TITLE	BH B2 UC Viral Triage Clinic Delegated Ordering Authority for COVID-19 test ordering
TODAY'S DATE	July 10, 2020
SECTION	☐Organization Wide ☐PPE ☐OB/GYN ☐Emergency Department ☐Surgery ☐Inpatient ☒Ambulatory ☐Nursing ☐Medical staff [physicians and advance care practitioners]

APPLICABLE LOCATIONS	☐All Bozeman Health locations ☐Bozeman Health Deaconess Hospital ☐Big Sky Medical Center ☒Viral Triage Clinic		☐Belgrade Clinic + UrgentCare ☐Hillcrest Senior Living ☒b2 UrgentCare ☒b2 MicroCare

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APPROVED BY	Kallie Kujawa, IC
APPROVAL DATE	July 8, 2020

PURPOSE:

To facilitate rapid testing and reduce risk of community transmission, this policy authorizes protocol orders for Covid-19 testing for patients during their appointment with a provider and who meet current BH testing criteria meeting. Orders will be placed on behalf of the Physician, Nurse Practitioner (NP), or Physician Assistant (PA) seeing the patient.

POLICY/PROTOCOL:

1. Current testing criteria will be utilized to determine if patient meets criteria for testing.
2. An order will be placed by those authorized in their role to place orders per BH standing orders policy.
3. Priority level of the test in accordance with the "**SARS-CoV2 Testing**" document will be included in the order.

Procedure:

1. Patient is roomed and current testing criteria are used to determine eligibility for a Covid-19 swab.
2. Orders are placed under the provider seeing that patient
    i. Order COVID-19 test NBLD0624 (SARS-CORV-2 RNA, Qualitative Real-time RT PCR)
    ii. Order Mode: No cosign required
    iii. Ordering Provider: The physician, NP, or PA who will be seeing that patient for the visit
    iv. Diagnosis Code: Enter one of these 2:
        1. DX ID: 1370834 - (Z20.828 - contact with and, suspected, exposure to other viral communicable diseases)   OR
        2. DX ID: 1413353 - (Z11.59 - encounter for screening for other viral diseases).
    b. Refer to Montana DPHHS Testing Priorities and indicate test priority in "comments" field
    c. Complete MSU Research consent if patient agrees to participate
    d. Inform patient of current test resulting time frame and how they will receive results
    e. Pt will then be evaluated by provider prior to discharge.

NOTES:

Reference current BH COVID-19 Testing Criteria

OTHER POLICIES/PROTOCOLS TO REFERENCE:

NA

SCOPE:

We anticipate these adjustment to be temporary and reserve the right to revise or discontinue these adjustments with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19. Throughout the duration of the Public Health Emergency a signature is not required on the COVID testing order.