COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES

PRE- APPROVED TEMPLATE

Title: STAFF & PATIENT REDUCTION

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Project Description	Risk of transmission on COVID-19 is increased in close contact situations. Reducing patient volume, staff, and number of providers in the office simultaneously minimizes high risk interactions.
Background Information	The COVID-19 pandemic has led to wide-sweeping lockdowns and policies limiting direct contact with people to help limit the spread of disease. Santa Clara County in California, where my practice is located, has the earliest known cases of COVID-19 related deaths (February 2020) and has more diagnosed cases than neighboring Bay Area Counties. A recent study at Stanford looking at zero-prevalence of COVID-19 antibodies estimated a prevalence of 2.49 - 4.16% in our County. One of the guidelines from the AAO was to limit in person patient care to urgent and emergent cases only to help curb the spread of this disease, therefore we sought to reduce patient, provider and staffing to this end.
Project Setting	Multispecialty-Group Practice
Study Population	Reduce patient schedules to limit number of providers in office per day and number of patients being seen. Reduce number of staff in the office per day supporting providers.
Quality Measures	Compare a week's worth of data for average number of providers in office per day, staff in office per day, and patients seen in office per day, before changes were implemented (March 9-13) and after 4 weeks (April 6-10).
Project Interventions and Improvement Period	Have providers systematically identify patients that fall under urgent and emergent care, alter scheduling dates/times to allow for spacing of patient visits and minimizing staff, and number of providers per day in the office.
Project Team	I oversaw the physician scheduling to adjust dates/times when people were in the office to allow for proper spacing of patients and adequate staff support. Office staff schedules were adjusted by our clinic manager. Partners in practice were given freedom to deem what was considered urgent/emergent care and needed to be seen in person.

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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	Average MD Providers in Office per Day (full time equivalents): 5.6 Average Staff in Office per Day (total number): 29 Average Patients in Office per Day (total number): 193.2 Average Patients per MD Provider per Day: (193.2 / 5.6) = 34.5 Average Staff per MD Provider per Day: (29 / 5.6) = 5.2
FOLLOW-UP DATA	Average MD Providers in Office per Day (full time equivalents): 1.5 Average Staff in Office per Day (total number): 5.6 Average Patients in Office per Day (total number): 24.6 Average Patients per MD Provider per Day: (24.6 / 1.5) = 16.4 Average Staff per MD Provider per Day: (5.6 / 1.5) = 3.7
PROJECT IMPACT	With our intervention in staffing and scheduling, we reduced our patient volume by 63%, MD provider volume by 73%, staff volume by 81%. Physicians saw 52% less patients during their time in the office, which allowed for a 29% reduction in staff per physician.
PROJECT REFLECTION	• **Do you feel that the project was worthwhile, effective?** Yes • **How might you have performed the project differently?** In addition to overall volume measurements, I would consider measuring patient cycle time in the office, broken down into different parts of their visit (i.e. time spent in check in, waiting room, exam room, checkout) and number of patients in the waiting room at various times during the day to help guide us on how much we can ramp up while maintaining patient flow and social distancing in the waiting room/check in and out. • **Please offer suggestions for other ophthalmologists undertaking a similar project.** Each provider was able to groom their schedule for urgency and we applied general 1-week rule as the guideline of what was considered urgent. This reduced the volume of patients significantly and then we tried to consolidate clinic schedules to minimize the number of providers in the office per day and also the staff needed to support them.