

# JAYDOC REOPENING PROTOCOL

## Phase 1

FOR DATE: MAY 19, 2020

**OBJECTIVE:** To carry out lab services for WHIP and Diabetes patients, as well as in-person consults for most critical diabetes patients, in a manner that prioritizes safety for all parties.

### **OVERVIEW:**

- General notes
  - All parties will, at minimum, be required to wear a mask at all times
  - Each volunteer group will be stationed at their designated location as outlined below and should remain there as much as possible until all encounters are over
  - Everyone will be screened for COVID-19 symptoms before entering clinic – volunteers and patients included
  - Any patient scheduled for the night who has symptoms or a known exposure to someone with COVID-19 will have their appointment cancelled and will not be allowed into clinic, regardless of timing. They will be referred to options for care & questions should they be turned away for this reason.
  
- Who will be in clinic? (21-23 Total = 8 patients + 13-15 volunteers)
  - WHIP – 5-7 Total
    - Xena as ED
    - 2(or 4) WHIP directors
    - 3 WHIP patients
  - Diabetes – 12 total
    - Amber as ED
    - 5 patients
    - 4 directors – 2 for TeleHealth, 2 assisting the in-person visits
    - 2 physicians
  - Lab – 2 Total
  - Other – 2 Total
    - 2 interpreters
  
- When will this start?
  - Goal start time is 5:30 PM

## **DETAILS:**

- ***Before the encounter***
  - Patients will be called by directors to remind about appointment, explain what will be happening during their appointment (i.e. for labs, explaining what will happen), and explain protocol for the encounter (i.e. staying in the room, wearing a mask, limiting social interaction)
  - Directors will ask screening questions from the call center question guide
    - If a patient has symptoms, they will not be allowed to come in for the appointment
  - Directors will remind patients to try to bring their own mask
  - Directors will also remind patients to not bring anyone with them to the encounter to limit number of people
  
- ***Beginning the encounter***
  - Directors will confirm patients from check in master list from Xena before patient arrival
  - Patients will enter through the main door
  - Patients must have a mask. If they did not bring one, they will be given one
  - Patients will be screened through the glass check-in window the screening questions as outlined in the call center sheet
  - If a patient presents with no symptoms or exposures, they will be immediately directed by a director to their designated room as determined from the master list
  - The patient must stay in the room with the door shut unless approved to leave by a director
  - Once patients are checked in, all directors should return to their “base” station and try to remain there as much as possible
  
- ***Lab volunteers***
  - Lab volunteers will be stationed in the lab + check in area attached
  - Lab volunteers will be provided masks, gloves, and face shields to use
  - Paperwork will be covered by Amber & Xena (EDs)
  - Lab directors Katie & Dakota will be on call for any questions if needed
  
- ***Interpreter volunteers***
  - Interpreter volunteers will be available physically at clinic, but will be able to do phone-in conferencing also
  - Interpreter volunteers will be stationed in upstairs conference room (if in person)
  - If decided to do in-room interpreting, volunteers will be provided same PPE as lab volunteers – mask, face shield, and gloves as needed
  - Interpreting volunteer phone numbers will be given to lab + physician volunteers on their arrival (if doing phone interviews)

- **WHIP encounter – labs only**
  - WHIP patients will be roomed in the “far end” rooms (past the lab, rooms 21-26)
  - WHIP directors will be stationed in the far end provider room
  - WHIP directors will have any paperwork needed for patients ready before they arrive and to be completed while patient is the room (not in the waiting area)
  - WHIP will use far end provider room computers for charting
  - All three appointments will need a OGTT and a prenatal panel drawn for labs
  - When lab volunteers are ready to draw labs, they will start with the first room and knock on the door, explain the lab procedure necessary, and perform the lab
    - If an interpreter is needed, lab volunteers will knock on the door, introduce themselves, and call the interpreter before beginning to explain the lab procedure
    - Lab volunteers will determine best way to go about collecting all the labs, in the way that is most efficient for them. Patients will be roomed the whole time.
  
- **Diabetes encounter – labs AND in-person consult**
  - Diabetes patients will be in the upper end rooms (rooms 11 – 19)
  - Diabetes directors + physician will be stationed in the large provider rooms (the one normally used for JayDoc) and in the reception area if needed for spacing
    - 2 Diabetes directors will be in the provider room for TeleHealth encounters, while the other 2 help assist with the in-person consults waiting in the reception/nurse area
  - Diabetes directors will have any paperwork needed for patients ready before they arrive and to be completed while patient is the room
  - Diabetes directors will use the large provider room and reception computers for charting
  - All 5 diabetes patients will need an A1c drawn for labs
  - When lab volunteers are ready to draw labs, they will start with the first room and knock on the door, explain the lab in necessary, and perform the lab
    - If an interpreter is needed, lab volunteers will knock on the door, introduce themselves, and call the interpreter before beginning to explain the lab procedure
    - Lab volunteers will determine best way to go about collecting all the labs, in the way that is most efficient for them. Patients will be roomed the whole time.
  - When physician is ready to begin their consult, they will start with the first room and knock on the door and conduct the visit entirely in the patient designated room
    - If an interpreter is needed, the physician will knock on the door, introduce themselves, and call the interpreter before beginning the visit
    - The physician will determine order of the visits as is most efficient to them

- Lab volunteers and physician should not overlap in their encounters – only one should be visiting a patient at a time
- **Ending the encounter**
  - Once the patient encounter has been finished and the patient has been cleared to leave, the corresponding director will knock on patient's door and direct them to the exit
    - WHIP patients can exit through side lab door or far end door
    - Diabetes patients can exit through the main exit doors
  - Directors will finish notes and charting at their designated computer area
  - Everything used must be cleaned with bleach spray or wipes once volunteers have completed duties as designated by the Wyandotte County HD guidelines, including
    - All rooms used
    - Computers and keyboards
    - Door handles
    - Face shields
- **KUMC Recommended Procedures to be Adopted for Today:**
  - All equipment and phlebotomy draw chairs are wiped down with disinfectant between patient encounters.
  - We explain our sanitation process to each patient, and, when requested, will wipe down the draw chair again in the patient's presence.
  - The public space is wiped down with disinfectant several times throughout the day.
  - Patient-facing staff wear masks and goggles at work and are required to perform hand hygiene in front of every patient prior to blood draw.
  - Workstations are sanitized multiple times each shift.
  - Where alternate entrances are available, health system employees do not use patient entrances.
  - One-way traffic flow to enter and exit draw stations has been established to allow for appropriate physical distancing.

# JAYDOC REOPENING PROTOCOL

## PHASE 2

FOR DATE: JUNE 8th

**OBJECTIVE:** To open for specialty nights and scheduled general night patient encounters, to re-involve student physicians in patient care, to establish a framework for transition into Phase 3 full reopening, all in a manner that prioritizes safety for all parties.

### **OVERVIEW:**

- **General notes**
  - Each volunteer group will be stationed at their designated location as outlined below and should remain there as much as possible until all encounters are over
  - Everyone in the clinic should try to social distance at 6ft when possible.
  - Everyone will be screened for COVID-19 symptoms before entering clinic – volunteers and patients included
  - Any patient scheduled for the night who has symptoms or a known exposure to someone with COVID-19 will have their appointment cancelled and will not be allowed into clinic, regardless of timing. They will be referred to options for care & questions should they be turned away for this reason.
  - All volunteers should continue to wear professional attire. Scrubs will also be allowed.
  
- **PPE**
  - All volunteers will be required to wear a mask, as described above
  - All volunteers providing direct patient care in-room, for interactions longer than 10 minutes will be required to wear an N-95 mask plus face-shield/eye protection (as recommended by advisor Dr. Greiner)
    - Parties include student-physicians, physicians, interpreters
    - It is recommended that volunteers bring their own N-95 masks. If they do not have one, one will be provided to them by the JayDoc ED. If given a JayDoc N-95 masks, the volunteer must follow the rules set by the ED about storing and labeling.
  - Volunteers who have minimal patient interaction, or the interaction is less than 10 minutes, will be required to wear a cloth or surgical mask
    - Parties include EDs, lab volunteers, front desk
  
- **Who will be present in clinic?**
  - 30 total people in clinic at max capacity
  - 6-8 patients, maximum of 14
  - 16 volunteers, as noted below:
    - 1 Executive Director (ED)

- 1 Assistant Director (AD) as intake/screening
  - 4 ADs as Student Physicians (SP's)
  - 2-4 Lab Volunteers
  - 2 interpreters
  - 2 administrative interns
  - 2 physicians
- **When will this start?**
    - Goal start time is 5:30 P

## **DETAILS:**

- **Before the encounter**
  - Patients will be called by a JayDoc staff member to remind them about their appointment, to explain what will be happening during their appointment (i.e. for labs, explaining what will happen), and to explain protocol for the encounter (i.e. staying in the room, wearing a mask, limiting social interaction)
  - Staff will ask screening questions from the call center question guide
    - If a patient has symptoms, they will not be permitted to come in for the appointment
  - Staff will remind patients to try to bring their own mask
  - Staff will also remind patients to not bring anyone with them to the encounter to limit number of people
- **Beginning the encounter**
  - Patients will enter through the main door
  - Patients must have a mask. If they did not bring one, they will be given one
  - Intake AD and administrative interns will confirm patients from check in master list from ED
  - Patients will be screened through the glass check-in window the screening questions as outlined in the call center sheet. Patients will be instructed to take their own temperature.
  - If a patient presents with no symptoms or exposures, they will be immediately escorted by an AD to their designated room as determined from the master list.
  - The patient's height and weight will be taken on the way to their room by the AD. AD will record these measurements, including screening temperature, on their intake forms.
  - The patient will be instructed to remain in the room with the door shut unless approved to leave by a director.
  - Once patients are checked in, all directors should return to their "base" station and try to remain there as much as possible
- **Triage Workflow**

- Patient in room
  - Paperwork provided by AD, AD leaves room to room other patients
  - All patients have been roomed
  - Patient fills out paperwork which will be returned to the front desk
  - AD returns to collect paperwork and triage
  - Patient is either referred to community resources immediately or the AD will proceed with their HPI etc.
  - AD will present to physician
  - Physician will see the patient
- **Lab Volunteers**
    - Lab volunteers will be stationed in the lab
    - Lab volunteers will be provided masks, gloves, and face shields
    - Heart-to-Heart volunteers will be performing lab duties. Procedure and work flow will be dictated by them.
    - Paperwork will be covered by Amber & Xena (EDs)
    - Lab directors Katie & Dakota will be on call for any questions if needed
    - \*\*section is subject to change as information about availability of CLS students becomes clear\*\**
- **Interpreter volunteer**
    - Interpreter volunteers will be available physically at clinic, but will be able to do phone-in conferencing
    - Interpreter volunteers will be stationed in upstairs conference room (if in person)
    - If decided to do in-room interpreting, volunteers will be provided same PPE as lab volunteers – mask, face shield, and gloves as needed
    - Interpreting volunteer phone numbers will be given to lab + physician volunteers on their arrival (if doing phone interviews)
    - SPs may have access to the phone line as a third option for interpreting, or if a patient speaks another language than English and Spanish
- **Community Resources**
    - SPs will be trained on a short protocol for a needs assessment to triage
    - Depending on the results of the needs assessment, Directors of Social Services will collect necessary paperwork for SP to give back to patient
    - If patient requests an uncommon or more specific resource, SP will set up a time for a virtual consult with a CR intern
      - CR interns will do consults from home via video chat or by appointment
      - The AD will be required to set up the video chat and facilitate any problems that will arise

- ***Ending the encounter***
  - Once the patient encounter has been finished and the patient has been cleared to leave, the AD will knock on patient's door and direct them to the exit through the main clinic doors
  - AD will finish notes and charting at their designated computer area
  - Everything used must be cleaned with bleach spray or wipes once volunteers have completed duties as designated by the Wyandotte County HD guidelines, including:
    - All rooms used
    - Computers and keyboards
    - Door handles
    - Face shields



# JAYDOC REOPENING PROTOCOL

## PHASE 3

FOR DATE: JULY 6th

**OBJECTIVE:** To open for scheduled general night patient encounters, to re-involve volunteers as student physicians in patient care, and to introduce community resource and administrative interns into clinic workflow, all in a manner that prioritizes safety for all parties.

### **OVERVIEW:**

- General notes
  - All persons present in the clinic will be required to wear a surgical mask and eye protection at all times. Volunteers will be permitted to wear scrubs.
  - Each volunteer group will be stationed at their designated location as outlined below and should remain there as much as reasonably possible until all encounters are over.
  - Everyone will be screened for COVID-19 symptoms before entering clinic – volunteers and patients included
  - Any patient scheduled for the night who has symptoms or a known exposure to COVID-19 will have their appointment cancelled and will not be allowed into the clinic, regardless of timing. They will be referred to options for care & questions should they be turned away for this reason.
  - Patients will be scheduled ahead of time in two time blocks: the first at 5:30 PM and the second at 7:00 PM
  
- Who will be present in clinic?
  - 8-10 patients
  - 18 volunteers, as noted below:
    - 1 Executive Director (ED)
    - 1 Assistant Director (AD) as intake/screening
    - 1 AD as Student Physician (SP)
    - 4 student physicians
    - 1 phlebotomist
    - 2 lab volunteers
    - 2 interpreters
    - 2 community resource interns
    - 2 administrative interns

- 2 physicians
- When will this start?
  - Volunteers will arrive by 5:00 PM
  - Encounters begin at 5:30 PM

## **DETAILS:**

- ***Before the encounter***
  - Patients will be called by a JayDoc staff member to remind them about their appointment, to explain what will be happening during their appointment (i.e. for labs, explaining what will happen), and to explain protocol for the encounter (i.e. staying in the room, wearing a mask, limiting social interaction)
  - Staff will ask screening questions from the call center question guide
- If a patient has symptoms, they will not be permitted to come in for the appointment
  - Staff will remind patients to try to bring their own mask
  - Staff will also remind patients to not bring anyone with them to the encounter to limit number of people
  - Patients will be scheduled to arrive in 15-minute blocks of 2-4 patients
- ***Beginning the encounter***
  - Patients will enter through the main door
  - Patients must have a mask. If they did not bring one, they will be given one
  - Intake AD and administrative interns will confirm patients from check in master list from ED
  - Patients will be screened through the glass check-in window the screening questions as outlined in the call center sheet. Temperatures will be taken with non-contact thermometers by the screening AD and will be recorded on the master patient list located at the front desk.
  - If a patient presents with no symptoms or exposures, they will be asked to complete any required forms in the waiting room. After they have completed the forms, they will be immediately escorted by the appropriate person to their designated room.
    - If the scheduled SP is available, they will call the patient from the waiting room and begin the encounter.
    - If they scheduled SP is current in a different encounter, the intake AD will escort the patient; the patient's height and weight will be taken on the way to their room (make sure to write down their temp from their initial screening)

- The patient will be instructed to remain in the room with the door shut unless approved to leave by a director.
- Once patients are checked in, all directors should return to their “base” station and try to remain there as much as possible

- ***Student-Physicians***

- M2 - M4 students at the University of Kansas School of Medicine will be eligible to volunteer beginning July 6 as student-physicians at JayDoc if they have completed both trainings required in first year (V&I and SP training) AND if they have completed the JayDoc COVID-19 updates & training by the time of their volunteer shift
  - If students have not completed all training, they will not be allowed to volunteer.
  - Director of Volunteers will be responsible for monitoring the sign and tracking training completion
- 4 student-physicians will be scheduled per general night. The long-shift AD will serve as the 5th SP for the night.
- SPs are encouraged to bring their own mask and eye protection. Should an SP forget one of these items, one will be provided to them on behalf of JayDoc.
- SPs will be assigned to a computer base station (per EDs) and should only use that computer while at clinic and remain at their base during waiting periods as much as possible in order to maintain social distancing.
- Student volunteers are expected to know the new protocols and follow them while at clinic.

- ***Lab volunteers***

- Lab volunteers will be stationed in the lab + check in area attached
- Lab volunteers will be provided masks (surgical), gloves, and face shields to use
- CLS directors or students will be running tests in the lab and handling administrative tasks. CLS students will not have any direct patient interaction.
- The HHI volunteer will serve as phlebotomist
- SPs will complete lab forms and mark “lab” box on the clinic tracker to notify the lab volunteers.
- When lab volunteers are ready to draw labs, they will start with the first room and knock on the door, explain the lab in necessary, and perform the lab
- If an interpreter is needed, lab volunteers will knock on the door, introduce themselves, and call the interpreter before beginning to explain the lab procedure

- Lab volunteers will determine best way to go about collecting all the labs, in the way that is most efficient for them. Patients will be roomed the whole time.
  - SPs will escort the patient to the restroom if a urine sample is needed.
  - It is understood by all medical volunteers and the Board that if a HHI scientist and available phlebotomist are not available for the night, the CLS students will not be able to be at clinic and we will not be able to collect any labs for the night.
- **Interpreter volunteer**
  - Interpreter volunteers will be available physically at clinic, but will also be able to do phone-in conferencing
  - Interpreter volunteers will be stationed in upstairs conference room (if in person)
  - If decided to do in-room interpreting, volunteers will be provided same PPE as lab volunteers – mask, face shield, and gloves as needed
  - Interpreting volunteer phone numbers will be given to lab + physician volunteers on their arrival (if doing phone interviews)
  - Interpreters may shadow encounters at the discretion of the Interpreting Services AD.
- **Community Resource interns**
  - Community Resource (CR) interns will be located in room 24.
  - No more than 2 CR interns will be present per clinic night
  - For the first few weeks, as determined by EDs, CR interns will be present in clinic to assist SPs with community resource needs. They will be able to gather materials needed, coach the SPs on questions/needs assessments, and assist the SP in various ways, but will not have direct patient interaction. Following clearance from the EDs, CR consults will be in-person, within the patient’s designated encounter room.
  - The SP will utilize the clinic tracker to notify CR interns of a consult request.
  - CR will conduct each encounter individually.
    - Interns may shadow CR encounters at the discretion of CR directors
- **Administration interns**
  - Administrative (Admin) interns will be located at the front desk. Admin interns should remain in at the front desk at all times unless they need an ED.
  - No more than 2 admin interns will be present per clinic night
  - Admin interns will work in conjunction with the short-shift AD to facilitate checking in and screening process.

- The admin intern will utilize the clinic tracker to notify SPs and the ED of the arrival of the patient.
  - Admin interns will not be involved in closed-door, close-encounter interactions with the patient
  - The admin intern will be responsible for keeping the glass sliding screen as close to as shut as reasonably possible for their own protection while still maintaining effective conversation with the patients.
- ***Other adjunct volunteer groups***
    - Other adjunct volunteer groups (pharmacy, nutrition) will be allowed to volunteer at clinic in a minimum capacity. Limit of each group is 2 people per night.
    - EDs will work out schedule and specifics with directors of each group before allowing these groups back into clinic.
- ***Ending the encounter***
    - Once the patient encounter has been finished and the patient has been cleared to leave, the SP will knock on patient's door and direct them to the exit through the main clinic doors
    - SP will finish notes and charting at their designated computer area
    - Everything used must be cleaned with bleach spray or wipes once volunteers have completed duties as designated by the Wyandotte County HD guidelines, including:
      - All rooms used
        - Computers and keyboards
        - Door handles
        - Face shields
        - Blood pressure cuffs
        - Stethoscope / personal medical items
- ***Personal-protective equipment***
    - All volunteers will be required to wear a surgical mask the entire time at clinic. Volunteers entering patient rooms will also be required to wear eye protection during in-room encounters.
      - N-95s are no longer recommended for all patient interactions
    - Volunteers are encouraged to bring their own PPE, but if they do not, masks and eye protection will be provided to them.

- At-risk volunteers can request an N-95 mask of the ED for the night if they request. If given a JayDoc N-95 masks, the volunteer must follow the rules set by the ED about storing and labeling.
- Volunteers will have other PPE options such as eye protection, face shields, and gloves for use as needed
- ***KUMC Recommended Procedures to be Adopted:***
  - All equipment and phlebotomy draw chairs are wiped down with disinfectant between patient encounters.
  - We explain our sanitation process to each patient, and, when requested, will wipe down the draw chair again in the patient's presence.
  - The public space is wiped down with disinfectant several times throughout the day.
  - Patient-facing staff wear masks and goggles at work and are required to perform hand hygiene in front of every patient prior to blood draw.
  - Workstations are sanitized multiple times each shift.
  - Where alternate entrances are available, health system employees do not use patient entrances.
  - One-way traffic flow to enter and exit draw stations has been established to allow for appropriate physical distancing.

*Approved by JayDoc Executive Board on June 25, 2020*