<table>
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<th><strong>Title:</strong></th>
<th>New Practice Guidelines During the COVID-19 Pandemic</th>
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<td><strong>Author:</strong></td>
<td>Michael Pingree, MD</td>
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### Project Description

While the COVID 19 virus is increasing exponentially in the population, we have implemented policy changes in the office to stop the transmission of the virus while still being able to serve the needs of patients with urgent and emergency eye conditions.

### Background Information

As of today, there have been more than 400 cases of confirmed COVID 19 in Utah. 20 days ago, there were none. This virus is expected to increase due to the lack of immunity in the population. It is projected that there will not be enough medical supplies, hospital beds, nor medical personnel to take care of the critically ill patients with COVID 19 infection.

### Project Setting

Solo Practice

### Study Population

We have closed the office to routine eye care to decrease the amount of person to person interaction. We have also cancelled all elective eye surgeries during this outbreak. We have locked the front door and require all those with appointments to call the office to alert us of their arrival. The waiting room will not be used by patients to limit possible spread of the virus. All patients are screened on the telephone to check for possible infectious contacts and to assess for any symptoms of infection. Each room is cleaned with Lysol wipes to all the hard surfaces which the patient could touch or come in contact with. This is done before and after each patient. Each employee in the office is wearing a mask and gloves with each patient. Hand washing or alcohol-based hand sanitizer is used after every patient encounter and frequently during the day.

### Quality Measures

We have had no cases of transmission or any patients that have symptoms of COVID 19 in the office. Although we will not know for sure of any transmissions, we confident that we are doing our best to limit the spread of the disease.

### Project Team

I have instituted the policies listed above following the guidelines of the CDC and the AAO. The office manager has been instrumental in carrying out these policies. We will keep them in place until the recommendations change to allow us to not practice social distancing. All of the technicians and front office personnel understand the new policy and have agreed to follow it.
# COVID-19 Infection and Prevention in Ophthalmology Offices

## 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 | We have completed 100% compliance with hand washing or alcohol-based hand sanitizers before seeing each new patient. We have also cleaned each exam room with Lysol wipes and spray disinfectant after seeing each patient. Only the patient (and one care giver if necessary) is allowed into the office which decreases the number of people in the office. No one has waited in the waiting room as each patient is taken directly into the exam room. |
| FOLLOW-UP DATA | We have had no known transmission of COVID 19 during our measurement period for this project. All the staff have been compliant with mask wearing, hand washing, no patients in the waiting room, social distancing among the patients, and room/equipment cleanings. Our office has reopened this week to routine eye care and we will resume surgery next week. The statewide rate of COVID 19 has decreased because of these types of measures. |
| PROJECT IMPACT | The statewide rate of COVID 19 has decreased because of these types of measures. The curve has been flattened and there have been very few hospitalizations and deaths related to the pandemic. We will continue to implement the changes we have made in our office to assist in the community effort to slow the spread of the disease and to keep our communities safe. |
| PROJECT REFLECTION | • Do you feel that the project was worthwhile, effective?  
  Yes  
  • How might you have performed the project differently?  
  I feel a lot of efficiency was lost in this project, but I hope to improve this as we continue to implement office policy to limit virus and disease transmission while seeing patients in the most efficient manner possible.  
  • Please offer suggestions for other ophthalmologists undertaking a similar project.  
  Frequent staff meetings explaining each change in our workflow were very helpful. Also, the explanations for each of the changes were given which helped to achieve staff compliance and to help give proper explanation to patients. Working at a goal as a team was achieved through common understanding with patients and staff. |