

Coronavirus Travel Screening Workflow



Audience: Scheduling, Registration and Front Desk Staff

In an effort to screen and alert staff of a potential risk of infection, the **Travel Screening** form has been activated in the Scheduling and Registration workflows.

The screening form has four key questions regarding contact, symptoms and travel history. The responses will determine if the patient has a potential risk and will alert the staff of next steps. The travel screening questionnaire will appear every 24 hours after midnight.

Risk Factors

Potential Risk

When **ALL FOUR** questions have been asked of the patient and if specific conditions are met when completing the travel screening questions, a Best Practice Alert (BPA) will appear for front desk and registration staff. The BPA will instruct the scheduler of **next steps** for the patient.

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 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?

Low Risk

When **ALL FOUR** questions have been asked of the patient and if specific conditions are **NOT** met when completing the travel screening questions, the BPA will NOT display, and the normal scheduling workflow should be followed.

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 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?

Coronavirus Travel Screening Workflow



Scheduling Process

1. During the normal scheduling and check in processes, the **Travel Screening** form will display.

2. Click on the appropriate answers based on the patient's responses. All four questions **MUST** be answered. Hospital Leadership will be tracking to ensure the travel screening is completed for each patient.
 - a. In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19.
 - b. Have you had a COVID-19 viral test in the last 14 days?
 - c. Do you have any of the following new or worsening symptoms?
 - d. Have you traveled internationally in the last month?

Coronavirus Travel Screening Workflow



2

a

b

c

d

3

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 + Add Travel

No Documented Travel

You can use the box to the upper left to add a trip to the list

Accept Cancel

3. Click **Accept**.

Coronavirus Travel Screening Workflow



Potential Risk

4. When **ALL FOUR** questions have been asked of the patient and if specific conditions are met when completing the travel screening questions, a **Best Practice Advisory (BPA)** will display for front desk and registration staff. The BPA will instruct the scheduler of **next steps** for the patient.

NOTE: Scheduling **SHOULD NOT** continue. Contact your department Supervisor/Manager.

The COVID-19 Potential Risk BPA will appear if one or more of the following symptoms are documented:

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

BestPractice Advisory -

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 your ICARE values
- Provide the patient a surgical mask to cover mouth and nose
- Confirm personal wear of surgical mask and face shield during interaction with patient
- 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

✓ OK

Coronavirus Travel Screening Workflow



5. If some of the **Travel Screening** questions are not answered/entered in Epic or if **Unable to assess** is selected, the **Travel Screening** will be incomplete.

Remember: All four questions MUST be answered.

The screenshot shows a web-based form titled "Travel Screening". At the top, a yellow banner with an exclamation mark icon states: "The travel screening is incomplete for this patient". Below this banner, there is a section "View previous screenings:" with a dropdown menu showing "09/09/20 1556" and a "New Screening" button. The main form is divided into two sections: "Communicable Disease Screening" and "Travel History".

Communicable Disease Screening

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

Buttons: Yes, No / Unsure, Unable to assess

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

Buttons: 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?

Buttons: Yes, No, Unable to assess



Potential Risk - Operational process

Patient presents to Clinic Front Desk with the following:

- Cough
- Fever
- Shortness of Breath
- Muscle Pain
- Severe Headache
- Sore Throat
- Loss of Smell
- Chills
- Loss of Taste
- Vomiting
- Diarrhea
- Symptoms of lower respiratory illness (e.g., cough, difficulty breathing, pneumonia)

Perform the following:

- Provide patient a surgical mask to cover nose and mouth.
- Review the **Travel Screening** responses.
- Notify appropriate clinical staff of potential risk.

Low Risk

Continue scheduling. Negative responses to the questions will not trigger the BPA and the normal scheduling workflow should be followed.

Coronavirus Travel Screening Workflow



Viewing the Travel Screening Responses

1. Epic dropdown menu > **Patient Care** > **Chart**.
2. On the **Patient Lookup** window, enter patient search information.
3. The **SnapShot** tab is defaulted, click on the **Chart Review** tab.
4. Make sure the **Encounters** tab is selected.
5. Search for the desired date and **Travel** type.
6. Click on **Travel**.
7. The screening questions, responses and end user information displays.

The screenshot displays the Epic Chart Review interface for patient Julie Astrakhan. The 'Encounters' tab is selected, showing a list of encounters. A red circle with the number 6 highlights the 'Travel' encounter for 'Today'. To the right, a red circle with the number 7 highlights the 'Travel Screening and History' section. This section contains a 'Communicable Disease Screening' form with the following questions and answers:

Row Name	09/09/20 1556
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?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	Unable to assess
Do you have any of the following new or worsening symptoms?	None of these

The bottom of the screen shows the 'Travel Screening' section.

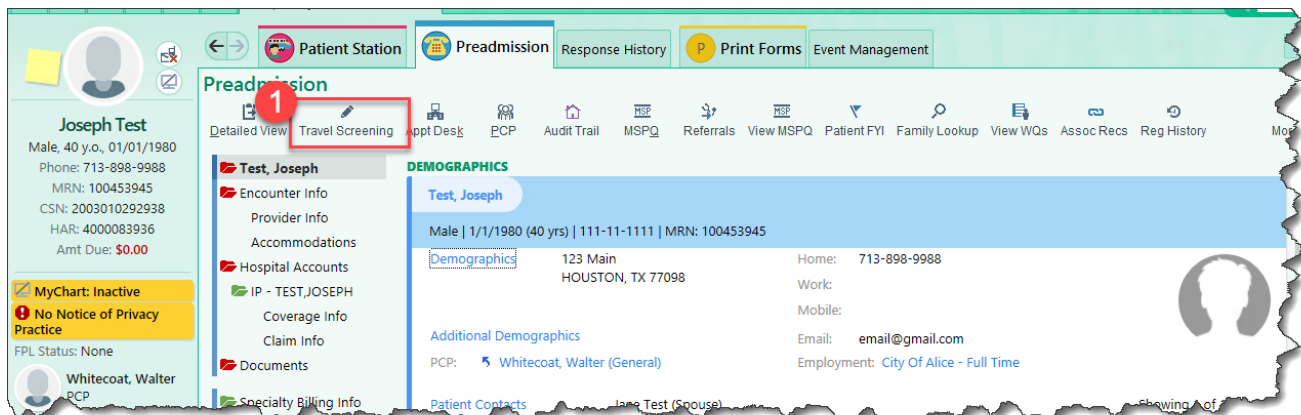
Coronavirus Travel Screening Workflow



Registration

The Travel Screening questionnaire is completed during the registration process for the **Pending Pre-admission**, the **Confirmed Pre-admission** and the **Confirmed Admission** workflows.

1. Click on the **Travel Screening** button.



2. The **Travel Screening** form displays.

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?

☐ None of these ☐ Unable to assess ☐ Abdominal pain ☐ Bruising or bleeding

☐ Chills ☐ Cough ☐ Diarrhea ☐ Fatigue

☐ Fever ☐ Joint pain ☐ Loss of smell ☐ Loss of taste

☐ Muscle pain ☐ Rash ☐ Red eye ☐ Runny nose

☐ Severe headache ☐ Shortness of breath ☐ Sore throat ☐ Vomiting

☐ Weakness

Travel History

Have you traveled internationally in the last month?

Yes No Unable to assess

Enter a location + Add Travel

No Documented Travel

You can use the box to the upper left to add a trip to the list

Accept Cancel

Coronavirus Travel Screening Workflow



3. Click on the appropriate answers based on the patient's responses. All four questions **MUST** be answered. Hospital Leadership will be tracking to ensure the travel screening is completed for each patient.
 - a. In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?
 - b. Have you had a COVID-19 viral test in the last 14 days?
 - c. Do you have any of the following new or worsening symptoms?
 - d. Have you traveled internationally in the last month?

The screenshot shows a web-based 'Travel Screening' form. It is divided into two main sections: 'Communicable Disease Screening' and 'Travel History'. The form includes several questions with multiple-choice or checkbox answers. Red callouts with letters 'a' through 'd' and the number '3' point to specific questions, and a red callout with the number '4' points to the 'Accept' button at the bottom right.

3

a 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

b 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

c 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
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<input type="checkbox"/> Severe headache	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Weakness			

d Travel History

Have you traveled internationally in the last month?

Yes No Unable to assess

Enter a location + Add Travel

No Documented Travel

You can use the box to the upper left to add a trip to the list

4 Accept Cancel

4. Click **Accept**.

Coronavirus Travel Screening Workflow

5. **Confirmation** and **Verification** warning messages display if the travel screening form has not been completed.

All four questions **MUST** be answered; **Unable to Assess** is not considered an answer and will show as incomplete.

The screenshot displays the Preadmission form in the EHR system. The form is divided into several sections, including Patient Information, Encounter Information, and Verification Status. A warning message is displayed on the left side of the form, stating: "Review the following warnings before proceeding. it from the documents table. [R-506478] Patient's photo ID is missing from the document's table. [R-600909] Patient's insurance card is missing from the document's table. [R-600908] Patient does not have a Hosp - Consent for Treatment on file. Collect it from the documents table - R609278. [R-609278] Send news/events field is blank. Click on the Additional Demographics link on the Interactive Face Sheet and enter a value. [R-627878] Travel Screening is incomplete. Click the Travel Screening button on the toolbar and answer all questions. Unable to Assess is not considered an answer and will show incomplete. [R-657737]". The form also shows a list of verifications, including Patient Jones, Mark Will..., Encounter On 3/9/2020, and Hospital account 4000022179. The status of these verifications is "Verified". The form is currently in the "Pending" state, and the "Preadmit" button is visible at the bottom right.

Confirmation Messages

Review the following warnings before proceeding.

- it from the documents table. [R-506478]
- Patient's photo ID is missing from the document's table. [R-600909]
- Patient's insurance card is missing from the document's table. [R-600908]
- Patient does not have a Hosp - Consent for Treatment on file. Collect it from the documents table - R609278. [R-609278]
- Send news/events field is blank. Click on the Additional Demographics link on the Interactive Face Sheet and enter a value. [R-627878]
- Travel Screening is incomplete. Click the Travel Screening button on the toolbar and answer all questions. Unable to Assess is not considered an answer and will show incomplete. [R-657737]

Preadmission

Encounter guarantor

Home: 120-294-8291 Rel to patient: Self

Work: Executive Off*

Hosp acct balance: 0.00

Prof acct balance: 0.00

1. E-AETNA/AETNA PPO OPEN*

Encounter coverage Home: 120-294-8291

Work: Executive Off*

Member ID: 23234234 Group: ee Rel to subscriber: Self

Subscriber ID: 23234234 Effective from: 11/1/2006 Auth phone:

ENCOUNTER INFO

Payment Information

Copay due: 0.00 Copay paid: 0.00

Prepay due: 0.00 Prepay paid: 0.00

Benefit Collection Information

Coverage AETNA/AETNA PPO OPEN CH* Service Type Network Out Copay Coins Deductible 250.00

4 Verifications Remaining

Hide verified items

Patient Jones, Mark Will... Verified

Verified until 4/8/2020

Encounter On 3/9/2020 Verified

Verified until 3/9/2020

Hospital account 4000022179 Verified

Verified until 3/9/2020

Workflow Pending

Travel Screening is incomplete. Click the Travel Screening button on the toolbar and answer all questions. Unable to Assess is not considered an answer and will show incomplete. [R-657737]

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6. When **ALL FOUR** questions have been asked of the patient and if specific conditions are met when completing the travel screening questions, the following BPA will display. Follow the instructions on the BPA.

BestPractice Advisory -

Patient Safety (1)

! POTENTIAL CORONAVIRUS (COVID-19) RISK

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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.

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✓ OK