

Frequently Asked Questions: Covid-19 Pre-procedure Testing FAQs

Who needs this testing?

What procedures does this testing process apply to?

[Procedures and Patient Populations to Test](#)

What is the definition of invasive?

Any procedure involving puncture or incision of the skin, or insertion of an instrument or foreign material into the body, excluding venipuncture and intravenous therapy.

Does this process apply to diagnostic studies?

This does not apply to noninvasive diagnostic studies such as MRI, CT, and X-ray.

Do all Medical Imaging/Nuclear medicine patients require testing?

Only if an elective invasive study.

Does this apply to Interventional Radiology?

Yes and these procedures are being scheduled out at least 5 business days to allow time for the screenings, BUCS testing and results being communicated back to the patient.

Can we start scheduling noninvasive procedures as of May 1, 2020 as well?

Yes.

Does this process apply to TEE studies in Diagnostic Cardiology?

Yes.

Does every adult patient need both the PCR test and the IgG antibody test before their procedure?

Yes.

Are we restricting any service lines, such as plastic surgery or ENT, at this time?

No.

How do we handle urgent/emergent/STAT procedures that can't wait 72 hours for this testing process?

This process only applies to non-urgent procedures.

Is this process applicable for the independent providers? Do their offices need to handle this process?

This process applies to independent and employed providers/proceduralists. All patients should follow this same process.

For Pediatric patients getting elective / non-urgent procedures, how young are we testing for Covid-19?

Patients under 18 will get the PCR test only (not the IgG antibody test). All other patients get both tests.

Do we have any recommendation for incarcerated patients regarding timing of testing and social distancing?

We know this is a high-risk population for Covid-19, so every effort should be made to follow this process. We should ask for testing to be completed at the prison 72 hours prior to the

procedure. The Department of Corrections has agreed to follow this process and provide Banner with the results in advance of the procedure.

What if a patient is scheduled for a procedure, but does not call us back so we are not able to reach them to get this testing done?

If the patient is not tested their procedure needs to be rescheduled and testing performed.

Do we need to follow this process for wound care clinics?

A general appointment for debridement or dressing would not require the testing as that is not invasive.

What about patients who need Para/thora, how often do they need tested?

Currently we are recommending repeat testing every 14 days for subsequent visits. Patient would not need to be retested if they are IgG+.

How will we test patients from SNF/group home?

Every attempt should be made to have a patient have testing at a Banner site. If impossible, out of town patients are one of the exceptions to testing requirement to be performed in Banner facility. Both PCR and IgG should be completed.

What if the patient lives out of town?

Every attempt should be made to have a patient have testing at a Banner site. If this isn't possible, out of town patients are one of the exceptions to testing requirement to be performed in a Banner facility. Both PCR and IgG should be completed where they live, and the results sent to Banner. We are working with our SQL lab partners to identify SQL Patient Service Centers in communities where Banner doesn't have a facility so we can offer the same tests to those patients who live out of town.

Is testing required for Modified Barium Swallow Studies?

Yes.

For OB patients who might come in and out in advance of delivery for various reasons, at which point do we decide to test them? Examples would be early labor, non-stress test, etc.

If we can get the patient tested 72 hours before their procedure, we should. Follow the workflow.

How does this testing happen?

Who will be the ordering provider for this testing? Is it the physician who orders the procedure or the radiologist or other proceduralist who performs the procedure?

If the testing is done at the facility PAT, the ordering physician name should be the surgeon/proceduralist. If the testing is done at BUCS, the ordering physician will be the BUCS provider with the surgeon/proceduralist cc: on the results.

Have the MEC's approved the standing order?

All the MECs in Arizona have approved the standing order including Page and Payson.

What education or training is being offered to providers regarding how to interpret the results for PCR and IgG tests?

Tip sheets for test result interpretation can be found in the Covid-19 Tool Kit.

Do we have talking points to communicate this new process to the surgeons/proceduralists?

There is a [Single Point Lesson Sheet \(SPLS\)](#) that can be used to communicate the process to surgeons/proceduralists.

How do these specimens get from PAT to the lab? How often will they be picked up from lab?

These specimens are walked to the lab or picked up, depending on the collection site. This is done every couple of hours at most facilities. BUCS has scheduled pick ups throughout the day.

We have surgeons who do pre-surgical testing including PCR and IgG and they would like to use their own. What is Banner's stance on that?

Banner requires this testing be done by Banner because of the various assays available and the varying level of specificity in them.

Are there recommendations regarding intraoperative PPE based on screening tests?

We are classifying procedures based on level of risk so everyone should follow the algorithm and process for testing and the current PPE recommendations.

If testing is done at a BUCS location, how do we see the results?

The results will be in Cerner for everyone to see.

Is there a cut off that we would not accept testing? There has been a lot of discussion about 72 hours but is there a range?

72 hours (WD rurals may need to test at 7 days pre-procedure) is the recommendation for being able to get results back in time to decide about moving forward with the procedure or not. Any longer than that presents concerns about the patient not self-isolating and becoming exposed after collection. We will monitor the process and timing and adjust if the data shows this is necessary.

If we have a situation where we have to cancel a procedure the same day on a patient with Covid-19 negative results (example is if they forgot to be NPO), will the patient need to be retested prior to their new procedure date?

The test is valid for 14 days pre-procedure. Recommend patient self-isolate before the new procedure date.

When would we use the OP vs. NP swab for PCR tests (age related question)?

We should use an OP swab on neonates where the NP swab is too large. Other than that specific condition we should use the NP swab on all patients, including pediatric patients, as it has a higher recovery rate than the OP swab.

When do we anticipate more locations being available for testing?

We will add more if the data shows this is necessary.

Who lets the patient know they need Covid-19 testing prior to the exam being done?

The provider's office who schedules the procedure should have that conversation with the patient at the time of scheduling the procedure. If the procedure was scheduled before this process was implemented, the PAT may inform the patient.

What happens when the state changes the guidelines for Covid-19 testing?

Informatics is updating forms as the state requirements for Covid-19 testing change so always use the forms.

If the patient doesn't answer their phone on the 24-hour call and doesn't call us back, but their Covid-19 test result was negative, will we let them have the procedure if they show up the day of procedure?

Yes, with a screening for symptoms and temperature at the door (current process for door checks in place at all facilities).

What if a patient is scheduled for a procedure, but does not call us back so we are not able to reach them to get this testing done?

If the patient is not tested their procedure needs to be rescheduled and testing performed.

For Imaging will the orders go in under the ordering provider or the proceduralist?

If the proceduralist is known then the proceduralist, if the proceduralist is not known then the medical director of the imaging area.

For patients who have to go out of the home to work, if they can't take time off work to self-isolate, are they not able to get their procedures?

Self-isolation is a recommendation for everyone's safety so good decisions for everyone need to be made.

What if the patient does not self-isolate between the time we collect the specimen and the procedure time?

We cannot require or mandate self-isolation. We can only recommend it. Use the workflow and the 24 hour call to determine if they have a risk of exposure or symptoms and work with the Review Team and the surgeon/proceduralist on how they want to proceed (weighing the risk and urgency of the procedure).

What if the patient refuses to get tested?

This process applies to elective / non-urgent surgeries and procedures. PCR testing for these surgeries and procedures is a state requirement in all states Banner operates in with the exception of WY and NE. If the patient refuses, we cannot proceed with the procedure.

What if the results of the testing aren't back in time for the procedure?

Follow the workflow and ensure you are scheduling the procedure at least 72 hours before the procedure date and time (do not schedule it 48 hours out and expect the results of the test to be back in time. This process was designed with consideration of lab supply and volumes as well as the needs of the facilities). If the test specimen for PCR was collected 72 hours before the procedure and the results are not back before the procedure, first email sqlclientservices-management@sonoraquest.com with the following information:

- Requesters SQL Account number
- Patient name and DOB
- Fax # to send results to
- Requesters name and position so we can document the request

If your question comes outside of business hours which are M-F 8am-6pm, call 602-685-5090 with that same information.

For patients coming in for a procedure (example, PFT) so haven't registered yet, where do we document the pre-screening questions?

The patient should have an appointment because these are non-urgent / elective procedures. There should be a future encounter form that appointment. You would document the PowerForm on that future encounter.

If we have a patient scheduled for a non-urgent procedure and the patient recently went to a Collection Site for their PCR test, can we use that result in our decision tree rather than sending them for another test?

As long as the patient went to a Banner (or Banner approved) location for their PCR test and it was in the last 72 hours, and they have been self-isolating since their test collection, you can use that test result to determine whether you can proceed with the procedure.