



Clinical Operation Suggestions

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There have been numerous excellent suggestion about how to modify clinical operations in response to Covid-19. I wanted to collate as many as I could in a running document and share with everyone so we could benefit from our collected knowledge. I would appreciate feedback, new suggestions and particularly examples that are working in real time. Obviously everyone needs to do what is best for their practice and knows their individual situation best.

- Every effort should be made to manage patients with suspected covid remotely via telephone or telemedicine.
- All patients should be prescreened before appointments are made and existing appointments should be verbally confirmed with screening for covid symptoms.
- Restrictions on empiric treatment should be loosened to avoid need for face-face evaluation (e.g. UTI, Strep, Flu, etc.)
- Cohort well and sick visits either to different locations or different times of day. Move well visits to morning and sick visits to afternoon for example. Offices with multiple sites could consider completely cohorting visit types.
- Try to implement a “no-waiting room” policy, where patients are brought directly to an exam room. Patients can be called in their cars and advised to come in when directed or call you from car when they arrive.
- Avoid all unnecessary visits and consider eliminating or reducing well visits altogether, particularly for those at high risk such as elderly. Perform all sick visits with telemedicine if possible. Necessary exceptions would include newborns and vital components of the vaccination schedule. I am sure there are others.
- All providers should implement telemedicine as soon as possible. Ideally should be HIPAA compliant and allow for 2 way AV communication to allow reimbursement for services.
- Consider avoiding any unnecessary procedures imposing high risk of exposure. These include any respiratory or nasal/oropharyngeal sampling or procedures. Avoid spirometry or nebulizers. Consider only performing if necessary and appropriate PPE.
- Consider staggering provider shifts or locations to avoid simultaneous exposure of providers and staff and subsequent illness or quarantine of critical amounts of staff.
- Utilize staff members on quarantine or unable to work to perform task from home like phone calls, telemedicine, phone triage.
- [Follow latest guidelines on PPE](#). Initial recommendations have been relaxed somewhat.
- [Use current CDC guidelines](#) on healthcare provider exposure when making decisions about clinician or staff quarantine.
- Adjust business operations to account for expected revenue drop from decreased volume.
- Consider working with CMG colleagues outside of your practice in case of clinician shortages for patient care, call coverage, triage assistance, telemedicine backup. We have to accept the possibility that some offices may become non-functional for periods of this pandemic and we all have to be willing to accept and give help. If we work together we all make it through this better.
- Always remember to reach out to someone for help if you need anything and to offer help when asked; we are all in this together and we will get through it together.