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

**Title:** COVID-19 Prevention in Ophthalmology Office

<table>
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<tr>
<th><strong>Project Description</strong></th>
<th>Design and implement measures to reduce office staff and patients to COVID in the office setting.</th>
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<tr>
<td><strong>Background Information</strong></td>
<td>COVID-19 is rapidly expanding and is already prevalent in Northern NJ. Measures are outlined to reduce patient and office staff exposure.</td>
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<td><strong>Project Setting</strong></td>
<td>Group Practice</td>
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| **Study Population** | 1) Patients instructed to call the office or PCP if they are experiencing fever or cough prior to their appointment on their reminder phone call 24-48 hours before the appointment.  
2) Notice on entry Door: “Do not enter if you have symptoms of cough or fever. Call office or PCP.”  
3) Limit waiting room seating.  
4) Eliminate sign in sheet and pens at front desk.  
5) Immediately escort patient into exam room where they stay until discharged from the office.  
6) Checkout patient while they are still in the exam room.  
7) Leave entry door and patient exam room doors open so they do not need to touch the doorknob.  
8) Mask for doctor and patient.  
9) Exam room and all instruments and surfaces disinfected with Sani-Cloth after patient leaves.  
10) Disinfect tonometer tip with 60% alcohol.  
11) Urgent care visits only.  
12) Clean waiting room chair and check-in/out counter (if used) after patient leaves.  
13) Staff instructed to identify patients who may be candidates for telemedicine when they call for appointment.  
14) Doctor to consult by telemedicine when appropriate. |
| **Quality Measures** | All measures above are new for the practice, except 9 and 10. These measures began on March 16, 2020. Telemedicine not performed prior to start of study. Measure number of telemedicine visits during 30-day period. |
| **Project Interventions and Improvement Period** | As above.  
- Identifying at risk patients prior to appointment.  
- Identifying and scheduling virtual visits as appropriate.  
- Social distancing.  
- Increased disinfection. |
| **Project Team:** | As practice owner and medical director, I will supervise the project. Our doctors and employees will follow the new protocols. |
COVID-19 Infection and Prevention in Ophthalmology Offices
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: