CHECKLIST FOR REOPENING YOUR PRACTICE DURING COVID-19

As officials relax some COVID-19 restrictions and you begin to reopen your practice, be mindful that transitions may occur in phases. If there is a resurgence of the virus, you will need to reassess the process and adapt. If disease transmission slows further, authorities may lift additional restrictions.

The following checklist is provided as part of our commitment to serving you as you care for all of us. Lists are categorized by administrative (both office and personnel), environment of care, patient management, and elective surgery considerations. Since there is no one-size-fits-all approach to reopening any practice, we encourage you to adapt this tool to your practice's needs.

Visit thedoctors.com/reopening for links to additional resources for the items on this checklist.

ADMINISTRATIVE CONSIDERATIONS

☐ Review the status of COVID-19-related legislation in your jurisdiction **daily**. Reference the CDC and federal, state, and local authorities for public health guidance and new legislation.

☐ Determine if your state board requires notification to patients of "Minimum Standards of Safe Practice" or some similar type of communication regarding precautions for COVID-19.

☐ Notify your agent or medical malpractice insurer of your plans to reopen your practice and of any changes in level of service. If you have requested adjustments in your professional liability coverage during the crisis, confirm that coverage has been reinstated at the desired level of coverage.

☐ Notify licensing boards, third-party payors, and vendors of your office reopening.

☐ Keep COVID-19-related policies and procedures current to follow established guidelines. Document adherence in administrative files and in patient medical records, when appropriate.

☐ Modify messaging across communication platforms with COVID-19 in mind:
  - ☐ Voicemail
  - ☐ Telephone
  - ☐ Website
  - ☐ Social media
  - ☐ Marketing materials

☐ Provide a website statement and/or letter of reassurance to patients of steps you are taking in your practice to protect their safety.

☐ Ensure messaging references any practice limitations and changes in operational policies and procedures, including access to care via telephone assessment/telehealth/in-person visit.

☐ Develop and communicate pre-visit instructions for patients prior to visiting the practice on site. For example, have the patient call from the car when arriving to the practice, place restrictions on visitors, have patients maintain physical distance in the waiting room with appropriate PPE, etc.

☐ Provide COVID-19 educational resources to patients (e.g., a reminder to maintain physical distance, the use of masks, frequent handwashing, and to stay at home as needed to lessen community spread).

☐ Conduct an inventory and quality control check of all office and clinical supplies necessary to conduct business. This includes services for all patient types. Create a list of available vendors.

☐ Communicate with vendors/supply chains for patient care and infection control purposes to safeguard access to available resources, including PPE. Determine timetable for ordering supplies to avoid depletion of inventories.

☐ Check all medications for expiration dates. Provide quality control checks for emergency cart and vaccine storage.

THEDOCTORS**COMPANY**
medical ~~mal~~practice insurance

- ☐ Check and document all office and patient care equipment for operability.
- ☐ Develop an updated list of community resources for patients who have undergone socioeconomic and health challenges, e.g., food assistance, medication assistance, financial assistance programs, childcare, insurance options, behavioral health, etc.
- ☐ Post front-door signage (in common languages) requiring patients and visitors who meet COVID-19 screening criteria (e.g., presenting symptoms, recent contacts, and/or travel history) to immediately notify facility personnel via telephone for instructions on accessing care.
- ☐ Post patient instructions (in common languages) regarding use of masks, hand sanitizer, physical distancing, etc.
- ☐ Consult with your practice or human resource attorney, as needed, on issues related to the return of furloughed employees or staff making the transition from working at home back to the office setting.
- ☐ Assess IT privacy and security as your practice transitions back into the office setting. Confirm that all practice devices containing protected health information have been returned to the office and are secured. Consider having your IT professional wipe clean or permanently remove any PHI on any personal devices used on an emergency basis once they are no longer in use.
- ☐ Follow OCR guidance on HIPAA as you transition back toward normal operations.
- ☐ Have the leadership team/ethics committee address any ethical considerations in providing care to COVID-19 patients.
- ☐ Review telehealth procedures and identify areas for improvement. Give patients the opportunity to "opt-in" to future telehealth visits.
- ☐ Develop instruction guides to help patients navigate telehealth technology.
- ☐ Review telehealth medical record documentation for completeness. Consider developing a template specifically for use with telehealth encounters. Review telehealth documentation requirements.
- ☐ Revise budget, project revenues, evaluate debt, and review accounts receivable and accounts payable. Meet with your financial consultant as needed.
- ☐ Contact your patient safety risk manager for guidance on complex practice issues related to COVID-19. Report any claims or incidents (including medical board or regulatory issues) to your medical malpractice insurer.
- ☐ Additional items specific to your practice:

_____

_____

_____

_____

PERSONNEL CONSIDERATIONS

- ☐ Notify licensing boards of activations/deactivations and changes in supervising physician for advanced practice providers if required by your state's licensing board.
- ☐ Review status of professional licenses; monitor updates in credentialing requirements and status of credentialing for practitioners. Some restrictions were temporarily lifted in some jurisdictions during earlier phases of the COVID-19 crisis.
- ☐ Review and, as needed, obtain training for new billing, coding, and documentation requirements as they relate both to COVID-19 and telehealth.
- ☐ Prior to reopening your practice to patients, provide and document refresher training to staff on:
  - ☐ Patient screening and triage.
  - ☐ Infection control.
  - ☐ Use of PPE.
  - ☐ Patient communications.
  - ☐ Cybersecurity issues (risk of phishing, etc.).

THE**DOCTORS**COMPANY
medical ~~mal~~practice insurance

☐ Any revisions in policies and procedures that were made to adapt to the evolution of the crisis.

☐ Train staff to utilize tools and strategies to achieve situational awareness within your office operations and in the provision of patient care.

☐ Following CDC guidelines, screen healthcare personnel daily for COVID-19. Maintain logs and file in administrative records. Assess and monitor any unprotected occupational exposure by staff members, supported by thorough documentation.

☐ Should providers and/or staff test positive for COVID-19 within your facility, contact local health authorities for guidance. Disclosure to patients may be necessary, depending on the type of exposure that occurred, if any. The health department may offer assistance with patient notification if determined to be necessary. Contact your risk manager at The Doctors Company as needed for additional guidance.

☐ Follow CDC return-to-work guidelines for staff with suspected or confirmed COVID-19 diagnosis. Document compliance with guidelines in administrative files.

☐ Acknowledge the need to provide emotional support to staff who may be dealing with fear or other stressors through an employee assistance program or other support mechanisms. Communicate resources to employees.

☐ Assess and adjust staffing to limit the number of employees in the office based on anticipated patient volume. Create a back-up plan in anticipation of potential staff quarantine/illness. Identify those employees who can continue to work from home or who fall into an "at-risk" category.

☐ Additional items specific to your practice:

_____

_____

_____

_____

ENVIRONMENT OF CARE

The spread of COVID-19 and its impact on communities has naturally raised questions about transmission and environmental safety within healthcare facilities. It is crucial that practices reassure and communicate to patients that all necessary CDC guidelines and precautions will be carefully followed for infection prevention and control. That message of reassurance should be offered when scheduling patient appointments, on the practice website, and perhaps in a letter or portal message to returning patients. Similar to your HIPAA Notice of Privacy Practices that tells patients what you do to protect their health information, you can describe your infection control practices in writing to educate and reassure. It is vital your office staff follow all necessary precautions precisely. Your patients will be keenly focused on all environment-of-care interactions, and any failures could result in anxiety, distrust, and anger. Make sure your staff understands the apprehension some patients may experience as they re-engage with your practice.

☐ Continue to follow the CDC's Standard Precautions and Transmission-Based Precautions for all healthcare staff interacting with patients/patient care areas.

☐ Post signs to instruct patients and staff to follow infection control protocol.

☐ Follow CDC handwashing protocol for healthcare providers. Best practice is to perform hand hygiene upon entering and exiting the exam room.

☐ Designate at least one staff member to serve in an infection prevention role.

☐ Stay current with CDC, public health, and medical specialty and society recommendations.

☐ Screen all staff for COVID-19 **daily** before starting work. This should be the responsibility of administrative staff. Maintain screening documentation in administrative files. Sick staff members should stay home and follow CDC return-to-work guidelines.

THE**DOCTORS**COMPANY
medical ~~mal~~practice insurance

- ☐ Coordinate with your local public health department on reporting, contact tracing, coronavirus testing protocols, locations, and testing kits.
- ☐ Determine PPE needs as follows:
  - ☐ Ensure you have adequate supplies of **routine patient care PPE**, including surgical masks for all staff (and patients who do not bring their own) and gloves.
  - ☐ Assess the need for **high-risk procedure PPE** (gowns, gloves, N95 masks, face shields, and goggles).
- ☐ Prepare and monitor your waiting area:
  - ☐ Space chairs at least six feet apart.
  - ☐ Provide respiratory hygiene supplies (surgical masks, alcohol-based hand rub, tissues, touch-free trash cans) in proximity to the entrance(s).
  - ☐ Remove magazines, pamphlets, toys, and other potential vectors for infection.
  - ☐ Ensure patients are maintaining physical distance and utilizing hygiene supplies and masks.
- ☐ Create a standardized cleaning checklist and schedule (with documentation) for hard surfaces in all public areas and restrooms. Per the CDC, include tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks, floors, etc. Ensure these areas are monitored, restocked, and disinfected frequently throughout the day.
- ☐ Use disposable cleaning supplies when possible, e.g., mops, cleaning towels, etc. Otherwise, wash after each use.
- ☐ Prepare and maintain patient registration and check-out areas:
  - ☐ Install a barrier (window or sneeze shield) between these areas and patients.
  - ☐ Thoroughly wipe with disinfectant anything handed to a patient (e.g., clipboard and pen) after single use. Consider the use of disposable pens. Remember, to be effective, the disinfectant must be fully dry before the next use of any commonly shared item. (Implement a rotation system that permits the disinfectant to "dwell" before adding the item back into the rotation).
  - ☐ Using disinfectant, wipe down telephones, chair arms and feet, desktops, door handles, computer monitors, and keyboards regularly.
  - ☐ Assign high-risk frequently used items such as headsets or phones and keyboards to a single individual. When this is not possible, staff should use hand sanitizer before touching a frequently used device.
  - ☐ Keyboard covers (that are molded to fit over keyboards) may be used to prevent microorganisms from entering spaces between keys. These can be removed for disinfection.

  For treatment and exam rooms:
  - ☐ Develop a standardized checklist and schedule for cleaning treatment rooms **between patients.**
  - ☐ Develop a standardized checklist for terminal cleaning of treatment rooms **at the end of the day**.
  - ☐ Develop a standardized daily cleaning checklist **for housekeeping** (tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks, floors, etc.).
  - ☐ Maintain documentation of adherence to all cleaning checklists/schedules in administrative files.
  - ☐ Consider the use of air purifiers and UV light disinfection for areas in contact with patients and staff.
  - ☐ Wipe down all surfaces that touch or are touched by a patient and allow to dry before next use.
  - ☐ Follow CDC standards for waste management.

THE**DOCTORS**COMPANY
medical ~~mal~~practice insurance

☐ Remind staff to report any infection control issues immediately to practice leadership.

☐ Additional items specific to your practice:

_____

_____

_____

_____

PATIENT MANAGEMENT IN THE OFFICE

Effective screening, triage, phone/telehealth/on-site management, patient education, and communication remain essential, but you may need to revise your plan with the evolution of the disease within your community. Revisit your emergency plan and adjust policies and procedures accordingly.

If your office has been closed for several weeks, you will need to prioritize care based on patient acuity. Using an established standardized tracking system, determine which patients require the most immediate follow-up for laboratory, diagnostic testing, and referrals. A systematic approach to test and diagnostic tracking will enhance patient care by ensuring that tests ordered are completed, results are received in a timely manner, and patient follow-up is initiated. Critical to patient safety, an effective review process will reduce the likelihood of missed results while reducing patient harm, improving quality, and possibly avoiding a liability claim.

Prior to opening your doors/seeing patients:

☐ Reconcile overdue patient appointments (including those cancelled due to office closure).

☐ Prioritize in-person visits according to medical priority/necessity. Keep in mind limited office capacity, need for physical distance, and risk level of patients. Route patients to telehealth visits when necessary.

☐ Reconcile telehealth appointments that occurred during office closure, including review of documentation for completeness. Consider developing a template specifically for use with telehealth encounters.

☐ Have staff conduct pre-visit patient training on connecting to telehealth prior to their initial appointment. Obtain all necessary documents and consent prior to the visit. This will provide for a smoother first encounter and save time.

☐ Utilize CDC guidelines for COVID-19 screening of patients when scheduling appointments. Document process. Triage (using licensed professionals) and manage patients according to presenting symptoms.

☐ When communicating the appointment reminder to patient, screen/document once again for COVID-19 symptoms.

☐ Conduct outreach to high-risk patients continuing to shelter-in-place to ensure adherence to pre-COVID-19 medical plan of care, assess current medication supply, and ensure knowledge of when to seek medical care for respiratory illness or otherwise. Suggest periodic use of the COVID-19 self-check assessment tool.

☐ For patients (or those with family members/significant others) who test positive for COVID-19, provide patient education on prevention, disease management, and medical disposition.

For patients arriving for on-site visits:

☐ Utilize CDC guidelines for patient COVID-19 screening on the day of appointment (e.g., taking of temperature, reviewing symptoms/contacts/travel, etc.) Document process. Manage suspected positive patients according to CDC guidelines.

THE**DOCTORS**COMPANY
medical ~~mal~~practice insurance

□ Advise patients to complete pre-appointment paperwork online prior to the appointment. Have patients notify staff by phone or text when they arrive for their visit. Advise patients to wait in the car, when possible, as an alternative to using the waiting room.

□ Limit in-office visit to patients only. If the patient must be accompanied, screen that individual for COVID-19. Limit visitors to essential visitors only (one per patient if absolutely needed).

□ Instruct all patients/essential visitors who enter your facility to wear a face mask, utilize tissues, practice good hand hygiene, and dispose properly of any contaminated protective equipment/tissues in a designated waste receptacle.

□ Follow physical distancing and use different doors for entering and exiting.

For patient follow-up care:

□ Prioritize reconciliation of outstanding clinical laboratory and diagnostic tests (tests ordered prior to the COVID-19 pandemic but not yet completed or report not yet received).

□ Prioritize reconciliation of outstanding specialty consultations.

  □ Ensure specialists have a robust triage system to see high-needs patients first. Consider if a telehealth visit is appropriate for the patient in conjunction with the specialist.

  □ Confirm your specialist referral process includes all needed information, progress notes, test results, reason for visit with timeframe indicated—anything needed for the specialists to quickly and accurately evaluate need for visit.

□ Consider positive clinical and diagnostic tests results as priority for notification and referral processing, if applicable.

□ Prioritize medical and cardiac clearance for anticipated surgical volume increase.

□ Prioritize prescription refills accordingly.

□ Obtain an updated socioeconomic history from the patient. Assess whether the patient has experienced changes with any of the following: employment, finances, insurance, living arrangements, access to medications, transportation, etc.

□ Conduct daily staff huddles and end-of-day debriefs. This provides all staff opportunities to discuss anticipated issues during the day and identify concerns pre- and post-clinic, including COVID-19 updates.

□ Assess the need for providing emotional support to patients who may be dealing with fear or other stressors during this time.

□ Additional items specific to your practice:

_____

_____

_____

_____

CONSIDERATIONS FOR ELECTIVE SURGERY

Several states have lifted restrictions on elective surgeries. State and local guidelines remain stringent, and providers should be attentive to any changes.

Patient clinical status, socioeconomic support, surgical facility resources, community health resources, and support networks may all have undergone change with the crisis. As you move forward, patients will need evaluation on a case-by-case basis, setting priorities for those most in need. Discuss with your patient the potential outcomes for surgical procedures in a COVID-19 environment.

THE**DOCTORS**COMPANY
medical ~~mal~~practice insurance

- ☐ Check with the state medical board and local authorities to confirm that criteria have been met to safely resume elective surgeries; identify approved surgical settings in your jurisdiction.
- ☐ Contact your specialty organization for recommendations and guidance.
- ☐ Confirm that the hospital, ambulatory surgery center, or medical office where you practice has adequate staffing, medical/surgical supplies, equipment, and PPE to safely perform the scheduled procedure.
- ☐ Prioritize patients requiring surgery in the COVID-19 pandemic.
- ☐ Communicate the traditional risks, benefits, and alternatives of the procedure as well as the risk of proceeding with the surgical procedure during the COVID-19 pandemic. Include discussion about complications should the patient contract COVID-19 in their postoperative course.
- ☐ Operating hours of testing facilities may have been changed during the crisis. Identify availability/ operating hours of preoperative testing facilities in the community to accommodate:
  - ☐ Radiology studies.
  - ☐ Laboratory testing.
  - ☐ EKG tracing and interpretation.
- ☐ Confirm with the patient they will have the following resources to safely care for themselves at home:
  - ☐ Family member or caregiver to be at home with the patient.
  - ☐ Access to meals (Consider Meals on Wheels or grocery delivery if needed).
  - ☐ Access to medications.
  - ☐ Access to transportation for postoperative visits if telehealth visits are not an option or if an in-office visit is medically necessary.
- ☐ Determine the patient's ability to participate in telehealth postoperative visits, if appropriate:
  - ☐ Create telehealth instructions and provide them to the patient during the preoperative visit.
  - ☐ Schedule a trial telehealth visit with a staff member several days prior to surgery to screen for fever, illness, and travel.
  - ☐ Schedule the postop telehealth visits during the preoperative visit.
- ☐ Identify postoperative care plan needs:
  - ☐ Provide postoperative education and instructions during the preoperative visit (e.g., dressing changes and wound care).
  - ☐ Order postoperative equipment and have it available in the patient's home prior to surgery (e.g., walker, cane, CPM machine, etc.).
  - ☐ Order dressing supplies, gloves, etc. and have them available in the patient's home prior to surgery.
  - ☐ Coordinate home health telehealth visits.
  - ☐ Coordinate telehealth physical therapy visits.
- ☐ Additional items specific to your practice:

_____

_____

_____

_____

THE DOCTORS COMPANY
medical ~~mal~~practice insurance