

4 Screening Tools Hospitals Developed for COVID-19

PUBLISHED: MARCH 2020 / AUDIENCE: QUALITY



What Does It Mean?

Both nonemergent and emergent patients who fear they may have COVID-19 continue to present to hospitals across the nation, despite many facilities not having enough tests. In many instances, hospitals are forced to prioritize testing only emergent or high-risk patients until more tests become available. Since it vital to efficiently coordinate the care for those identified as potential cases, screening during triage or at the front desk is a good first step to figure out who requires special precautions and testing. Recognizing that hospitals may not have the time to come up with screening tools specific to COVID-19, HBI gathered the following sample tools that hospitals have developed and shared with the public.

COVID-19 is an ongoing situation, and organizations' processes are changing daily to adapt to various needs during this crisis. As such, this information is up-to-date as of March 26, 2020. HBI is continually monitoring the situation and updating material as we gather additional information.

1 | Massachusetts General Hospital's COVID-19 Toolkit

Made available in February 2020, this document compiles several resources to help healthcare facilities react to the presence of infectious diseases, such as the novel coronavirus. In addition to creating steps for healthcare workers and other staff to plan for and implement standard, contact, eye protection, and airborne precautions, the hospital also developed screening tools for all points of entry in a system.

For example, an in-person screening process at a front desk is illustrated, beginning on page 8. Staff are instructed to ask:

- Have you traveled from or through Italy, Iran, Japan, South Korea or China (including Hong Kong) in last 30 days?
- Do you have a fever or cough?

If the patient answers yes to either of these questions, staff are trained to give them surgical masks. If the patient answers yes to both questions, staff are supposed to give out surgical masks, ask the patient and any companions to stay put, and contact a designated clinician, such as a nursing supervisor, to continue with the screening and assessment of the patient.

Similarly, Massachusetts General Hospital created an example of a screening tool that can be used on visitors coming to the hospital on page 20. Patients are only allowed two designated visitors, and these visitors are told to call the unit on the day of the visit to be screened for symptoms. If visitors show up without being screened over the phone, then a nurse will conduct the screen in person. Nurses are expected to ask:

- Have you had a fever during the past 24 hours (e.g., $\geq 100^{\circ}\text{F}$)?
- Do you have a new cough or difficulty taking a new breath?

If the visitor answers yes to either question, they are not allowed to visit the hospital.



Featured Resource: Massachusetts General Hospital's COVID-19 Toolkit

[Click here to access full version of the toolkit](#)

2 | UCSF Health's On-Site Workflow for Non-Respiratory Screening Clinics

Intended to be used in the ambulatory, ED, inpatient adult, inpatient behavioral healthcare, and perioperative settings, this workflow shows how patients should be screened for COVID-19 and includes instructions on how to proceed with patients based on their answers. Specifically, front desk employees are instructed to ask if the patient has experienced a new cough, shortness of breath, muscle aches, or fever. If the patient says yes to any of these symptoms, staff are expected to:

- Give a surgical mask to the patient
- Alert a clinician, such as a doctor, nurse practitioner, or registered nurse, if necessary
- Send the patient directly to the respiratory screening clinic for a walk-in visit, with the patient carrying a "clinic to respiratory screening clinic passport" so that staff in the other clinic know that the patient is being sent from a different location
- Call the respiratory screening clinic backline for an official handoff

UCSF Health also created an algorithm for how staff in the respiratory screening clinics and accelerated care units should continue the screening process, as well as begin a full clinical assessment of those suspected to have COVID-19. Click [here](#) to access this additional tool.



Featured Resource: UCSF Health's On-Site Workflow for Non-Respiratory Screening Clinics

[Click here to access full version of the tool](#)

3 | Middlesex Health's High Impact Pathogen Screening Tool

Middlesex Health in Connecticut considered the novel coronavirus to be a high consequence infectious disease in the early stages of the virus coming to the United States. They updated a previous screening tool to include a description of what should be done if a patient is suspected of having COVID-19.

Staff are expected to complete three steps as part of the screening process: establish the patient's travel history and if the patient was recently exposed to an infectious disease; determine if the patient has or recently had a fever ($\geq 100.4^{\circ}\text{F}$); and initiate the correct precautions depending on the patient's answers. If staff believe a patient may have COVID-19, they are then supposed to initiate airborne and contact precautions.

The screener also links to Middlesex Health's guidelines for healthcare professionals who need to care for a patient with COVID-19. These guidelines can be found [here](#). They give more detail regarding the clinical screenings and assessments that need to be done for these patients, as well as the recommended precautions for the ED and inpatients settings and the ambulatory and outpatient settings.



Featured Resource: Middlesex Health's High Impact Pathogen Screening Tool

[Click here to access full version of the tool](#)

4 | Mercy Regional Medical Center's Coronavirus Screen Form

Early in the COVID-19 outbreak, Mercy Regional Medical Center in Ville Platte, Louisiana created and started using a screener focused on identifying patients who had symptoms such as fever, cough, and shortness of breath. It also asks if patients were either in close contact with a confirmed COVID-19 patient or had traveled specifically to Wuhan, China. The one-page screener is available as a Word document, so it can easily be modified to include other travel destinations. Since the virus has now spread worldwide and travel of any kind can put individuals at risk of getting the virus, it is highly recommended to make this change.

If a patient meets these criteria, staff are then instructed to put a mask on the patient, place the patient in an isolation room, implement standard, contact, eye protection, and airborne precautions, and begin to evaluate if the patient exposed family members or other close contacts.



Featured Resource: Mercy Regional Medical Center's Coronavirus Screen Form

[Click here to download the form](#)

Require more assistance during the COVID-19 pandemic? HBI's research team is here to help. Send a message to contact@hbinsights.com with your questions!

About the Analyst

Leah Bilitz Research Director

Leah Bilitz drives the direction of research, events, social media, and deliverables within the HBI Cost & Quality Academy for a diverse audience that ranges from front-line providers to C-suite. Leah joined HBI in 2014 and has served as a research analyst, team lead, and principal analyst.