

COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES

PRE- APPROVED TEMPLATE

Title: COVID-19 Mitigation in Clinic

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Project Description	The goal of the project is to create and execute a plan that alters the standard of care and behavior in an ophthalmology clinic to minimize COVID-19 transmission and promote safe delivery of ophthalmic care.
Background Information	Coronavirus Disease 2019(COVID-19) was titled on February 11th, 2020 by the World Health Organization. It represents a novel coronavirus that has not previously been seen in humans. It is a disease that displays a very high rate of transmission with a mortality rate that is much higher than other community acquired infections. Predisposing factors include age over 65, obesity, DM and HTN. This represents a significant portion of the patients seen by ophthalmologists. Our ability to provide care is thus severely challenged as we may inadvertently serve as a point of transmission to a high-risk population. The AAO has provided general guidance and state and federal authorities have placed limitations on what type of operative procedures are acceptable during this period. There has been little direct guidance, but many have provided suggestions on methods to reduce disease transmission.
Project Setting	Group Practice
Study Population	<ol style="list-style-type: none">1. Immediate review of all visits to eliminate non-essential patient visits. Criteria for patient visits: 1. Acute change in vision or pain related to threat to vision; 2. Patient in post-operative period in unstable condition e.g: trabeculectomy/retinal detachment. Physician to review all patient appointments to determine need for visit2. Employee training<ol style="list-style-type: none">a. Daily meetings with staff reviewing protocol and updating based on new findingsb. Review of triage criteria with staff for callsc. Review of Check in protocol - including red eye patients, not accepting payment but asking patient to pay electronically, checking temperature of patient with non-contact thermometer, all guests asked to wait in the car and only accompany patient if assistance is mandatory.d. Review methodology for room disinfection following patient visite. Review of protective barrier equipment (mask, face/eye protection)

Quality Measures	Given significant rate of transmission in the community, it will be difficult to measure; however, we will continue to request all patients who become positive to alert us.
Project Interventions and Improvement Period	<p>Project assessment is conducted daily.</p> <p>Consultations held with all working physicians and managers to review protocol on a daily basis. This includes the addition of shields to slit lamps, moving patients directly to exam room and not having them use multiple rooms, minimizing any non-essential testing (e.g: routine HVF if they are in for an unrelated matter).</p> <p>Given the unknown timeframe involved with COVID-19, this assessment will continue for as long as the disease is a threat. By some estimates, this period may be 1-2 years.</p>
Project Team	Physician in practice - one of two doctors actively seeing patients in group practice of 5 MDs. Actively reviewing protocol and recommending changes daily.

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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	<ul style="list-style-type: none"> • Start Defined as March 15th, 2020 • Decrease the overall number of patients seen in the office - eliminate all non-urgent visits: Prior to COVID-19 : 196 Patients per week • Reduce non urgent surgical Procedures: Prior to COVID-19 : 44 Patients per month • Screen all patients by measure body temperature at entrance. Prior to COVID-19: 0 patients • Slit Lamps with Protective Shields: Prior to COVID-19: 0/10 slit lamps • Mask Use by Physicians/Staff Use: 1/11 • Eyewear Use by Physicians/Staff: 0/11 • Known number of COVID-19 Patients/Staff: 0 patients
FOLLOW-UP DATA	<ul style="list-style-type: none"> • Decrease the overall number of patients seen in the office - eliminate all non-urgent visits: 30 days following implementation. • COVID-19 : 25 Patients per week - Represents: 87% reduction in patients seen. • Reduce non urgent surgical Procedures: 30 days following implementation COVID-19 : 5 Patients per month Represents: 89% reduction in surgeries. • Screen all patients by measuring body temperature at entrance. 30 days following implementation COVID-19: 185 patients Represents: 95% of patients screening. • Slit Lamps with Protective Shields: Prior to COVID-19: 0/10 slit lamps 30 days following implementation COVID-19: 10/10 Represents: 100% of slit lamps. • Mask Use by Physicians/Staff Use: 11/11 Represents: 100% of Staff • Eyewear Use by Physicians/Staff: 11/11 Represents: 100% of Staff • Known number of COVID-19 Patients/Staff following 30 days: 0 patients
PROJECT IMPACT	<p>There was a significant reduction in the number of patients seen and surgeries performed. They were limited to urgent cases. Due to the nature of our practice, with two active glaucoma surgeons, there were some emergent cases that arose due to elevated IOPs.</p> <p>There were a few patients whose temperature was not checked. This was due to poor staff training early in the process. This has since been remedied.</p> <p>The use of protective equipment by all staff improved as well as improvements to slit lamps to help reduce transmission.</p> <p>No known COVID cases were identified our staff and any patients that were seen. While it is not possible to exclude the fact that no COVID patients presented, the most recent data 17% of people in our region currently have antibodies to COVID.</p>

	<p>This is the highest percentage in the state of New York, outside of the NYC area. Given the severity of disease and high risk to ophthalmic exposure due to contact with conjunctiva, it is very important that many of these measures are continued. As we eventually start to "open up more", it will be very important to continue to be vigilant to protect, our doctors, staff and patients.</p>
<p>PROJECT REFLECTION</p>	<ul style="list-style-type: none"> • Do you feel that the project was worthwhile, effective? Yes • How might you have performed the project differently? There are several different data points that could have been assessed. We could have evaluated use of hand sanitizer, quality of room cleaning in between patients. However, I am happy with our endpoints. • Please offer suggestions for other ophthalmologists undertaking a similar project. Log data daily or run a summary from EMR to help quickly calculate number of patients for denominator values.