

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

Title: COVID-19 Prevention in an Ophthalmology Office

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Project Description	Design and implement measures to reduce office staff and patients to COVID-19 in the office setting.
Background Information	COVID-19 is rapidly expanding and is already prevalent in northern California. Measures are outlined to reduce patient and office staff exposure.
Project Setting	Group Practice
Study Population	<ol style="list-style-type: none"> 1. Patients instructed to call the office or PCP if they are experiencing fever or cough prior to their appointment on their reminder phone call 24-48 hours before the appointment. 2. Staff to monitor entry door to building to screen all patients entering for symptoms of cough or fever and dispense hand sanitizer directly onto patient's hands. No guests may accompany patient to visit unless medically necessary. 3. Limit waiting room seating. 4. Eliminate magazines and informational patient handouts in waiting room. 5. Immediately escort patient into exam room where they stay until discharged from the office. 6. Checkout patient while they are still in the exam room. 7. Leave entry door and patient exam room doors open so they do not need to touch the doorknob. 8. Mask for doctor and patient. 9. Exam room and all instruments and surfaces disinfected with Sani-Cloth after patient leaves. 10. Disinfect tonometer tip with 60% alcohol. 11. Install large plexiglass slit lamp breath shields for all slit lamps in the office. 12. Clean waiting room chair and check-in/out counter (if used) after patient leaves. 13. Staff instructed to identify patients who may be candidates for telemedicine when they call for appointment. 14. Doctor to consult by telemedicine when appropriate. 15. Urgent care visits only.

Quality Measures	All measures above are new for our practice, except for 9 and 10. These measures began on March 16, 2020. Telemedicine was not performed prior to the start of the study. Will measure the number of telemedicine visits during a 30-day period.
Project Interventions and Improvement Period	As above. <ul style="list-style-type: none">• Identifying at risk patients prior to appointment.• Identifying and scheduling virtual visits as appropriate.• Social distancing.• Increased disinfection.
Project Team	As a physician in my practice, I will supervise the project. My physician colleagues and office staff will follow the new protocols

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Section 2. Project Evaluation

<p>PROJECT SUMMARY</p>	<p>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.</p>
<p>BASELINE DATA</p>	<p>Prior to COVID-19:</p> <ol style="list-style-type: none"> 1. Patients were not instructed to call the office or PCP if they are experiencing fever or cough prior to their appointment on their reminder phone call 24-48 hours before the appointment. 2. There was no staff to monitor entry door to building to screen all patients entering for symptoms of cough or fever, perform temperature check, and dispense hand sanitizer directly onto patient's hands. All guests may accompany patient to visit. 3. Waiting room had 20 seats side by side. 4. There were numerous magazines and informational patient handouts on end tables in waiting room. 5. Patients moved from initial exam room for work up by medical assistant to a second waiting room while their eyes dilated. Then they were moved to another exam room for final eye exam by ophthalmologist prior to discharge from the office. 6. Patient went to front desk with a medical assistant to check out. 7. Entry door has a self-closing hinge that needed to be opened each time entering and exiting clinic room to waiting area. Patient exam room doors were closed during the eye exam. 8. Doctors and patients did not wear any masks. The only exception was for minor procedures and injections where the doctor would wear a mask. 9. Exam room and all instruments and surfaces disinfected with Sani-Cloth after patient leaves only for patients diagnosed with viral conjunctivitis. 10. Disinfect tonometer tip with 60% alcohol. 11. Each slit lamp came with a small plexiglass breath shield. 12. Waiting room chair and check-in/out counter (if used) were not cleaned after patient leaves. 13. Staff were not instructed to identify patients who may be candidates for telemedicine when they call for appointment. 14. Doctor rarely used telemedicine for consults unless patient was not able to come in for office visit. 15. Routine and urgent care visits were scheduled in any available appointment slot. Each physician had 26 appointment slots for patients each day.
<p>FOLLOW-UP DATA</p>	<p>COVID-19 is a global health threat. We have implemented infection control measures in our ophthalmology office as detailed below. After new safety measures were implemented in our practice starting March 16, 2020:</p>

	<ol style="list-style-type: none"> 1. All patients were instructed to call the office or PCP if they are experiencing fever or cough prior to their appointment on their reminder phone call 24-48 hours before the appointment. 2. We locked 3 entry doors to the building and only use 1 entry door to our office building. There are 2 staff members monitoring the only entry door to building to screen all patients entering for symptoms of cough or fever, perform temperature check, and dispense hand sanitizer directly onto patient's hands. No guests may accompany patient to visit. Guests were instructed to wait in their vehicle. 3. We have limited waiting room seating to 6 seats spaced apart by 6 feet. This will allow social distancing of 6 feet between chairs. 4. Eliminate all magazines and informational patient handouts in waiting room end tables. 5. Immediately escort patient into exam room where they stay for dilation until discharged from the office. 6. Checkout patient while they are still in the exam room using the same computer in the exam room. 7. Leave self-closing entry door and patient exam room doors open so they do not need to touch the doorknob. 8. Mask for doctor and patient. We initially had a box of masks in waiting room for patients. However, patients have been taking more than one mask to give to their family members at home. So, our medical assistant will hand the patient one mask when they check in. 9. Exam room and all instruments and surfaces disinfected with Sani-Cloth after every patient leaves. 10. We have continued to disinfect each tonometer tip with 60% alcohol. 11. We installed large plexiglass slit lamp breath shields for all slit lamps in the office. 12. Clean waiting room chair and check-in/out counter (if used) after patient leaves. 13. Doctors went through all office visit appointments through the end of May and instructed staff how long to postpone all routine office visits. Semi-urgent patients who may be candidates for telemedicine were identified by staff when they call for appointment. 14. Doctor to consult by telemedicine when appropriate. We started out with telephone visits in the first 2 weeks but transitioned to video visits afterwards for all patients requesting an appointment with a doctor working from home. 15. Urgent care visits only. We reduced the number of appointment slots to 15 with one doctor in the clinic. These urgent care office visit appointments were made only after an initial screening video visit with the other doctors in the practice. Other doctors not seeing patients in the office stayed home to do telemedicine.
<p>PROJECT IMPACT</p>	<p>This project has resulted in numerous positive changes to significantly improve infection control. Our practice has met weekly on a virtual meeting platform to discuss efficacy of current patient safety protocols and how it may be improved. This project</p>

	<p>was important by identifying specific protocols to increase disinfection and successfully transition our practice from in-person office visits to virtual telemedicine video visits.</p> <p>Constant communication between doctors and staff have led to successful adoption of these new protocols. Improved infection control has made our staff feel safer at work, however the process takes more time to complete. This has led to a decrease in patient clinic volume. This can be offset with increased telemedicine appointments. Doctors have also enjoyed the flexibility to work from home.</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? This was a successful project. We wanted to provide patients the convenience of getting a mask and gloves themselves in the office waiting room. However, we would recommend securing personal protective equipment due to limited supplies. • Please offer suggestions for other ophthalmologists undertaking a similar project. Good and frequent communication between staff and physicians are critical. It allows for more fluid changes because there are always challenges that arise as new protocols are implemented.