

Travel/Exposure Screening Workflow

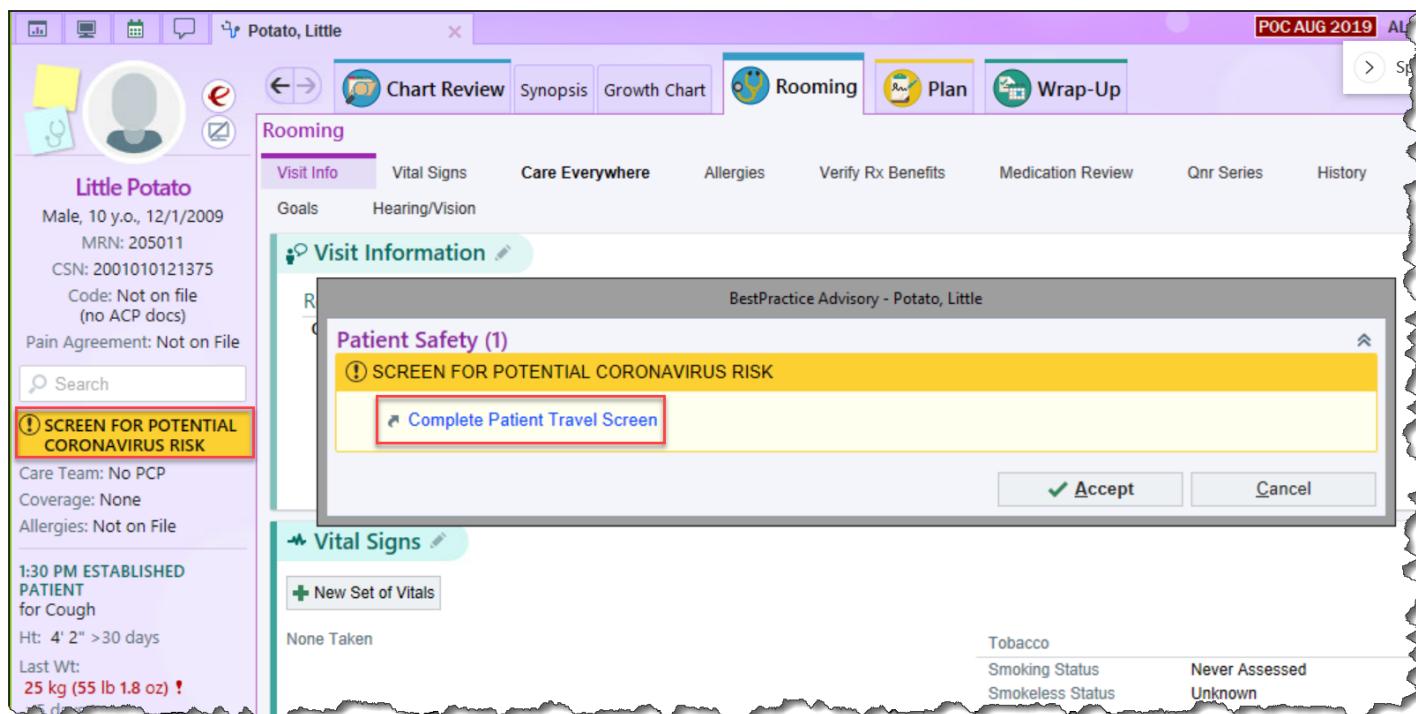
Audience: Providers, Outpatient Clinical Support Staff

In an effort to screen and alert staff of a potential risk of infection, the **Travel Screening** form has been activated in clinic encounters. The screening form has key questions regarding travel and exposure. The responses will determine if the patient has a potential risk and will alert you on what steps to take with a Best Practice Advisory (BPA).

From an Encounter:

Open your patient's chart. Storyboard appears on the left side of the screen and the activity tabs appear at the top of the screen.

You will now see a Hyperlink to [Complete Patient Travel Screen](#), if not completed by Registration/Scheduling.



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Once the [Complete Patient Travel Screen](#) is selected, the **Travel Screening** questionnaire populates:

Travel Screening

Communicable Disease Screening

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Yes No / Unsure Unable to assess

Have you had a COVID-19 viral test in the last 14 days?

Yes - Positive result Yes - Pending result Yes - Negative result No
 Unable to assess

Do you have any of the following new or worsening symptoms?

<input type="checkbox"/> None of these	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Bruising or bleeding
<input type="checkbox"/> Chills	<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Fever	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Loss of smell	<input type="checkbox"/> Loss of taste
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Rash	<input type="checkbox"/> Red eye	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Severe headache	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Weakness			

Travel History

Have you traveled internationally in the last month?

Yes No Unable to assess

Enter a location

No Documented Travel
You can use the box to the upper left to add a trip to the list

Ensure all three questions in the Travel Screening are answered:

1. In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?
2. Have you had a COVID-19 Test viral test in the last 14 days?
3. Do you have any of the following new or worsening symptoms?
4. Have you traveled internationally in the last month?

The COVID-19 Potential Risk BPA will appear if **any** of the following selections are made:

Have you had a COVID-19 viral test in the last 14 days?

- Yes – Positive result
- Yes – Pending result

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Potential Coronavirus (COVID-19) Risk BPA

If a patient has screened positive (see logic below), the following BPA will appear with instructions for when the patient is in clinic:

Updated logic for patients identified as potential COVID-19 risk:

Do you have any of the following new or worsening symptoms?

- Cough
- Fever
- Shortness of Breath
- Muscle Pain
- Severe Headache
- Sore Throat
- Loss of Smell
- Chills
- Loss of Taste
- Vomiting
- Diarrhea
- Fatigue

BestPractice Advisory - Acanthite, Nadir

Patient Safety (1)

⚠ POTENTIAL CORONAVIRUS (COVID-19) RISK

If patient is on the phone:

Calmly state "Due to your symptoms and travel/exposure history we are going to schedule you for a MyChart video visit with your/a Methodist Primary Care Provider so you can be further screened and evaluated for testing if necessary."

If you are unable to schedule the patient with a Methodist PCG provider, please warm transfer them to the PCG call center at 713-394-6724 to have them schedule the patient. If after hours or patient declines, they can also be offered an on demand virtual urgent care appointment through the MyMethodist app.

If patient is in-person (inpatient registration, hospital outpatient, or ambulatory clinic):

- Maintain you ICARE values
- Provide the patient a surgical mask to cover mouth and nose
- Don a surgical mask and eye protection
- Escort the patient to an identified location and close the door
- Notify the provider or operations administrator that the COVID-19 Screen is positive and follow their directions
- Refer to latest algorithm "Management of Patients Suspected of Having Novel Coronavirus (COVID-19) in Outpatient Settings" for further guidance

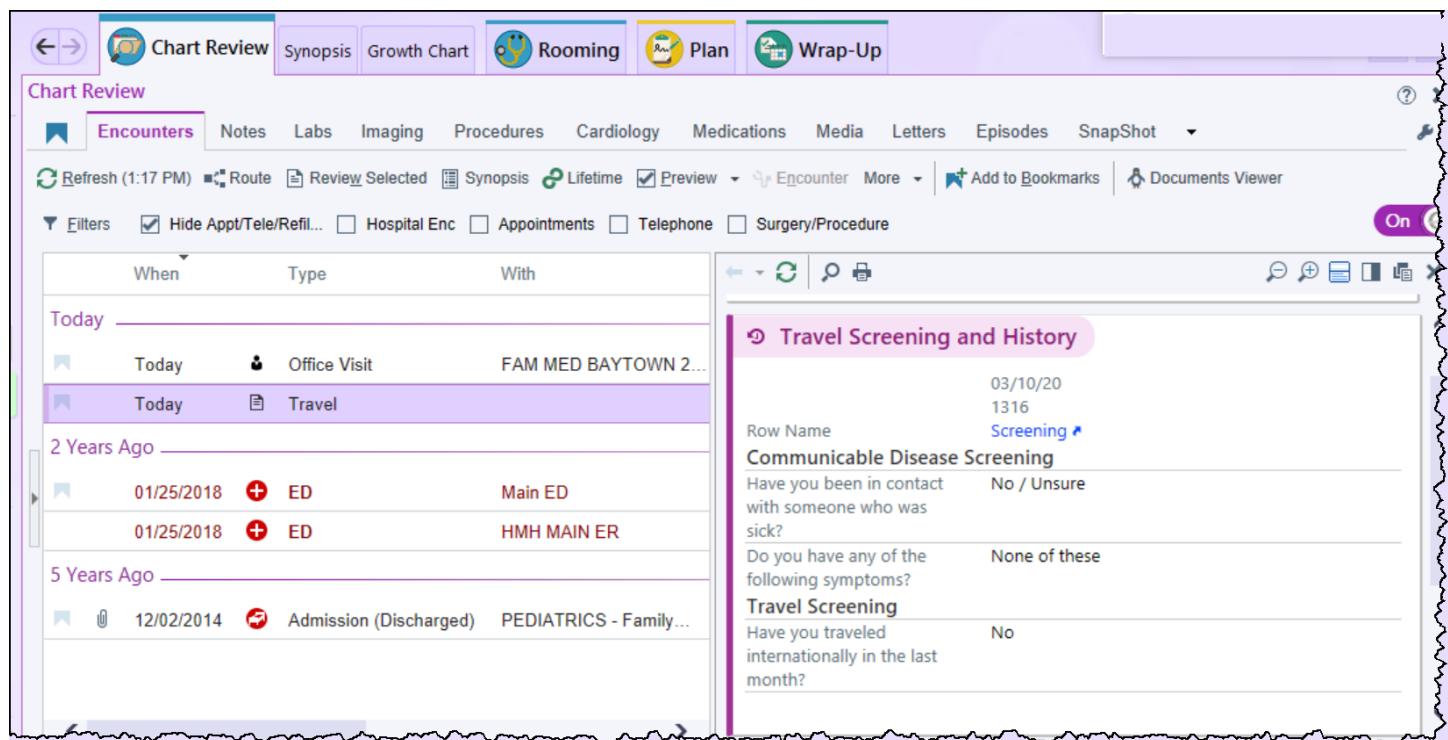
[Re-administer Patient Travel Screening](#)

[Dismiss](#)

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Reviewing Travel Screening Documentation

1. Check Chart Review for a recent **Travel** encounter to see if the patient has a Travel/Exposure Screening filled out.
 - a. Chart review > Encounters tab > Travel type
 - b. Click the Travel Encounter Record
 - c. Review answers to Travel/Exposure Screening



The screenshot shows the 'Chart Review' interface with the 'Encounters' tab selected. A specific travel encounter is highlighted. The encounter details show a visit on 'Today' to 'FAM MED BAYTOWN 2...' categorized as 'Travel'. The encounter history shows previous visits to 'Main ED' and 'HMH MAIN ER' on '01/25/2018'. The right panel displays the 'Travel Screening and History' section, which includes a timestamp of '03/10/20 1316', a 'Row Name' of 'Screening', and a 'Communicable Disease Screening' section asking if the patient has been in contact with someone sick, with the answer 'No / Unsure'. It also includes a 'Travel Screening' section asking if the patient has traveled internationally in the last month, with the answer 'No'.