

HCP Triage and Standard Work GRID																
All patients: Each visit - T,P,R,BP,Wt & Ht. Inform provider of abnormal findings** (based on guidelines - see below).Verify: If patient having sex with men, women, or both; pt. here with partner; Sx's (Sx's: O – Onset, L – Location, D – Duration, C – Characteristics, A – Aggravating factors, R – Relieving factors, T – Treatment); *Females: LMP, LUPIC, is pt. on BC, type, if not does she want to discuss BC. **MSM: Assess for PrEP start interest.																
Abnormal Vital Sign Guidelines																
**BP outside Normal Range		Repeat BP, if ≥ 180/120; document; notify a nurse to asses if patient is having HTN symptoms; call attending.														
**Fever		Temp ≥ 38C or 100.4F, CONSULT WITH NURSE PRIOR TO SCHEDULING.														
**R and P outside Normal Range		Repeat ,if P ≥ 120, R≥ 30 .document; notify a nurse to asses patient's sx's; call attending.														
Delegated Labs																
Visit Type	UA (clean catch)	Urine Preg HCG	Urine GC/CT	Rapid HIV	Rapid HCV	RPR Stat	RPR Ab/Ag	ALT	AST	Creatinine	Hep B Ag	EIA Combo	Lymph T-Cell panel	HIV-1 RNA quantitative PCR	Hepatitis C Antibody	COMMENTS X=Indicates delegated task prior to visit *= If Indicated, per pt. chief complaint or risk factors.
MSW			X*	X	X**	X**										*ASx pt's ONLY (phlebotomy to collect sample) **STI screen per risk factor, See Testing Guidelines
WSM / WSMW	X*	X**		X	X***	X***	X***									*C/O dysuria, urine frequency/urgency; **LMP is > 30 days ago; EC/BC; IUD/Implant insertion/removal; abdominal pain; pelvic pain (even if they've had a tubal), concerns with pregnancy regardless of BC method. (DO NOT ORDER HCG TEST FOR PARTIAL OR FULL HYSTERECTOMIES) ***STI screen per risk factor, See Testing Guidelines
MSM / MSMW			X*	X	X**	X**	X									*ASx ONLY (phlebotomy to collect sample) **STI screen per risk factor, See Testing Guidelines
PEP		X*		X	X**	X**	X**	X	X	X	X					*Females **STI screen per risk factor, See Testing Guidelines
PEP f/u				X	X*						X**					* HCV test if needle exposure @ 6 month f/u Hep B Ag @ 6 month f/u **
PrEP Start & PrEP f/u			X*	X	X*	X*	X*									*STI screen per risk factor, See Testing Guidelines. (notify Phlebotomy for extra lab specimens collection)
LTC HIV confirmatory testing												X	X	X		
Fees and Testing Guidelines																
STI Testing/Screening	Pts with insurance that decline to use insurance and those who qualify for Federal Poverty, screen for 2018 Federal Poverty Level qualifications by county (\$0-\$75.00 fee). Pts with insurance NO Co-payment/deductible collected at time of visit.															
STI Treatment	NO FEE. Pts with insurance NO Co-payment collected.															
HIV + pt's	NO HIV Testing															
HCV + pt.'s	NO HCV Testing															
Syphilis Tx outside of DH testing/CDPHE Referral	Repeat testing for pt. referral lab results ≥ 7d's old. Order Rapid RPR and RPR STAT *CDPHE Referrals: check referral folder and place referral with pt. stickers for clinician, if no referral call CDPHE for Hx. **Triage to obtain short pt. hx: current labs, dates of previous hx, dx from outside facility, facility name, city, state, and obtain signed ROI from pt. .															
RPR STAT	All contacts to syphilis; complaints of rash/sores/head ache/vision problems/neck stiffness (verify with Team Lead if needed); Pts who have had receptive anal sex and presents with rectal pain, and pregnant women.															
HCV Testing	IV drug use & shared supplies ≥ 6 m's; Intranasal drug use & shared supplies ≥ 6 m's; Unregulated tattoo ≥ 6 m's; incarceration; Born to HCV infected mother; sexual partner of someone infected with HCV; Possible pregnancy; Test once in a life time if: blood transfusion prior to 1992; blood transfusion outside of U.S.A.; Born between 1945-1965. Offer Hepatitis C testing ONCE PER YEAR , even if the person has ongoing risk factors.															
RPR Ab/Ag Testing	Symptomatic individuals and pt.'s not presenting to the clinic with symptoms that could indicate syphilis; females who have had gay or bisexual male partners; patients who have traveled and had IC in Asia or individuals born in a country with high or intermediate prevalence of endemic of syphilis; and patients that are HIV+; and pregnant women.															
HIV Testing	Yearly HIV testing for WSM/MSW/WSMW(partner MSM); MSM/MSMW Every 3-6 month Testing; and pregnant women.															
Medication Refill for compliance non-	\$15.00 fee															
HPV f/u Tx	Initial visit screen pt. for Federal Poverty Level; \$45.00 fee Private Ins/Sliding scale f/u tx. (pt. considered "new/initial visit" after 3 m's from last HPV tx screen for Federal Poverty Level for fee); Medicaid NO FEE (w/ NP)															
VSR pt.'s	\$65.00 fee (must be paid for reporting)															
Immunizations	Pt's with insurance who decline to use insurance \$65.00- \$265.00 fee per vaccine @ Iz Clinic. Pt's. who qualify for Federal Poverty NO FEE/\$20 donation per vaccine.															
Triage to review EPIC & CIIS for Iz hx on every pt. for vaccines below & document hx in Epic. Pt's ≥ 19 yo with no payor sources order vaccines in clinic. Pt's ≥ 19 yo with INS send to IZ clinic. Triage to order Iz's needed » Phlebotomy to administer iz's and provide record to pt.																
HAV pts ≥ 19 yo	MSM, IV/non-IV drug users, adults who want to be protected from HA, anticipated travel, Hx of Chronic Liver disease (including hepatitis B/C), Hx of clotting-factor disorder, hemophilia, anticipated close personal contact with an international adoptee from a country of high/intermediate endemicity during the first 60 d's after the arrival of the adoptee in the US, Employment in a research lab requiring work with HAV/HAV-infected primates, Unvaccinated adults age 40 yrs./younger with recent possible exposure to HAV.															
HBV pts ≥ 19 yo (See Standing order guidelines for schedule)	MSM, any person who wants to be protected from HBV infection, HIV infection; or chronic liver disease, more than 1 sex partner during the previous 6 months, Seeking evaluation or receiving treatment for an STI, IV Drug user, Patient with DM, Patient with ESRD, patients receiving hemodialysis, Health care worker, public safety worker, trainee in a health professional or allied health school (risk of infection through exposure to blood or blood-contaminated body fluids.), Sex partner or household member of a person who is chronically infected with HBV, Planned travel to a country with high or intermediate prevalence of endemic HBV, People living in correctional facilities.															
HPV pts ≥ 19 yo (See Standing order guidelines for schedule)	Female/Male 19-26 of age, MSM, Immunocompromised as a result of infection (including HIV), any person 19-26 who wants to be protected from HPV.															
Influenza pts ≥ 19 yo	Any person who wants to be protected from influenza, HIV infection; or chronic liver disease, Health care worker, public safety worker, trainee in a health professional or allied health school household member of a person who is immunocompromised, Planned travel.															
•Triage to count alternating 30 and 45 min. appts per session staffing clinicians; communicate to front desk staff of pt. count; monitor EPIC Schedule for No Shows; pm triage to give front desk staff pm patient count for afternoon schedule by 11:45 daily.																
•Triage to complete rooming questions for all scheduled procedures and give pt. consent prior to appt time.																
•Triage to touch base with staffing clinicians about flow and delay times towards end of session: help clinician by completing rooming questions, moving pt.'s around or asking other clinicians to help with pt. flow/visit. If triage is complete, see express visits, complete individual work assignments, and/or assist others with front office duties, or phlebotomy if backed-up. Rule of thumb, during down time, if you triage an express visit, you should see the express visit (as long as there is another person in triage), then return to triage after seeing pt.																
Visit Type	BCM	Procedures	PEP	PrEP	Sx Pts	Syphilis (LAB 1,2,&3)	Tx's (GC/CT/Trich)	ASx	EC	LAB # 2	HCG only	Follow up PrEP	Cryotherapy			COMMENTS
NP's	X	X	X	X	X	X	X	X	X	X	X	X	X			
RN's	X		X	X	X	X	X	X	X	X	X		X			
LPN's				X	X*		X	X	X	X	X					Males (no anal issues/sores/lesions or rash) Females (no vaginal exams)
HCP's								X			X					
LTC								X*								*Primarily MSM, check with clinician for WSM/MSW prior to scheduling.