BMG COVID Care Model Guidelines

Last Modified:	5/20/2020
Area:	Employed Physician Practices
Applicability:	Beaumont Medical Group

I.   PURPOSE AND OBJECTIVE:

To specify guidelines for how to operate ambulatory BMG practices as a function of local COVID activity and resource availability, with the goal of balancing the need to provide care to our patients against the need to protect the safety of patients, visitors, and staff.

II.   BACKGROUND:

A.   **Six levels of COVID activity in our service area, conceptually categorized as:**

1. Activity exceeds system's capacity
2. Activity nears system's capacity
3. Increased activity, manageable with current resources
4. Decreased activity, manageable with current resources
5. Additional risk factors
6. Routine evaluation

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Six levels of COVID activity

	Metric	Level					
		1 **Uncontrolled Growth**	**2** **Persistent Spread**	**3** **Flattening**	**4** **Improving**	**5** **Containing**	**6** **Post-Pandemic**
Characteristics of each level		Activity exceeds system's capacity	Activity nears system's capacity	Increased activity, manageable with current resources	Decreased activity, manageable with current resources	Additional risk factors	Routine evaluation
In office capacities	**Red/Yellow/Green screening for appropriate care location**	Continuous, based on exposure history and symptoms	Continuous, based on exposure history and symptoms	Continuous, based on exposure history and symptoms	Continuous, based on exposure history and symptoms	Continuous, based on exposure tracing and/or serology	Seasonal
	Visit types	Telehealth unless in office needed for chronic disease management	Primarily telehealth, limited green zone if passes screening	Telehealth preferred, green zone if passes screening	Telehealth preferred, but unrestricted if passes screening	Unrestricted if passes screening	Unrestricted
	Additional office activities	N/A	• No waiting room • Patients wait in cars instead • Temporal or axillary temperatures only • Protective barriers	• No waiting room • Patients wait in cars instead • Temporal or axillary temperatures only • Protective barriers	• In office waiting room with social distancing • Temporal or axillary temperatures only • Floor spacers • Protective barriers	• In office waiting room with social distancing • Temporal or axillary temperatures only • Floor spacers • Protective barriers	Routine care
	Interaction limitations	Maintain social distancing, masks on all staff as available	Maintain social distancing, masks on all patients, visitors, and staff as available	Maintain social distancing, masks on all patients, visitors, staff	Maintain social distancing, masks on all patients, visitors, staff	Masks on all patients, visitors, staff	Unrestricted
Trigger to move from higher to lower level	**Local disease incidence**	Increasing	Increasing	Stable or decreasing	≥14 days past peak and new BH admissions <50/d in previous 72 hrs	≥14 days past peak and new BH admissions <20/d in previous 72 hrs	≥14 days past peak and new BH admissions <20/d in previous 72 hrs
	Testing	Available for high suspicion only	Available for high suspicion only	Available for moderate suspicion	Available for moderate suspicion	Available for low suspicion and contact tracing	Widely available
	PPE availability	Critical level	Limited availability	Improving availability	Available for all patients, visitors, and staff	Available for all patients, visitors, and staff	Available for all patients, visitors, and staff
	Support services	Critical level	Substantially impacted	Substantially impacted	Moderately impacted	Minimally impacted	Unrestricted
	Vaccine available	No	No	No	No	No	Yes

B. **Red/Yellow/Green zones**

Zone	Screening Criteria	Appropriate Care Location
Green Zone	Asymptomatic, but follow leveling guidelines Pass screening guidelines	BMG practices
Yellow Zone	Possible COVID, screens positive for one or more symptoms on the telephone screening questionnaire	Screened with telemedicine visit and sent to designated yellow zone locations
Red Zone	Highly suspicious for COVID or positive diagnosis	Emergency Center

C. **Triggers to move between levels**

Practices must always retain the ability to move up one level immediately, and up two within three days.

  i. **Local disease incidence**

Much of the level gating pivots on awareness of local disease activity. Can come in two forms, both of which need to be made based on local data (Wayne, Oakland, and Macomb counties, inclusive of Detroit).

1. Illness data, such as current information being reported by the state.
   a. Time since peak - 14 days (time to ensure lack of transmission)
   b. Local incidence - Use admission data to BH facilities to minimize scaling errors due to variability in availability of testing. Sum of positive plus pending COVID patients admitted per day, averaged over previous three days.
2. Testing of suspected individuals, including at the lower levels the ability to do contact tracers.

  ii. **Testing**

For testing, we will need to be able to rapidly identify individuals with even a low level of suspicion to move to a less restrictive pattern of operations. This includes both rapid PCR access for individuals suspected of having COVID (and their contacts at the lower levels) and the ability to do serology studies. As we learn more about the duration of immunity and titers needed to achieve it, will need to consider the differing functions and limitations of individuals with proven immunity.

  iii. **PPE availability**

For the purposes of the ambulatory sites, green zone PPE consists of surgical masks and gloves. Small amount of gowns, eye protection, and N95 masks will be at sites for immediate use. Yellow zone care will be provided through a combination of curbside and designated clinic sites.

  iv. **Vaccine**

Only way to move to Level 6. Will not get back to life as we knew it without an available vaccine to provide high levels of population immunity.

III. LEVEL DESIGNATION

    A. **General Approval by BMG Leadership for Level Movement**
        i. Movement between levels must be approved by operational and medical leadership

    B. **Practice Level Approval**
        i. All criteria for level movement must be validated at the practice level using the appropriate checklist and approved by the BMG Operations Director

    C. **Communication**
        i. Status of current level will be posted and updated on the **BMG COVID-19 Activity Level** document
        ii. Practice leadership expected to review the current level daily

IV. PROCEDURE:

    A. **Telephone Screening**
        i. Telephone screening at the time appointment is made and within 24 hours of the appointment date
        ii. Screening is of all patients and companions/visitors
        iii. **Link to current screening questionnaire**
        iv. If answer to any is yes, patient should be referred for video or phone visit only.

    B. **In-Office Door Screening**
        i. Practice staff to open all doors for patients and screen upon entry
        ii. All patients and companions/visitors will be provided hand sanitizer and masked upon entry
            1. If refuse to wear face mask, will not be allowed entry.
            2. Exceptions will be made in certain circumstances when a patient is unable to tolerate wearing a mask. These exceptions must be approved by BMG leadership and Infection Prevention.
        iii. Screening is conducted upon arrival for all staff members, patients, companions, and visitors
        iv. **Link to current screening questionnaire**

    C. **Companions/Visitors**
        i. Limit companions/visitors to only those essential for the patient's physical and emotional wellbeing and care
        ii. This may change based on community COVID activity
        iii. In Levels 2 and 3, limit companions/visitors to one, and then only when necessary
        iv. All companions/visitors are required to wear a face mask and practice social distancing. If refuse to wear face mask, will not be allowed entry.

    D. **Visit Types**
        i. Telehealth will always be there to complement, and when necessary replace, in office visits. How much telehealth is appropriate will be decided in a separate document.
        ii. The red/yellow/green approach is to be used at Levels 1 through 5. For Level 2, refer to the specialty-specific lists of diagnoses and chief complaints eligible for green zone in office visits vs. telehealth.
        iii. Levels 4 and 5 are unrestricted in visit type so long as patients pass screening. Telehealth is preferred in Level 3.

E. **Waiting Room Configuration**
    i. Waiting rooms will only be used in Levels 4 through 6.
    ii. At Levels 1 through 3, patients will be instructed to wait in their cars and called in once a room is ready.
    iii. In levels where social distancing is required, the practices will need to ensure the following are in place:
        1. Floor spacers
            a. Six foot markings on the floor to keep appropriate distances
            b. Used at Levels 4 and 5 to ensure social distancing
        2. Check-in windows
            a. Protective barriers used in all but Level 6 situations
            b. Remove pens and clipboards for sign in
            c. Use of appropriate PPE and social distancing
        3. Waiting room furniture
            a. At levels where waiting rooms are allowed, establish at least six feet between seats
            b. Can be achieved by removal or roping off of seats
        4. Remove magazines and other items that cannot be sanitized from waiting room

F. **Signage**
    i. Signage to be ordered from the COVID-19 Whitlock Catalog as needed

G. **Social Distancing Plan**
    i. Maintain social distancing by limiting interactions between patients and staff
        1. Directly rooming patients
        2. Limiting physical interactions at check in and check out
    ii. Staff following social distancing guidelines

H. **Check Out and Payment Process**
    i. For Levels 2 through 4, limit physical transactions
    ii. AVS
        1. Provide patient AVS and follow-up to patient in room rather than waiting in lobby
        2. Notes: AVS is compliant to send by mail for telehealth or via MyChart
    iii. Payment
        1. Pre-Payment
            a. Patients will be asked to pre-pay through MyChart eCheck-in process
        2. Alternative Workflow
            a. If exception to standard workflow, use measures to disinfect any items shared between patients

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I. **PPE**
  i. PPE use will be based on the following guidelines

PPE GUIDELINE SUMMARY							
		N95 Respirator Mask	**Ear Loop or KN 95 Mask**	**Goggles/ Face Shield**	**Gown**	**Gloves**	**Hand Hygiene**
Patient Door Screeners		**NO**	Yes one mask/day	**NO**	**NO**	**NO**	Yes - make patients do hand hygiene at entry
All Patients and Companions > 2 years of age		**NO**	Homemade mask or given earloop mask	**NO**	**NO**	**No - if comes with gloves discard**	Upon Entry and Before Exit
Non-Clinical Staff		**NO**	Yes one mask/day	**NO**	**NO**	**NO**	Yes - frequent
Direct Care Givers - Should be limited to the minimal number of staff needed for care of the patient		With aerosol generating procedure or when exam prevents pt wearing a mask; See room protocol below	Yes for all other routine exams when patient wears a mask; Change caregivers mask if soiled	With aerosol generating procedure or when exam prevents pt wearing a mask; See room protocol below	With aerosol generating procedure, when exam prevents pt wearing a mask, or other routine procedures	Yes	Hand hygiene before donning and after doffing PPE

PPE LEVEL SUMMARY							
Level		**Surgical mask**	**Gloves**	**Gown**	**Face shield or goggles**	**N95**	
PPE1		x					
PPE2		x	x				
PPE3		x	x	x	x		
PPE4			x	x	x	x	
GLOVES SHOULD BE WORN WITH ALL PATIENT CONTACT							
PPE1 - Sole requirement for patients, companions. All staff with minimal patient contact							
PPE2 - Contact with patient (Medical Assistants)							
PPE3 - Close contact/potential for splash but no Aerosol Generating Procedures							
PPE4 - Aerosol Generating Procedures, MOHS, ENT, Infectious Dx, maxillofacial exams, Pulmonary							
PPE Orders will be delivered biweekly based upon designated needs of office							
Additional requests should be sent to: BMG_PPE_Request@beaumont.org							
PLEASE REVIEW WITH STAFF: OSHA video on Proper Donning, Doffing, and Seal Checks							
https://www.osha.gov/video/20091216-respirator-1-english-high.wmv							

J. **Cleaning Workflow**
   i. Cleaning will be based on the following guidelines.
   ii. Sensitive Equipment:
      1. Order grey top wipes; supply chain may replace with hydrogen peroxide wipes for computers, cell phones, and other sensitive equipment; both are acceptable
   iii. All Other Cleaning:
      1. Order purple top wipes, supply chain may replace with grey tops, hydrogen peroxide wipes or Stryker yellow top wipes ; all are acceptable
   iv. Red tops are <u>not effective</u> for COVID

CLEANING SUMMARY							
Room Cleaning Between Patients		exam tables	countertops, keyboards	doorknobs, faucets	exam lights/handles	Exam room chairs	thermometer, BP cuffs
Room Cleaning When a N 95 Is Required		Close Door and leave room empty for one hour; Wear ear loop mask, gown and gloves and clean per usual protocol					
End of Day Cleaning		TO BE DONE BY ASSIGNED OFFICE STAFF					
Exam Room		exam tables	countertops, keyboards	doorknobs, faucets	exam lights/handles	Exam room chairs	thermometer, BP cuffs
Bathrooms		All bathroom surfaces	toilet seat and handle; urine pass through areas	light switches	Other bathroom items including markers for urine specimens	Door handles	
Reception, Offices, Lab Area		All surfaces	keyboards, phones	light switches	chairs, armrests	Door handles	
Waiting Room		All counter surfaces	tables, lamp switches	light switches	chairs, armrests	Door handles	
Break Room		All surfaces	handles	light switches	chairs, armrests	Door handles	
Trash		Empty end of day					

V.   REFERENCES (if applicable):

VI.   ATTACHMENTS: