

COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES

PRE- APPROVED TEMPLATE

Title: Social Distancing in a Group Practice to Reduce the Spread of COVID-19 While Maintaining Care for Patients

Author: [Kristina Pao, MD](#)

Project Description	Given the highly contagious nature of COVID-19 and our generally susceptible older patient population, it is our social and moral obligation to do our part as medical professionals to reduce the local spread of coronavirus and help flatten the curve. Our previous practices were within the standard norm in terms of patient flow and facility cleanliness given a busy private practice. However, the global pandemic forced us to look at our own hygienic practices and identify areas where improvement could be made to do our part to reduce exposure and the spread of COVID-19 in our community.
Background Information	When COVID-19 was declared a worldwide pandemic, our office was faced with a difficult decision to maintain open doors and continue to provide ophthalmic care to our patients or to reduce our office to a "skeleton crew" and only see emergent and urgent patients. Immediately, after our state governor prohibited elective procedures and surgeries, the owners of the office decided to reduce provider hours and services to emergent and urgent patients only. During this time and as we slowly re-open our office, we implemented office-wide precautions to help reduce the spread of COVID-19 to our patients and staff.
Project Setting	Group Practice
Study Population	Our study population includes our busiest satellite office and its physicians and employees. Process changes include: employee training (how to answer phone calls and screen patients), sanitation habits (instillation of scheduled disinfection on a daily basis), installation of breath shields in examination rooms, and change in how patients are seen (reduced schedules, emergency visits only, limited talking in the examination room, reduced physical touch, use of masks).

Quality Measures	Prior pandemic habits included no pre-screening of patients prior to their appointment, no segregating of conjunctivitis or sick patients, patients sitting next to each other, end-of-day cleaning of waiting rooms and examination rooms unless there was a known conjunctivitis patient; no breath shield in each examination lane; staff and personnel in close quarters sharing small office without disinfection schedules.
Project Interventions and Improvement Period	Our office has been seeing only emergency visits and reduced each office to one physician in per day. We have reduced to a limited number of "essential" staff and are scheduling emergency visits to every 45 minutes to practice social distancing while in the office. Patients are screened on the telephone. If they have URI symptoms, they are directed to the nearest university hospital setting where they are equipped to screen and isolate for COVID-19 patients with the appropriate personal protective equipment (we do not have these). We have ordered and installed breath shields on every slit lamp. Every room is disinfected after each patient is seen and staff and physicians are washing their hands for 20 seconds with soap and water before and after each patient is seen. We have instituted sanitization schedules of the office working spaces and staff is to maintain at least a 6-foot distance from each other whenever possible.
Project Team	<ul style="list-style-type: none"> • My role as an associate physician is to implement the above practices so that our office may still be open to provide care for our patients and other patients whose physicians have closed their doors entirely. • Reception/Front staff: call patients to reschedule routine examinations, triage phone calls, conduct telephone screenings, disinfect their own stations and waiting area • Ophthalmic technicians: help triage one calls, disinfect examination rooms Senior ophthalmologist: same role that I play on the days that I am not in the office.

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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	<p>Before interventions for improvement were introduced, there was no formal process in place: no screening of patients, no segregation of patients with conjunctivitis, no regimented cleaning of waiting room equipment. Exam rooms and waiting areas were cleaned at the end of the day. A communal coffee pot, water dispenser, magazine racks, and children's play area were available for patients.</p> <p>Waiting areas had 25-30 chairs side-by-side. One staff member was assigned each day to clean the waiting room with a disinfectant wipe and re-organize magazines in magazine racks. One tech was assigned to clean down each exam lane at the end of the day.</p>
FOLLOW-UP DATA	<p>Universal Precautions were set in place for our office beginning in March. Since then we (office administrators and physicians) have looked carefully into our practices and implemented changes and protocols for all our 5 offices. Office staff sewed masks so that each full-time employee had 3 cloth masks so that they can launder their own. Part-time employees were provided with two cloth masks.</p> <p>Our Universal Precautions updated for COVID-19 were as follows:</p> <p>Patient Screening and Safety</p> <ul style="list-style-type: none"> • Patients should enter for their appointment by themselves or, if they need assistance (ie physical, language, memory, or surgical consultation), bring only one person. If possible, drivers should remain outside or in their vehicle. • Patients will be reminded at each phone conversation and voicemail prior to their appointment that they must wear a mask while in our office for the entire visit. • Those who fail to bring a mask and are presenting for an urgent or emergent appointment will be given one to wear. Failure to bring a mask for a routine appointment will result in rescheduling of the appointment. • Signs shall be posted at entrances and reception desks indicating that masks should be worn the entire visit. • All staff, patients and caregivers will have their temperature taken on entry to the clinic. • Individuals with temperatures 100.4 or greater will not be allowed into the clinic. These patients will be told to contact their primary care physician. • Signs providing instruction on proper handwashing will be posted at each public and employee sink. • Clinic schedules should be controlled to allow for 6' physical spacing in the waiting and testing areas. • All patients shall be questioned about pertinent symptoms when making their appointment, when the confirmation call is made, and upon entry to the clinic. • In the last two weeks, have you been in contact with someone who was

confirmed or suspected to have Coronavirus/COVID 19?

- "No" – Are you experiencing a fever, cough, or shortness of breath?
- Readily accessible supplies are available such as tissues, hand soap, waste receptacles, and alcohol-based hand sanitizer.
- Patients should be coached to not speak when being closely examined or working with optical staff.

No Touch Greetings

Employees should use "No Touch" greetings. A masked smile followed by a simple "Hello", your name and regular explanations will suffice. Do not shake hands or hug patients.

Physical Distancing in the Clinic

- Ask patients to maintain their distance if there is a wait to check-in. If the reception area becomes crowded, please take patient cell.
- Phone numbers and ask them to wait in their cars. When the room starts to clear, call in the next appointment from their car.
- Entry/exit doors and internal doors within clinics will either be open or maintained with appropriate cleaning intervals to allow.
- Minimal patient/staff potential contamination.
- Counters and signature stylus should be frequently wiped down.
- Floor markers shall be placed throughout clinics to provide for appropriate spacing.
- Testing rooms with more than one piece of equipment shall be used one patient at a time unless 6' can be maintained between patients.

Sick Patients – Ill but not COVID-19 suspected

- Emergency patients that must be seen, but present ill, shall be taken to an exam room and should stay there for their entire visit.
- Technicians and providers should take appropriate precautions as deemed necessary by the provider, ie gloves, eye shields.
- Any time a lane is used to care for a patient in need of isolation, it should be thoroughly wiped down.

Handwashing and Sanitizing - Most important item to stay healthy

- When caring for patients, visible hand sanitizing and surface cleaning will bring them peace of mind.
- Signs on proper handwashing technique are placed at every sink. Follow the rules.
- Sanitize your hands often for at least 20 seconds each time.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. Putting a tissue on a table contaminates the surface of the table with germs.
- Avoid touching your face, especially your eyes, nose, and mouth.

Personal Protection

- All staff members who interface with patients must wear a mask. Minimize mask removal and avoid touching your face.
- Employees should try to use one mask each day. Some masks may become contaminated and loose. These need to be replaced. Cloth masks should be laundered after one day's wear.
- Slit lamp protective shields are in place in every clinic.
- We require all staff to wear a mask when working with patients. Gloves and face shields will be used at the discretion of the provider.

	<ul style="list-style-type: none"> • Supervisors shall monitor the condition of masks worn by staff and provide replacements as indicated. • Reception staff using gloves should use hand sanitizer on the gloves regularly. • Gloves shall be replaced if breached or removed. • Staff members who do not normally interface with others shall wear a face mask when interfacing with others. <p>Lane Cleaning</p> <ul style="list-style-type: none"> • Wipe surfaces with disinfectant after each patient, including chair and arm rests, visitor chairs (touched or holding patients' items), slit lamp, phoropter, counter top, key board, mouse, occluders, near cards, and any other items that have been touched by the patient or staff. • Tonometer tip replacement/disinfection protocol should be followed very strictly. Alcohol to be used for the majority of patients. • Bleach, rinse, and air dry for the following patients: EKC suspect, Hepatitis, or HIV). • Discontinue use of paper guards on chin rest of slit lamps. Disinfect between each patient. • All toys and magazines should be removed from exam lanes and waiting areas. <p>Waiting Room and Dilating Area Cleaning</p> <ul style="list-style-type: none"> • Reception staff should wipe down waiting room chairs and tables at the close of the morning appointments. • Technicians should wipe down dilating area chairs at the close of morning appointments. • High touch areas such as door handles, counter tops, dispensing tables, etc. should be wiped down periodically through the day and immediately after assisting a patient demonstrating respiratory symptoms.
<p>PROJECT IMPACT</p>	<p>With cautious reopening of the office, we are limiting the number of patients to be seen on a daily basis. Currently, we only allow two physicians in a day as we have 10 examination lanes. Our limit is to see 20 patients total in the morning and the afternoon to allow us to maintain social distancing and allow for disinfection of examination lanes and waiting areas. Signs were put on chairs in the waiting areas stating, "Please do not sit." Unfortunately, many patients ignored signs and sat on chairs. To reduce confusion, chairs were physically moved out so that sets of 2 chairs were distanced 6 feet from each other in the waiting and dilating areas. Patients were left in exam rooms as much as possible to reduce exposure and contact with different surfaces.</p> <p>Overall, our changes in precautions have been met with welcome change from our staff and physicians. We have a handful of patients who were reluctant to wear a mask into the office. However, after understanding that these are precautions and regulations that our office follows, patients were willing to wear a mask. We also put up signs throughout the office explaining that masks are mandatory as they not only protect the staff, but the patient as well. Having our front and billing staff also following these measures helped reinforce to patients the necessary precautions for their safety and our safety.</p> <p>To date, there are no known staff or patient who has contracted COVID-19 after visiting our office. However, we have slowly increased our volume in the last week.</p>

**PROJECT
REFLECTION**

- **Do you feel that the project was worthwhile, effective?**
Yes
- **How might you have performed the project differently?**
Overall, I feel we have followed our national AAO, CDC, and regional recommendations from health officials and politicians. Looking back, we should have had a more formal disinfecting regimen prior to the pandemic. Testing in small confined rooms still remains a concern. We are currently only performing necessary visual fields with the door open. As our state governor slowly allows for the reopening of small business and releases stay-at-home orders, we will need to redefine our new normal and universal precautions as we accommodate more patients.
- **Please offer suggestions for other ophthalmologists undertaking a similar project.**
There has to be a universal understanding and agreement among the physicians and staff. If any one person is not taking the precautions seriously, this allows other staff and ultimately patients to underscore the pertinence of social distancing and how highly communicable this disease is. Understanding our office layout and the number of examination lanes, helped us determine the allowable number of patients to be seen in a given day no matter how many physicians/eye care providers were available. Be creative. Often times there will be shortages of masks, gloves, disinfecting materials. Having willing staff to pitch in and make masks or slit lamp shields out of clear folder plastic shows that we are all in this together.