**COVID-19 INFECTION CONTROL AND PREVENTION IN OPHTHALMOLOGY OFFICES**

**PRE- APPROVED TEMPLATE**

**Title:** COVID-19 Infection Control and Prevention in Ophthalmology Office
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| **Project Description** | The COVID-19 pandemic is quickly spreading throughout the world, including in the United States. Ophthalmologists may be at particular risk of infection due to the close proximity with patients required for an exam, and they then may be vectors for spread of the virus. We plan to implement various best-practices to reduce the risk of viral transmission in our clinic. |
| **Background Information** | COVID-19, caused by coronavirus, is a pandemic that has swept across the globe after originating in China in December 2019. The virus causes severe respiratory illness that can result in death. The elderly and those with medical comorbidities are at particular risk of death. <br><br> Health-care workers are at increased risk of viral contraction due to working with ill patients. It is thought that ophthalmologists may be at particular high risk of transmission due to the close proximity of the patient and physician required for physical exam. Various medical governing bodies, including the CDC and the AAO, have put forth recommendations for health-care workers and for ophthalmology clinics specifically, in order to reduce the risk of viral transmission. We plan to implement these recommendations to the extent possible in our large group practice. |
| **Project Setting** | Group Practice |
| **Study Population** | 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. <br> 2. Notice on entry Door: "Do not enter of you have symptoms of cough or fever. Call office or PCP." <br> 3. Limit waiting room seating. <br> 4. Eliminate sign in sheet and pens at front desk. <br> 5. Perform the technician history over phone while patients wait in their cars <br> 6. Checkout patient while they are still in the exam room. <br> 7. Leave entry door and patient exam room doors open so they do not need to touch the doorknob. <br> 8. Have iPad in exam room and iPad in next room - get additional history, as well as discuss exam findings, over iPad. <br> 9. Only enter room for exam, and before entering explain to patient to not speak during examination. <br> 10. Exam room and all instruments and surfaces disinfected with Sani-Cloth after patient leaves. <br> 11. Urgent and emergent care visits only. <br> 12. Clean waiting room chair and check-in/out counter (if used) after patient leaves. <br> 13. Staff instructed to identify patients who may be candidates for telemedicine when they call for appointment. |

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| | 14. Doctor to consult by telemedicine when appropriate |
| **Quality Measures** | All of the above interventions are new to our practice. These measures began to be implemented on began on March 17, 2020 and have been adjusted as further recommendation emerge. Telemedicine was not performed prior to start of study. Measure number of telemedicine visits during 30-day period. |
| **Project Interventions and Improvement Period** | • Formation of a Crisis Management Team, a combination of both physicians and practice administrators to assess relevant recommendations and implement them as quickly as possible.<br>• Identifying at risk patients prior to appointment.<br>• Identifying and scheduling virtual visits as appropriate.<br>• Social distancing.<br>• Increased disinfection protocols. |
| **Project Team** | As a member of the Crisis Management Team, I play an active role in discussing and implementing various recommendations.  Other partners will participate in these measures as well. |

## COVID-19 Infection and Prevention in Ophthalmology Offices
## Section 2. Project Evaluation

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| **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** | • Prior to the implementation of the procedures described in this project, we were seeing patients out of 5 offices, with 4 physicians working at each office.<br>• We would typically see 150-200 patients per day at each office.<br>• We did not measure temperature, nor did we screen for infectious disease prior to entry into the clinic.<br>• We did not perform telehealth visits. |
| **FOLLOW-UP DATA** | • After implementation of the project, we only opened 2 offices each day, and had one physician at each office during the day.<br>• We saw an average of 15-25 patients daily at each office, only seeing urgent and emergent patients.<br>• We screened every patient who presented to clinic as described in our protocol.<br>• We have performed 298 telehealth visits as a practice over the past 2 months to date.<br>• We have no known COVID-19 positive employees or physicians. |
| **PROJECT IMPACT** | The differences in how our clinic runs is staggering. With the onset of the coronavirus pandemic, our practice shifted drastically as outlined in the above summary. As our state is beginning to ease restrictions, we are carefully allowing for more patient visits, always ensuring to maintain the maximum caution to mitigate possible spread of the virus. |
| **PROJECT REFLECTION** | • **Do you feel that the project was worthwhile, effective?**<br>Yes<br>• **How might you have performed the project differently?**<br>In a perfect world, given the rapidly changing landscape of the pandemic as well as the evolving recommendations (on mask usage for instance), it would have been nice to have clear, consistent guidelines from the outset. If that were the case, we would have been able to implement a single set of guidelines that didn't need to be refined.<br>• **Please offer suggestions for other ophthalmologists undertaking a similar project.**<br>I highly recommend that the group assign a small number of physicians and administrators to be the Crisis Management Team - this group will be charged with monitoring the situation, following guidelines, and recommending implementation plans. This way you can avoid "too many cooks in the kitchen." |