

Ambulatory Care Screening for COVID-19: Drive Through Screening/Testing



Pre-Planning

- Ensure that the call center and front office staff are aware of protocol
- Consider signage at location to direct patients of concern to location for automobile testing
- Have sign in or tracking sheet to organize the care patients and information to give the patients who drive up
- Signage should have number to call for attention
- Pre stage PPE and all equipment needed for each car "Car Kit"
- Consider table, trash, laptop, and other office forms (consent, insurance, etc.) available near testing site
- Consider insurance verification process via phone if possible to create encounter in Cerner
- Develop teams of three 1 Provider, 1 RN, 1 Clinical Assistant/MA/MOA, in high volume times consider 2 groups of three staff.
- If you assess the patient and at any time the patient is unstable - increased respiratory effort, desaturation, elevated heart rate and/or high risk medical problems, consider sending patient to ER.

Identify High Risk Patients

Patient is positive for signs of respiratory illness and exposure – See below or for details see Outpatient checklist for details

- 1a. Patient has fever¹ **OR** new cough/shortness of breath/myalgias **AND** has had close contact² with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
- 1b. Patient has fever **OR** new cough/shortness of breath/myalgias **AND** has traveled from an affected geographic area³ within 14 days of symptom onset.
- 1c. Patient has fever **OR** new cough/shortness of breath/myalgias **AND** meets one of the following criteria
 - Age ≥ 60 years
 - Chronic medical conditions with higher risk of poor outcomes (diabetes, heart disease, chronic kidney disease or end-stage renal disease, chronic lung disease, immunosuppressive medications)
 - Pregnant
 - Healthcare worker or worker in other public safety occupation (law enforcement, firefighting, EMS)

¹ Fever may be subjective or confirmed (100.4 F)

² Close contact is defined as a prolonged period of time within 6 feet, including household contacts, visitors, and healthcare workers (regardless of personal protective equipment use), or having been in direct contact with infectious secretions (i.e. being coughed on) of a patient with COVID-19.

³ Updated list of areas for concern is available at: <https://wwwnc.cdc.gov/travel/notices>

Isolate Patient with Car Triage

Walk-in Patients:

- If high risk, send patient back to their car to be tested, notify Designated Clinic Personnel.
- Pt should be directed to park in the designated testing area.
- High-risk testing/evaluation will be done by a nurse and/or MD wearing PPE (gloves, N95 mask, face shield, or goggles), see list below. Consider someone to transcribe with clipboard if MD not present.
- Registration for drive-through patient is “quick registration” with name and date of birth. Verbal consent for treatment is acceptable as passing the patient paperwork may contaminate it.
- Patient should be given the phone number to the designated contact at the clinic for questions or concerns so that the patient will not need to enter the clinic.
- Be sure to obtain working phone number and demographics for patient.
- Perform screening evaluation.
- Take samples (see latest guidance for number and type of swabs) for storage in refrigerator until courier pick-up; be sure specimens are labeled.
- If patient does not meet screening criteria, proceed with usual patient care protocol.

Phone-in Patients:

- Obtain patient phone number and demographic information.
- Pre-register patient in Cerner
- Direct patient by phone to designated parking area.
- Notify staff, who will perform screening of patient in parking area.

Drive-Up Patients:

- If number of affected patients seeking care increases, a full-time staffed drive-up system may be created that is location-specific, triad teams who are scaled up as needed. See below:
- Car Pulls up to designated area
- Traffic facilitator helps to gather name and phone number, gives patient urgent care number to call to register. This could also be a CA who gathers registration data if laptop available. Symptom checklist here can be helpful with fever, cough, myalgia, age, exposures and other medical problems.
- Office staff perform phone registration, insurance verification and list on schedule
- Team approaches car
- Nurse verifies patient information, name, DOB, Sx,
- Doctor scribes relevant information, clarifies or obtains more history if needed, doctor enters diagnosis
- CA enters vitals into laptop and if testing opens lab encounter and places orders, labels are printed, specimen is collected and placed in labeled specimen bag at the car to insure verification of specimen and patient information
- Notes are completed and billing codes placed

Points of Contact (Triad Teams) for COVID-19

Nurse in Charge Will:

- Gather supplies: Car Kit.
- Don PPE (gloves, gown, N95 mask, face shield or goggles).
- Give patient and others in car a surgical mask.

Attending Physician Will:

- Don PPE (gloves, gown, N95 mask, face shield or goggles).
- Initiate patient interview and assessment.

Clinical Assistant Will:

<ul style="list-style-type: none"> Initiate patient interview, assessment, registration (if not done already) 	<ul style="list-style-type: none"> Registration, open lab encounter, open visit encounter Enter Vital signs, enter lab orders
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<p>Supplies for "Car Kit"</p> <ul style="list-style-type: none"> Surgical mask for patient Gloves for patient or family member if needed Clipboard and paperwork (tracking) not be given to the patient but for Med Assistant Thermometer - Ear or forehead wand better than oral Pulse oximeter Disinfectant/alcohol swabs/wipes Flu swabs with bio-bags and labels (1 flu, 2 oral, 3 nasal) Provider PPE - goggles or mask, gloves, respirator/mask, gown Trash bag or bin near location where car pulls up; Medical Checklist for car triage 	
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<p>Basic Clinical Notes: Name, DOB, MRN, Phone number History</p> <ul style="list-style-type: none"> Fever, URI symptoms – cough, nasal, throat, shortness of breath or wheezing, others Co-morbid conditions – diabetes, heart, lung or other organ dysfunction, smoking High-risk exposures - travel, contact with COVID pt. etc. Time between exposure and symptom onset Duration of symptoms/Onset time <p>Vitals - HR (from pulse ox), Resp. Rate, Temp, O2 sat, others at discretion</p> <p>EXAM</p> <p>General - No apparent distress, alert, oriented, +/- diaphoretic</p> <ul style="list-style-type: none"> If the patient is unstable - increased respiratory effort, desaturation, elevated heart rate and/or high risk medical problems, consider sending patient to ER. 	
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<p>Tracking Form: (use this form to track which patients were evaluated in your clinic)</p> <ul style="list-style-type: none"> Date Name MRN DOB Flu or RSV test result COVID test result All staff in contact with patient that day 	
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<p>Handouts</p> <ul style="list-style-type: none"> Home Isolation instructions – See VCMC Website Public Health Number – (805) 981-5201, after hours (805) 214-7057 <p>Billing - Bill for nurse visit at least and if doctor involved bill at least a level 2 visit or higher if documentation supports</p>	
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