

## COVID Triage Center Guidelines

Patients calling for the first time about symptoms of COVID are preferentially evaluated by nurses in the COVID Triage Center. These nurses are supported by an administrative team and a dedicated Triage Center provider. Patients with preexisting COVID or suspected COVID are also preferentially triaged through the Triage Center. On these contacts, patients may be referred for in-person evaluation in Respiratory Clinic, or may have their risk status adjusted by clinicians or per protocol.

### Initial call:

Patients calling the Triage Center for COVID-like symptoms for the first time will be evaluated for symptoms consistent with COVID, need for in-person evaluation, determination of the risk level for disease, and need for testing. As noted above, testing criteria are discussed elsewhere and do not, in the vast majority of cases, affect management. The following are components of the initial evaluation:

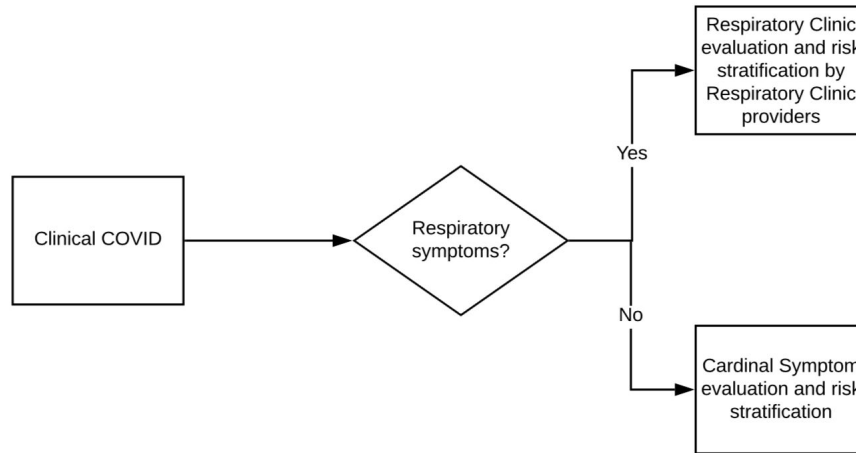
1. Does the patient have symptoms of clinical COVID?
2. Does the patient have Cardinal Symptoms (fever/cough/SOB) of COVID requiring referral to Community Management?
3. What is the patient's risk level for complicated disease?
4. Does the patient require in-person evaluation (Table 7)?
5. Does the patient require testing?

**Table 7: Indications for in-person evaluation**

1. Does the patient have underlying heart failure or pulmonary disease and is the patient experiencing respiratory symptoms?
2. Does the patient have fever or cough and underlying pulmonary disease (asthma, COPD, ILD, bronchiectasis, cystic fibrosis)?
3. Does the patient have shortness of breath and is the patient on Day 4 or later of COVID symptoms?
4. Is the patient using more O2 than at baseline or using inhalers more often without benefit?
5. Does the patient have other symptoms necessitating in-person evaluation?

All patients not requiring urgent in-person evaluation are further triaged to determine risk level. All patients with Cardinal Symptoms are referred for Community Management based on attributed risk level, with moderate- and high-risk patients referred to the risk management providers and low-risk patients referred to the Outreach Team. Additionally, patients who are moderate- or high-risk for severe disease but without Cardinal Symptoms are referred to the Outreach program within Community Management for a minimum one-time outreach.

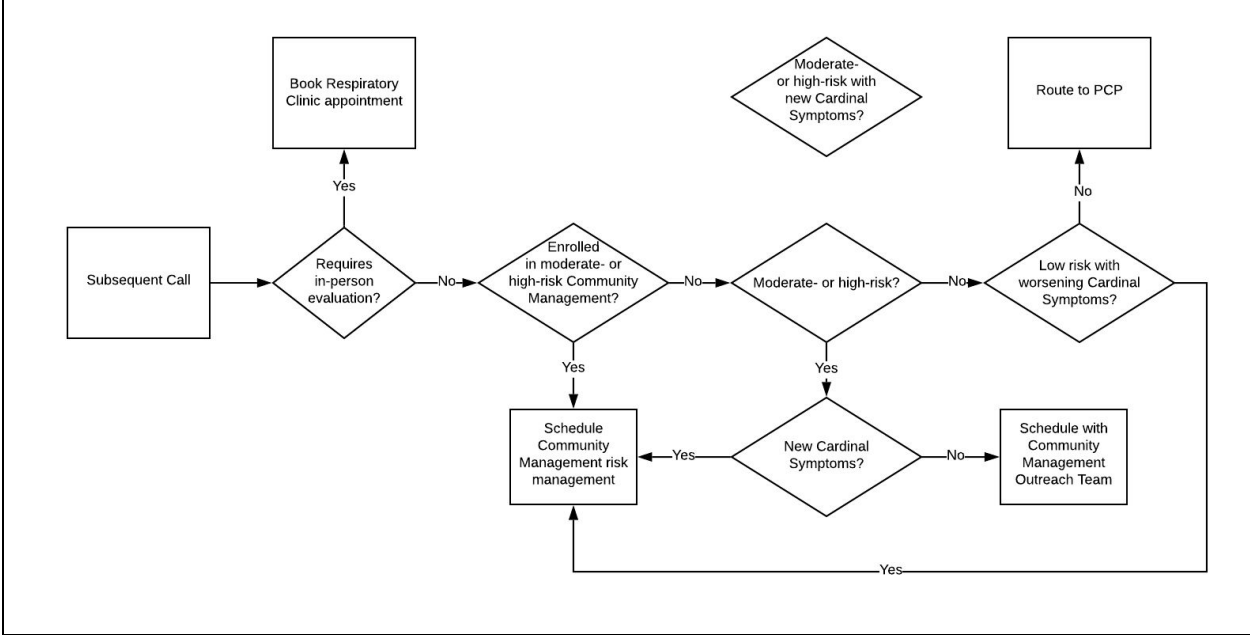
**Table 8: Initial triage workflow**



**Subsequent calls:**

Patients who call the Triage Center after an initial evaluation typically call because they are experiencing new or worsening symptoms. In this case, patients are re-evaluated for need for in person evaluation first. If in-person evaluation is not needed, those already enrolled in high- or moderate-risk community management are routed to the appropriate risk management team. Patients who previously did not have Cardinal symptoms are routed for enrollment in Community Management based on risk level. Moderate- and high-risk patients still without Cardinal Symptoms are re-referred to the Outreach Team. Finally, patients who were previously managed as low risk based on the presence of Cardinal Symptoms and a low risk profile are upgraded to moderate risk if they report persistent or worsening symptoms.

**Table 9: Subsequent call workflow**



**Testing:**

Decisions to refer to Community Management are based on the above criteria and are independent of CHA criteria for testing, though there is extensive overlap in the two groups.

