## **VILLAGEMD’s RECOMMENDATIONS FOR CLINIC OPERATIONS**

As stay-at-home orders begin to loosen around the country, VillageMD is planning ahead to ensure seamless continuity of clinic operations, **guided by our commitment to patient, staff and provider safety first**. Practices should evaluate local incidence and trends for COVID-19 as they gradually expand the level of non-essential services. Below are general recommendations for clinic operations across Village Medical and VillageMD affiliate practices. Note that these recommendations will continue to evolve as we learn more in the coming weeks and months.

## PHYSICAL PLANT

1. **Entry/Front Desk/Waiting Area**
   1. Set up a **welcome station** *(where layout permits)*at the entry to the clinic or lobby area to:
      1. Screen all visitors for temperature/COVID-19 symptoms
      2. Provide masks to patients before entry into clinic
      3. Route COVID-symptomatic patients to designated rooms to complete check-in **ADDITIONAL RESOURCE: “HOW TO SET UP A WELCOME STATION IN YOUR CLINIC”**
   2. Consider **plexiglass “standing shields”** at the front desk
   3. **Waiting Area**:
      1. Place chairs 3 to 6 feet apart to allow social distancing; use plants or other barriers when possible
      2. Remove all reading materials, toys, etc. from waiting rooms
      3. Tablets, pens and clipboards for check-in should be sanitized before and after each use
   4. **Wait-in-Vehicle**:
      1. Offer patients the option of waiting in their vehicles, and call them when the provider is ready
      2. This communication can occur during scheduling, through signage outside the clinic premises, or at the welcome station
   5. Place alcohol-based hand sanitizer at the front door and common areas; replenish on a continual basis
2. **Exam Rooms**
   1. Designate a room with full PPE for immediate evaluation and care of symptomatic patients consistent with active COVID-19 infection; consider using disposable equipment where possible (e.g. stethoscopes, etc.)
   2. PPE needs to be stored outside exam rooms
   3. Provide soap at sinks, and tissues and no-touch trash bins by doors
3. **Cleaning and Infection Control** (Resource: [CDC Guidance](https://www.cdc.gov/hai/pdfs/guidelines/ambulatory-carechecklist_508_11_2015.pdf) – *General Guidance)*
   1. **Exam rooms**:
      1. **ENHANCED CLEANING PROTOCOL:** Clean all rooms, all surfaces, door handles, supplies and medical equipment completely with appropriate cleaning solutions after each patient is seen. [CDC COVID-19-specific guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
      2. **TERMINAL CLEANING PROTOCOL**: After care of a suspected or known COVID-19 patient, evacuate the room and leave the door closed for at least one hour. Enter after the wait period, with PPE and wipe down all surfaces. Use a flag system to indicate the room needs to be cleaned. Use a timer to track the one-hour wait time.
   2. **Common areas:** 
      1. Wipe down all surfaces, floors, and supplies with appropriate cleaning solutions at regular intervals during the day (start and end of every clinical period, and as otherwise necessary)
      2. Maintain Cleaning log: **RESOURCE: “ENHANCED CLEANING LOG”**
4. **Clinic Signage**: Recommended messaging for various locations within clinic
   1. **Outside building**: Restricted visitor recommendations, designated patient entry points, wait-in-car option, wear masks inside, observe social distancing while inside, drive-through options available to patients
   2. **Clinic front door**: Wear masks at all times, observe social distancing while inside, expect temperature screening, observe hand hygiene and cough etiquette
   3. **Inside clinic**: Visual alerts in waiting room, exam rooms, common areas: maintain social distancing, observe hand and respiratory hygiene as well as cough etiquette, standards of care).

All Signage can be found [here](https://www.villagemd.com/affiliate-resources)

*Signage should be in appropriate languages. Use pictures when possible*

1. **Drive-thru services –** OPERATIONAL GUIDANCE FORTHCOMING
   1. Identify physical space for future “drive-thru” services:
      1. Vital signs
      2. Phlebotomy
      3. Immunizations
      4. COVID-19 testing
      5. Flu clinics *(additional guidance to be provided)*
   2. Designate times during the day for drive-thru services
2. **In-clinic COVID-19 Emergencies/Public Health Reporting**
   1. Transportation to a referral site should be handled by a previously exposed family member in a personal vehicle, or by an ambulance, not via public transportation
   2. Notify the site that a suspected COVID-19 case is being referred/transferred
   3. Establish appropriate public health reporting procedures

## WEBSITE + CALL CENTER

1. **Website/Social Media Messaging**
   1. To reduce burden on ER/urgent care, consider promoting a “Call us First” campaign; this includes an update to clinic phone messaging
   2. Provide up-to-date information about service and hours availability
   3. Emphasize continued focus on telehealth, with supportive ancillary availability
   4. Post guidelines for in-clinic visits
      1. Masks: Everyone is expected to wear a mask
      2. Restricted access to family/friends accompanying a patient
      3. Post news about upcoming or current drive-thru services
      4. Recommend that patients with respiratory symptoms and fever call the office before arrival
      5. Announce “wait-in-vehicle” option and ask patients to call the front desk when they arrive in the lot
      6. Patients should notify the clinic if they have respiratory symptoms or high temperature BEFORE arrival at the clinic for a scheduled appointment
2. **Call Center** 
   1. Inform call center staff of:
      1. Clinical services offered
      2. Scheduling protocols – *these will also be on the website*
         * **Routine Preventative Visits, Well Visits**: before 10 a.m.; certain days of week
         * **Symptomatic patients** should be scheduled for a telehealth consult; late-afternoon office visits if they must be seen in person
         * **High-risk patients:** designated hours as clinically needed
   2. Scheduling density should be decreased to accommodate decreased waiting room seating
   3. Staff should inform patients of in-person visit protocols (bring their own cloth masks, temperature screening at the front door, restricted visitors, telephonic outreach before office visit, entry points, wait-in-car option, etc.) at the time of scheduling
   4. Patients should be informed to notify the clinic if they have respiratory symptoms or high temperature BEFORE arrival at the clinic

## PATIENT SAFETY

1. **Patient Flow and Entry Points**
   1. Limit and monitor points of entry to the facility
   2. Screen all visitors for fever and symptoms of COVID-19 prior to entry (at welcome station)
   3. All patients and family should be given surgical masks, or can wear their own cloth face covering prior to entry into the clinic
   4. Follow protocols for managing symptomatic patients **RESOURCE: HOW TO MANAGE SYMPTOMATIC PATIENTS IN THE CLINIC**
   5. Offer patients the option of waiting in their cars vs. the waiting room; call them when ready
   6. Restrict visitor access to only those who are essential for the patient’s care

## **Scheduling Density**. *Consider scheduling strategies to minimize density at any given time*:

* 1. **Routine Preventative Visits, Well Visits**: before 10 a.m.; certain days of the week
  2. **Symptomatic patients** should be scheduled for a telehealth consult; late-afternoon office visits if they must be seen in person
  3. **High-risk patients:** designated hours as clinically needed
  4. Scheduling should match seating capacity
  5. **Stagger appointments** across providers to avoid clusters of high-need patients

## STAFF SAFETY

1. **Non-clinical Staff**
   1. Surgical masks should be worn at all times while in the clinic
   2. Schedule staggered lunch hours for social distancing
   3. Provide alcohol-based hand sanitizer at all workstations and encourage use
2. **Clinical Staff**
   1. N-95 for all employees with close/prolonged patient contact, to be used until dirty/soiled
   2. Full PPE (N-95 + gown + face shield + gloves) should be donned when attending to a symptomatic patient (swab testing, etc.)
   3. Single-use gloves worn for each clinical contact
   4. After delivering care, exit room as quickly and directly as possible (i.e., complete documentation in clean area)
3. **Staff Attendance** 
   1. If staff are ill or symptomatic, they should stay home
   2. Send staff home if symptoms develop at work
   3. Offer telehealth consult with a Village doctor without copay for staff, within 24 hours of symptoms
   4. Cross-train employees to prepare for increased absenteeism, to maintain patient access
   5. Virtual health by a provider should be delivered from a clinical location
   6. If possible, divide staff into shifts and teams to minimize exposure
4. **Testing**
   1. All staff will have temperature checks and symptom screening before entering the premises for their shift
5. **PPE Supply Chain**
   1. PPE in accordance with CDC/OSHA guidance ([29 CFR 1910](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.132))
   2. Clinics should aim to maintain a minimum 30-day supply of PPE
      1. Demand estimation: Practices should use the following calculation to estimate monthly needs: Daily need = (1 mask/patient) x total patients per day + (1 mask/staff) x total staff in clinic per day
      2. If consumption exceeds regular usage, flag needs in advance
   3. PPE acquisition: Village Medical will purchase PPE in bulk for all practices

## CLINIC SERVICES

1. **Telehealth Services**
   1. We will continue to offer virtual visits when clinically appropriate, for elderly patients who are at-risk and vulnerable
   2. 100% completion of all AWV through telehealth by June 30
   3. Patients who do not have access to audio-visual capabilities and do not have urgent needs will be seen telephonically (E/M visits) if needed
   4. Patients who do not have access to audio-visual capabilities and who need to be seen in the office will be scheduled for in-office appointments
   5. Continue outreach to high-risk patients to ensure medication adherence and condition management
2. **Types of Visits**
   1. Routine exams will be scheduled at provider discretion for non-high-risk patients
   2. In-person routine care for high-risk patients will deferred until further notice
   3. Well Visits + Routine Preventative Visits: schedule certain days of the week, or at certain times of the day
   4. Reschedule non-urgent outpatient visits as necessary
   5. Eliminate patient penalties for cancellations and missed appointments related to respiratory illness
3. **Define Protocols for Use of Supportive Diagnostics for Virtual Visits**
   1. Lab services
   2. X-rays
   3. Immunizations
   4. ABI/COPD
   5. Performance goals:
      1. AWV completion rate: 85%
      2. Clinical documentation: >90% recapture rate
      3. In-house COVID antibody testing: TBD
4. **Consider Drive-thru Testing and Services**
   1. Designate an area in your parking lot
   2. Identify staff who may have immunity for this task
   3. If staff are not immune, they must be given all necessary PPE required
5. **Pre-operative Clearance** – as clinically necessary *(screen for fever)*
   1. Low complexity: patients could be prepped virtually
   2. Medium complexity: use physician judgement
   3. High complexity: to reduce risk to patient, patients may be seen virtually unless an EKG or chest X-ray is needed; if X-ray is clinically appropriate, consider performing it the morning of the surgery
   4. COVID-19 screening pre-op may be offered via drive-thru services
   5. Assess the need for post-acute care facility stay (rehab or SNF) before the procedure

## AT HOME SERVICES

1. **Seeing Patients in the Home: *Telehealth first, then home visit***
2. Explore the telehealth option first for all at home visits, to determine if a home visit is necessary
3. If the request for a home visit comes from a Medical Director or supervising physician, NP’s should proceed with a home visit – **RESOURCE: “RECOMMENDATIONS FOR SEEING PATIENTS AT HOME”**
4. Inquire about COVID-19 exposure (patient and family members) at the time of scheduling a visit
5. Once in the home, log family members in the home
6. **Staff Safety**
   1. All staff should measure and log their temperature at the beginning and end of each workday
   2. Maintain social distancing from family members
   3. Prior to home visit:
      1. Identify all necessary equipment, devices and procedures needed prior to departing for the patient’s home (pre-visit planning)
      2. Review notes and prepare ahead so as to minimize time in the home
   4. Ensure an N-95 mask (in addition to all PPE) is worn during procedures such as changing trach tubes, swabs, nebulizer treatments, etc.
   5. Use disposable bags to carry your equipment bag, so the outer bag can be disposed of after each visit
7. **Equipment for At Home Visits**
   1. Providers should exercise caution with their equipment bag (use bag-in-a-bag so the outer bag can be disposed of following each visit)
   2. Follow infection control protocols in place
8. **PPE**
   1. PPE will be purchased in bulk and distributed to all
   2. All staff providing at-home visits should carry an ample supply of PPE in their vehicle: mask, gown, gloves, face shield/eye shield and hand sanitizer/wipes. Include Sani-wipes
   3. Carry masks for patients

**Additional links:**

* [Strategies to Optimize the Supply of PPE and other Equipment](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)
* [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)
* [Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html).
* [Strategies to Mitigate Staffing Shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
* [Re-opening Facilities to Provide Non-Emergent Non-COVID-19 Healthcare: Part I](https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf)
* [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
* [Using Personal Protective Equipment (PPE)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)
* [CDC Clinic Reopening Guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)