DIVISION OF ACUTE CARE SURGERY
Trauma and EGS Clinic Virtual Visit Process during COVID-19 Crisis

Purpose: To minimize risk to patients and staff by reducing unnecessary clinic visits as well as rapidly identifying patients that may need attention earlier to reduce hospital readmissions. The goal is to allow social distancing while protecting our patients from potential issues that could require hospital admissions.

1. Monday, Wednesday, and Friday designated ACS attending and APP will review both the upcoming trauma and EGS clinic appointments and review patient on EMR along with Wes Caulder, RN and Martha Abernathy, RN. In addition the Attending will handle requests phoned into the nurse line that may be able to prevent a clinic visit.
2. Patients not needing follow up will be notified by nurse staff.
3. Patients deemed appropriate for virtual visit will be listed for virtual visit screening by nursing staff. (See Virtual visit screening tool)
   a. If patient has virtual access, then appointment scheduled during Monday Afternoon (limited time only for emergencies), Wednesday Morning, or Friday Morning pending clinical needs.
   b. ACS attending or APP will call patient using technology device deemed appropriate from screening tool
      i. All xrays and labs will be determined prior to call and patient to get labs and xrays performed at closest AH site.
      ii. Medications and supplies and therapies will be ordered as outpatient and an EMR note will be completed.
4. If patient deemed a physical appointment presence is needed (either from screening or from virtual appointment):
   i. The patient and ONLY one family member are allowed to attend clinic appointment
   ii. COVID-19 screening will be done at triage front desk. If screening is positive, they will be asked to get testing for COVID-19.
   iii. If still need to be seen that day due to emergency, a mask will be worn by family member and patient and a dedicated room will be used.
   iv. Only 1 nurse and 1 physician/APP will examine patient using appropriate PPE and N95 mask
   v. After completion, PPE will be discarded in red-bag and room wiped down per AH protocol
5. If patient calls into clinic number with a problem, they will be screened by nurse and referred to dedicated ACS clinic attending to be handled immediately via virtual device or phone call to prevent need for physical appointment.
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Notes:
1. If a patient or family member is suspected of having COVID-19 they are sent for testing center using process by Atrium Health
2. This is a dynamic process and process may change. The goal is to protect patients and staff by allowing safe social distancing while identifying complex issues early so they may be handled at MP clinic.
3. We will attempt to use virtual visit capture via “whatsapp” or SKYPE IF patients have access. If not, we will use dedicated I-phone or Samsung video or pictures to evaluate patient and their wounds or concerns.
4. If a patient has staples or sutures, ask them to use the primary care physician. If not available, they can attend clinic appointment and be screened for COVID-19 infections.
5. If physical patient presence necessary, all trauma and EGS patients will be seen at Myers Park.
6. Monday afternoon from 1-4, Wednesday afternoon 1-5, and Friday morning from 8-12 are designated clinic times, but patients can be evaluated at any time if necessary.
7. All medications, dressing materials, and ostomy supplies will attempt to be handled as a virtual visit and home health scheduled appointments.