

Transition of Riverside University Health System Community Health Centers to Resume Deferred Services

The plan to transition the CHC's to face-to-face (F2F) visits depends on several strategies that take into account the safety and well-being of our staff, providers, and community. The following tactics will allow us to move forward with the proposals:

Tactics to help reduce COVID transmission as we transition to resume deferred services:

1. Continue daily 7:15am teleconference huddle with all CHC Trifecta teams
2. Distribute final *COVID Safety Guidebook* and train all clinic staff of its policies and procedures
3. Ensure there are adequate amount of PPE supplies for patient care at each CHC
4. Screen all patients & clinic staff for COVID19 Symptoms as they enter facility
5. Require handwashing and face coverings for all patients and clinic staff when entering the clinic
6. Enforce visitor restrictions to limit the number of individuals entering the facility
7. Adjust appointment schedules to limit patient-to-patient interaction
8. Strategize clinic space to enhance safety by separating care for suspicious vs non-suspicious patients
9. Provide social / physical distancing visual cues in waiting rooms and registration areas
10. Continue virtual visits (video and telephone visits) and maximize usage of video visits when it is acceptable and convenient for patients
11. Continue current work schedule of Providers (Physicians including residents, Nurse practitioners, Physician Assistants, Dieticians, Dentist, Pharmacists) and increase onsite coverage in phases
12. Increase face-to-face (F2F) visits in phases

Waiting Rooms

1. Community Health Centers will provide alternative options for patients while they wait for their F2F visit.
 - a. Community Health Centers will limit the number of patients waiting in the waiting room & common seating areas by the following measures, when possible:
 - i. If a patient screens positive at the entrance for COVID19 suspicion
 - Patients will be asked to check in by phone or text message when they arrive.
 - Patients will be asked to wait in their car until an exam room is ready, if circumstances permit (heat outside, newborn, urgent matter at arrival, no car, etc.)
 - ii. If patient screens negative at the entrance for COVID19 suspicion
 - Patients will be allowed to enter the clinic with a face covering and hand-washing and wait in the waiting area; maintaining 6 feet distance.

Social / Physical Distancing

1. Community Health Centers will maintain social / physical distancing by keeping everyone (patients and clinic staff alike) at least 6 ft apart in all possible settings & employ other steps to minimize direct contact between individuals within the health care setting.

Sanitization

1. Community Health Centers will provide sanitization to all exam rooms after every visit. In addition, it will require all clinic staff members to frequently wash hands and to frequently clean "high" touch areas and instruments.
 - o Ensure adequate supplies (hand sanitizers, gloves, etc.) are available

Transition Plan by Dates:

Phase 1: Week of May 4 – 17, 2020 – Completed

1. CHC started to offer some Non-Urgent F2F visits
2. COVID Safety Guidebook was distributed to all clinics and training had begun
3. Implemented 1 onsite provider per CHC to conduct combination of virtual visits and F2F visits, rest of the providers continued to work remotely
 - a. Assign 1 LVN/MA to 1 onsite provider
 - b. F2F visits were scheduled at staggered times (1 F2F visit/hour) = 4/half day and 8/full day
4. Remote providers will continue virtual visits
5. Reports were obtained for those patients who were RUHS paneled and scheduled by 1-800 COVID line. Every effort was made to schedule these pts with Respiratory clinics, except Rubidoux CHC
6. Assign staff to outreach paneled patients using Healthy Planet to help fill provider's schedules
7. Adjusted schedule templates for onsite provider and updated scheduling team
8. Ceased designation of "Respiratory clinics" at 2 sites – Indio and Rubidoux CHC's.
9. Community testing sites continued at all 4 locations

Phase 2: Revised and Extended to 4 Weeks: May 18 – June 14, 2020

1. Will Monitor local stats and data to adjust plan if necessary
 - a. If there is an increase of cases, may need to extend the time further or transition back to Phase 1
 - b. If there continues to be favorable results, then may increase transition efforts
2. Continue screening patients and clinic staff at clinic entrances
3. Monitor the number of F2F visits demands and continue to increase efforts to meet goals.
4. Will hold off on adding a second provider to work site until clinic work space accommodations can be ensured at all sites, and TAP employees are readily available to help with coverage needs
5. Pull additional staff from the community testing sites to support clinics when available
6. Increase F2F for the onsite provider as needed
7. Will cease the designation of "Respiratory Clinics" for all 4 CHC's – MVCHC, Corona CHC, Rubidoux and Indio; but continue car line visits at MVCHC and Corona CHC's

Phase 3: Week of June 15 – July 5, 2020

1. Will Monitor local stats and data to adjust plan if necessary
 - a. If there is an increase or surge of cases, may need to extend the time further or transition back to Phase 1
 - b. If there continues to be favorable results, then may increase transition efforts
2. Continue screening patients and clinic staff at clinic entrances
3. Add second onsite provider and pull more staff to support
 1. Trifecta to evaluate clinic space and accommodate maximum number of providers work onsite and continue to rotate providers to work remotely if needed
 - a. Combination of F2F visits and Virtual Visits

Phase 4: After July 5, 2020

1. Will Monitor local stats and data to adjust plan if necessary
 - b. If there is an increase or surge of cases, may need to extend the time further or transition back to Phase 1
 - c. If there continues to be favorable results, then may increase transition efforts
4. Continue screening patients and clinic staff at clinic entrances

Transition the CHC's in 4 Phases. We will only move to the next phase if there is positive improvement/stability in the metrics for 14 – 28 days

Phase 1: 5/4 – 17/2020	Clinics F2F visits	Clinic/Amb Procedures
<p>Employees screened daily at entrance and wear mask - if screened positive follow public health protocol for HCW</p> <p>Patients screened at entrance and at minimum wear face covering or mask. If screened positive - offer car visit if possible and test</p>	<p>Added 1 provider to work onsite and scheduled some F2F visits</p> <p>Make WCC, elderly and prenatal visit appts at beginning of each day</p> <p>Ended designation of “Respiratory clinic” at 2 sites – Indio and Rubidoux</p> <p>Continued “Respiratory Clinic” designation at Moreno Valley and Corona CHC</p> <p>Redirected patients calling to 1-800 COVID line who have been seen at RUHS before or have insurance or live close to Moreno Valley and Corona CHC</p> <p>Continue emergency Dental services</p>	<p>Restart specific procedures with prioritization for those that focus on: Cancer (abn skin rash, mole, abn pap).</p> <p>Currently, MVCHC is still doing “urgent” procedures, including cancer related (abnormal paps, EMBx/ECC, skin biopsies, etc.) and infectious related (I&D’s, wound checks, etc.)</p>

if there is positive improvement/stability in the metrics for 28 days

Phase 2: 5/18 – 06/14/2020	Clinics F2F visits	Clinic/Amb Procedures
<p>Employees screened daily and wear mask - if screened positive follow public health protocol for HCW</p> <p>Patients screened at entrance and at minimum wear face covering or mask. If screened positive - offer car visit if possible and test</p> <p>Onboarding TAP employees to cover community testing sites</p> <p>Bring CHC staff back to clinic in phases</p> <p>Continue EOC coverage – Dr Bhojak 100%, Dr McLoud 100%, NP Dan Lau 100%, Pediatricians 50%</p>	<p>Outreach patient panel for preventive care, order routine labs and schedule virtual visits per patient’s preference; also increase F2F visits for the onsite provider</p> <p>Cease designation of “Respiratory Clinics” at Moreno Valley and Corona CHC’s, but continue Car Line visits</p> <p>Open for routine visits for their panel</p> <p>Pediatricians to work onsite 50% of their time</p> <p>Dietician back to work onsite and start CPSP services</p> <p>Start Routine Dental services</p>	<p>Continue specific procedures with prioritization for those that focus on: Cancer (abn skin rash, mole, abn pap, abn wound) and Infection</p>

if there is positive improvement/stability in the metrics for 28 days

Phase 3: 06/12 – 07/05/2020	Clinics F2F visits	Clinic/Amb Procedures
<p>Employees screened daily and wear mask - if screened positive sent home and follow public health protocol for HCW</p> <p>Patients screened at entrance and at minimum wear face covering or mask. If screened positive - offer car visit if possible and test</p> <p>This will occur until Public Health order lifted.</p>	<p>Add 2 onsite providers on site</p> <p>Continue utilizing virtual visits</p> <p>Increase F2F visits</p> <p>Continue Car Line visits</p>	<p>Restart all procedures.</p>

if there is positive improvement/stability in the metrics for 14 days

Phase 4: After 7/03/2020	Clinics F2F visits	Clinic/Amb Procedures
<p>Continue patients and employee screening until Public Health order lifted.</p>	<p>Accommodate maximum number of providers onsite considering physical distancing for all employees inside the clinic</p> <p>Continue utilizing virtual visits</p> <p>Continue Car Line visits as needed</p>	<p>Restart all procedures.</p>