Outpatient COVID-19 Cancer Clinics
PCAM Resurgence

September 2020

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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 sequalae, 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 back log 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.**

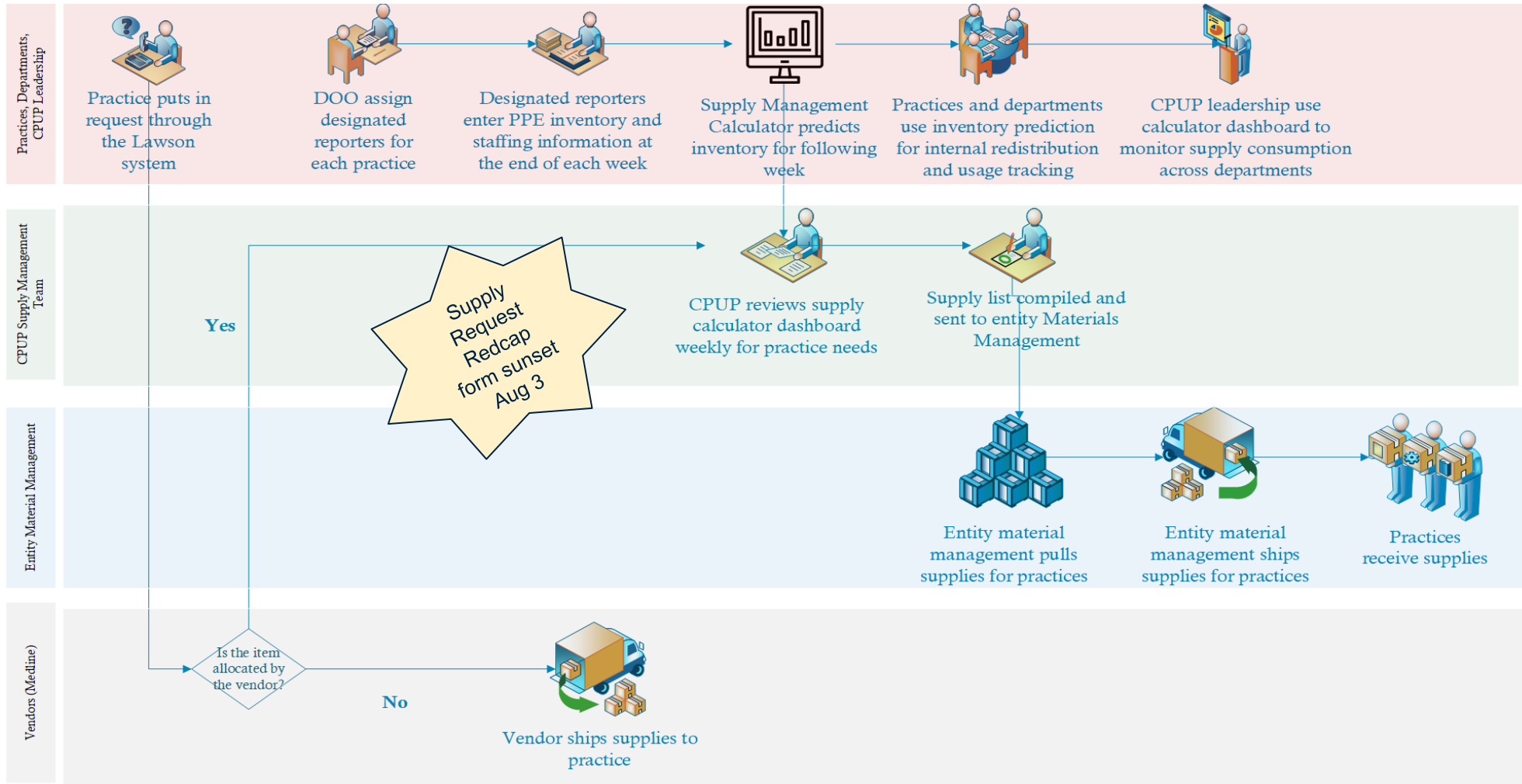- Re-opening the system and tailoring operations to serve both COVID-19 & non-COVID-19 patients.

▶ **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: Supply Management Process Under COVID-19 Allocation

Practices, Departments, CPUP Leadership

Practice puts in request through the Lawson system

DOO assign designated reporters for each practice

Designated reporters enter PPE inventory and staffing information at the end of each week

Supply Management Calculator predicts inventory for following week

Practices and departments use inventory prediction for internal redistribution and usage tracking

CPUP leadership use calculator dashboard to monitor supply consumption across departments

CPUP Supply Management Team

Yes

Supply Request Redcap form sunset Aug 3

CPUP reviews supply calculator dashboard weekly for practice needs

Supply list compiled and sent to entity Materials Management

Entity Material Management

Entity material management pulls supplies for practices

Entity material management ships supplies for practices

Practices receive supplies

Vendors (Medline)

Is the item allocated by the vendor?

No

Vendor ships supplies to practice

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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.

Practice Environment

·Complete CPUP Ambulatory Environment of Care Checklist

· Implement Standardized Cleaning Process

·Remove toys, magazines, brochures, lending libraries, and self-service coffee/refreshment stations from waiting areas

·Consider a "Waiting Area Captain" role to enforce social distancing and routine cleaning

Workflow Innovation

·Consider new waiting room alternatives (wait in car, common area, outdoors)

·Re-vamp clinic templates to limit practice census (expand visit length if needed)

·Lean Taas helping with Infusion templates to ensure social distancing

·Limit patient foot-print in practice (labs in advance, immediate rooming, vitals in room, check-out via telephone)

·Decouple long infusion chairs with a telemedicine RPV in advance of date of treatment as appropriate

Workforce

·Manage employee conversations around WFH → WFO

·Safety planning for increased volume of on-site workforce

·Designated touchdown spaces to allow for social distancing

·Consider ongoing remote work opportunities as applicable

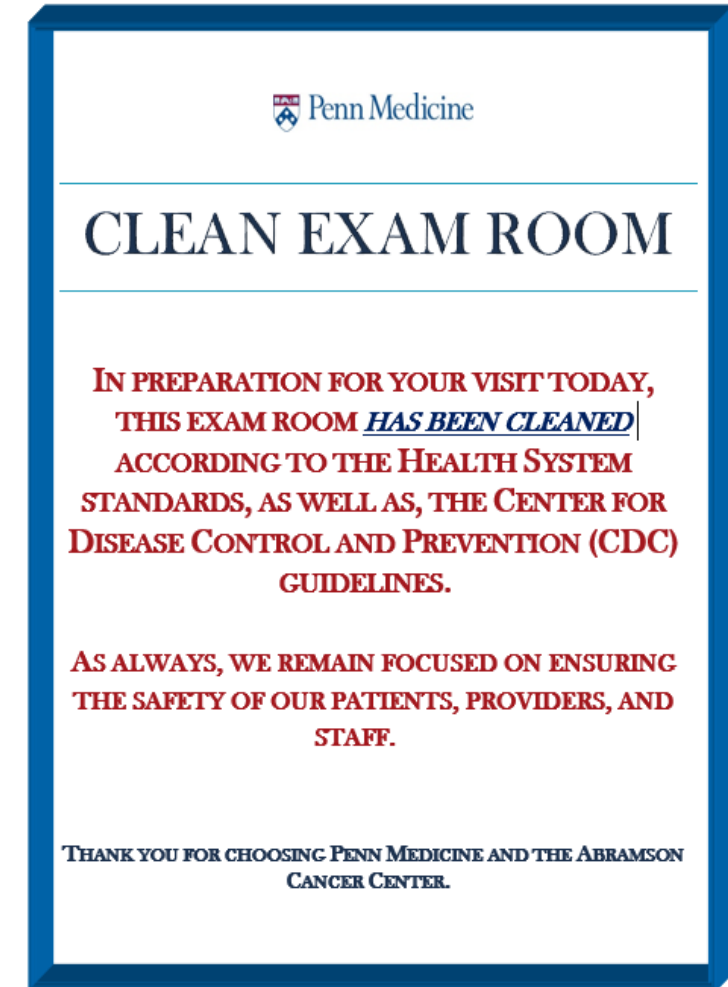·Consider staggered shifts to allow for greater flexibility in hours of operation and patient spacing

Environment of Care

Environment of Care: Actions in Place

Actions in Place

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

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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.

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

6 FT.

ALL CLINICIANS

DUE TO SOCIAL DISTANCING GUIDELINES

THERE IS A

4 PERSON LIMIT IN THIS TOUCHDOWN SPACE

PLEASE REMAIN AT LEAST **6FT** APART FROM ONE ANOTHER

WE APPRECIATE YOUR COOPERATION DURING THIS DIFFICULT TIME.

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

Abramson Cancer Center Waiting Room Tracking Log					
Location/Floor: _____					
Week of: _____					
Time	**Day of the Week**				
	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					

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

Visitor Passes Will be Provided to Patients in the Cancer Service Line for the Following Exceptions

Ambulation Assistance

Cognitive Assistance
- Unable to understand own care instructions
- Substantial emotional support needs

Special Exceptions
(As approved by the care team and evaluated on a case by case basis)
- Some first time treatment
- Some withdrawal of care
- Some divulgence of serious clinical news
- Some visits to schedule upcoming surgery

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Operations

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 patient via Switchboard to ensure connectivity

Pre-Visit Intake
- CSAs/LPNs complete Medication & Allergy review, and update the patient's pharmacy preference
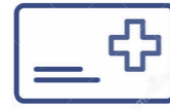
Pre-Reg
- PSAs complete pre-registration functions in advance of the telehealth appointment

Check-In
- PSAs arrive telehealth visits on the date of service

Visit
- Provider/APP completes telehealth visit.
- Provider/APP routes scheduling request to appropriate PSA pool

Check-Out
- PSAs utilize scheduling pools to support scheduling needs

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

Workflow Innovation: In Person Visit Workflow

Legend

In Advance
Date of Service
mPM Pre Check-In Eligible

COVID Screening
- PENNCOVERS questionnaire completed virtually 24-48 hrs. in advance

Pre-Reg
- PSAs complete pre-reg functions in advance of the in person appointment

Patient Education
- PSAs also prepare patients for what to expect on campus (Visitors, Universal Masking, Temp Screening)

Thermal Screening
- Patient receives thermal temperature screening at building entry point

Oral Temp Screening
- Patient receives oral temperature screening at clinic entry point

Quick Check-In
- PSAs arrive patients
- PSA completes travel/symptom screening

Lab Draw
- If labs were not completed in advance, patient goes to lab

Visit Intake
- Patients are roomed immediately
- CSAs/LPNs complete standard intake process

Visit
- Provider/APP completes visit

Check-Out
- PSAs utilize scheduling pools to support scheduling needs, or in person check-out

Waiting Room
- Infusion patients wait in socially distanced waiting area

Infusion
- Infusion completed

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).