-type: none"> <li>● All patients/visitors must remain masked at all times in common areas, including elevators and check-in/-out areas.</li> <li>● Eating in clinic waiting rooms should be discouraged. If the request may cause physical distress, areas 6 feet away from others will be provided per clinic direction.</li> <li>● Infection Prevention does not recommend limiting the number of patients in the elevator.</li> <li>● Hand sanitizer is always available near elevator bays and patient waiting areas.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>● <a href="#">NM PPE Grid</a></li> <li>● <a href="#">Facilities Reactivation Playbook</a></li> </ul>
Hand sanitizers, masks and other supplies for patients/visitors	<ul style="list-style-type: none"> <li>● Ensure adequate and visible hand sanitizer stations on entry and at clinic check-in/-out areas.</li> <li>● Connect with your Supply Chain contact to acquire product/PPE as needed.</li> <li>● Hand sanitizer and disinfecting wipes may require replacement with alternative products as we reactivate.</li> </ul>
Visitor policy	<ul style="list-style-type: none"> <li>● The NM COVID-19 visitor policy allows one caregiver/companion 18 years or older to accompany ambulatory patients that require support or assistance. <i>The policy may change as the situation evolves.</i></li> <li>● Some clinics may want to consider having the accompanying visitor wait in a car or other area outside the facility. In this case, clinic staff may need to arrange to meet the patient at the entrance and escort them to and from the clinic.</li> </ul> <p><b>References:</b></p> <ul style="list-style-type: none"> <li>● <a href="#">Visitor Restrictions</a></li> <li>● <a href="http://nm.org/visitors">nm.org/visitors</a></li> </ul>



