1. Morning Meeting

It is helpful to have a general meeting before telehealth visits start in order to get everyone on the same page. At EHHOP, individuals in the following roles introduce themselves, with an emphasis placed on who to turn to for troubleshooting throughout the day: Clinic Managers, Lead Senior Clinicians / Student clinicians, Interpreters, Social Work, Nursing, Access to Care Team.

The following reminders can be included if applicable:
- Call patient 3x at 10-minute intervals if not reached the first time. If not, document as "unable to reach"
- Provide COVID-19 counseling (see COVID-19 Testing section in the FAQ document for details)
- Can ask patient to perform some of their own physical exam maneuvers and ask how it feels
- Can ask patients to email photos to the shared clinic email address (skin changes, etc.)
- Leave time for Q&A
- Schedule a follow-up if needed while the patient is still on the phone

2. Pre-Precepting

Prior to calling the patient, student clinicians should: discuss cases for the day with their respective attendings ;confirm the platforms being used for each patient; estimate times that attendings will need to be available for precepting; and create an overall plan for each visit. This allows time for teaching, a focused student-led visit, and minimal wait time for the patient once the visit starts.

3. Patient Encounter

We have included general telehealth etiquette in the FAQ document. Here are some additional tips for the visit:
- You do not need to address every issue at this visit - Try and address the most important 3!
- Try and keep the visit to a maximum of 30 minutes (patients will lose patience)
- Review the most important issues, allergies, and medications
- Speak slowly and carefully
- Ask open-ended questions but with specific intentions
- Give the patient space to respond; some silence is okay
- Use interpreters if needed

4. Merging Calls

This is dependent on whether FaceTime, Zoom, WhatsApp, Phone or another platform was used; troubleshoot this before clinic day to make sure everything is working. For phone calls, if no interpreter is needed:
- Call the patient
- Briefly put patient on hold
- Call the attending
- Merge the calls
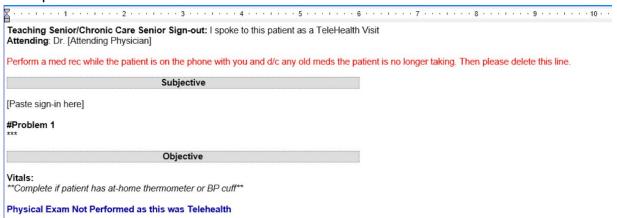
5. COVID-19 Counseling

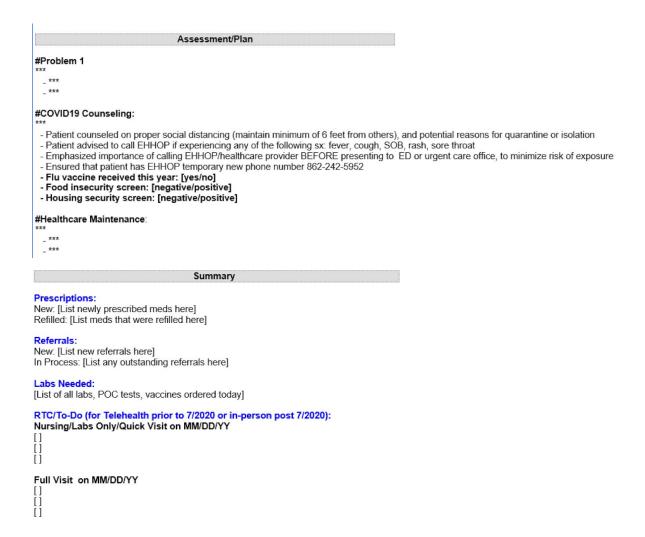Please see our FAQ document for more details. Here are some general tips:
- Counsel patient on proper social distancing (maintain minimum of 6 feet from others), and potential reasons for quarantine or isolation
- Advise patient to call the student clinic if they experience any of the following symptoms: fever, cough, SOB, sore throat
- Emphasize the importance of calling the student clinic/healthcare provider BEFORE presenting to ED or urgent care office, to minimize risk of exposure

6. Documentation

Finalize the plan with the patient and document as a Student Note. At EHHOP, we have a "Telehealth" dot phrase in Epic that encompasses the most important information.

Example Below:

Teaching Senior/Chronic Care Senior Sign-out: I spoke to this patient as a TeleHealth Visit
Attending: Dr. [Attending Physician]

Perform a med rec while the patient is on the phone with you and d/c any old meds the patient is no longer taking. Then please delete this line.

Subjective

[Paste sign-in here]

#Problem 1
***

Objective

Vitals:
Complete if patient has at-home thermometer or BP cuff

Physical Exam Not Performed as this was Telehealth

Assessment/Plan

#Problem 1
***
  _ ***
  _ ***

#COVID19 Counseling:
***

- Patient counseled on proper social distancing (maintain minimum of 6 feet from others), and potential reasons for quarantine or isolation
- Patient advised to call EHHOP if experiencing any of the following sx: fever, cough, SOB, rash, sore throat
- Emphasized importance of calling EHHOP/healthcare provider BEFORE presenting to ED or urgent care office, to minimize risk of exposure
- Ensured that patient has EHHOP temporary new phone number 862-242-5952
- **Flu vaccine received this year: [yes/no]**
- **Food insecurity screen: [negative/positive]**
- **Housing security screen: [negative/positive]**

#Healthcare Maintenance:
***
  _ ***
  _ ***

Summary

Prescriptions:
New: [List newly prescribed meds here]
Refilled: [List meds that were refilled here]

Referrals:
New: [List new referrals here]
In Process: [List any outstanding referrals here]

Labs Needed:
[List of all labs, POC tests, vaccines ordered today]

RTC/To-Do (for Telehealth prior to 7/2020 or in-person post 7/2020):
Nursing/Labs Only/Quick Visit on MM/DD/YY
[ ]
[ ]
[ ]

Full Visit on MM/DD/YY
[ ]
[ ]
[ ]

7. Ancillary Services

Not all concerns will be strictly medical. For patients with urgent concerns, it's helpful to have social work students/staff on call during clinic day that can be alerted over email to call the patient back soon after the encounter if needed. We recommend that the social work team call the patient as soon as possible after the visit to ensure that they can still be reached.

8. Potential Issues

Here is a collection of various issues we ran into while implementing this protocol at our clinic and our solutions:

What if I can't get in touch with my patient?
Try calling three times, or try at another time of day than the arranged time or reschedule for another week.

What if my patient needs labs?
Document which are needed and note the need for referrals

What if I am not sure what the diagnosis is?
Ask for help from the attending. Also consider a quick telehealth visit during the week with volunteer attendings if an urgent concern - make sure to let the lead senior clinician know. Document any need for further diagnostic workup at the next full visit (in-person) if the issue is not urgent.

How should I counsel my patient about COVID19 precautions?
Please refer to our FAQ document on COVID screening/counseling. The CDC guidelines are [here](#) for reference as well.

What if my patient needs immediate medical attention?
Triage with attending via phone and send to ED/urgent care if necessary. Call ahead to the ED if you are sending the patient.