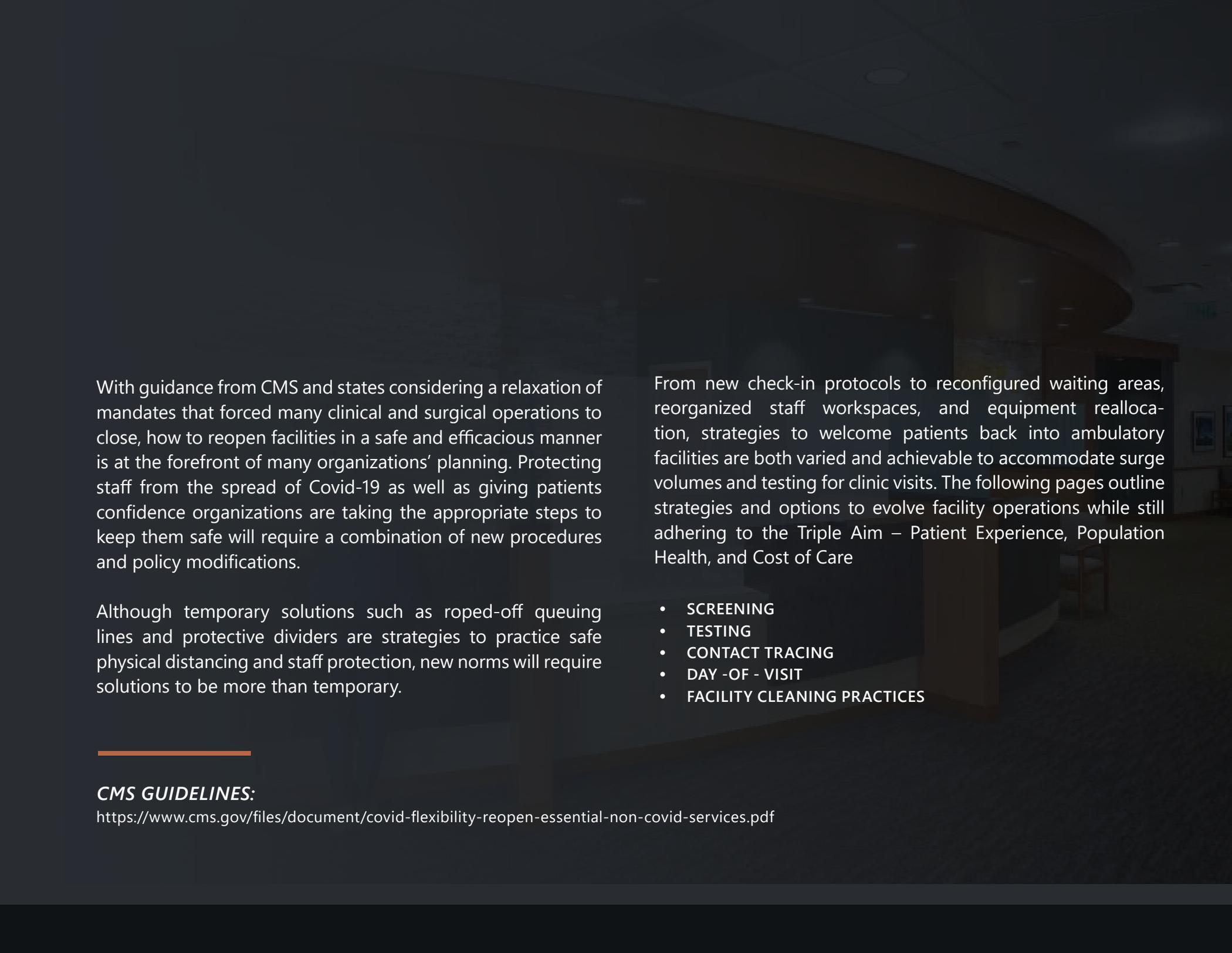


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CLINICAL FLOW

Re-Opening Essential
Non-COVID Care Zones



With guidance from CMS and states considering a relaxation of mandates that forced many clinical and surgical operations to close, how to reopen facilities in a safe and efficacious manner is at the forefront of many organizations' planning. Protecting staff from the spread of Covid-19 as well as giving patients confidence organizations are taking the appropriate steps to keep them safe will require a combination of new procedures and policy modifications.

Although temporary solutions such as roped-off queuing lines and protective dividers are strategies to practice safe physical distancing and staff protection, new norms will require solutions to be more than temporary.

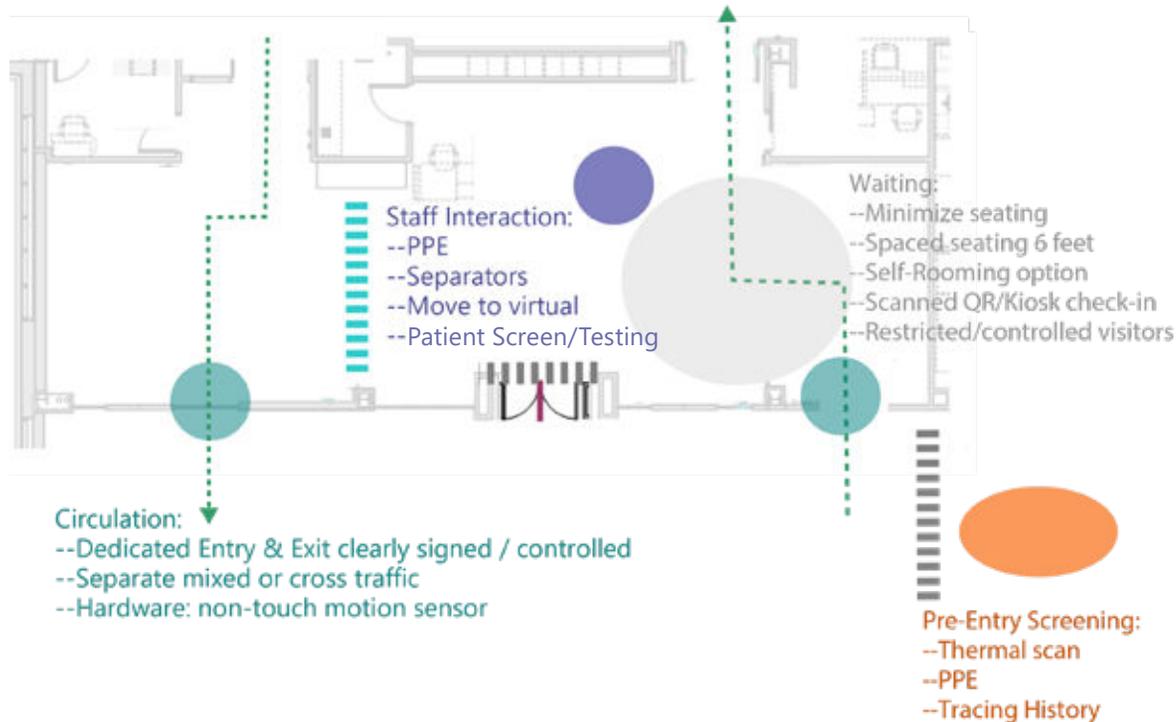
From new check-in protocols to reconfigured waiting areas, reorganized staff workspaces, and equipment reallocation, strategies to welcome patients back into ambulatory facilities are both varied and achievable to accommodate surge volumes and testing for clinic visits. The following pages outline strategies and options to evolve facility operations while still adhering to the Triple Aim – Patient Experience, Population Health, and Cost of Care

- SCREENING
- TESTING
- CONTACT TRACING
- DAY -OF - VISIT
- FACILITY CLEANING PRACTICES

CMS GUIDELINES:

<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

CLINICAL FLOW



SCREENING

Temperature screening process, verification and documentation

TESTING

Patients & healthcare staff

CONTACT TRACING

Contact tracing strategies, isolate, & quarantine

DAY-OF-VISIT

Social distancing strategies and one-way flow

FACILITY SANITIZED

Continual sanitation of non-covid care facilities

CONCEPTS FOR CONSIDERATION

- One-Way Flow
- Pre-Appointment Testing
- Day-of-Clinic-Visit Testing
- Temperature Screening
- Limit Waiting Areas for Safety
- Clinic Telemedicine Virtual Care On-Site
- Protective Barriers/PPE
- At-Home Testing (If Available)

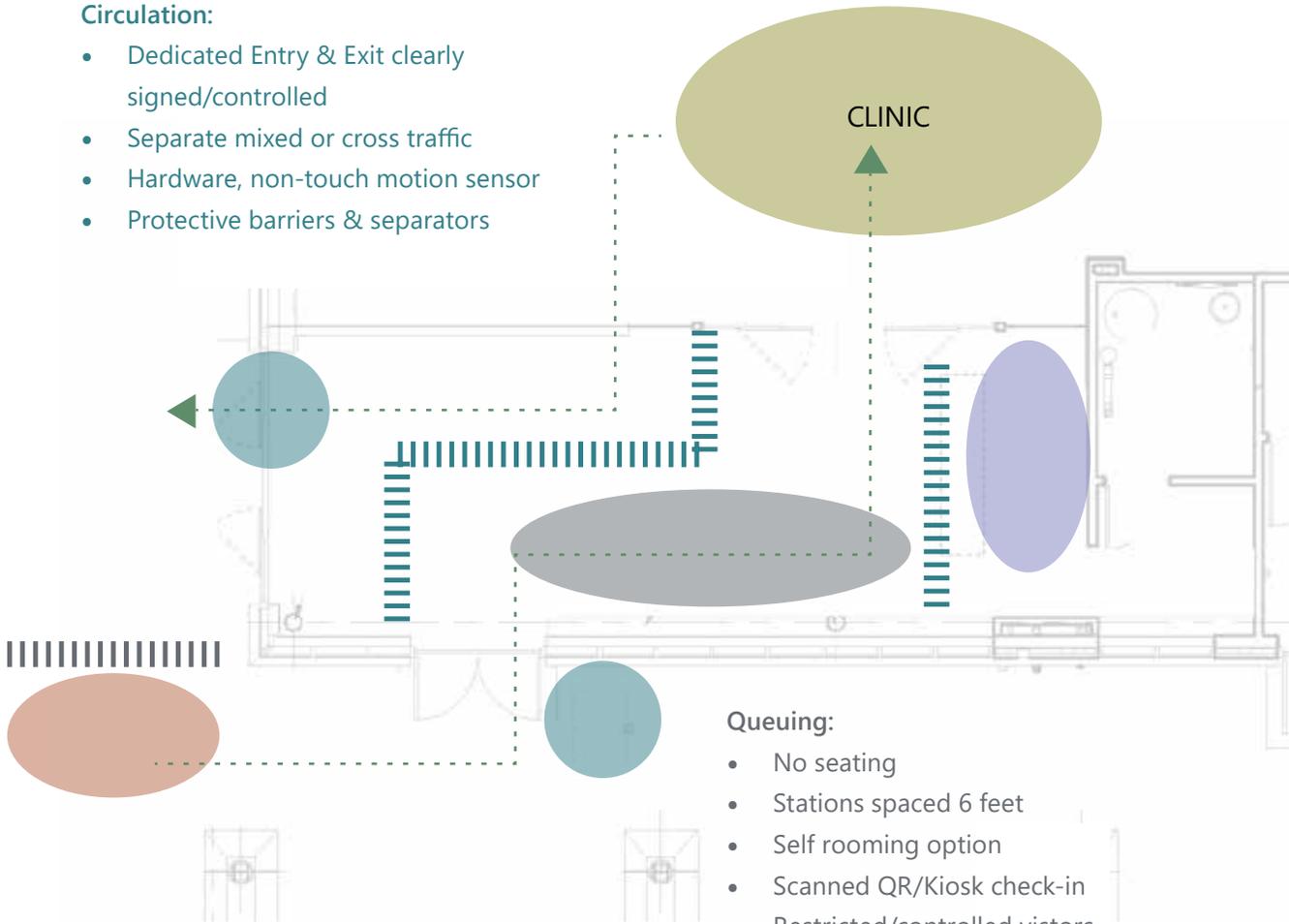


Added protective barriers

CLINICAL POINTS OF ENTRY

Circulation:

- Dedicated Entry & Exit clearly signed/controlled
- Separate mixed or cross traffic
- Hardware, non-touch motion sensor
- Protective barriers & separators



Staff Interaction:

- PPE
- Separators
- Move to virtual
- Patient screen/testing
- Hand sanitizer

Queuing:

- No seating
- Stations spaced 6 feet
- Self rooming option
- Scanned QR/Kiosk check-in
- Restricted/controlled visitors
- Hand sanitizer

Pre-Entry Screening / Testing:

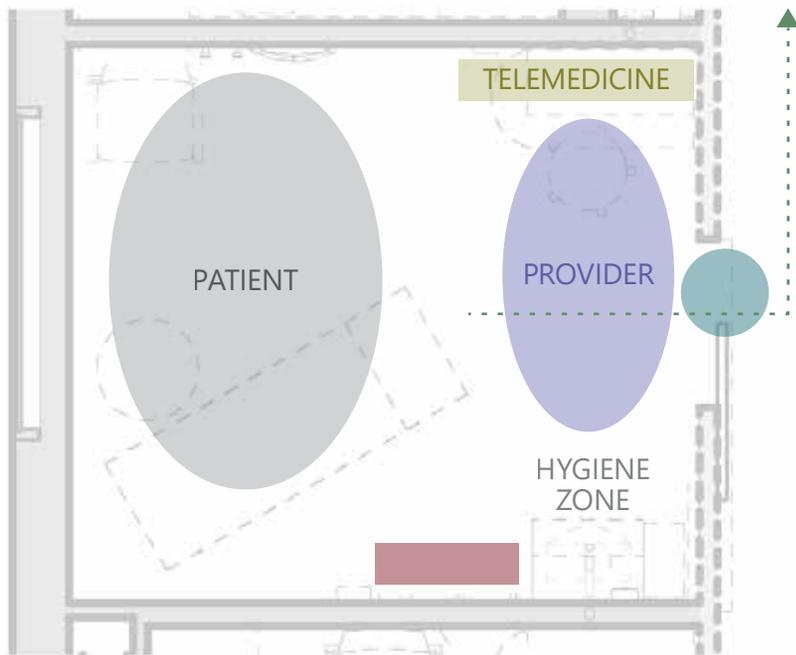
- Thermal scan
- PPE
- Tracing history

EXAM ROOMS

Self-rooming technology can limit interactions, improving staff and patient safety. Outfitting each exam room with height/weight technology also can limit stops from clinic entry to exam for improved patient flow. Locate provider zone near the exam room entrance door for enhanced provider safety.

In the exam room, consider eliminating privacy curtains and utilizing privacy swing doors where possible. Integrate exam room with telemedicine technology for on-site virtual care visits assisted by nursing staff.

Enhance cleaning protocols and add additional PPE and hand sanitizer stations where possible.



Cleaning & Access:

- Mobile equipment for ease of cleaning
- Removable medical hardware for cleaning

Exam Room Zoning:

- Zone provider near door for safety
- Separate zones for providers & patients
- Separate consulting & exam zones

Telemedicine:

- Flexible technology setting
- Re-purpose room for virtual care

Provider Zone:

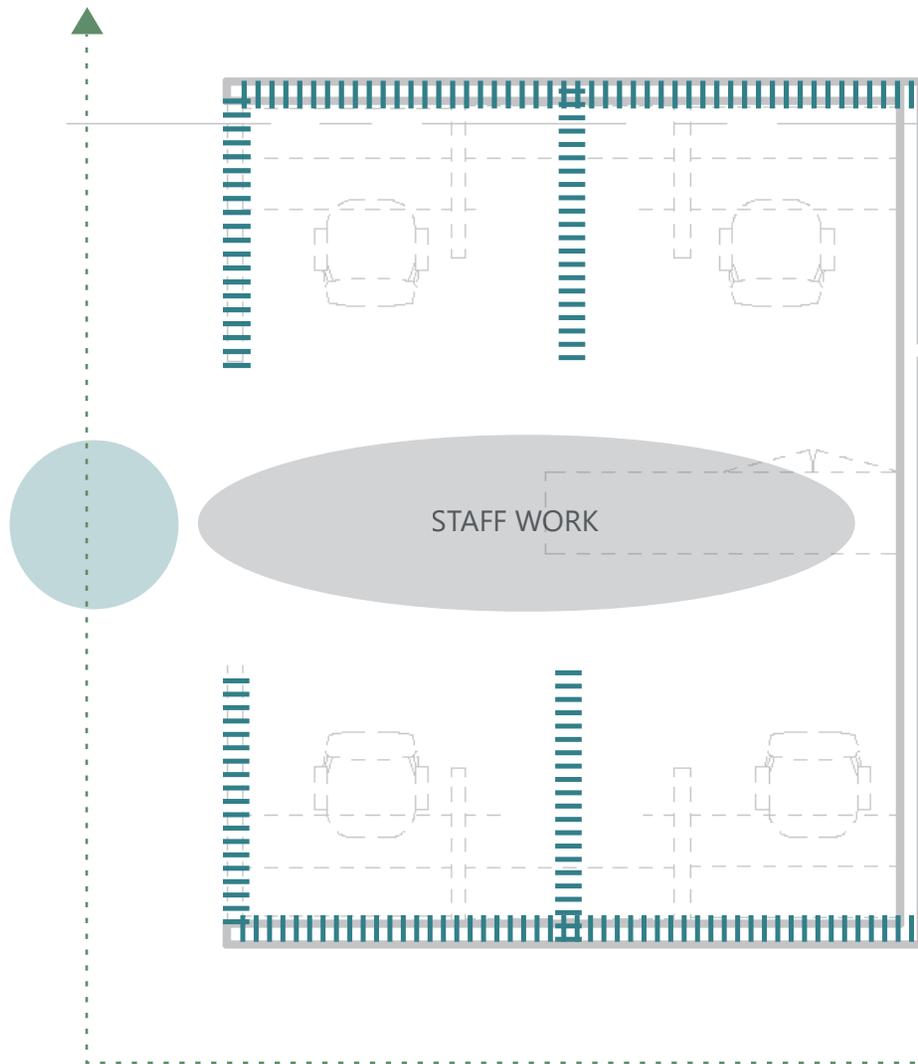
- Provider near door for safety
- Separate patient exam/consulting zones
- Separate zones for providers & patients
- Hand sanitizer & hand-washing sink

Circulation:

- One way exit traffic
- Hardware: non-touch motion sensor
- Protective barriers (where possible)

STAFF WORK

Reduce the number of workstations to accommodate physical distance. If not able to distance, incorporate systems furniture panels to provide a physical separation between stations. Mobile workstations are also an option to create 6-foot physical distances.



Circulation:

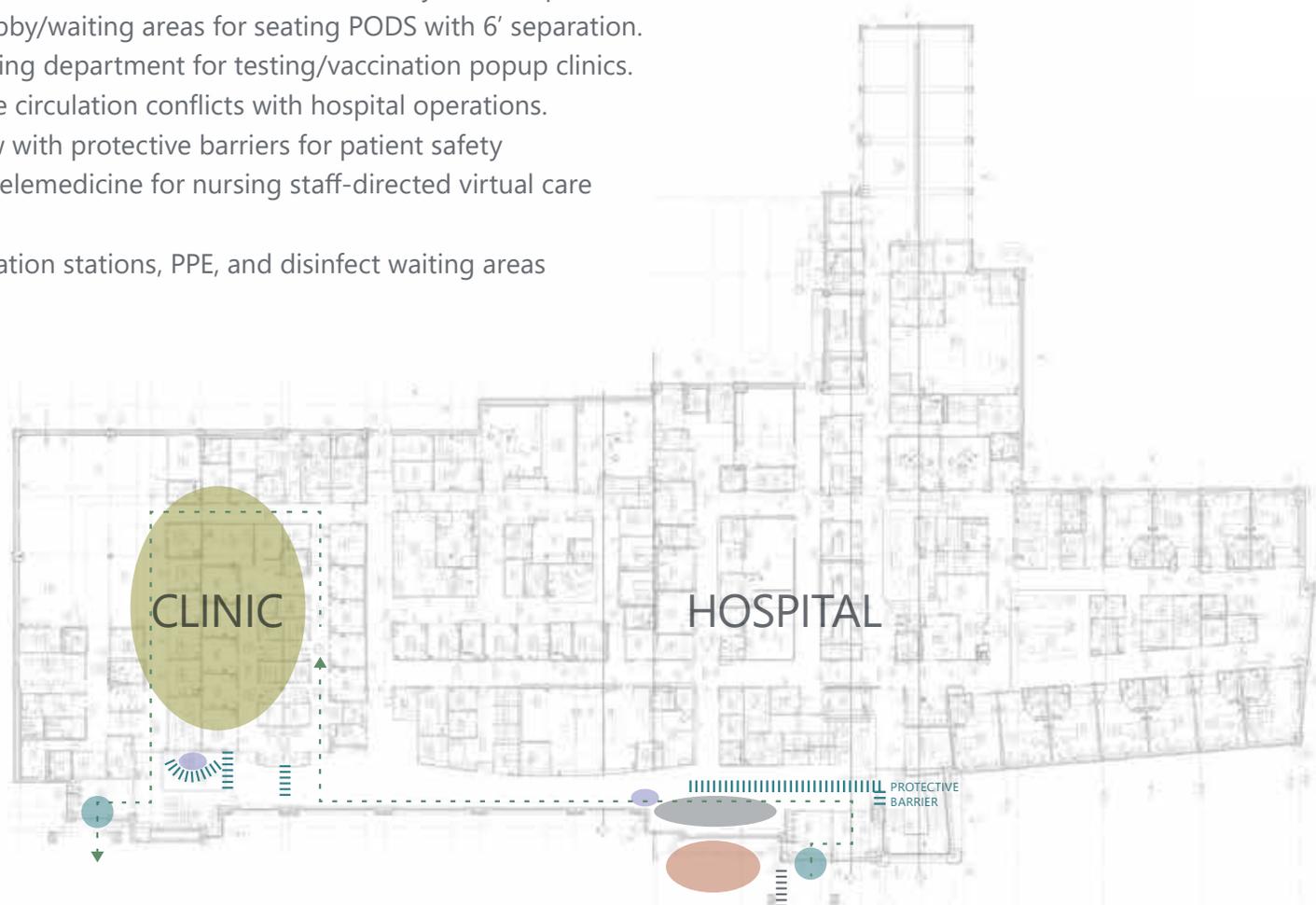
- Separate mixed or cross traffic (where possible)
- Hardware: non-touch motion sensor
- Protective barriers & separators

Staff Work Environment:

- Stations spaced 6 feet
- Protective barriers
- Create one-way flow (where possible)
- Hand sanitizer
- Convert to telemedicine stations

CLINICAL VISIT SAFETY CONSIDERATIONS

- Highlight safety precautions with screening and testing protocols.
- Plan one-way patient flow for external/internal entry and exit points.
- Design linear lobby/waiting areas for seating PODS with 6' separation.
- Repurpose existing department for testing/vaccination popup clinics.
- Reduce/separate circulation conflicts with hospital operations.
- Design split flow with protective barriers for patient safety
- On-site clinical telemedicine for nursing staff-directed virtual care in clinic.
- Additional sanitation stations, PPE, and disinfect waiting areas



Circulation:

- Dedicated Entry & Exit clearly signed/controlled
- Separate mixed or cross traffic
- Hardware: non-touch motion sensor

Waiting:

- Minimize seating
- Spaced seating 6 feet
- Self-Rooming option
- Scanned QR/Kiosk check-in
- Restrict/control visitors

Pre-Entry

Screenings:

- Thermal scan
- PPE
- Tracing history

Staff Interaction:

- PPE
- Separators
- Move to virtual
- Patient screen/testing

RE-PURPOSING SPACES IN HOSPITAL

- On/Off Stage: Separate sick & healthy patient flow to critical services with back stage access for ED, Surgery & Imaging services.
- Pre-testing areas outside main entry points, include PPE & protective barriers.
- Consider re-purposing outpatient departments for testing/screening/vaccination activities.
- Plan one-way flow.
- Limit waiting areas, design linear waiting arrangements with social distancing and separate zones for sick & healthy patients.

ED Pre-Entry Screening/Testing:

- Thermal scan
- PPE
- Tracing history

Critical Services Drive Thru:

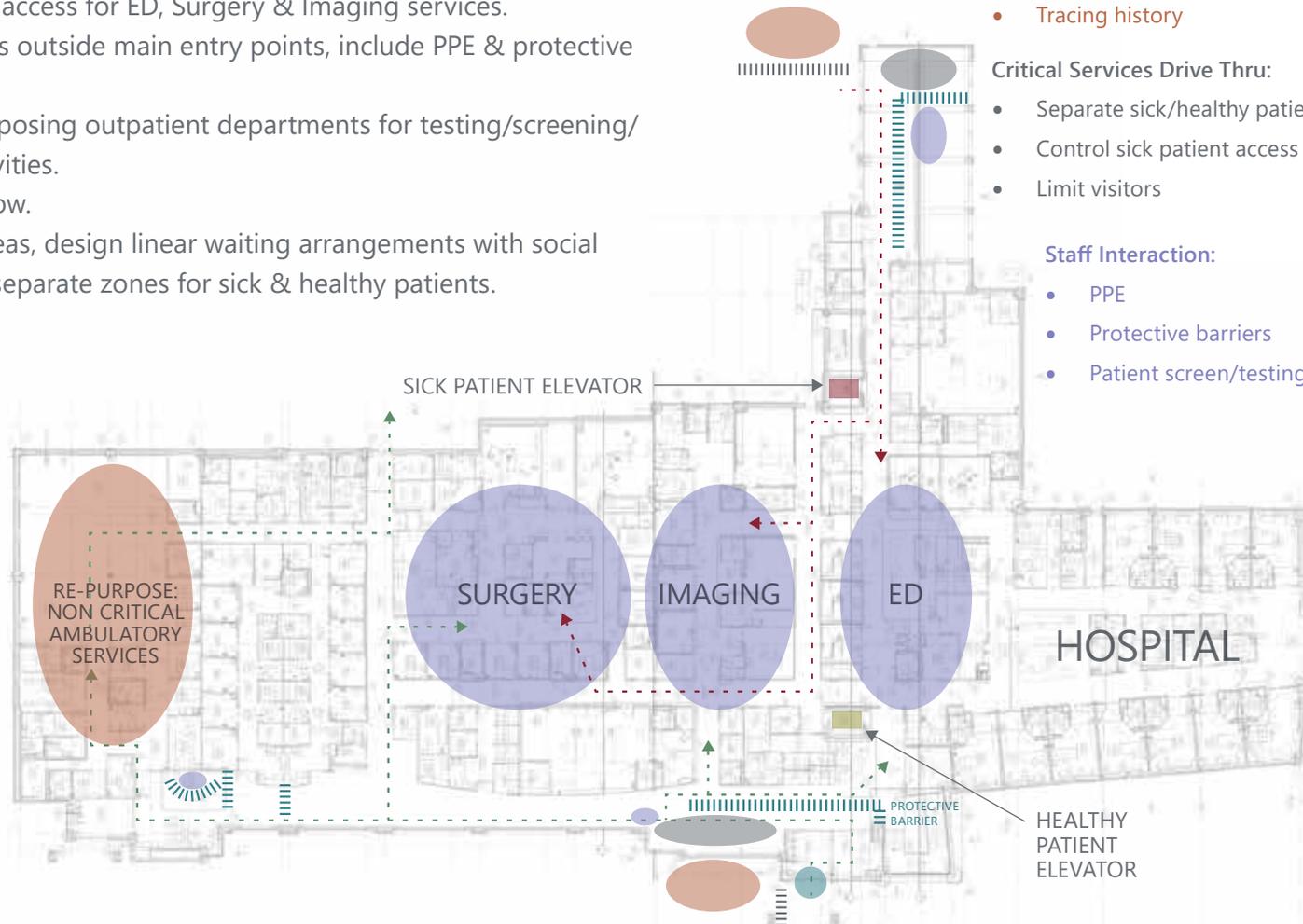
- Separate sick/healthy patients
- Control sick patient access
- Limit visitors

Staff Interaction:

- PPE
- Protective barriers
- Patient screen/testing

Re-Purpose Space:

- Screening
- Testing/Vaccination
- PPE
- Tracing History



Circulation:

- Dedicated Entry & Exit clearly signed/controlled
- Separate mixed or cross traffic
- Hardware: non-touch motion sensor

Waiting:

- Minimize seating
- Spaced seating 6 feet
- Self-Rooming option
- Scanned QR/Kiosk check-in
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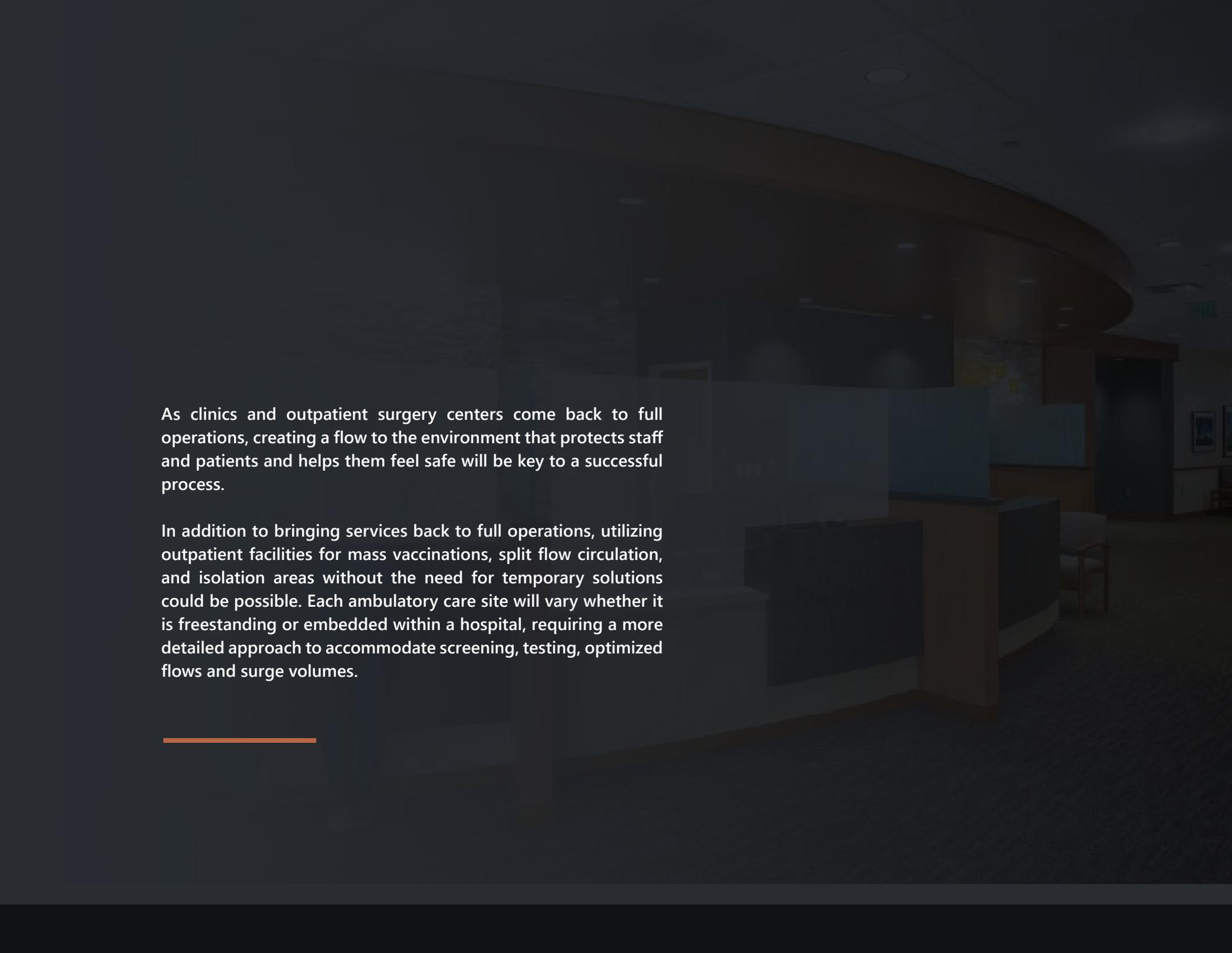
Pre-Entry

Screenings:

- Thermal scan
- PPE
- Tracing history

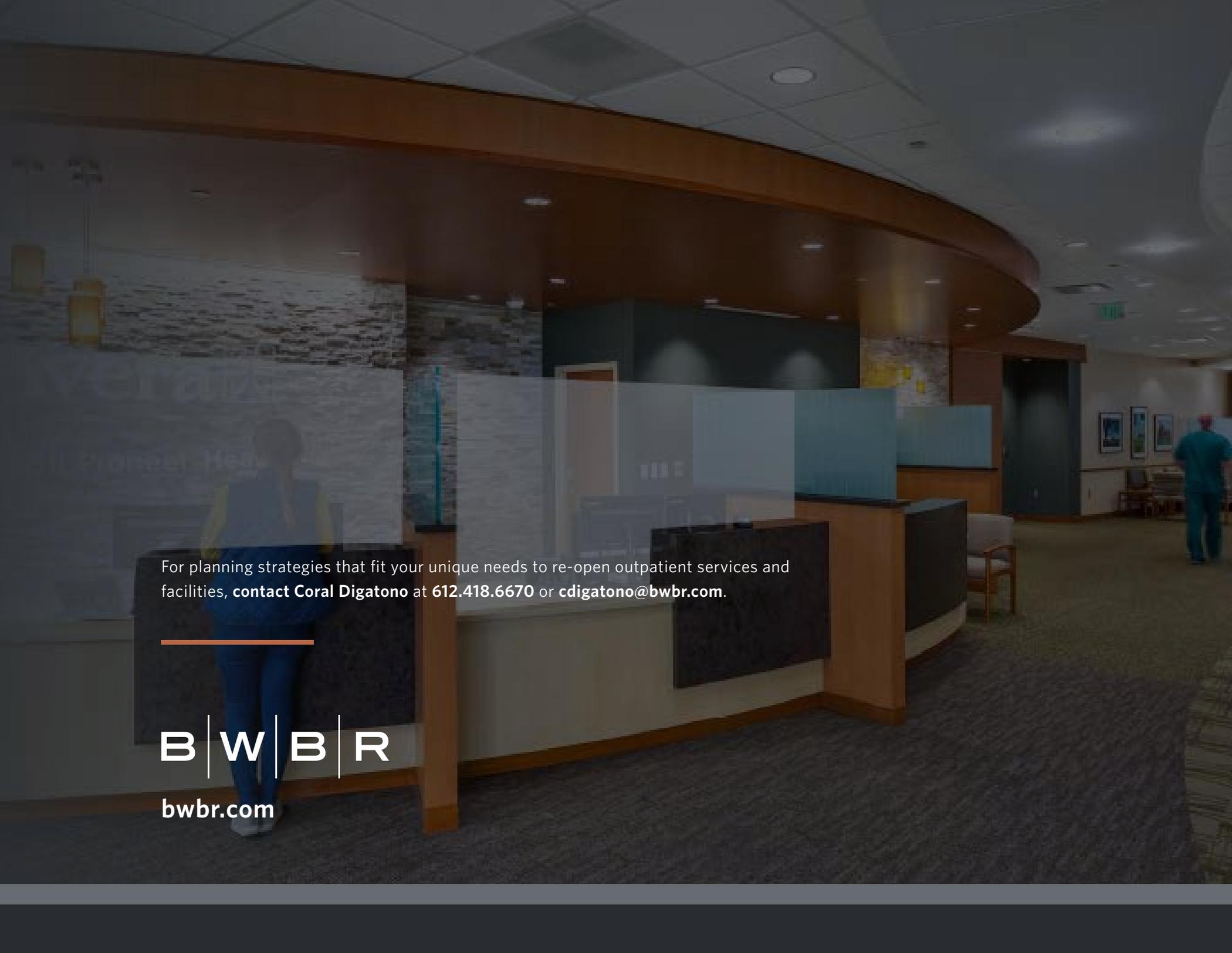
Staff Interaction:

- PPE
- Protective barriers
- Move to virtual
- Patient screen/testing



As clinics and outpatient surgery centers come back to full operations, creating a flow to the environment that protects staff and patients and helps them feel safe will be key to a successful process.

In addition to bringing services back to full operations, utilizing outpatient facilities for mass vaccinations, split flow circulation, and isolation areas without the need for temporary solutions could be possible. Each ambulatory care site will vary whether it is freestanding or embedded within a hospital, requiring a more detailed approach to accommodate screening, testing, optimized flows and surge volumes.



For planning strategies that fit your unique needs to re-open outpatient services and facilities, contact **Coral Digatono** at **612.418.6670** or **cdigatono@bwbr.com**.

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