RETURNING TO ROUTINE PATIENT CARE

SSVMS SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY

As the Sacramento region continues to show positive trends in the number of COVID-19 infections and positive trends in health system capacity and ICU beds, many physician practices are preparing to return to routine patient care. To minimize the risk of infection to office staff and patients, SSVMS encourages physician practices to adopt comprehensive safety protocols. Below is a list of best practices.

CONTINUE TO USE TELEHEALTH, AS APPROPRIATE

When appropriate, continue to use telehealth. This will have the effect of limiting the number of patients who appear in the office and preserving office time and space for patients who must be seen in person.

MAINTAIN PHYSICIAN DISTANCING

Physician office space and workflow should be structured to encourage physical distancing. Here are a few ideas for practices to consider:

➤ Consider limiting points of entry to the medical office or facility.

➤ If possible, arrange office flow such that patients enter and leave through separate doors.

➤ Ask patients to check in by phone or text message and wait in their car until an exam room is ready.

➤ Limit both waiting and exam room access to the patient only, with the exception of parents or guardians of younger children.

➤ Rearrange waiting room chairs so that patients are separated by 6 or more feet.

➤ Post visual reminders (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators) to provide patients and office staff with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Visual reminders in multiple languages can be downloaded from the CDC website.

➤ Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at practice entrances, waiting rooms, and patient check-ins.

➤ Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.

➤ Put away items such as magazines, toys, water dispensers, or anything else that may be handled by infected patients.

➤ Complete the check-out process in the patient room, rather than at the front or back desk.

BEFORE PATIENT ARRIVAL

▶ At the time of scheduling, patients should be asked if they are experiencing common COVID-19 symptoms – dry cough, fever, etc. Patients reporting COVID-19 symptoms should be screened telephonically and referred for testing, if possible, before coming to the office.

▶ Schedule patients such that only a few are in the office at any one time.

▶ When scheduling appointments instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever) on the day they are scheduled to be seen.

▶ Ask patients to bring their own mask and advise that they will be required to wear a facemask upon entry and throughout the office visit.

▶ Ensure that physicians and staff have an adequate supply of PPE. All staff should be trained on the proper use of PPE. Follow CDC guidelines for extended use and reuse of PPE.

UPON ARRIVAL AND DURING THE OFFICE VISIT

▶ Post a notice at the entry to the office instructing patients to NOT enter if they are experiencing symptoms.

▶ Ensure that, at the time of check-in, all patients are asked about the presence of symptoms of COVID-19 (e.g., fever, cough).

▶ If the patient does have symptoms, refer for testing, as appropriate.

▶ Consider having patients, regardless of symptoms, as well as practice staff and physicians have their temperature checked with a no-touch thermometer before entering the office.

▶ Have extra masks on hand to provide to patients that arrive without one. Fabric and/or surgical masks are recommended so as to ensure n95s are available for health care workers.

▶ Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection.

▶ Patients with positive symptoms should be isolated in an exam room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.

▶ Ensure that patients and staff are following appropriate hand washing protocol.

▶ Care should be taken to disinfect door handles, chairs, countertop and exam tables between patients.

SSVMS is your go-to resource for any concerns or questions (e.g. legal, regulatory, practice management). Contact Dana Brooks, Director of Physician Engagement, dbrooks@ssvms.org.