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

Title: COVID-19 Practice Improvement

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Project Description	Reducing the risk of COVID-19 requires immediate action in the areas of hygiene, social distancing, reduction of clinic volume, and creative solutions such as Telehealth visits. We are working on implementing these and other measures to protect our staff and patients from this disease.
Background Information	COVID-19 has and will continue to dramatically impact our practice. Being a tertiary referral practice for cornea and glaucoma, our practice sees many sick eyes. Finding a balance to treat those that need treatment with those that should remain home to remain healthy and safe has been a large focus over the last several weeks.
Project Setting	Group Practice
Study Population	- Employee training on sanitation and disinfection schedules. - Reduction in patient schedules to focus on urgent cases. - Moving patients to virtual visits as much as possible. - Operating on only urgent patients. - Working from home as much as possible. - Social distancing in the waiting room and between staff.
Quality Measures	- Increase in the frequency of hand washing improvements - Frequency of room cleaning - Number of visits in clinic before and after - Increase in number of Telehealth visits
Project Interventions and Improvement Period	The processes that we are implementing includes staff training on personal hand washing hygiene (soap and water for 20 seconds or alcohol rub each time a patient is touched), use of masks (when at the slit lamp), and a between-each-patient disinfection schedule. We will install larger slit lamp shields that sit closer to the examiners face. Additionally we are changing our reminder calls and communication to instruct those with potential symptoms to contact their PCP and not come to our clinic until cleared or feeling better. A reminder is being posted on the door and again the reception is to ask the same questions. We are setting up signs to instruct patients to maintain 6 feet of separation when checking in and while in the waiting room. We will also give patients the option to wait in their car until we are ready for them to be examined. Some particularly vulnerable patients will have a family member check them in and the patients can then be brought directly to the exam room through a back entrance so they can avoid the waiting room altogether. With regards to our schedule we are exporting spreadsheets from our EMR that include name, age, reason for visit, time since last visit, last vision, last IOP, and last assessment and plan. Each doctor will review the week's schedule to determine who urgently needs to be seen. They are to be classified into cancel, keep, and telemedicine appointments. The adjustments are to then be made. We will have three doctors that are each planning to come to clinic 1 day a week. We plan to operate only on our urgent patients, defined by those the would loose significant function if

	surgery is not carried out within 30 days. We plan to reduce our staffing by more than 1/4th to reduce the risk of exposure and all those that can work from home will be doing so as much as possible.
Project Team:	As company president, I have been and continue to be a the forefront of all new policy determination and implementation. My other partners, office manager, and IT staff have been and continue to be instrumental in this process.

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: