

JEFFERSON INTERNAL MEDICINE ASSOCIATES (JIMA) PATIENT TRIAGE INITIATIVE

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Introduction & Problem

In response to the spread of the COVID-19 pandemic in the City of Philadelphia, outpatient medical practices faced a sudden need to adapt their workflow to protect their patients and staff, as well as abide by requirements for social distancing to prevent the spread of infection.

After the state shutdown of services, physicians quickly identified the need to reevaluate in-person patient care and determine if their patient's needs could be addressed virtually.

Patients could be triaged, screened, educated, and offered to have their visits converted to telehealth over the phone, thus allowing those with active medical issues priority over in-person clinic visits.

It became evident that extra patient phone calls would add increased time for the staff, especially due to the new demand on their office in the face of the pandemic; therefore, a solution for alleviating this burden was needed.

Root Cause Analysis

- COVID-19 pandemic with new social distancing and PPE guidelines
- Overwhelmed staff with new responsibilities and time constraints
- Lack of workflow for triaging and converting in-person appointments to telehealth appointments and screening for COVID-19
- Patients' need to have visits converted to telehealth and need to be screened for COVID-19

HOW MIGHT WE:

1. Contact patients to triage them for in-person versus virtual visits and teach them to use telehealth quickly?
2. How might we screen patients who are coming to the office for COVID-19 symptoms and exposures?

Solution

- Health professional students were unable to be in the clinical setting due to PPE requirements and risk of exposure. They could be utilized to perform triage phone calls to relieve some of the burden on medical staff.

A student volunteer coordinator was appointed and worked closely with JIMA medical faculty and staff. The team created patient scripts, instructions, and telehealth and patient resource documents.



Patient appointment lists were aggregated and sent to the student coordinator and disseminated to volunteers. Patients were called via Doximity.



Volunteers triaged patients for in-person or telehealth appointments, rescheduled or canceled appointments, relayed messages to the provider, and helped patients set up for telehealth. For in-person visits, patients were screened for COVID-19 symptoms and exposures and reminded of PPE guidelines. A physician was contacted for any patient with symptoms or exposures.



Patient lists were collected and sent back to the staff by the student coordinator. The JIMA staff then changed the appointments in MyChart, contacted patients if needed, relayed patient messages, and prepared for appointments.

Follow Up Performance

- Over 120 student volunteers from SKMC and the College of Health Professions, Nursing, and Population Health
- 2,734 patients were attempted to be contacted by student volunteers between March 19th and May 15th, with the project still ongoing
- In a sample of patient responses to student calls from April 6th - April 10th:

Appointment Status	Number of Patients
Converted to telehealth	46 (14%)
Converted to telephone	23 (7%)
In-person appointment	14 (4%)
Rescheduled	59 (18%)
Canceled	54 (17%)
Could not reach/Other	131 (40%)
Total patient calls made	327

- In the future, ways to increase patient contact, so that it does not fall on the staff after student attempts, should be explored
- The project has since evolved to only contacting patients the day before their appointments to screen for COVID-19 symptoms or exposures for in-person visits and confirming telehealth or telephone appointments
- Overall, the workflow and volunteer documents were successful and the majority of patients were contacted by students

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