Reopening Medical Offices during the COVID19 Pandemic

The governor of Pennsylvania has [announced](#) a plan to begin to reopen our economy on May 8th.   As we move into the "yellow phase," the risk of COVID19 transmission does not go away. It is important that medical practices have a cohesive plan that provides more in person visits for non-emergent care while maintaining both staff and patient safety.

Some key healthcare prerequisites for reopening include:

- Downward trajectory of positive COVID-19 cases within a 14 day period of time

- Hospitals can adequately treat all patients without crisis-level care

- Adequate availability and supply of PPE for staff and patients

- Ability to monitor conditions in real-time with the possibility of taking immediate steps to limit and mitigate any rebounds or outbreaks

When these conditions are met, health care providers may begin to provide more non-emergent in person care. Consider implementation of the following guidelines for your practice:

- Continue to provide virtual care when possible

    o Recommended visits for virtual care: AWV, transition of care visits, medication checks, ADHD and mental health visits, test result review, chronic condition management, high risk patients

    o Symptoms that may require an in person visit include (but are not limited to):

        ▪ Chest pain concerning for acute coronary syndrome

        ▪ Significant SOB

        ▪ Neurologic: symptoms concerning for CVA, syncope (true syncope, not pre or near syncope)

        ▪ ENT: acute infections that require an exam to determine if antibiotics are necessary,

        ▪ Injuries: including lacerations, complaints concerning for bone fractures

        ▪ Musculoskeletal complaints

        ▪ Uncontrolled HTN with no home BP cuff

        ▪ Abdominal/Pelvic complaints: concern for hernia, vaginal discharge,

        ▪ Some pre-operative assessments (depending on patient & surgical risk factors)

    o Other visits that practices may phase in over time: Physicals, well child, pre-op exams, Medicare Initial Preventive Physical Exam.

- Reduce risk of COVID19 exposure and transmission

    o Require daily attestation from staff that they are symptom free. Staff includes physicians, APPs, nurses, medical assistants, other providers, administrative staff, housekeeping, delivery personnel, and any others who enter the work area.

    o Follow CDC Strategies to [Mitigate Healthcare Personnel Staffing Shortages](#)

- o Consider rotating staff to alternate settings to limit numbers in the office while balancing patient access.

- o Symptomatic staff should be quarantined and tested per CDC guidelines for [Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease](#).

- Consider posting the following signage at office entry:

   - o **"Patients without a mask will not be seen."**

   - o **"By appointment only. No walk-ins"**

   - o **"This is not a COVID19 testing location."**

   - o **"If you believe you may have COVID19, please call the following number _____"**

- Perform appropriate triage and precheck-in functions telephonically

   - o Screen patients for signs and symptoms of COVID-19. Patients who screen positive should be offered testing outside of clinic setting when possible.

   - o Staff should call patient in advance of appt to avoid lengthy interactions at check-in

   - o Verify insurance, consider obtaining credit card information over the phone for copay

   - o Unless patients require assistance, they should plan to come unaccompanied to the appointment.   One parent/guardian wearing a mask may accompany minors.

   - o Remind patient that a **mask is required**.

- Careful attention should be paid as to if and when patients are scheduled for in person visits.

   - o Careful consideration should be directed towards vulnerable patients, as defined as those above the age of 65, immunocompromised, and those with an underlying serious medical conditions (e.g. lung disease, diabetes mellitus, obesity, asthma).

   - o Vulnerable patients should preferentially continue with telehealth visits if possible and they do not need to be seen in person for an examination. They should be seen in the clinic only if they are unable to access telehealth services and there is a real and serious need for an in person evaluation.

   - o Consider special accommodations for the most vulnerable populations. (e.g. Practices can reserve the first couple of hours of the day for elderly patients when the clinic is clean and fresh.)

   - o Clinics may choose to have separate times for well patient visits and sick patient visits. (e.g. well patient and visits occur in the morning and sick patient visits in the afternoon.)

- Adequate PPE should be available for everyone in the office.

   - o All staff members should wear surgical facemasks at all times.

   - o Patients should wear either a surgical or cloth masks brought from home.

- Front desk should be prepared adhere to physical distancing standards.

   - o Ensure signage is posted in patient areas to encourage physical distancing

   - o Place tape markings on the floor to indicate physical distance from front desk

   - o Do not collect cash or check for co-payments. Credit cards will be accepted. Sanitize card and machine after use.

- o If patients need to approach the desk with forms, etc. staff should step back from the desk and wash hands/sanitize after handling forms, etc.

- o If pens are provided to the patient to complete forms, allow the patient to keep the pen.

- Minimize wait times and potential COVID19 exposures

  - o Minimize time in the waiting room by rooming patients directly after check-in.

  - o Consider having patients wait in their vehicle until an exam room becomes available.

  - o Patients should be distanced if in a common area so that they are no less than 6 feet apart from each other.

  - o Sanitize waiting room chairs after each use.

- Maintain physical distance during patient-staff interactions.

  - o Alter rooming procedure:

    - Consider asking rooming questions prior to patient visit to the clinic (e.g. initiate "telephone rooming" process to obtain Chief Complaint, Depression Screening, Health Risk Assessment questions, etc).
    - If information is not collected prior to the visit, ensure that distancing protocol is maintained - standing apart from the patient at a minimum distance of 6 feet during the rooming process.
    - If it is discovered that the patient is sick and/or has respiratory symptoms, consider minimizing interactions between patient and the staff. Provider can perform vital signs after donning full PPE.

  - o Providers should maintain a minimum distance of 6 feet during the majority of the patient visit except during the physical exam portion of the visit.

- Rooms and equipment used in patient care should be cleaned and sanitized after each patient encounter.

  - o For well-patient visits – follow normal protocols.

  - o For sick paitent visits – follow extended COVID-19 sanitation protocol

References:

1. Pandemic Summer. https://www.theatlantic.com/health/archive/2020/04/pandemic-summer-coronavirus-reopening-back-normal/609940/?utm_source=atl&utm_medium=email&utm_campaign=share
2. National Coronavirus Response. A road Map to Reopening. https://www.aei.org/wp-content/uploads/2020/03/National-Coronavirus-Response-a-Road-Map-to-Recovering-2.pdf
3. CMS Opening Up America Again. https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf
4. https://www.whitehouse.gov/openingamerica/
5. S. Balaouras, et al. Returning to Work: How to Prepare for Pandemic Recovery. Forester Report, Apr 20, 2020.