



**COVID-19**  
**Maximize Safe Patient Flow**  
**and Clinic Capacity Guide**

A decorative graphic in the top-left corner consisting of a grid of small, light blue plus signs that tapers off to the right.

# Clinic Readiness Guide

Helping clinics maximize revenue through best practice & automation:

## Problem

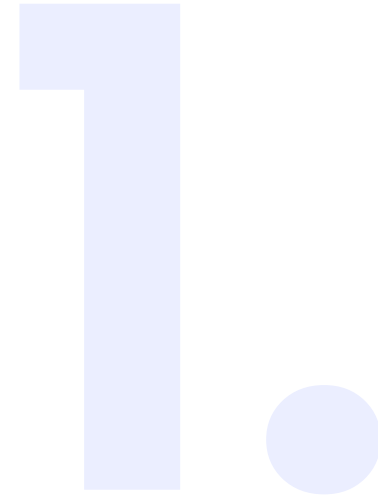
- As restrictive measures continue to ease, clinics are beginning to welcome patients back for appointments
- However, **risks** regarding COVID-19 transmission persist
- Patients are **hesitant to return** to clinics, and practices are dealing with a **decrease in patient appointments**
- Hospitals and Clinics need to learn how to maximize safe patient flow and clinic capacity in this “new normal”

## Solution

- The Verto team has prepared the following ‘Maximize Safe Patient Flow and Clinic Capacity Guide’ to share how technology paired with best practice can unlock safe clinic capacity and patient flow in a COVID-19 world

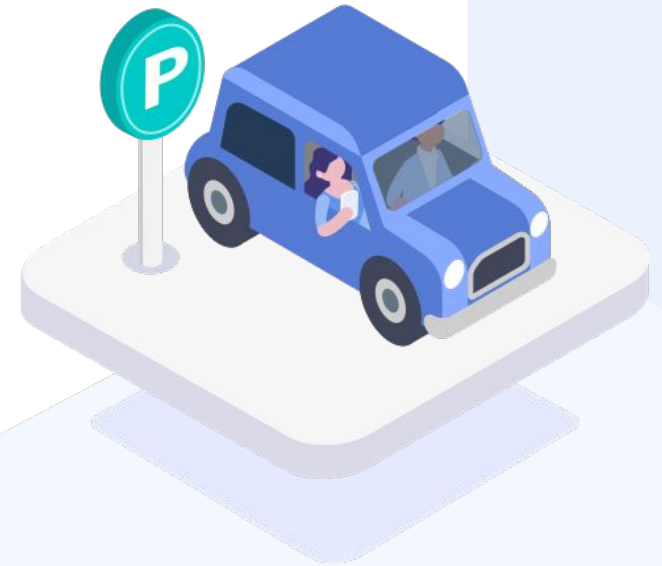
# Reopening, Patient Engagement & Education

There are 5 key items to enhance  
**patient perception of personal safety**  
through educating patients in order to  
convince them **it's safe to return to  
your clinic**



# Automated Appointment Reminders

- Consider setting up automated [text messages or emails](#) with appointment reminders
- Engage patients with educational resources on the steps you are taking to keep them safe
- Consider setting up automated appointment confirmations through text messages or emails. This provides a seamless way for both clinic staff and patients to easily confirm or reschedule



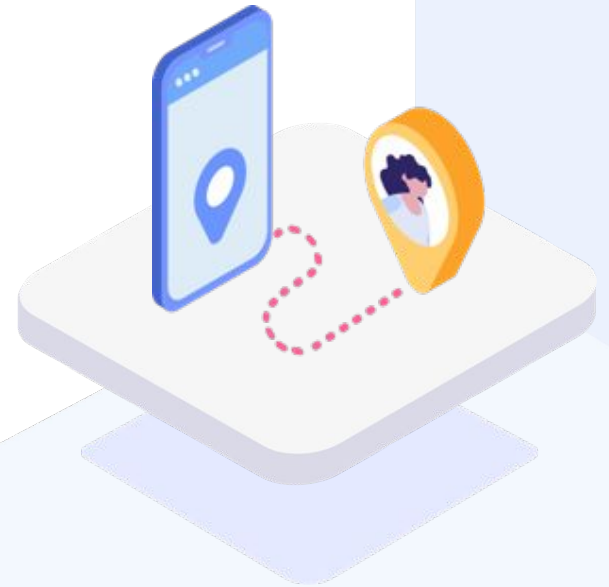
# Engage & Educate patients prior to their appointment

- Keep patients informed about the new safe patient flow protocols being followed in the clinic to ensure their safety
- Prior to their appointment, text, email, or call the patient with detailed steps on the new safety protocols and on how to proceed
- Keep the patient informed regarding steps they must take to prepare for their visit



# Enable Patient Recall Messaging

- When you proactively reach out to your patients, they feel cared and valued for. Recall messaging can help your practice get patients back in for the appointments they need with personal, targeted, automated reminders
- By being proactive in your recall messaging, you can keep your schedule full, increase patient retention, helping patients stay healthy while making your practice be more profitable
- Consider segmenting patients based on various criteria including diagnosis, insurance and procedures when executing recall messaging

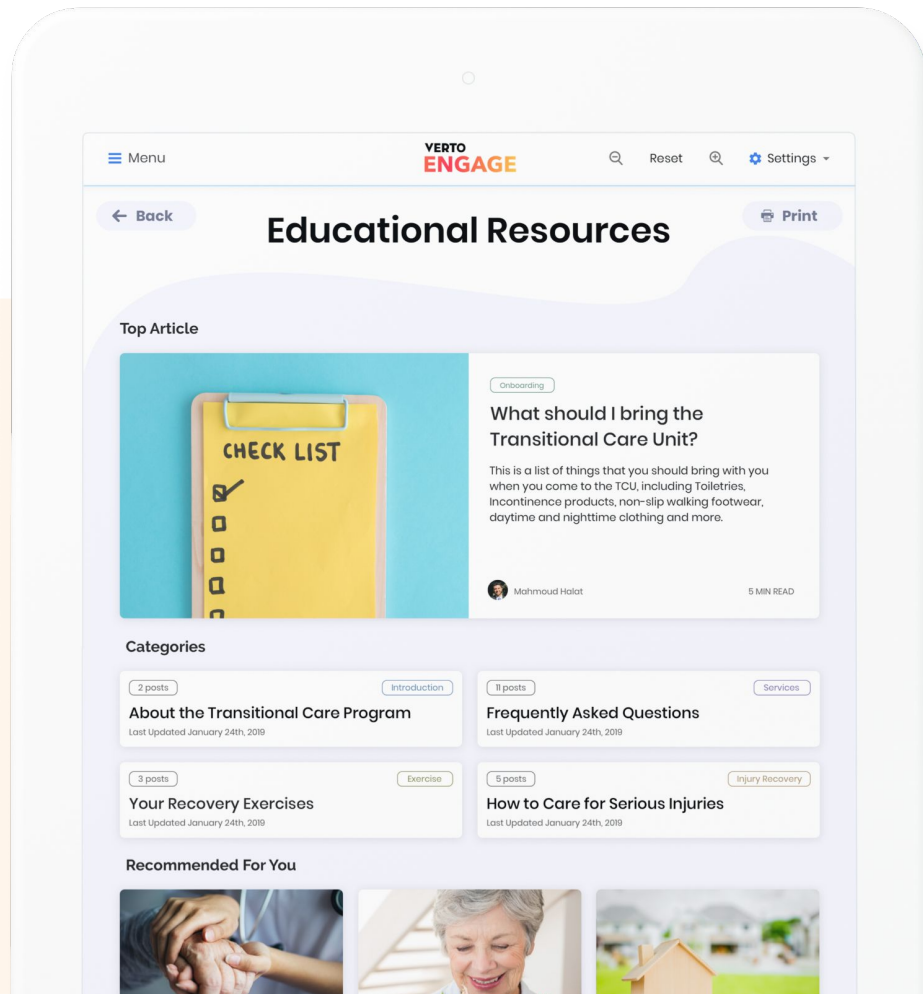


# Share knowledge about available COVID-19 testing

The [CDC](#) recommends that clinicians share information with patients regarding COVID-19 testing available in order to better inform their patients

- Clinics should be prepared to coordinate testing within their communities





# Contextual Educational Resources

- Provide educational information tailored to your patients' care journey
- Educate patients on topics such as COVID-19 symptoms or information related to their care

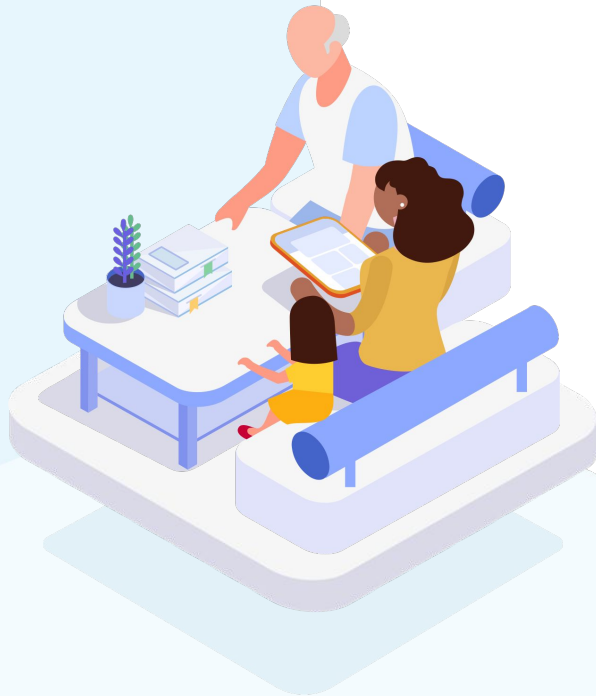


# Digitally Enabled Self-Screening

There are 4 key items to think about  
when pre-screening patients

2.

# Ask staff and patients to engage in self screening



## Online Self-Assessments

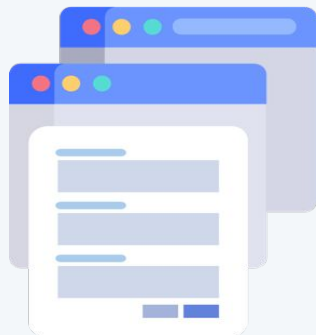
There are many government [online tools](#). You can leverage these in conjunction with your own automated pre-screening tools

## Develop a notification protocol

The notification protocol confirms the steps to inform one another should a patient or staff member develop symptoms or be diagnosed with COVID-19. This notification system should comply with confidentiality and privacy protocols

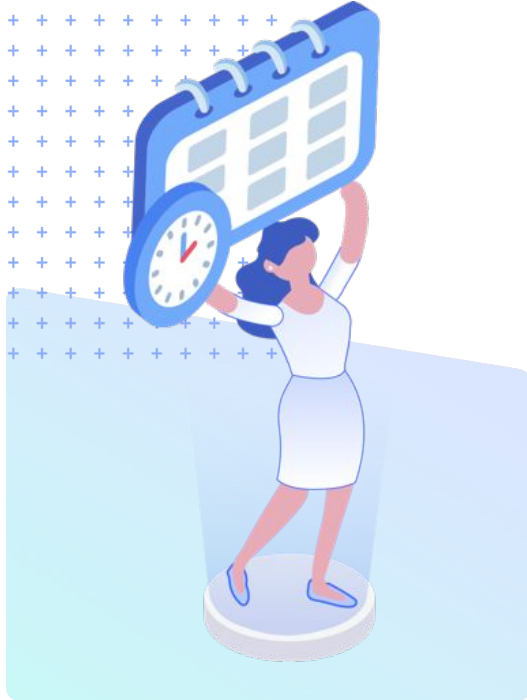
# COVID-19 Pre-Screening

Embedded self-assessment form from best practice recommendations

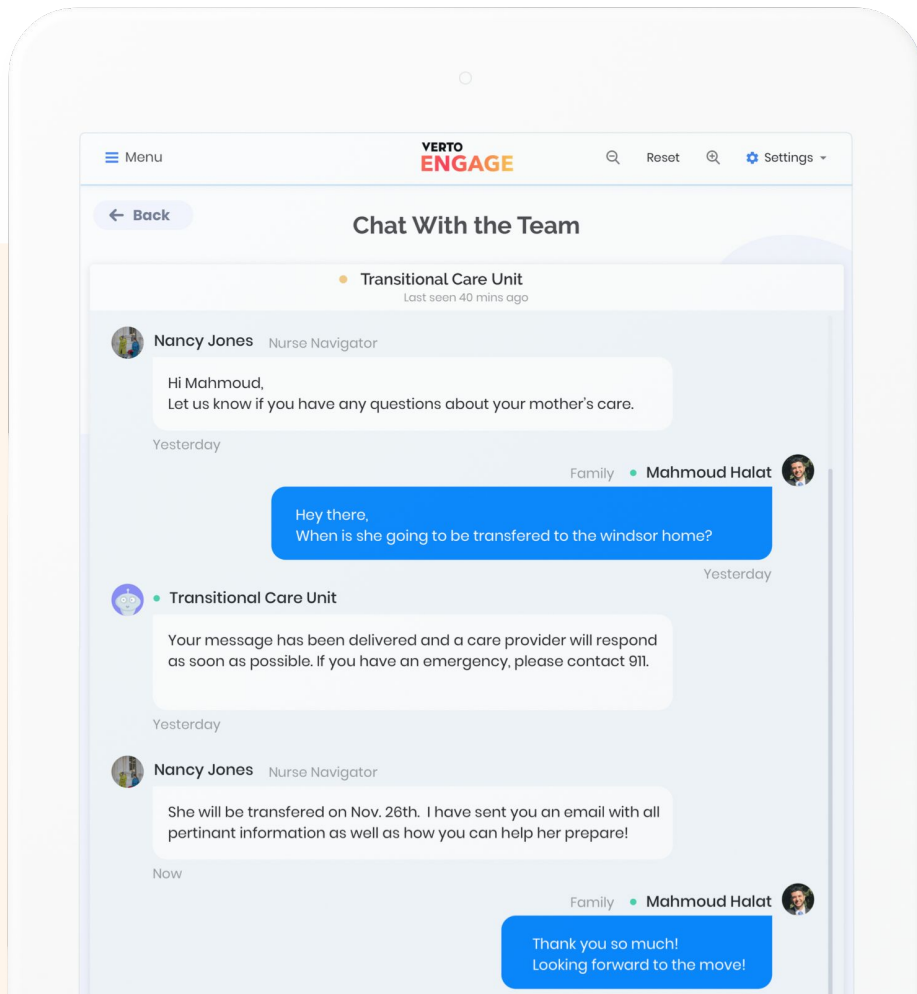


- Consider setting up a mobile-first automated pre-screening solution
- Have patients complete as much pre-screening paperwork on-line as possible
- Prior to patients' appointments, have them fill out a COVID-19 pre-screening survey online via text or email. This can help you to identify those at risk before the day of their appointments
- Pre-screening patients not only unlocks the ability to screen for COVID-19, but also validate patient insurance and prior authorization requirements before their visit

# Digital Queuing



- When you pre-screen your patients, you gain enhanced visibility into your population. You'll know who is suspected positive for COVID-19 before they step foot into your practice
- You'll have the ability to easily adjust appointment slots and contact patients for suspected positive cases, ensuring that every patient in your clinic is healthy and safe
- You'll be able to automatically flag patients for additional assessments and follow-up as needed



# Chat with the Care Team

- Consider enabling a chat solution with your patients, so they can message the care team to proactively address COVID-19 and other health concerns

# Eliminate Line-ups and Bottlenecks

There are 3 key items to think about if you want to streamline clinical flow at the entrance to your practice

3.

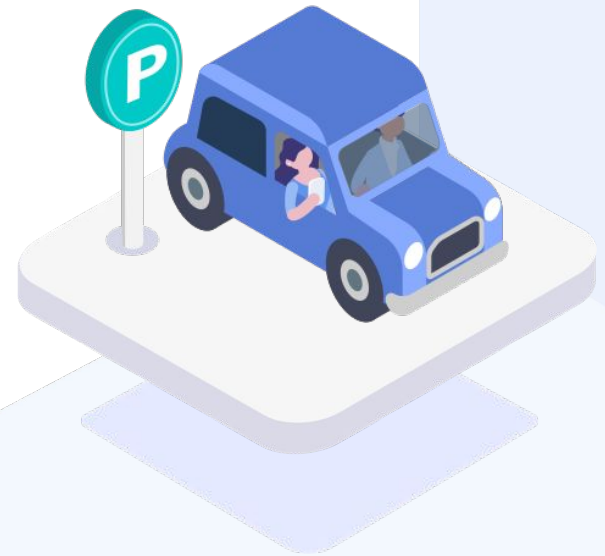
# Coordinating Patient Arrival



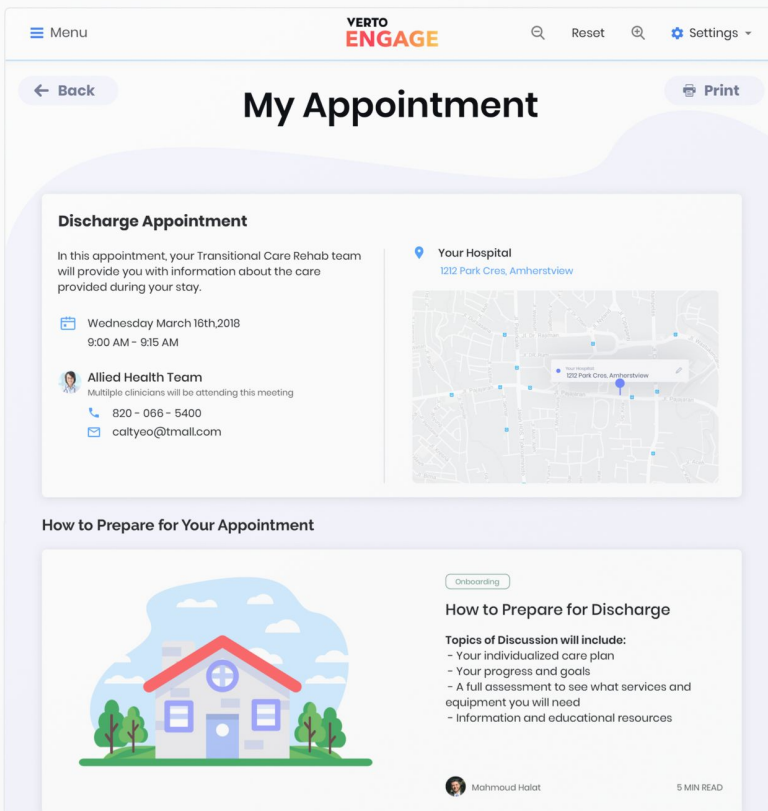
- Have patients send you a text, email or call upon their arrival and wait in their vehicle or outside your building until you are ready to see them
- Provide an estimated wait time to set and update their wait time expectations
- When you are ready to receive the patient, notify them to proceed to the entry area and ideally, directly to the examination room

# Minimize time spent in the waiting room

- Whenever possible, clinics should strive to have patients wait outside their clinic in their vehicle or outside the building and only enter the clinic for their clinical visit
- This will help ensure physical distancing measures are being followed, thus improving both patient safety and patient perception of personal safety
- Ask patients to come alone when possible, but account for caregivers and support people when pre-screening and planning seating and clinic capacity







**Menu** **VERTO ENGAGE** 🔍 Reset 🔍 ⚙️ Settings ▾

← Back **My Appointment** 🖨️ Print

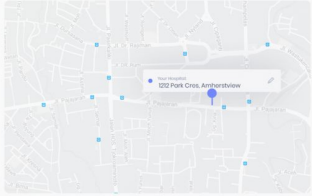
**Discharge Appointment**

In this appointment, your Transitional Care Rehab team will provide you with information about the care provided during your stay.

📅 Wednesday March 16th, 2018  
9:00 AM - 9:15 AM

👤 **Allied Health Team**  
Multiple clinicians will be attending this meeting  
📞 820 - 066 - 5400  
✉️ callyeo@gmail.com

📍 **Your Hospital**  
1212 Park Cres, Amherstview




**How to Prepare for Your Appointment**

Onboarding

**How to Prepare for Discharge**

**Topics of Discussion will include:**

- Your individualized care plan
- Your progress and goals
- A full assessment to see what services and equipment you will need
- Information and educational resources



👤 Mahmoud Halat 5 MIN READ

# Attendance Confirmation & Navigation

- Tell patients exactly where they need to be and when, as well as what to expect at their visit.
- With text and email engagements, you can seamlessly streamline patient check-in.

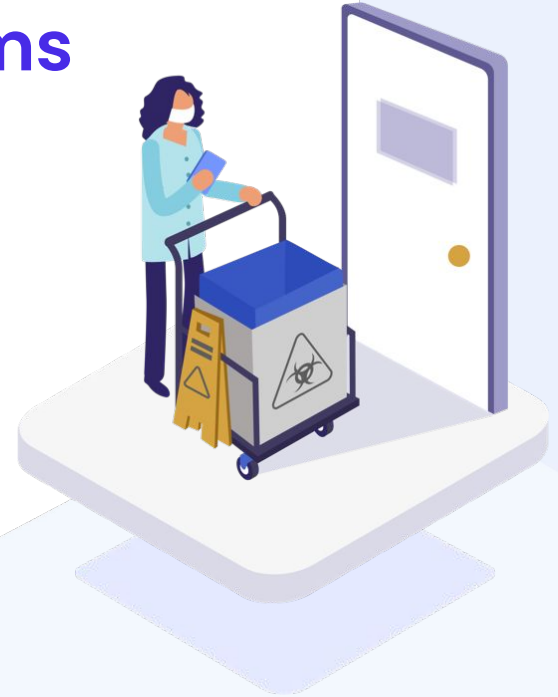
# Maximizing Safe Patient Flow & Capacity

There are 4 key items to think about regarding maximizing safe patient flow & capacity in the clinic



# Plan extra time and coordinate cleaning/sanitizing exam rooms

- Create a Patient Flow 'dashboard' if possible to coordinate patient visits and exam room cleaning
- Coordinate patient flow transitions from one clinical area to another in order to ensure physical distancing and clinical area cleaning



# Use Validated Pathways

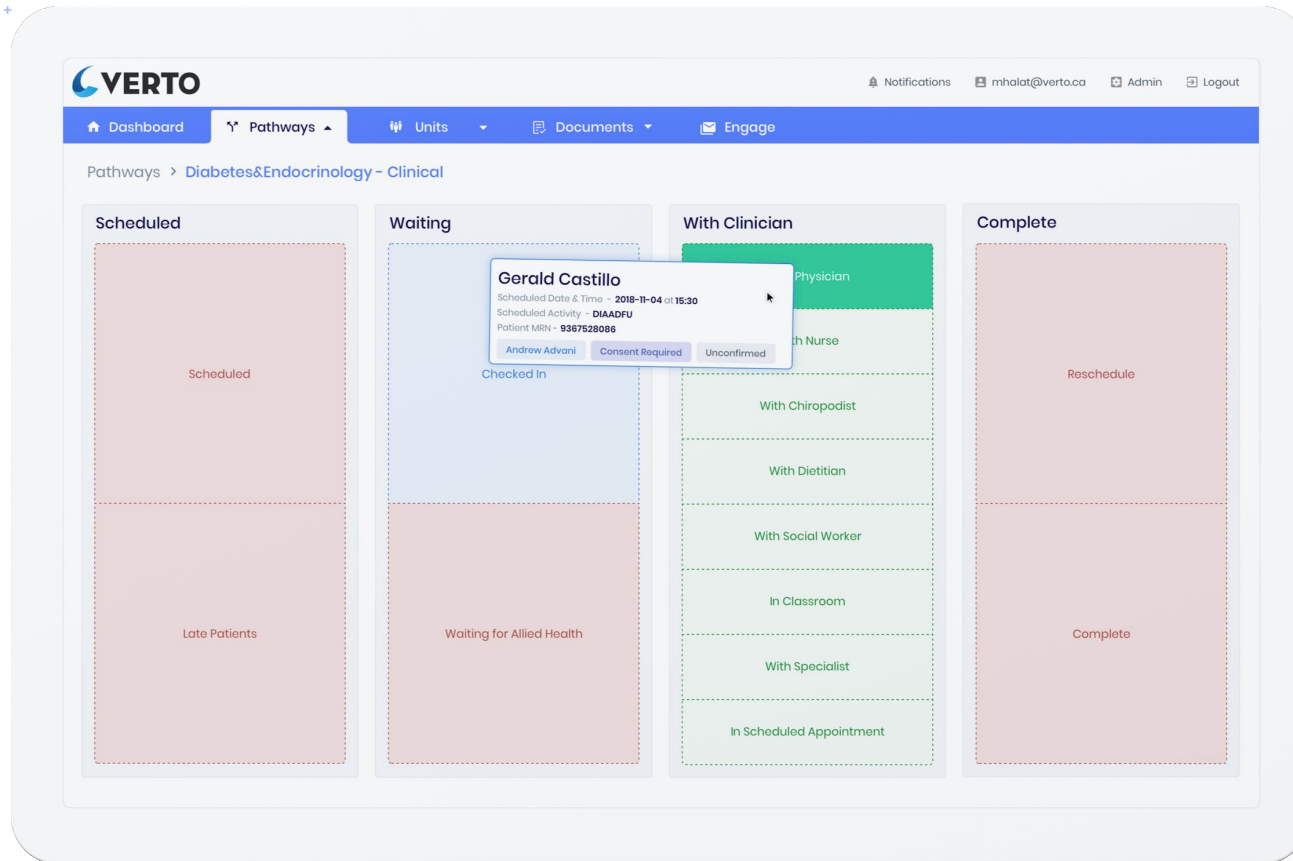
- Embed clinical best practices through clear visualization of the entire journey, as well as though easily accessible patient information.

The screenshot displays the VERTO web application interface. At the top, there is a navigation bar with the VERTO logo, a search bar, and links for Notifications, mhalat@verto.ca, Admin, and Logout. Below the navigation bar, the main content area is titled "Pathways > IRC Care Pathway". It features a search bar with the placeholder "Start typing to search...", a "Sort by:" dropdown menu, and a "Filter by:" dropdown menu set to "Location: Avante Rehabilitation Center".

The dashboard is organized into four columns representing different patient status categories:

- Active Patients (4 / 8 Patients):** This column contains four patient cards: Pamela Diaz, Nancy Hill, Stephen Foster, and Russell Romero. Each card displays the patient's name, Date of Last Visit (2019-09-06), Admit Date (2018-11-04 at 15:30), and Diagnoses (Essential (primary) hypertension). Below each card are buttons for "Notes Uploaded", "Medicare", and "Room # 102".
- Rounding (4 / 8 Patients):** This column contains four patient cards: Tammy Mills, Marie Burton, Martha Barnes, and Beverly Hunt. Each card displays the patient's name, Date of Last Visit (2019-09-06), Admit Date (2018-11-04 at 15:30), and Diagnoses (Essential (primary) hypertension). Below each card are buttons for "Medicare" and "Room # 102".
- In Review (1 / 8 Patients):** This column contains one patient card for Carolyn Ellis, displaying her name, Date of Last Visit (2019-09-06), Admit Date (2018-11-04 at 15:30), and Diagnoses (Essential (primary) hypertension). Below the card are buttons for "Medicare" and "Room # 102".
- Complete (0 / 8 Patients):** This column contains one patient card for Terry Peters, displaying his name, Date of Last Visit (2019-09-04), Admit Date (2018-11-04 at 15:30), and Diagnoses (Essential (primary) hypertension). Below the card are buttons for "Notes Uploaded" and "Medicare".

In the bottom right corner of the interface, there is a chat icon with a red notification bubble containing the number "5".



**VERTO** Notifications mhalat@verto.ca Admin Logout

Dashboard Pathways Units Documents Engage

Pathways > Diabetes&Endocrinology - Clinical

**Scheduled**

Scheduled

Late Patients

**Waiting**

Checked In

**Gerald Castillo**  
 Scheduled Date & Time - 2018-11-04 at 15:30  
 Scheduled Activity - DIAADFU  
 Patient MRN - 9367528086  
 Andrew Advani Consent Required Unconfirmed

Waiting for Allied Health

**With Clinician**

Physician

Nurse

With Chiroprapist

With Dietitian

With Social Worker

In Classroom

With Specialist

In Scheduled Appointment

**Complete**

Reschedule

Complete

# Embed Workflow Transitions

- Consider using a patient journey kanban board that can suggest next steps, and reduce the likelihood of patients falling through the cracks as volume increases.

# Enable Population Dashboards

- Share key metrics in a more actionable format for busy clinicians while fulfilling executive strategic initiatives for the organization.

**VERTO** Notifications mhalat@verto.ca Admin Logout

Dashboard Pathways Units Documents

Dashboard > Wasaga Beach Unit Summary

### Unit Summary

|   |  |   |  |
|---|--|---|--|
| Readmission Rates<br>29%<br>↑ 25%               | Return to ED<br>32 patients<br>↑ 45 patients | # of patients admitted<br>NEW 12 patients<br>↑ 4 patients | Total # of patients<br>45 patients             |
| # of ALC days avoided<br>3200 days<br>↑ 45 days | Occupancy Rate<br>90%                        | Stayed more than 60 days<br>5 patients<br>↑ 4 patients    | Average length of stay<br>32 days<br>↑ 45 days |

### Quick Actions

Select unit summary date range:

From... To...

Comparison range:

From... To...

Schedule Manager

Resource Manager

Waitlist

Inbox

### Resource Summary

| Name     | Bed Status | Occupants                                    | Available  | Phone Number    | Last Changed |
|----------|------------|--|------------|-----------------|--------------|
| Room 159 | 2/2 Full   | 159A Dennis Valdez<br>159B Jack Duncan       | 2019-10-26 | +(157)811-4633  | 2019-10-26   |
| Room 136 | 1/2 Unused | 136A Philip Sullivan<br>136B Gerald Smith    | 2019-10-11 | +(1743)388-8699 | 2019-10-11   |
| Room 164 | 1/2 Unused | 164A Diana Sanders<br>164B Vincent Coleman   | 2019-11-26 | +(127)765-9274  | 2019-11-26   |
| Room 137 | 1/2 Unused | 137A Dorothy Gilbert<br>137B William Coleman | 2019-11-27 | +(1984)982-6246 | 2019-11-27   |
| Room 162 | 1/2 Unused | 162A Anthony Reynolds<br>162B Arthur Cooper  | 2019-11-20 | +(1917)474-0961 | 2019-11-20   |
| Room 130 | 0/2 Unused | 130A Emily Schultz<br>130B Katherine...      | 2019-11-28 | +(159)035-5731  | 2019-11-28   |

# Examples of COVID-19 Checklists

[AMA Example](#)

[CDC Example](#)

[ASCA Example](#)

5.

# Examples

- AMA
- CDC
- ASCA



As public health experts determine that it is safe to see patients and stay-at-home restrictions are relaxed, physician practices should strategically plan when and how best to reopen. The American Medical Association believes that four signposts must exist before state and local governments relax stay-at-home orders:

- Minimal risk of community transmission based on sustained evidence of a downward trend in new cases and fatalities
- A robust, coordinated and well-supplied testing network
- A public health system for surveillance and contact tracing
- Fully resourced hospitals and healthcare workforce

The Centers for Medicare & Medicaid Services (CMS) has published a [Phase 1 guide](#) for reopening facilities to provide non-emergent, non-COVID cases. Building upon that guidance, the AMA suggests using the following checklist to ensure that your medical practice is ready for reopening.

#### Comply with governmental guidance

States and the federal government have outlined guardrails that should be in place before reopening. On the federal level, the White House has published [guidelines](#) for "Opening Up America Again." At the state level, governors have begun to detail what reopening will look like, for example, California's Gov. Newsom recently released a ["roadmap"](#) to modify the State Stay-at-Home Order. Some states and cities have recently enacted, extended, or modified previously issued stay-at-home orders that detail essential services permitted while the order is in place, including medical care. These state and city guidelines should be closely reviewed and followed. The AMA has also developed a [chart](#) and [fact sheet](#) detailing state-specific delays, and where applicable, resumption of elective or non-urgent procedures. The Centers for Disease Prevention (CDC) released guidance on [critical initiatives and activities](#) as well as [reopening guidance](#) for workplaces, businesses and other public areas.

#### Make a plan

The opening planning will be vitally important to the success of your practice reopening. Sit down with a calendar and chart out your expected reopening day and, ideally, a period of "soft reopening" where you can reopen incrementally. Assess your personal protective equipment (PPE) needs and alternatives such as cloth masks, what supplies you have currently and will need in the future, and place the necessary orders. As much as possible, have supplies delivered in advance before you reopen so that sporadic deliveries and other visitors do not disrupt the order of your daily plan. Plan in advance how you will handle staffing and cleaning if an employee or patient or visitor is diagnosed with COVID-19 after being in the clinic. Develop guidelines for determining when and how long employees who interacted with a diagnosed patient will be out of the clinic.

## Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients With Confirmed or Possible COVID-19



Front-line healthcare personnel in the United States should be prepared to evaluate patients for coronavirus disease 2019 (COVID-19). The following checklist highlights key steps for healthcare personnel in preparation for transport and arrival of patients with confirmed or possible COVID-19.

Stay up to date on the latest information about signs and symptoms, diagnostic testing, and case definitions for [coronavirus disease 2019](#).

### Review your infection prevention and control policies and CDC infection control recommendations for COVID-19 for:

- Assessment and triage of patients with acute respiratory symptoms
- Patient placement
- Implementation of Standard, Contact, and Airborne Precautions, including the use of eye protection
- Visitor management and exclusion
- Source control measures for patients (e.g., put facemask on suspect patients)
- Requirements for performing aerosol generating procedures
- Be alert for patients who meet the [persons under investigation \(PUI\)](#) definition
- Know how to report a potential COVID-19 case or exposure to facility infection control leads and public health officials.
- Know who, when, and how to seek evaluation by occupational health following an unprotected exposure (i.e., not wearing recommended PPE) to a suspected or confirmed [coronavirus disease 2019](#) patient.
- Remain at home, and notify occupational health services, if you are ill.
- Know how to contact and receive information from your state or local public health agency.

[www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

## COVID-19: Protecting Patients, Families and Staff During Necessary Surgeries

Please note that events and recommendations surrounding COVID-19 are evolving rapidly. This material is provided for informational purposes only and does not constitute medical or legal advice. It should not be construed as representing ASCA policy or substituting for the judgment of a physician and consultation with independent legal counsel.

To help ASCs protect patients and families, their surgical staff and the US population from COVID-19, ASCA is sharing the following recommendations:

1. Pre-screen all patients for symptoms or high-risk exposure prior to their visit, beginning at the physician's office and during any pre-admission phone calls or other remote methods. Inform the patient to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever).

[www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

2. Upon arrival, but prior to admission, patients should again be asked about a personal history of fever, sore throat, cough or other respiratory symptoms, and about similar symptoms in family members or close contacts. The body temperature of the patient should be checked upon arrival. Ask also about contact with a confirmed case of COVID-19 or recent travel to a high-risk area.

[www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

[www.cdc.gov/coronavirus/2019-ncov/travelers/index.html](http://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

3. Prohibit individuals (including patients) from entering the facility if they are experiencing elevated temperature or symptoms suggestive of COVID-19.

[www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

4. Keep patients and accompanying visitors separated 3–6 feet apart during their time at your ASC. Provide supplies such as tissues, alcohol-based hand rub and trash cans and encourage frequent handwashing. If space is limited, ask patients and caregivers to wait in their cars until they are needed in the facility. If toys, reading materials or other communal objects are located in the ASC, remove or clean them regularly.

[www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html)



A decorative graphic in the top-left corner consisting of a grid of small blue plus signs that tapers off to the right.

# Helpful Resources

1. [https://www.aafp.org/dam/AAFP/documents/patient\\_care/public\\_health/COVID-19%20Office%20Prep%20Checklist.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID-19%20Office%20Prep%20Checklist.pdf)
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/steps-to-prepare.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>
4. <https://www.ama-assn.org/delivering-care/public-health/covid-19-physician-practice-guide-re-opening>
5. <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

# Any Questions?



## Call Us

Call us to speak to a member of our team.

+1 (833) 936-0330 >



## Email Us

Email us for general queries, including marketing and partnership opportunities.

[jbarnet@goverto.com](mailto:jbarnet@goverto.com) >

