COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES PRE-APPROVED TEMPLATE

Title: COVID-19 Clinical Practice Guidelines

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Project Description	Ophthalmic care places the provider and patient at increased risk of disease transmission given examination proximity. This endeavor seeks to mitigate exposure risk incurred in a private clinic solo physician setting.
Background Information	Ophthalmologists are among the providers at increased risk of communicable disease transmission given our proximity to patients' faces during the examination process. COVID-19 is transmitted through aerosol exposure, contact with ophthalmic secretions and contact with fomite surfaces. In order to continue to serve patients and provide vital care, practice patterns must be adapted to adjust to this new clinical reality.
Project Setting	Solo Practice
Study Population	Employees will be educated on methods of viral transmission, and ways to minimize exposure. Appropriate patients will be offered a telehealth visit to minimize exposure to the virus. If a patient needs to be seen in the office, steps will be taken to reduce exposure risk. When patients are scheduled (and reminder phone calls made the day prior to the visit), the employee will instruct the patients to inform us of relevant clinical symptoms (fever over 100.4 degrees Fahrenheit, new onset dry cough, severe shortness of breath). If they answer yes to any of these items, they will be redirected to the local hospital via the COVID hotline. Ophthalmic care may be provided through the ER/inpatient ward after appropriate systemic evaluation/isolation. Patients will also be asked by staff via telephone if they have been exposed to known COVID positive individuals or traveled in the past 2 weeks. If so, these patients will be asked to reschedule in 2 weeks (assuming they remain well without further positive answers). Efforts will be made to avoid having people waiting in the reception area. The schedule will be staggered, and capacity reduced to allow for social distancing as much as possible. The staff will wear gloves, goggles and face masks when patients are in the office. Gloves will be changed after each patient. Masks will be disposed of at the end of day (unless soiled or wet). The office will be cleaned down w/ sanitizing wipes prior to the start of clinic, after each patient (in the exam room used), and after clinic. Only the patient (and one caregiver/parent) will be allowed at the visit. Family members/companions must wait in the car. As much clinical data as possible will be entered into the EHR prior to visit (the MA may take the history the day prior when confirming the visit). The patient will be greeted/screened by the MA at the front entrance and have their temperature checked. Anyone with a cough or other respiratory illness (without fever) will be given a mask to wear. The patient will be escorted to an exam room. A breath shield will be in place at the slit lamp. The patient will be asked to back away from the lamp if they need to cough/sneeze and avoid conversation at the lamp. Once the exam is completed, the patient will be escorted out of the office when possible. The plan

	will be discussed with them over the telephone after they return to their car. The follow up visit will be made over the phone as well. The exam room will then be cleansed with sanitizing wipes by a member of the staff.
Quality Measures	Prior to COVID, we did not routinely screen patients on the phone for illness or travel. The waiting room was not thoroughly wiped down in such a regimented fashion. Care will be taken to follow the recommendations of the AAO, ASOPRS, the local county public health directives, and the local hospitals. Such resources were consulted to make the changes described in the "study population" section. We will routinely ensure the above cleaning protocols are followed daily. Adjustments will be made as new recommendations are made. Our office will track how many patients are able to: 1) convert to telehealth visits, and 2) how many non-urgent elective appointments were able to be postponed. This will be tracked monthly. The receptionist is keeping lists of patients who need to be rescheduled for visits/surgery once the pandemic has eased. The goal is to increase the number of telehealth visits to care for patients and reduce the number of elective non-urgent true appointments to reduce the risk of virus exposure.
Project Interventions and Improvement Period	• Virtual visits will be offered to appropriate patients. • Visits for non-urgent elective issues will be postponed if possible. • For patients who need to be seen, they will be screened for illness or exposure via telephone at the time the appointment is made, and the confirmation call the day prior to the visit. • The schedule will be staggered and reduced to avoid anyone in the waiting room. • The patient will be asked to attend the visit alone (or with one parent/caregiver when needed). • Gloves will be worn for each patient encounter. Following removal of gloves, hand sanitizer will be applied by the user (at least 60% alcohol) if they are unable to wash with soap and water at the sink. • Office staff will wear masks. Patients with a cough (and without a fever) will be instructed to wear a mask
Project Team:	I am the physician owner and will oversee these clinical practice changes. I have a small office with only 2 employees which will facilitate oversight.

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Section 2. Project Evaluation

You will complete section 2 via your MOC Status page after you have implemented the project. The information necessary to complete section 2 is provided below.

PROJECT SUMMARY:
Review the effect and adjustment of implementing the policy changes after a minimum of 30 days and in the following sections, please prepare a brief summary of the project highlighting the data collected, effectiveness of the measurement approach, interventions and the overall impact of the project.

BASELINE DATA:
Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced).

FOLLOW-UP DATA:
Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement).

PROJECT IMPACT:
Compare the baseline data to the re-measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective.

PROJECT REFLECTION:
Do you feel that the project was worthwhile, effective? ☐ Yes / ☐ No
How might have you performed the project differently?
Please offer suggestions for other ophthalmologists undertaking a similar project: