



A Day in the Life of a Retina Clinic During COVID-19

Joanne Mansour, OCSR, Practice Administrator of Virginia Retina Center and Board Chair, American Academy of Ophthalmic Executives shares the practice protocol through a step-by-step process.

Step 1: Doctors are provided their clinic schedules and personally go through each of their patient's records to determine which category the patient falls into:

Urgent	U
Nonurgent short term	NUST
Nonurgent long term	NULT

Step 2: Marked up schedules are given to receptionists.

- Receptionists call patients to reschedule nonurgent appointments.
- All patients are told that the doctor personally reviewed their notes and indicated their visit was deemed nonurgent and that the practice is only seeing urgent and emergent patients.
- All patients are asked if they have had changes in their vision that may warrant them being reclassified as an urgent visit.
- Any new referrals, referring doctors are asked to send clinical notes and the retina doctor is reviewing and determining urgency.
- NULT patients are being rescheduled in July/August.
- NUST are being scheduled in June.
- Our state has implemented a stay at home order until June 10.
- All patients are told that our office is open to urgent and emergent appointments and that should something change with their vision, our offices are open on a limited basis.
- Patients are informed that the doctors are available by telemedicine and can help determine if an urgent visit is warranted or to set their mind at ease.
- Patients are discouraged from just canceling their appointments and calling back later.
- Everyone is given a follow up appointment even if it is several months out.

Step 3: Telemedicine

- Telemedicine is used by the physicians to help determine urgency and prevent unnecessary visits to the office.
- Telemedicine appointments are placed on the clinic schedule and noted as an AUDIOmed or TELEmed appointment.
- Patients are given a time frame in which the doctor will call/video chat with them.
- In the case of video chat, technicians initiate the call, open the medical record and perform the initial steps of the exam:
 - Chief complaint and history of present illness
 - Review of medications
 - Medical history
 - Social history
- Once the call/video is complete, doctors put orders in the medical record so that the front desk staff can schedule any follow-up appointments needed.

Step 4: The reception area

- All magazines and reading material are removed from the reception area.
- All doors are left ajar (when possible) to prevent these high-touch areas from being contaminated.
 - Any doors that are closed are wiped down between each patient visit.
- Regular office cleaning continues as before.

Step 4: Urgent patients seen in clinic

- Our practice has moved to a pod system where one physician works in one location with dedicated staff.
 - We have three offices. Each is staffed by a physician, an ophthalmic technician/photographer and a front desk person. Our busiest location has a second technician. Should one team member or physician become ill, this will only close that one location, not the entire practice, as staff recover.
- Urgent patients are scheduled 20 minutes apart in each clinic.
- Prior to scheduling, patients are asked if have been ill, have a fever, cough or shortness of breath.
- Patients are encouraged to wait in their cars when they arrive at the clinic and to call the receptionist when they arrive.

- Prominent signs are placed on the entry doors to the practice asking patients to STOP and review the requirements for entering the practice (Centers for Disease Control and Prevention guideline poster).
- New patient paperwork is brought out to their cars for them to complete — or information is gathered over the phone.
- All patients have their temperature checked in their vehicles.
- Family members are encouraged to wait in the car.
 - If patients need family members to join them in the clinic, the family members must have their temperatures checked as well.
- Patients are encouraged to wear a mask if they have one.
 - At this time, we are not giving masks to patients as we want to preserve these for staff. We have a young lady sewing some for the practice. We intend to “gift” these to patients who do not have their own.
- Upon entry into the practice, they are offered hand sanitizer, which is on a large table at the front door. This table also acts as a barrier to prevent patients from being too close to front desk staff.
- Per physician documented order, patients have an OCT and are then worked up in the exam lane:
 - History, if not obtained by phone
 - Visual acuity
 - IOP measurement
 - Dilation
 - Patients wait in the exam lane to dilate.
 - Patients stop at the front desk to schedule their follow up appointment.

Step 4: Physician and staff protection

- Staff have their temperatures checked each morning and are encouraged to self-monitor their health.
 - Approximately half of the support staff has been furloughed and have been asked to be available should one of their co-workers become ill.
 - Staff are only at the office when patients need to be seen.
 - This means very reduced hours for some staff in satellite offices.
- All staff are masked. Front desk use gloves when receiving paperwork, insurance cards, payment, etc. from patients. Payment over the phone is encouraged.
- Front desk staff sign patients in. No touch greetings used.
- Physicians utilize eye protection.

- Technicians use fresh gloves for each patient.
- Sneeze guards are installed on all slit lamps.
- All rooms are wiped following each patient visit.
 - If patients/family members use the patient restroom, it is wiped down between uses.
 - Additional signs placed in the patient restroom reminding patients to wash hands.
- Office PPE (full body covering, head covering, masks, face shield, gloves) available in each office should an ill patient enter the building.

Step 5: When surgery is required

- Patients requiring surgical intervention (macula-on retinal detachment) are being sent for COVID-19 testing prior to surgery.
 - Our physicians prefer to have peace of mind knowing the patient is healthy, especially as they work very near the patient's airway as they repair the retina.