Preparing for the New Normal: Thoughts about providing patient care in a post COVID-19 environment for Community Health Centers

Each Michigan health center is facing a challenge time in the months and weeks ahead as we work through transitioning from Stay Home - Stay Safe to beginning service delivery again amidst a new normal for day to day activities and routine care. The following thoughts are based upon the review of best practices guidelines, personal experiences and some “out of the box” thinking by the entire staff of the Michigan Primary Care Association. Our intent is to encourage each of you to think about what you can do to continue meeting the needs of the underserved while maintaining a viable and sustainable organization that is true to your mission and vision. The staff of the MPCA are working to share the details of these and other best practices in the coming weeks through webinars, networks and individual conversations. Please do not hesitate to reach out if you think we can be of additional assistance or you have thoughts or questions, and know that this first set of thoughts will likely adapt and change as we continue to learn during the next couple weeks. We are honored to represent the needs of our local Health Centers and work to identify best practices for use on the front lines.

Guiding Principles for Post COVID-19 Care

- Transmission will be primarily through exposure to respiratory droplets and direct contact with patients and their contaminated environments. All actions should be centered around mitigation of these exposure methods and their risks.
- Staff and patient safety are a priority for all.
- Use of an “Engineering Control” to eliminate a physical hazard or exposure risk is superior to a human process. Well established processes to mitigate these new hazards are superior to business as usual.
- Care that can be provided remotely should be provided remotely.
- We must screen all patients and staff per best practice guidelines in order to be able to isolate and cohort those with symptoms.

Before the Visit

- Begin media campaign and outreach to let patients know that if they have respiratory symptoms and fever, they should call your office first. Encourage patients to limit friends and family that accompany them on visit to the extent possible. Include information on changes to operating hours or services as appropriate.
- Modify pre-visit messaging (Phone, text, mailings) to reflect changes in office procedures.
- Ensure your patient and staff triage protocols are current and staff are trained and able to consistently implement these processes.
- Establish a process to isolate and / or cohort patients with respiratory symptoms using separate entrances, doors, remote office areas or negative pressure rooms if available. Be cautious of the impact of shared ventilation areas.
- Ensure your purchasing and inventory processes are in place to allow for adequate supplies to meet the new increased demand for PPE and cleaning supplies.
- Ensure your organization cleaning processes have been updated to reflect the impact of COVID-19 and staff or contractors are trained to implement these revised processes. Cleaning will be needed during normal hours of operation and not just after hours.
- Adjust scheduling to account for additional time needed or cleaning and disinfecting patient rooms.
Do you have appropriate spaces (in the correct locations) to facilitate donning and doffing PPE? This would include adequate disposal capacity for used single use protective wear. Ensure appropriate separation between clean and dirty areas to prevent cross contamination.

Maximize capacity for telehealth/home visits to provide care to high-risk patient groups and reduce their need to present in person if possible.

Identify equipment previously shared between staff that might become staff designated to reduce cleaning burden such as computers, office equipment, stethoscopes, and keys. (may require more equipment)

Only expose the minimum number of people needed to get the work done.

Parking and Exterior

- Install permanent/durable entry door signage conveying new check-in, screening, and infection control steps to patient before entering each location.
- Put up signage and parking lot / driveway markings to illustrate areas where patients should access curbside services like prescription pick up.
- Install individual parking lot space signs with your check-in phone number so that individuals know the number to call to initiate check-in on the phone outside.
- Provide environmental protection (tents, temporary structures) for staff and patients providing care near entrances or via drive thru, on site telehealth, pharmacy, lab or other services. Ensure access to equipment equivalent to that available during normal operations and address temperature control to avoid extremes. Consider longer term facility solutions to provide these services into the future.

Checking In / Building Entry

- Ensure all patients are screened for respiratory symptoms and directed toward separate entrance or area as appropriate to consolidate treatment of potential COVID-19 patients and preserve PPE to the extent possible.
- Provide social distancing cues and a visible infection control station at entrance with signage, hand sanitizer and masks for patient source control.
- Capitalize on opportunities to provide check-in and registration services via electronic means or via phone to reduce or eliminate face to face contact. Consider providing portable equipment such as tablets to increase access for patients in decentralized waiting areas or vehicles. Ensure staff have optimal equipment for new workflows (headsets, multiple computer screens, etc.)
- Sanitize pens / electronic signature items between use (or single use). Use plastic clipboards for screening checklists if utilized.
- Supply sneeze guards in areas where staff are relatively stationary and have frequent patient contact (check in, check out, patient accounts etc.).
- Provide hand sanitizer at each area that accepts cash and consider options for handling credit/debit cards (including regular cleaning).
- Consider purchasing portable two-way radios for communication between different areas, particularly for staff working at exterior screening, curbside services etc. to communicate with staff inside the building.

Waiting

- Implement alternate patient notification system to notify patients when an exam room is ready to facilitate them waiting in a car or outside the facility on premises.
- Remove excess waiting room furniture that would allow persons to sit closer than 6 feet apart.
- Remove unnecessary items from the waiting room including magazines, educational materials, children’s activities etc. and consider providing toys that can be cleaned before making
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available to another family or single use items that can be sent with family (i.e. small crayon pack and coloring pages).

- If patients are identified as having respiratory symptoms, consider placing patient directly into an isolation room or a separate waiting area if possible.
- Decentralize waiting areas to the extent possible to decrease the likelihood there are more than 10 individuals in a single space.
- Plan ahead - if updated paperwork is needed make alternate plans to have it completed before patients arrive in the waiting room - less time in waiting area
- Consider staggered schedules when multiple providers work in the same location to minimize the number of patients waiting at the same time
- Include digital signage or screens for reminder messaging, infection control related PSAs, and to education individuals about changes in health center processes. For those waiting externally, consider how your phone system hold messaging can help perform this function.

Rooming Patients / Exam Rooms

- If possible, designate a separate area / group of exam rooms and clinical team to consolidate treatment of potential COVID-19 patients and preserve PPE to the extent possible.
- If basic vitals are normally taken in a more open area or an area where many patients pass through, consider moving vitals into exam rooms and redistribute or purchase additional equipment as needed to facilitate.
- Follow CDC guidelines for cleaning high touch areas and patient care items between patients (scales, blood pressure cuffs, corded thermometers etc.).
- Stock rooms with only essential items that can easily be disinfected between patients.
- Consider utilizing advanced disinfection techniques such as HEPA filtration, UV or Mist disinfection in designated rooms.
- After delivering care, exit the room as quickly as possible to complete tasks such as documentation in a clean area.
- Place single use PPE disposal/waste containers and alcohol-based hand sanitizer as close to designated exam room doors as possible to facilitate clinical team members’ ability to contain soiled items to specific areas.
- Ensure the clinical team has a solid plan for each patient’s needs (particularly needs requiring supplies outside the exam room like vaccines or in-office labs) to minimize the number of times staff are entering and exiting exam rooms / donning and doffing PPE / potentially contaminating other spaces.
- Consider providing no touch waste containers and other adaptations in and around exam rooms to promote less touching of dirty surfaces (foot/arm door openers etc.).
- extra oral droplet / aerosol suction system, and/or continuous suction system.
- Consider revising dress code / staff attire policies to improve infection control (such as mandating short sleeves, restricting watches and jewelry, removing unnecessary clothing items like lab coats etc.).

Check Out / Referrals

- Supply sneeze guards in areas where staff are relatively stationary and have frequent patient contact (check in, check out, patient accounts etc.).
- Consider the extent to which follow-up appointments, referrals and diagnostic arrangements can be made by phone, allowing patients to leave the health center more quickly.

Telehealth

- Consider designating clinical team members to provide telehealth services and physically place those team members outside the standard patient care area to reduce infection risk and allow for distancing between staff working in patient care areas.
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- Continue providing services by telehealth for patient encounters that don’t require a physical exam or in-office encounter (and consider your ability to provide some in-office services at curbside to complement a telehealth visit, for example doing an A1c curbside before a telehealth visit with a diabetic patient).
- Consider obtaining basic diagnostic equipment like an automated blood pressure cuff as take home items for patients requiring frequent telehealth visits. (Supporting this type of service adaptation would be a good opportunity to solicit foundation funding.)
- If clinical team members are providing a combination of telehealth and in-person services, ensure they have clean and private area designated for telehealth (for example, a thoroughly cleaned exam room that will no longer be used for in-person patients) so that their exposure risks can be minimized during telehealth services.
- Place telehealth equipment in designated exam rooms and use telehealth with in-person patients exhibiting symptoms / suspected positive / asymptomatic but exposed etc. for portions of the visit that don’t require clinical staff to physically be in the exam room (to limit clinical team exposure in a confined space).
- Consider implementing a dedicated telehealth area outside the health center where a patient can remain in their car and a health center staff members brings a device (e.g. tablet) out to them with a telehealth visit already started. (Helpful for individuals without their own device, have insufficient bandwidth, struggle with technology etc.)
- Consider home-based services where appropriate (for example, a two person team with basic diagnostic, specimen collection and telehealth equipment/supplies that can be hands on with a patient at their place of residence for a clinician at the health center). Note that these services may only be practical / needed for patients with high infection risk and/or those experience more severe mobility problems.

Elevators
- Post signage recommending use by a single party each time the elevator is used (or encourage the use of stairs if possible) to limit close quarters exposure.
- Install visible Infection Control Station near the elevator with directions on masking before entering and sanitizing hands when exiting.

Laboratory
- Provide access to a rapid molecular test instrument, such as Abbott’s ID NOW, to run rapid COVID-19 tests (and other tests and lab values as would be valuable).
- Restrict patient access to lab areas to reduce the impact of cross contamination and the need for additional cleaning. Consider collecting specimens in alternate locations such as exam rooms or remotely to reduce requirements.

Dental
- For services where aerosolizing procedures are unavoidable (e.g. emergent dental), use negative pressure / airborne isolation rooms if available and (particularly if not) consider the addition of HEPA / UV-C air filtration and extra-oral suction or chair side filtration systems.
- Examine the feasibility of modifying Dental Operatories to achieve Airborne Infection Isolation Room (AIR) standards - 15 air changes per hour
- Utilize Rapid COVID-19 testing prior to procedures to the extent possible.
- Implementation of products to reduce aerosolization (rubber dams, Isolite, other)

Outreach and Community Resource Connection
- Outreach will become a more important role as we seek to provide care to those at highest risk. Modify associated workflows when interacting with patients and families outside of the
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Health Center setting, seek to limit exposures and directly engaging the fewest people possible while maintaining staff safety.

- Utilize the minimal amount of equipment and infrastructure required to reduce disinfection.
- Consider resources that will take on an enhanced level of importance in the COVID-19 landscape including phone and internet programs to support telehealth as well as income supports (like unemployment) and basic needs assistance given many reduced incomes.

Staff Entry

- Ensure a consistent entry point is setup for staff reporting to work and that this entryway is equipped with a reference screening procedure and necessary equipment (e.g. thermometer).
- Ensure staff members proceed to a storage/locker room area after entering the facility to store belongings so that potentially contaminated items are not carried through the facility.
- Ensure staff are thoroughly washing their hands and don extended use PPE (if in use, such as a cap, shoe covers etc.) immediately after entering the facility and storing belongings.

Restrooms

- Consider touchless fixtures (Waste Receptacles, Faucet, Paper Towel etc.) and no touch door opening hardware (foot, arm, automatic etc.). to reduce contact with contaminated surfaces.
- Provide toilet seat covers.

Training

- Ensure all staff have been refreshed on hand hygiene.
- Ensure all staff have been refreshed on mask use / PPE donning and doffing as appropriate (particularly staff that have been on furlough status recently).
- Ensure all staff are familiar with and “walk through” (practically see/experience) new health center procedures so they are good ambassadors and communicators to patients about change.
- Ensure all staff are receiving training on COVID-19 so they can respond to common questions and concerns factually.
- Ensure all staff are trained on entry screening, exposure at work, quarantine, and paid leave human resources procedures.
- Consider providing training or other experiential activities to help staff self-care, recognize their stress reactions, manage stress and support emotional health etc.

Monitoring

- Implement routine monitoring and reporting of compliance with key infection control, safety policies and procedures (e.g. cleaning logs).
- Enhanced monitoring (daily) of workplace changes to ensure they remain in place.
- Create reoccurring opportunities to solicit ideas from staff who are practically implementing new procedures to harvest further ideas and adaptations based on their experiences.
- Keep inventory count on all product used during “disaster” temporarily policy changes so community health center can account for it at the end of the temporary policy changes (create different coding/mechanism for all things to be tracked separately).

Other

- Develop a framework to guide staff gatherings and public meetings (size, frequency, location), travel and group congregation (breaks, lunchrooms).
- Schedule breaks and meals to accommodate social distancing and reducing group sizes. (Encourage use of outdoor space, staggered break times, provided lunch guidelines)
- Develop best practice processes for receipt, handing and storage of deliveries (remove and dispose outer packaging, don’t mix clean and dirty items in the same area)
- Identify resources to address staff wellbeing (EAP, Other) and share routinely.