

# DRIVE UP COVID TESTING SITE

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AKA "THE COVID CABANA"

# OUR PROBLEM – NEED FOR AN EFFICIENT COVID TESTING SITE

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- Where do we put it?
- Who staffs it?
- Criteria for testing?
- Triage and Documentation?
- Discharge instructions and language barriers
- Follow-up –who does this?

# DEVELOPMENT AND IMPLEMENTATION

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- Incident Command Activation
- Recognizing need for a testing site
- Decision to locate it outside our Emergency Department.
- Thanks to many hands, it happened very quickly
- It was in, in fact, a garden shed



# DEVELOPMENT AND IMPLEMENTATION

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- Dual purpose:
  - Screen all patients entering the ED
  - Triage and testing of people with symptoms of COVID-19



- Limited testing supplies
- Development of testing criteria
- Keeping staff safe from exposure
- Staffing was shared by the ED, MedSurg, and Cardiac Rehab.
- Triage was necessary to determine if they could just be tested or needed to be seen and treated in the ED. The individual shown here, normally works in Cardiac Rehab but has formerly worked in a Level 2 ICU.



# FLOW OF TRAFFIC IN OUR PARKING LOT

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# DISCHARGE TEACHING AND FOLLOW-UP

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- CDC resources were used for teaching
- Already translated into many languages for us
- Simple instructions with pictures that helped with health literacy
- Follow-up with calling results to patients
- Many hands helping: Inpatient Care Coordinators, ER staff, Cardiac Rehab, WOC nursing, & Quality Improvement.
- Utilized our hospital interpreters and translation line with 3-way call to communicate when there was a language barrier
- Faxed work notes directly to employers

# REFERENCES AND RESOURCES

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- CDC recommendations and Up-To-Date were our main sources:
  - Used to determine testing criteria since resources were limited at first
  - Appropriate PPE for staff to wear when collecting specimens
  - Patient teaching and discharge instructions
- Information changed daily!

# OUTCOMES

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- From March – July 2020 we tested 812 patients through our testing site.
- We had our first large surge of patients beginning the end of May through mid June.
- From August 2020 – March 2021 we tested an additional 248 patients.
- Decrease during these months was due to the availability of other testing in the community including Test Iowa.
- Many of our staff became “COVID Experts” which allowed them to be great resources both in the hospital and in our community.
- #1 in per capita COVID Cases in the state in June 2020!



# EVALUATION

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- We accomplished something amazing, especially for a 25 bed Critical Access Hospital.
- We learned so much during this time, not only about COVID-19, but about how to manage a pandemic that lasts over a year.
- We don't want another pandemic to happen, but if it does, we are prepared!

