COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES

PRE- APPROVED TEMPLATE

Title: Modification of COVID Workflow in the Workplace
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Project Description	To modify the movement of patients in the office during the COVID era. Optimizing social distance between patients and staff. Optimizing The use of personal protective devices for staff and patients in the office. Optimizing telemedicine and leveraging technology.
Background Information	Change in workflow as a result of the COVID-19 pandemic to minimize social interaction and potential spread in the outpatient setting.
Project Setting	Group Practice
Study Population	Disinfection of patient care screening rooms, exam rooms, and photography after every patient encounter Disinfect patient chairs, slit lamp controls, both sides of the slit lamp face shields, slit lamp patient hand grips, all camera wipeable surfaces/counters/controls, eye drop bottles, to open and pneumotonometer handles, and pen lights after every patient encounter. Staff need to wear gloves. Staff must wash or sanitize your hands before and after every patient "touching" process. Staff should not go from patient "touching" to work on your iPad without performing hand hygiene first. Staff should disinfect the iPad after obtaining every patient signature.

Quality Measures	I am not sure how to assess this in an objective manner. We have had no cases of COVID with any of our employees or patients since instituting our measures.
Project Interventions and Improvement Period	Hostess prescreening stand at the entrance of all waiting rooms. The nurse assist will sit at a makeshift workstation and question all patients and visitors about current symptoms and travel. we will take everyone's temperature as they enter our office. This will apply to all employees as well. The thermometer should be disinfected after every use. Screened people (staff, employee, visitors, and patients) will be logged with their name, temp, and a negative sign for no symptoms. If a positive response for symptoms is reported, an explanation of symptoms should be recorded. This information should be discussed with the nurses and/or physician to determine if they can stay on the premises or should be rescheduled. if a patient has symptoms but no changes in vision, they will be rescheduled. If a patient has vision changes and has respiratory symptoms or have traveled, they will be seen and isolated as previously recommended. Please assign one of your exam rooms as an isolation room and use it throughout the day for sick patients. It should be sanitized between every patient. Other guidelines: No one under 16 is permitted in our offices. patients and/or visitors need to wait in their cars rather than the waiting rooms. Please obtain their mobile number and call them when ready if possible. the hostess will encourage social distancing in the waiting room (6 feet between people). Keep the door entering and exiting the waiting rooms propped open to avoid frequent door handle touching.
Project Team	My role is to work with the nursing team, front office team, clinical staff, and administrative staff on proper covert education and addressing changes in workflow to minimize possible spread of COVID in an era of social distancing.

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Section 2. Project Evaluation

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	0% incidence of COVID related infections in regard to staff or patients over a 6-week period. Higher productivity in those working remotely, i.e. Billing staff - AR cycle has been the best it has been. And denials being reworked are completed.
FOLLOW-UP DATA	No incidents of contracted COVID by employees or patients as a result of measures implemented.
PROJECT IMPACT	This has changed our workflow and has offered a number of our employees the ability for greater productivity by working at home. Also has optimized our patient portals and preregistration processes to minimize patient contact and physical interactions while promoting social distancing.
PROJECT REFLECTION	• **Do you feel that the project was worthwhile, effective?** Yes • **How might you have performed the project differently?** Wish we had an organized plan from ten beginning but had to change policy and procedure from week to week due to the changing medical / public health landscape. This was sometimes taxing for employees to adjust with changes in workflow. • **Please offer suggestions for other ophthalmologists undertaking a similar project.** Great lesson in teamwork and policy building between departments of a medical practice. Makes the group cohesively stronger and better adaptable to upcoming challenges in the work environment. Our work is better organized on a detailed document that have in our office but difficult to demonstrate in the sections of this MBOC project.