**APPENDIX 5: Instructions for Team Members**

**Conducting Telephone Follow-up Calls**

This document contains instructions that were given to the medical students who were making follow-up calls to patients who were discharged home after being seen in CCF clinic. These instructions have been edited down to the most essential steps of the process, and to exclude details that are highly specific to our practice. Nurses also made follow-up calls and followed a similar process.

**Daily Workflow for Students Conducting Telemedicine Follow-up for CCF Patients**

1. EHR ACCESS
   1. You should all have write access to the EHR
   2. Please ensure you can view the appropriate patient lists:
   3. For best practice – create your own personal patient list. This is your personal Telehealth Panel. Include the same columns seen in the WCIMA COVID list.
   4. Other providers may contact you through the EHR. Check those messages daily.
   5. Blue “Specialty” Sticky notes
      1. Ensure you have access to the blue “specialty” sticky note on the top of a patient banner in the EHR. This is how we communicate who is following patients, and when they need to next be called.
      2. Each sticky note should have the following info:   
         Student: [Your name]  
         Next F/U call: [future date]  
         Initial eval: [CCF, VV, telephone]; [name of eval provider]
      3. These comments appear in the “Specialty” column on patient lists.
2. Daily huddle at 9AM with your peers and the WCIMA RNs of the day
   1. Tally up the number of patients on your personal panel that you need to call today.
   2. Review the unassigned patients on the lists. Divide the work evenly amongst your peers.
3. Before the initial call
   1. Create a new Telephone encounter. Label the REASON FOR CALL as “COVID-19 Evaluation”
   2. Use the note template (smartphrase) created for this purpose
   3. Chart review:
      1. Review the initial COVID-19 encounter (CCF office visit, VV, or other telephone encounter)
      2. Review their chronic conditions. Pay extra attention to cardiovascular diagnoses, pulmonary diagnoses, other immunocompromising diagnoses.
      3. Review the initial presenting symptoms
      4. Review the previous plan and subsequent conversations or updates.
4. Call the patient
   1. Use \*67; or Doximity Dialer or ask operator to dial out for you
   2. Ask the questions in the smartphrase. Provide any counseling indicated.
   3. Close the encounter by confirming a plan. If the plan is not obvious, tell them you will call back after discussion with a supervising physician.
   4. Document your conversation.
5. Routing and after the call
   1. All calls will be routed to **PCP** and the **providers** that saw patient in CCF or VV.
      1. If a patient was seen by a resident or their PCP is a resident, route the message to the resident and resident’s shared coverage group.
      2. If the patient is not a WCIMA patient --> Route your call to the provider that saw the patient AND the clinic Access Team.
   2. If patient is **improving** —> move patient to the next list   
      —> Update the Specialty sticky note to when they need to be re-evaluated next  
      —> route calls to supervising physician.
   3. If patient is clinically **the same** and needs to continue to be evaluated (likely a call the next day)  
      —> Keep patient on current patient list  
      —> Update the Specialty sticky note to when they need to be re-evaluated next  
      —> route calls to supervising physician.
   4. If patient is **declining** or student is **unsure** of their status/plan   
      —> CALL a supervising physician   
      —> Discuss/present plan. Plan may be to call again tomorrow, bring in for a VV or CCF or send to ED..
   5. Pro tip – when presenting a case over the phone, follow the SOAP format. Briefly describe the PMH, and your chart review. Describe the current symptoms FIRST, then describe objective data and exam (what they sounded like on phone, what maneuvers/actions you asked them to do, such as measuring pulse oximetry at rest and with exertion). Finish by giving your assessment, and proposed plan.
   6. If a patient needs a prescription or refill – call an attending, and route the call to the attending to place the order.
   7. If a patient has/had been **hospitalized** or is **deceased**, please also route those encounters tothe clinic medical director.
6. If a patient cannot be reached
   1. Make three attempts to reach the patient by phone. Document these attempts in the chart.
   2. Attempt to contact patient via the online patient portal and/or by calling emergency contacts/relatives.
   3. If you are unable to reach a patient after all of the above attempts, discuss with the nursing leadership during the daily huddle.