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- Virtual Scheduling Pools

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Introduction
Clinical Practice: Project Resurgence Ambulatory Guidelines

1. In-person visits will be prioritized based on medical condition, risk for disease progression or sequelae, need for physical examination, timely evaluation and management. NOTE: Update your clinical decision trees and align your scheduling protocols.

2. Practice environment will be configured to reduce risk of exposure for patients and staff (i.e. waiting and exam room configuration).

3. Separate clinic schedules and/or time with designated rooms, staff, PPE for Covid-19 patients (i.e. end of day with terminal clean) will be available, if applicable.

4. Adherence to current PPE, CDC and UPHS infection control guidelines for staff.

5. Adherence to current recommendations for screening patients and visitors.

6. Adherence to requirements for social distancing among staff during breaks.

7. Staffing models will balance the need for in-person visits with telehealth and reduce risk of exposure (i.e. staggered staffing).

8. Schedules and templates will be adjusted as needed to meet demand for in-person sessions and visits as well as accommodate backlog of patients while mitigating risk to staff and patients.

9. Schedules will be modified based on the availability of workforce, PPE, testing.

10. Schedules and templates will reflect optimal percentage of telehealth visits based on patient population and/or sub-specialty practice.

11. Innovative work flow changes will be adopted to reduce risk for exposure (i.e. e-check in; phone pre-registration; text alerts; arrive from car; direct to exam room without wait).

12. Patient populations that will benefit from Covid-19 testing in advance of visit or ambulatory procedure will be identified.

13. Ideal practice locations for in-person visits and procedures will be identified based on patient needs, workforce availability, testing protocol, access, clinic configuration.

14. Create workflows and environments for particularly vulnerable (highly immunocompromised, severe lung disease, etc.) to provide them with the highest level of protection.
Clinical Practice: Phased Approach To Resurgence

‣ **Regroup, reinitiate and reimagine.**
  • Re-opening the system and tailoring operations to serve both COVID-19 & non-COVID-19 patients.

‣ **Bounce back.**
  • Stabilize the system by recovering core services and case volumes;
  • Maintain our referral base; and,
  • Establishing a cadence toward normalcy.

‣ **Accelerate to win.**
  • Preparing for growth amidst a “new normal”;
  • New network partners, affiliations, managed care strategy; and,
  • Building a lower-cost operating model that is resilient and can handle potential future market shocks.
Clinical Practice: Key Themes

**Ambulatory Patient Safety Goals:** 1. Minimize the time patients are on-site. 2. Minimize the time in common spaces. 3. Minimize the risk of facility and workflow exposures.

<table>
<thead>
<tr>
<th>Practice Environment</th>
<th>Workflow Innovation</th>
<th>Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Complete CPUP Ambulatory Environment of Care Checklist&lt;br&gt;· Implement Standardized Cleaning Process&lt;br&gt;· Remove toys, magazines, brochures, lending libraries, and self-service coffee/refreshment stations from waiting areas&lt;br&gt;· Consider a “Waiting Area Captain” role to enforce social distancing and routine cleaning</td>
<td>· Consider new waiting room alternatives (wait in car, common area, outdoors)&lt;br&gt;· Re-vamp clinic templates to limit practice census (expand visit length if needed)&lt;br&gt;· Lean Taas helping with Infusion templates to ensure social distancing&lt;br&gt;· Limit patient foot-print in practice (labs in advance, immediate rooming, vitals in room, check-out via telephone)&lt;br&gt;· Decouple long infusion chairs with a telemedicine RPV in advance of date of treatment as appropriate</td>
<td>· Manage employee conversations around WFH → WFO&lt;br&gt;· Safety planning for increased volume of on-site workforce&lt;br&gt;· Designated touchdown spaces to allow for social distancing&lt;br&gt;· Consider ongoing remote work opportunities as applicable&lt;br&gt;· Consider staggered shifts to allow for greater flexibility in hours of operation and patient spacing</td>
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Environment of Care
### Environment of Care: Actions in Place

<table>
<thead>
<tr>
<th>Actions in Place</th>
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<tbody>
<tr>
<td>✓ Appropriate PPE/Sanitation</td>
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<tr>
<td>✓ Gloves, masks, face shields, gowns</td>
</tr>
<tr>
<td>✓ Pre-identified space for high risk/high acuity patients</td>
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<tr>
<td>✓ Plexiglass at front desks</td>
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<tr>
<td>✓ Magazines, brochures removed</td>
</tr>
<tr>
<td>✓ Technology in place to support patient visits</td>
</tr>
<tr>
<td>✓ In-Person</td>
</tr>
<tr>
<td>✓ Telehealth</td>
</tr>
<tr>
<td>✓ Staffing Schedules aligned to meet the practice needs</td>
</tr>
<tr>
<td>✓ Onsite</td>
</tr>
<tr>
<td>✓ Offsite</td>
</tr>
<tr>
<td>✓ Before the visit</td>
</tr>
<tr>
<td>✓ Pre-visit workflow</td>
</tr>
<tr>
<td>✓ Day of visit</td>
</tr>
<tr>
<td>✓ Face coverings for all patients, providers and staff</td>
</tr>
<tr>
<td>✓ Designated isolation rooms if required</td>
</tr>
<tr>
<td>✓ After visit</td>
</tr>
<tr>
<td>✓ Scheduling Pools</td>
</tr>
<tr>
<td>✓ Waiting Room Furniture (broken down to individual seats)</td>
</tr>
<tr>
<td>✓ Updated Signage</td>
</tr>
<tr>
<td>✓ Provide alcohol-based dispensers</td>
</tr>
<tr>
<td>✓ Inside and outside of exam rooms</td>
</tr>
<tr>
<td>✓ Clean Room Signage</td>
</tr>
</tbody>
</table>

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**CLEAN EXAM ROOM**

**IN PREPARATION FOR YOUR VISIT TODAY, THIS EXAM ROOM **[HAS BEEN CLEANED](#)**

**ACCORDING TO THE HEALTH SYSTEM STANDARDS, AS WELL AS, THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDELINES.**

**AS ALWAYS, WE REMAIN FOCUSED ON ENSURING THE SAFETY OF OUR PATIENTS, PROVIDERS, AND STAFF.**

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**Thank you for choosing Penn Medicine and the Abramson Cancer Center.**
Environment of Care: Safety Precautions

▸ Clinic Waiting Area
  • Plexiglass barriers being installed at Check-In & Check-Out
  • 6 feet social distancing; floor markers in place
  • Waiting room furniture redesigned
    – Waiting room square footage allowance:
      • PCAM 1
        – 6 seats allowance in waiting room
      • PCAM 2
        – 28 seats allowance in waiting room
      • PCAM 3
        – 30 seats allowance in waiting room
      • PCAM 4
        – 23 seats allowance in waiting room
  • Discontinued the use of magazines, brochures, books
  • Single use pens

▸ Clinic Touchdowns
  • TD size varies across the floors; 1 – 4 provider allowance
Environment of Care: Volume Tracking and Management

- **Waiting Areas**
  - Rounding and tracking every hour throughout the day
    - Focused on:
      - Reduced waiting
      - Safety and social distancing
      - Focus on wait time reductions in the waiting area
      - Rooming immediately
  - **Lab Workflow**
    - Focused on:
      - Labs in advance of appointment
      - Reduced waiting

<table>
<thead>
<tr>
<th>Location/Floor:</th>
<th>Waiting Room Tracking Log</th>
</tr>
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<tbody>
<tr>
<td>Week of:</td>
<td>_________________________</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Day of the Week</th>
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<tbody>
<tr>
<td></td>
<td>Monday</td>
</tr>
<tr>
<td>7:00 AM</td>
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<td>8:00 AM</td>
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<td>9:00 AM</td>
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<td>10:00 AM</td>
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<td>11:00 AM</td>
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<td>12:00 PM</td>
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<td>4:00 PM</td>
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<tr>
<td>5:00 PM</td>
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Environment of Care: Workflow Process Changes

- **Visitor Guidelines**
  - CPUP implemented a no visitor policy for the building
    - Secured entrances
    - Safe environment
  - Cancer Center exceptions granted when appropriate
    - See grid to the right
  - Nursing Home/Facility Process
    - Screening questions in advance of arrival

- **Temperature Screening**
  - Patients upon arrival at all entry points
  - Staff upon arrival at all entry points

- **Labs in Advance of Patient Appointment**
  - When appropriate

- **Testing & Pre-Testing**
  - Isolated location for testing identified
Operations: Template Strategies

▶ Template consistency
  • Many departments considering
    – 60 minute NPVs
    – 30 minute RPVs
  • Flexible start times (i.e.: 7a; 7:15a; 7:30a; 7:45a; 8a, etc.)
    – Reduce number of patients in the waiting area
  • Allowance for extended cleaning process in exam rooms

▶ Limited number of providers in clinic each day
  • Modified depending upon telehealth and in-clinic balance
  • Blocking time for in clinic workflow consistency
  • Blocking time for telehealth workflow consistency
Operations: Pre-Screening Telehealth Workflow (CSA/LPN Process)

- Implementation of CSA/LPN telehealth support 24/48 hours prior to scheduled visit

- Clinical staff via phone are completing:
  - Allergies
  - Medication Review
  - Pharmacy update/confirmation
  - Demographics
  - Switchboard/ Blue Jeans link distribution

- 3 attempts are made to contact the patient to review this information
  - If unable to reach patient after 3 attempts
    - Information to be reflected in the Pre-Telemedicine Encounter Intake Form ("PRETELEINTAKE")
    - Indicated via dot system
  - Dot system:
    - Red dot- unable to reach patient
    - Yellow dot- telehealth pre-workflow completed
Operations: Pre-Screening Workflow

- Patient Services Associates (PSAs) are completing insurance verification 24/48 hours prior to scheduled telehealth/office visit
  - Verification being completed via E-coverage (PennChart) or Navinet

- PSAs will document in the appointment notes what information still needs to be verified prior to check in on the date of service (i.e.: insurance card scanning, documents)

- PSAs are pre-screening patients in advance of office visits to complete travel questionnaire, review of symptoms, and notifying of Penn Medicine’s visitor policy
Operations: Virtual Scheduling Pools

- To remain consistent with Social Distancing Guidelines, Scheduling Pools were created to assist pre & post appointment requests
  - Clinicians can route any appointment requests over to a pool where PSAs can coordinate the needed appointments
  - Within 24-48 hours, PSAs will contact patients via telephone to coordinate all needed appointments as specified on the AVS
  - 3 attempts to contact the patient for scheduling will be made by the PSA scheduling staff
  - Once appointments have been coordinated, the PSAs route back to the provider and mark the encounter “done” in the system

- Practice Administrators are included in the Scheduling Pools to monitor accuracy and timely completion of follow up scheduling
Workflow Innovation
Workflow Innovation: Telehealth Visit Workflow

- **Link Push**: CSAs/LPNs push unique meeting links to patients in advance of the telehealth appointment.
- **Technology Support**: CSAs/LPNs engage with patients via Switchboard to ensure connectivity.
- **Pre-Visit Intake**: CSAs/LPNs complete Medication & Allergy review, and update the patient’s pharmacy preference.
- **Pre-Reg**: PSAs complete pre-registration functions in advance of the telehealth appointment.
- **Check-In**: PSAs arrive telehealth visits on the date of service.
- **Visit**: Provider/APP completes telehealth visit.
- **Check-Out**: Provider/APP routes scheduling request to appropriate PSA pool.
- **Legend**:
  - In Advance
  - Date of Service

**3 attempts are made to contact the patient in advance of the date of service.**

*Staff will use the dot system to communicate if the pre-work has been completed.*

- 🔄 Unable to reach patient
- 🔴 Reached patient; pre-work complete

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[ Penn Medicine Logo ]
Workflow Innovation: In Person Visit Workflow

- PENNCOVERS questionnaire completed virtually 24-48 hrs. in advance
- PSAs complete pre-reg functions in advance of the in person appointment
- PSAs also prepare patients for what to expect on campus (Visitors, Universal Masking, Temp Screening)
- Patient receives thermal temperature screening at building entry point
- Patient receives oral temperature screening at clinic entry point
- PSAs arrive patients
- PSA completes travel/symptom screening
- If labs were not completed in advance, patient goes to lab
- Patients are roomed immediately
- CSAs/LPNs complete standard intake process

- Provider/APP completes visit
- PSAs utilize scheduling pools to support scheduling needs, or in person check-out
- Infusion patients wait in socially distanced waiting area
- Infusion completed

Legend
- In Advance
- Date of Service
- mPM Pre Check-In Eligible

Visit
Pre-Reg
Patient Education
Thermal Screening
Oral Temp Screening
Quick Check-In
Lab Draw
Visit Intake
COVID Screening
Check-Out
Waiting Room
Infusion
Lab Draw
Workflow Innovation: MPM Pre Check-In Workflow

- MyPennMedicine Pre Check-In is a feature that allows patients to verify or request updates to their information such as demographics, preferred pharmacies, medications, allergies, health issues, complete questionnaires.
- PSAs are able to determine if the Pre-Check In function has been completed by the patient via the Department Appointments Report (DAR), as well as the Multi-Provider Schedule (MPS).