COVERAGE FOR A PROVIDER OUT OF THE OFFICE
March 2025

Goal: Improve patient care by standardizing vacation coverage for all VMG practitioners when they are out of office. Prioritize work to be done to assist nursing for low staff days. Improve sustainability of primary care for practitioners.

Provider on Vacation OOO

- Priority goes to people on vacation (out of office >2 consecutive days)
- We ask providers to "empty box" and sign CSRP scripts prior to vacation (CSRP needs to know 2 weeks in advance in order to have time to pre-que.
- When providers don't clean out their boxes, coverage is much harder; nursing goes from day that provider started being off and out of the office (OOO).
- Providers to communicate "pending work ups" or "at risk patients" with their teams to facilitate completion of things while they are away.
- We ask that nursing manage cases, do grid work (labs/clinical documents) and understood to support this coverage this is generally this is not just one person but spread out.
- Exception is VNA orders, disability forms (usually appointment should be booked) and delegated orders that are left for "covering" providers to go into box and sign off on.
- Patient cases should only be in the vacationing providers box if they say "hold for provider" which indicates that someone has reviewed it and deemed ok to leave. Overall goal is to have as little left in vacationing provider box as possible.

The **"covering" provider** is assigned each day and is expected to address urgent needs of patients and nursing questions for the OOO provider.

Normal day off coverage

- For providers out of the office for their normal day off, **only urgent needs** are forwarded to the covering provider.
- Providers are expected to manage most of the things that come into their box with the exception are those things covered by nursing grids when they have staffing. Nursing tries to get to the boxes for clinical/labs grid as much as possible.
- Lastly, if there is time nursing does grid work for provider in office.

Accepted variation in practice at health centers.

Management of Patient Needs
March 2025

Role	Vacation (>2 days)	Scheduled Day Off	Provider In House
Vacationing Provider	- submit PTO request and get approval for PTO - complete pre-vacation checklist	- communicate with team about any cases that are likely to come up while out of the office	N/A
Reception	- notify patients calling in that the provider is out of the office - if new concern, schedule visit with team or send to triage to be scheduled	- notify patients calling in that the provider is out of the office - if new concern, schedule visit or send to triage to be scheduled	- per usual protocol
Nurse Triage	- book patients with new concerns - When taking a message look to see who has been seeing patient and send to that person not just "PCP".	- consult VMG preceptor for "urgent issues" or send to covering provider. -If new medical condition try to book patient for visit same day or within week.	- per usual protocol
Inbox Nurse	**Priority #1 – Expectation 100% of the time**	**Priority #2 – when staffing allows (labs are priority)**	**Priority #3 – when staffing allows**
	Patient Cases: book appts for patients with new concerns	Patient Cases: book appts for patients with new concerns	Patient Cases: Providers review and determine next steps
	Labs: manage per lab grid to close labs, and to forward out of range labs to team (from the day the provider is on vacation going forward). Prioritize labs over clinical documents if needed.	Labs: manage per lab grid and forward critical labs with a warm hand off to VMG preceptor/covering provider. Leave others.	Labs: manage per lab grid to close labs, prioritize labs over clinical documents if needed.
	Clinical Documents: manage per clinical documents grid. Send remaining clinical documents to covering team (not just the covering provider)	Clinical Documents: manage per clinical documents grid	Clinical Documents: manage per clinical documents grid
Clinical Clerk	- queue routine medication refills to PCP - urgent refills if patient is out of medications, or controlled substances that cannot wait for PCP – queue to covering provider	- queue routine medication refills to PCP - urgent refills if patient is out of medications, or controlled substances that cannot wait for PCP – queue to covering provider	- per usual protocol
Covering Provider	- sign orders for vacationing provider once per day - address patient cases as completely as possible and avoid writing "ok for PCP" unless only PCP can do the work - address abnormal labs and imaging, order appropriate follow up testing as needed and communicate with patient - only leave for provider as "FYI" if it is clinically important to the PCP	- address abnormal labs and imaging, order follow up as needed and communicate with patient - address urgent patient cases	N/A