COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES

PRE- APPROVED TEMPLATE

Title: Oculoplastic Office and Surgery Center Response to COVID Pandemic

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Project Description	Due to the ongoing problem of the COVID pandemic and ongoing need for continuation of care in a large Metropolitan Oculoplastic Clinic a project was started to address the requirements of office safety and protection of office staff and patients during this crisis. The office has an Ambulatory surgery center attached where outpatient oculoplastic procedures are performed. The local government mandate allows the clinic to remain open with certain precautionary measures in place. The design of the project is intended to help identify at risk patients and carries of the COVID virus, protect physicians and all office personnel and place parameters in place in the event of a COVID exposure or patient.
Background Information	We are currently under a local government and state order to limit exposure, remain at home in place, protect patients and staff and reduce the spread and manifestation of this disease. The government mandates allow the clinic to remain operational but with challenges to meet to protect doctors, staff and other patients as well as identify at risk patient population and continue seeing patients and doing surgeries that are of an urgent or emergent basis. There are also patients in various stages of post op care needed to be seen for follow up and suture removal.
Project Setting	Group Practice
Study Population	The study population in the clinic will involve several parameters: 1. Identify new and established patients in the practice that need to be seen on an urgent basis 2. Develop policies and procedures for the clinic and office to combat the spread or contamination of COVID from staff, patients, visitors, and vendors 3. Implement surgical policies and procedures in the office to comply with clinical spread and contamination from COVID and postpone at risk patients/procedures 4. Staff daily screenings and questionnaires 5. Clinic and OR sterilization procedures.

Quality Measures	Prior to the pandemic there was no prescreening for COVID or infectious diseases issues or health concerns, no use of telemedicine, use of devices (magazines/coffee pot) that could spread the virus, no limit on visitors coming with a patient, surgery on patients without considering risks of COVID spread, no separation of patients/family by physical space limitations, use of hand sanitizer by the patients was optional, cleaning of the patient rooms and waiting area 2x per day only, no screening of staff and medical personnel on arrival or forms, proceeding with all qualified surgeries elective and non-elective. These policies and procedures the study is designed to change and implement ASAP.
Project Interventions and Improvement Period	Careful review of data available from the American Academy of Ophthalmology, Texas Medical Association, Texas Medical Board, Local Hospital Policy Review Recommendations, and our legal counsel involved implementing many changes. The first was office personnel. A form was filled out and signed per the local medical association and hospital to identify at risk staff and personnel, take daily temperature and keep a log, policy and procedures if staff members have a temp above 100.5, cough, upper respiratory symptoms, fatigue and malaise. This was to be performed/screened and signed off before the staff member could come into the office. The next step was to develop a list of patients and diagnoses that could wait until the pandemic passed vs. patients and procedures that were urgent/emergent and could not be postponed. Identify patients that could be followed up by phone consult and Telemedicine consult as well as the same for new patients and have a screening protocol. Implement policies in the clinic and OR to protect the staff from acquiring the COVID during an office/OR procedure. Work with anesthesia provider regarding reducing COVID transmission risks and patients at risk for compromise if they develop COVID post op. Develop a policy and procedure if a physician develops COVID and office staff quarantine.
Project Team	My role is to supervise the entire project and analyze the success of implementation over several weeks and respond to any urgent changes needed in this fluid time. My partner, office manager, chief clinic technician and anesthetist will be assisting and implementing with respect to their various roles and duties.

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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	The important point here is there was basic office and surgery center hygiene and policies as required by local, state, and national authorities and OSHA as far as following policy and procedure in office and our office Ambulatory Surgery Center (Certified by the AAAASF). There was no history or necessity for COVID screening or policy/procedure in dealing with these patients prior to the outbreak. The basic study design involved first daily search and meetings with the staff, administrators, and physicians regarding published data from local and regional authorities, medical societies, boards, and the Governor's office. The procedures and policies were adjusted several times in the study to remain compliant. We then analyzed the data produced and effectiveness in monitoring staff and doctors, screening patients on the phone and in the office, screening for surgical patients as well and a plan to catch up on surgeries and consults post COVID crisis. The goals were to keep the staff and patients both safe as well as deal with any urgent/emergent surgeries that arose. We also had to implement a plan in the event of a COVID outbreak in the office or + COVID patient.
FOLLOW-UP DATA	Number of patients encounters successfully screened by phone, in office, preop surgery using new guidelines for follow up visits, new consults and surgery 245/250 = 98% Patients post op procedure contracting COVID 0/15 = 0% Staff infected with COVID 1/13 = 7.6% Transmission of COVID between staff members = 0 Number of + prescreening COVID Antibody tests 1/15 = 6.6%
PROJECT IMPACT	The main reason the project was a success was due to acquiring and implementing good policy and procedure, regular staff meetings, good documentation with clear understanding and weekly post implementation reviews. The staff was screened daily with temp checks am/pm, regular hand washing and sanitizing, instructions to remain at home if feeling slightest bit ill or fever, move office staff to maximum separable distances, no gatherings or vendors were allowed and limiting hours. Twice daily disinfectant spray was used throughout the office and surgery center areas and each room was sanitized before and after patient use. One staff member acquired COVID from most likely spouse exposure at home, tested positive and remained home for 2 weeks until clear. The staff member then retested as negative and allowed to return to work. The office covered all testing charges. The education of the staff on phone screening for COVID and physical set up of the office and clinic was paramount in protecting patients and staff. This involved phone screening of every patient with appropriate history, limiting office visitors to 0 or 1,

	removing any transmissible items in the wait area (magazines/coffee), signage with information, hand sanitizer station, appropriate distancing, face masks, use of phone follow-ups and Tele visits whenever possible reducing face time and exposure for all staff members. Surgical screening was done for each patient at the surgery center similar to the office visit policy with the addition of pre op testing for COVID for all surgery patients with the addition of a COVID AAO approved consent. There was one + pre op test in an asymptomatic patient and the patient was instructed to isolate, procedure was cancelled, and the PCP was notified to contact the patient. There were no intra op or post op complications in any surgeries or procedures done during the study time frame.
PROJECT REFLECTION	• **Do you feel that the project was worthwhile, effective?** Yes • **How might you have performed the project differently?** I was very pleased with the project overall however there were some obstacles. The first was the sheer amount of conflicting information about what constituted an urgent or emergent patient or surgery. The Texas Medical Board threatened prosecution of any physicians violating the COVID restriction on elective procedures, so this put a chill on some surgeons and practices. We basically determined anyone in pain, threat of vision loss or worsening of condition, infection, trauma, or cancer was outside the restrictions on elective surgery. We would have met more frequently with the staff and OR personnel regarding overnight changes and requirements due the conflicting information. I would have ordered more COVID antibody tests and PPP as we had enough but ran low. We could have prioritized the surgeries correctly from the start and had a few patients wait for surgery. • **Please offer suggestions for other ophthalmologists undertaking a similar project.** Select one local major hospital, one local/state medical society and one national medical authority plus the CDC and use their guidelines as your template. Too much information is tiring and conflicting. Keep staff well informed and employed to reduce the fear factor and promote staff stability Develop a grid for testing preop patients to reduce costs and improve safety to test those patients most at risk and protect OR staff in procedures that may increase risks of COVID transmission