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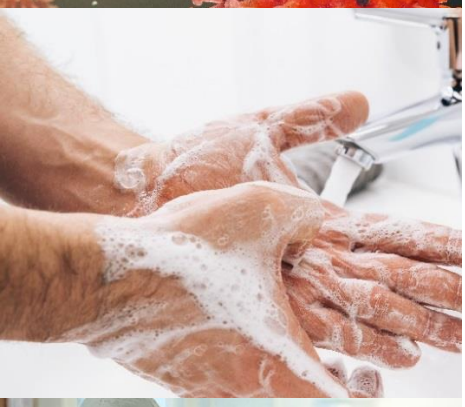

PHYSICIAN PRACTICE COVID-19 PLAYBOOK

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WELCOME LETTER

Dear Health Care Provider,

This playbook is designed with the health and safety of your patients and staff in mind as we deal with the unprecedented COVID-19 pandemic. Items in this playbook may change and be updated over time as health and expert recommendations change, along with the regulatory guidance that is given. The playbook is not to be considered legal advice to the practice. It is recommended that you consult with your outside legal counsel prior to implementation.

We have used guidelines from the American Medical Association (AMA), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), Environmental Protection Agency (EPA), Ford Motor Company, Lear, and other health and business organization recommendations.

We sincerely hope this playbook supports the readiness and return to work strategies to help the practice reopen safely with the information it provides.

Yours in good health,

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TABLE OF CONTENTS

Page

Phase One:

Preparing for Reopening

Deep Cleaning and Disinfection..... 4

Handwashing and Sanitizing..... 5

Personal Protective Equipment (PPE)..... 6

A Stepwise Approach to Reopening with Social Distancing..... 8

Non-Patient Visitors to the Practice..... 9

Medical Malpractice Insurance Carrier..... 9

Practice Policy Changes..... 9

Train and Educate Staff..... 10

COVID-19 Preparedness and Response Coordinator..... 10

Patient Safety

- Pre-visit Screening Script Template..... 12

Phase Two:

Opening the Practice

Finalizing Operations..... 14

Screening Staff

- Screening Checklist for Employees..... 15

Managing Staff Showing COVID-19 Symptoms at the Practice..... 16

Phase Three:

Stay Vigilant

Problem Solving and Process Improvement..... 17

Recommended Routine Infection Prevention and Control Practices..... 17

Continue Screening Measures and Contact Tracing for Employees and Patients..... 18

Laboratory Data Reporting..... 18

Contact Tracing..... 19

Checklist..... 20

Resources..... 21

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PHASE ONE: PRE-VISIT SCREENING SCRIPT TEMPLATE

Planning the readiness of the practice for reopening is vital. Pick a proposed day and reopen in phases. Plan in advance a "soft opening" to see how everything you have put in place will work and where adjustments need to be made.

Deep Cleaning and Disinfection

- This is to establish a sanitary baseline for the practice prior to the return of staff and reopening of the practice
- Cleaning contractors should use EPA-approved detergents and surface cleaners https://www.epa.gov/coronavirus
- Establish new cleaning schedules regarding daily and weekly cleaning
- Signs should be placed to identify areas that have been cleaned and disinfected prior to opening
- Areas to be addressed include:
    - Entrances
    - Doorknobs
    - Waiting room
    - Breakrooms
    - Restrooms
    - Conference rooms
    - Counters
    - Printers, copiers, scanners
    - Tables
    - Desks
    - Telephones
    - Credit card machines
    - Refrigerators
    - Trash bins and no-touch trash bins
    - High traffic practice areas
    - Others your practice identifies
- Confirm that HVAC units are clean, working and no biological growth is in the air stream
- Check to make sure air filters are clean and not inhibiting the flow
- Verify return air fan exhausts and air fans are fully operational

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PHASE ONE: PRE-VISIT SCREENING SCRIPT TEMPLATE

Handwashing and Sanitizing

- Display CDC signage with most current guidelines
- Have 30-day supply of hand sanitizer (≥ 62% isopropyl/ethyl alcohol), soap, paper towels, tissue
- Cleaning contractors must have supply and backup of bleach and hand sanitizer and show evidence of the supply
- Have hand sanitizer stations placed
    - Practice entrance/lobby
    - Employee entrance (if different)
    - Patient rooms
    - Employee break rooms/lunchroom/kitchen/kitchenette
        - Employees are required to clean the microwave, kitchen area, any tables or counters immediately after being used
    - Front desk
    - Checkout
- Use soap and water
    - In the restrooms for employees and patients
    - Have a sign displayed about proper handwashing
        - Get hands wet with clean, running water
        - Soap and lather well
        - Rub hands vigorously for at least 20 seconds and remember to scrub the back of your hands, wrists and between the fingers and fingernails
        - Rinse and dry with a clean towel, paper towel
        - Dispose of used towels in appropriate bins
- Disinfectant sprays and wipes
    - 0.1% bleach (sodium hypochlorite)
    - Disinfectant solutions for use against COVID-19: https://www.epa.gov/coronavirus

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PHASE ONE: PRE-VISIT SCREENING SCRIPT TEMPLATE

Personal Protective Equipment (PPE)

- Assess PPE requirement and what might be needed for the future
- Check current inventory
- Have supplies delivered before opening and with a minimum of a 30-day supply
- When stocking these new supplies consider that shipments may be delayed or cancelled with your ordering timetable

- **Face Masks**
  - These are required to be worn by everyone until the risk of COVID-19 is no longer critical
    - This includes employees, patients, and their companions
    - Vendors, salespersons, suppliers, repair services, and contractors should also wear a mask if coming inside the practice
  - Face masks reduce the risk that an asymptomatic person can give the virus to someone else
  - They do not protect your eyes
  - Plan for 1 disposable (3-ply surgical) mask per day/per employee

- **Face Shields**
  - Consider how many of these are needed for the practice
  - They could be worn by clinicians and other staff who are near others when social distancing guidelines cannot be followed
  - They are cough and sneeze protection
  - They are a reminder not to touch your face and eyes with your hands or fingers
  - Supplement social distancing efforts and are worn with a face mask
  - Safety glasses with a side shield along with a face mask are an approved alternative to a face shield. Follow recommended manufacture instruction for cleaning and disinfection. Further guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

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- **Gloves and Gowns**
  - Disposable exam gloves and gowns are needed for the clinical staff to use when within 6 feet of patients with suspected COVID-19 infection
  - Gloves are not recommended for general protective use by other staff such as administrative:
    - Gloves offer no protection for COVID-19 as it does not harm your hands
    - Touching your face with contaminated hands, whether gloved or not, can pose an infection risk
    - Gloves create a false sense of security with some people and have been found more likely to touch contaminated surfaces
    - People are less inclined to wash their hands while wearing gloves
    - Proper removal of gloves takes training. There is a risk if contaminated gloves are not removed properly
    - Proper handwashing continues to be the number one defense against COVID-19 and any other viruses
  - Consider nitrile gloves as they offer a higher degree of protection against viruses besides the chemical protection they provide for clinical staff
- **Disposal of masks, face shields, gloves and gowns**
  - Consider providing a separate receptacle for the disposal of used masks, face shields, gloves and gowns
- More guidance on PPE is available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

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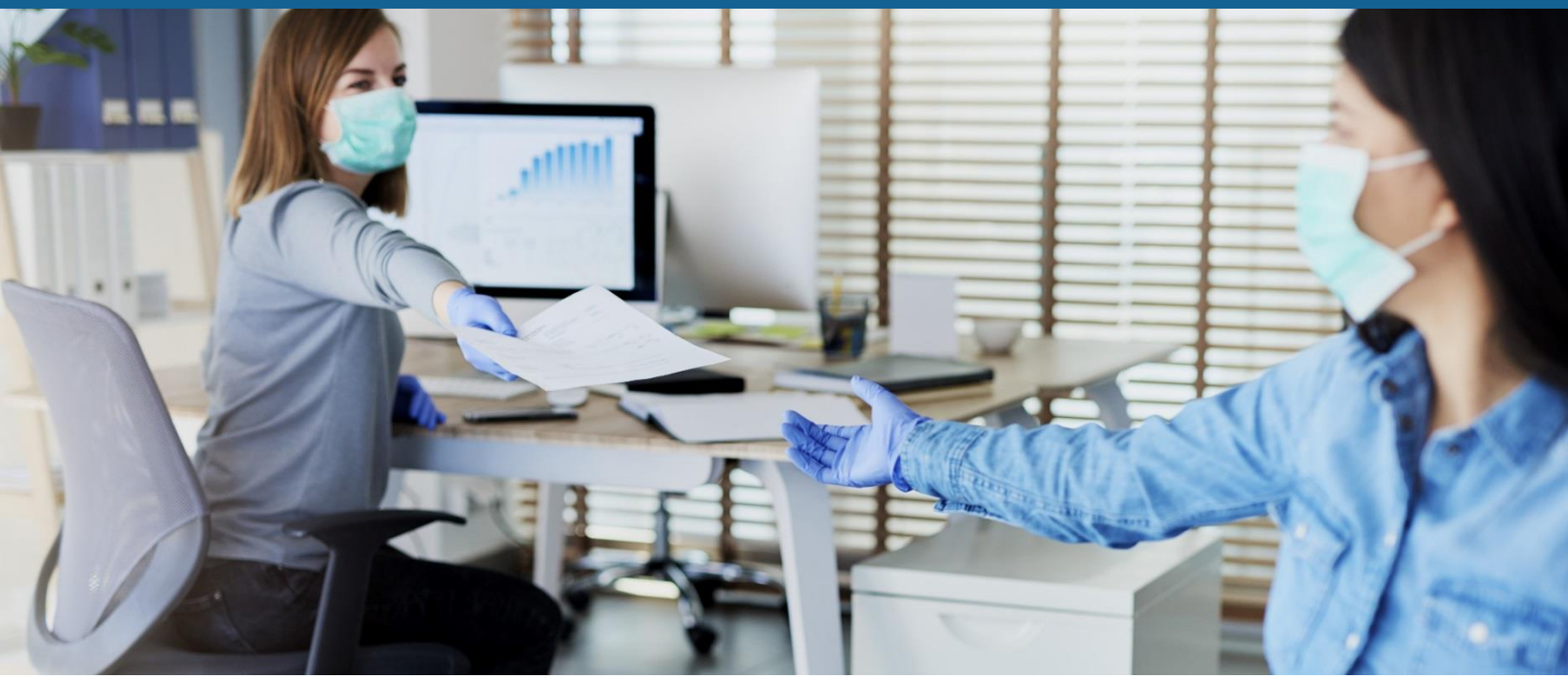
PHASE ONE: PRE-VISIT SCREENING SCRIPT TEMPLATE



A Stepwise Approach to Reopening with Social Distancing

- If you've already been doing visits via telehealth, decide what kind of visits can continue to be completed that way
    - Keep in mind HIPAA requirements. They are not being enforced for telehealth during the emergency, but generally must be followed for privacy, security and breach notifications. To follow any HIPAA updates, https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf
- Decide what visits should be done in-person and start with a few to see how things go
- Use a modified practice schedule regarding days, times, and volume of patients
- Decide which employees need to be physically present in the practice or those who can continue to work from home
- Bring employees back in phases
- Have a clear schedule so that everyone understands what is going on
- Waiting room
    - Minimize time in waiting area
    - Space chairs 6 feet apart
    - Maintain low patient volumes
    - Control the flow of patients and others entering and exiting the practice
    - Determine a cleaning regimen
- Consider having dedicated patient rooms (if not already implemented) for medical assistants, nurses, and clinicians to minimize the number of people touching the same equipment in the rooms
- Rearrange work areas in order to increase the distance between staff to 6 feet of separation
    - In areas where 6 feet of separation isn't possible
        - Place barriers or shields
        - Rebalance workload or work hours or other alternate solutions
    - Desk areas should be cleaned prior to the start of the workday
    - Keep desks free of clutter

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Non-Patient Visitors to the Practice

- Post a policy on your website and on the practice front door
- Limit outside visitors
- Plan videoconferences or phone calls to talk to vendors, salespersons, and suppliers to the practice
- When repair work at the practice needs to be completed, schedule this time outside of practice hours

Medical Malpractice Insurance Carrier

- Discuss current coverage
- See if additional coverage might be needed to protect the practice from future lawsuits and liability

Practice Policy Changes

- Ensure that the practice sick policies are consistent with public health recommendations and state and federal workplace laws
- Create a COVID-19 Employee Screening Tool and Process
    - See Phase Two: General Screening Checklist for Employees, pages 15 and 16 as an example
- Be flexible and non-punitive with new or updated practice policies, especially those regarding paid sick leave
- Communicate with employees about the health and safety actions you are taking
- Listen to their concerns about income, sick leave, job security, unemployment insurance, health and safety concerns
- Employees may need to stay home if ill, caring for a family member or taking care of their children because of childcare and school closures
- Mental health
    - Have knowledge about community resources to help employees with social, behavioral, and other available services
    - Learn about the strategies used to effectively cope with anxiety and stress for yourself, staff, and patients
    - Our challenging times and the uncertainty surrounding us are difficult for everyone. We may all struggle with different emotions.
    - Coping resources:
        - https://www.ptsd.va.gov/covid/COVID_managing_stress.asp
        - https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html
        - https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp
        - https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html
        - https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html

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Train and Educate Staff

- Train and educate staff regarding COVID-19 signs and symptoms, risk factors, protective behaviors, and public distancing policies
- Have employees watch videos, read job aids, playbooks or other public health training before returning to work regarding how to decrease the spread of the virus and lower its impact at the workplace
- Consider giving a certificate as proof of training and place in their employee file
- Make sure employees understand the new infection control policies and discuss with them via a ZOOM or other type of meeting ahead of time by a predetermined communication process
- Have training include cough and sneeze protocol into your elbow or tissue (then proper disposal into no-touch trash)
- Train on handwashing practices of 20 seconds with soap/water or hand sanitizer
- Train on donning and doffing of masks and other personal protective equipment (PPE)
- Use teach back and/or show back strategies for employees
- The need for increased space of six feet between employees
- Posters in the workplace regarding physical distancing and hand washing
- Understand what an “exposure” means:
    - Coming in contact with someone who tested positive for COVID-19 and been
        - Within 6 feet
        - Without a mask
        - Greater than 5 minutes

COVID-19 Preparedness and Response Coordinator

- Pick someone for the role of COVID-19 Preparedness and Response Coordinator to oversee readiness
- Develop and enforce use of the COVID-19 Employee Screening Tool
- Screen to identify and isolate employees who are potentially infectious with fever, cough, shortness of breath, or other symptoms
- Have sick employees stay home and follow the CDC recommended steps for returning to work
- Identify areas at the practice where COVID-19 could be spread
- Pay attention to employees with high risk factors such as being over 60 years of age, chronic conditions, pregnancy, and employees who are considered immunocompromised
- Consider how lunches, restroom visits, and other breaks by staff will be handled
- Keep informed of the latest guidance at the state, federal and local levels
- Consider cross-training employees to help with staffing issues
- Have masks, hand sanitizer stations, soap, water, and tissues available for employees, patients, their companions, and other non-patient visitors
- Keep them visually available and have at least a 30-day supply on hand
- When stocking these new supplies considering that shipments may be delayed or cancelled with your ordering timetable

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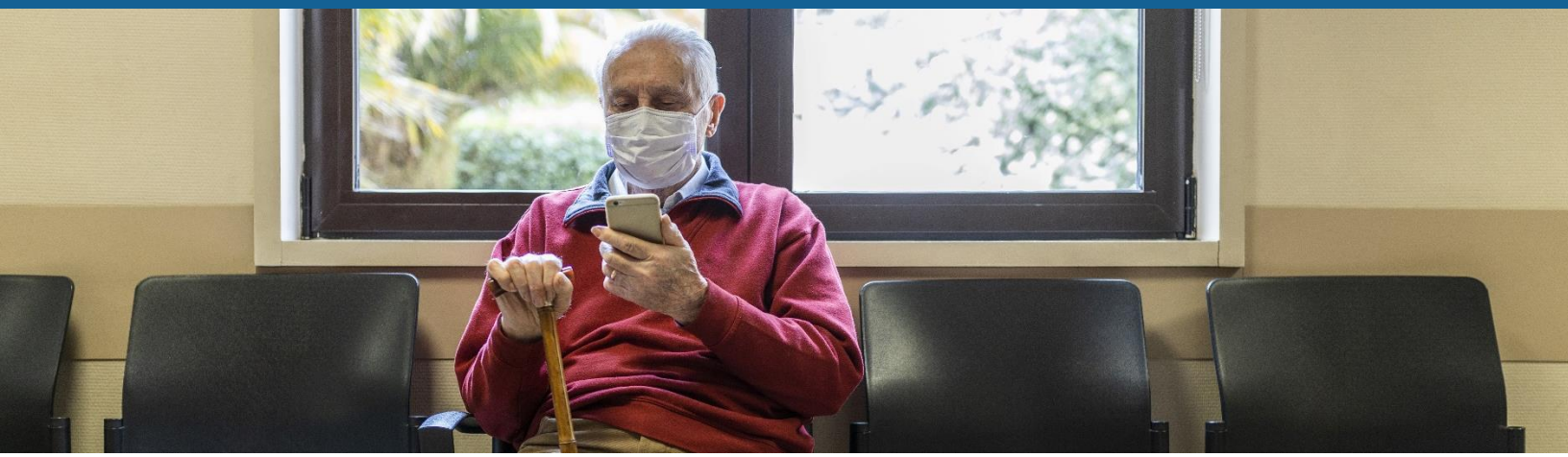
PHASE ONE: PRE-VISIT SCREENING SCRIPT TEMPLATE



Patient Safety

- The modified schedule will keep patients from being in close contact
- Plan more time in-between visits to avoid backups in the waiting room; consider grouping types of visits
- Keep patients in the waiting room as little as possible or have them wait in the car and text/call upon arrival. Practice will text/call patient when to come in.
- Have separate waiting areas for "sick" and "well"
- Patient companions should be limited to those needed in the appointment to give or receive information. These should be based on the patient's situation and might include a spouse, child, parent, or caregiver of a vulnerable person.
- Screen patients 24 hours prior to the practice visit to make sure the patient does not have COVID-19 symptoms. Have a script for the staff to follow. If symptoms, conduct the visit through telehealth. If no symptoms, new practice protocols can be explained at the time of the phone call. (AMA screening script is on the next page and is allowed to be modified as needed by the practice. There are other scripts that can be found on the Internet.)
- Patients with symptoms may need to be redirected to a COVID-19 testing site, clinic, or hospital. Be aware of current testing sites in your community and the turnaround times on the testing results. Make sure the patients know the location and how the process works.
- All patients and companions visiting the practice should be required to wear a face mask. This should be explained through a phone call before patients arrive for their practice visit. They can be told this is consistent with the Centers for Disease Control (CDC) guidance. If patients and/or companions arrive without a face mask, provide them with one if the extra resources are available. The link below discusses how to make a cloth face mask if patients do not have a surgical mask.
    - https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html
- Patients and companions need to be screened before they enter the practice. This can be done by a designated staff member in a private area outside the practice, such as the parking lot. Some practices use text messages or another way to do the screening as long as state and federal regulations are followed, and the patient has given consent.
- Have signs on the practice front door, in the practice waiting room, and in the patient rooms regarding a variety of COVID-19 topics, practice cleaning practices, etc. There are many printable resources. https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Audience=High-Risk%20Populations
- Consider having a "Clean and Safe" certificate displayed in the practice, perhaps at the front desk or on the practice door. Document what the practice has done to make the practice clean and safe.

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PHASE ONE: PRE-VISIT SCREENING SCRIPT TEMPLATE

Introduction:

I would like to speak with (name or patient with scheduled visit). I'm calling from (XYZ practice) with regard to your appointment scheduled for (date and time). The safety of our patients and staff is of utmost importance to (XYZ practice). Given the recent COVID-19 outbreak, I'm calling to ask a few questions in connection with your scheduled appointment. These are designed to help promote your safety, as well as the safety of our staff and other patients. We are asking the same questions to all practice patients to help ensure everyone's safety. So that we can ensure that you receive care at the appropriate time and setting, please answer these questions truthfully and accurately. All of your responses will remain confidential. As appropriate, the information you provide will be reviewed by one of our practice's medical professionals who will provide additional guidance regarding whether any adjustments need to be made to your scheduled appointment.

Questions:

1. Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit? (If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started, when the symptoms stopped.) **Yes/No Details**
2. Have you or a member of your household been tested for COVID-19? (If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.) **Yes/No Details**
3. Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment and dates.) **Yes/No Details**
4. Have you or a member of your household traveled in the U.S. in the past 21 days? (If yes, obtain the city, state and dates.) **Yes/No Details**
5. Have you or a member of your household traveled on a cruise ship in the last 21 days? (If yes, determine the name of the ship, ports of call and dates.) **Yes/No Details**
6. Are you or a member of your household healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, ICU nurse actively working versus a furloughed firefighter.) **Yes/No Details**
7. Have you or a member of your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? (If yes, obtain the status of the person cared for, when the care occurred, what the care was.) **Yes/No Details**
8. Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? (If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.) **Yes/No Details**
9. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact and when the diagnosis occurred.) **Yes/No Details**

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Thank you.

I will share this information with a medical professional in our practice. Please note that our practice requires that all patients and visitors follow CDC guidance regarding face coverings to prevent the spread of COVID-19. For that reason, we ask that you please wear a cloth face covering or mask to your appointment. Unless you hear otherwise from us, we look forward to seeing you at your appointment on [date/time].

Practice staff action steps:

- If patient responds "Yes" to any of the above, questionnaire must be reviewed by designated medical leadership to assess whether the patient can keep the scheduled appointment. Patient will be contacted again after decision-making.
- If patient responds "No" to all of the above, do you believe any further inquiry with the patient is appropriate before the scheduled visit? If yes, what type of inquiry and why?
- If you have any questions, please contact (designated medical leadership) to discuss.

Note: This sample script is designed to collect information that can be used to inform decisions about whether it is advised for patients to receive care from the practice. This sample should be reviewed, modified as appropriate, and ultimately approved for use by practice medical leadership who have responsibility for remaining current on applicable COVID-19-related guidelines from the CDC and other appropriate resources.

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PHASE TWO: OPENING THE PRACTICE

Finalizing Operations:

- Verify that the practice has completed a deep cleaning and disinfection process
- Verify the practice has a 30-day supply of hand sanitizer, soap, paper towels, tissues, disinfectant sprays and wipes
- Confirm the practice has a 30-day supply of PPE
    - Face masks
    - Face shields or safety glasses
    - Gloves and gowns
- Confirm that the practice has designated touchless thermometers for on-site screening
- Define other needed practice protocols such as cleaning if someone becomes symptomatic, etc.
- Meet with the COVID-19 Preparedness and Response Coordinator and/or others as needed when adjustments are made and figure out how they will be rolled out to the staff
- Screen staff to monitor for symptoms on opening day and every day they are at the practice
- Have designated entrance for scanning along with social distancing for those waiting to be screened; retain the record
- Staff should not come into work if they have any COVID-19 symptoms or have been in contact with someone with symptoms or who has tested positive

Screening staff:

- Staff should be screened for COVID-19 symptoms using the screening checklist
    - Use a handheld, non-contact temperature scanner
    - Employees doing staff screening temperature checks are a potential source of spread
    - https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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PHASE TWO: GENERAL SCREENING CHECKLIST FOR EMPLOYEES

1. Do you have any of the following symptoms?
    a. Fever (100.4° F or higher)
    b. Coughing or sneezing
    c. Shortness of breath or difficulty breathing
    d. Sore throat
    e. Runny nose
    f. Gastrointestinal distress (diarrhea or loss of appetite)
    g. Chills
    h. Repeated shaking with chills
    i. Headache
    j. Earache
    k. Loss of taste or smell
    l. Muscle aches or pain
    m. Chest pressure
    n. Tiredness or extreme fatigue
2. Have you been exposed to a person diagnosed with COVID-19 within the last 14 days?
3. Have you traveled outside of Michigan or internationally in the last 14 days?

If answered yes to question 1 or 2, send the employee home immediately for self-isolation. If symptoms are present, there should be a minimum of 10 days since the symptoms first appeared. There must also be 3 days (72 hours) without fever along with improvement in respiratory symptoms.

If answered yes to question 3 and have symptoms, there must be self-isolation for 14 days following the domestic or international travel.

If answered yes to questions 3 without symptoms, the employee may be allowed to work at the employer's discretion if they remain asymptomatic.

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PHASE TWO: GENERAL SCREENING CHECKLIST FOR EMPLOYEES

The employer must do the following:

1. Take the employees temperature (using a touchless thermometer) and check symptoms prior to starting work and preferably before the employee enters the business.
2. Employee should self-monitor under the supervision of the workplace coordinator for temperature or symptoms.
3. Employee will be sent home immediately if they become sick.
4. Employee should wear a face mask at all times for 14 days after the last exposure. It's up to the employer if they issue the face mask or allow the employee to use their own face mask.
5. Employee must maintain physical distancing of 6 feet at the business as work duties allow.

Managing Staff Showing COVID-19 Symptoms at the Practice

- Maintain social distancing of 6 feet from that person and have them move away from any other staff in the area
- Send employee home away from the practice wearing a face mask
- For positive cases, start contact tracing and case reporting to health department or other agencies
    - Keep results in a confidential file
    - Check all areas that employee has been at the practice including desk, patient rooms, restroom, common areas
    - Initiate the cleaning protocol of the practice
        - Employee work area and equipment touched
        - Social path within the practice
- Do not allow symptomatic employees to return to work until cleared
    - Plan how staffing and cleaning of the facility will happen if an employee, patient or visitors are diagnosed with COVID-19
    - Develop guidelines for how long employees should remain out of the practice. Fourteen days is the general number of days if they continue to have symptoms, been directly exposed or have had a positive test result
- Coworkers should be informed if they were exposed to another employee who tested positive. The identity should remain confidential unless the employee consents, keeping in mind it may not be possible to keep the identity confidential in a small practice setting.
    - Close contacts at work and outside of work should stay home and monitor symptoms for 14 days from the possible exposure date
- Patients should be informed if they encountered someone who tested positive at the practice, but the employee's identity should be confidential unless the employee consents

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PHASE THREE: BE VIGILANT

Problem Solving and Process Improvement

- Keep an ongoing commitment for best practices

Recommended Routine Infection Prevention and Control Practices

As restrictions become more relaxed on healthcare services provided to patients for routine medical care (physicals, health screenings), certain precautions should stay in place.

- Continue to use telehealth in order to reduce the risk of COVID-19 transmission in healthcare settings
- When routine medical care has been scheduled
    - Have patients call ahead to discuss the need to reschedule their appointment if they have COVID-19 symptoms
    - If the patients do not have any symptoms, instruct them about the requirement to wear a face mask before entering the building
- For patients wanting to be evaluated for possible COVID-19 infection, determine if an appointment is necessary or if the patient can be managed at home
    - If the patient needs to come in, have them inform triage personnel on arrival that they have COVID-19 symptoms and to take preventive action (follow triage procedures and have a face mask on throughout their visit. If a face mask cannot be tolerated, they can hold a tissue against their mouth and nose to contain respiratory secretions.)

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Continue Screening Measures and Contact Tracing for Employees and Patients

- Continue to screen anyone who enters the facility. Although screening for symptoms will not identify asymptomatic or pre-symptomatic people, symptom screening remains an important strategy to identity individuals who have COVID-19.
- Be knowledgeable about your geographical area and local developments
- Stay connected with your health department to know about COVID-19 in your community
- Keep aware of public health recommendations for changes
- Step up precautions if the virus starts spreading in your community again
- Be prepared to end non-essential visits if there is a COVID-19 surge
- Work with the local health department or other agencies to implement contact tracing guidelines for employees and patients when tests are positive
    - The minimum necessary information should be given regarding the cases to keep with HIPAA guidelines

Laboratory Data Reporting

All laboratories and other facilities or locations performing testing at point of care or with at-home collection, shall report data for all testing completed, for each individual tested, within 24 hours of results on a daily basis to the appropriate state or local public health department based on the individual's residence.

Current demographic data elements that should be collected and reported to state or local public health departments (This data will not be collected by the CDC.) Privacy standards apply.

1. Patient name (last name, first name, middle initial)
2. Patient street address
3. Patient phone number with area code
4. Patient date of birth
5. Ordering provider address
6. Ordering provider phone number

Required data elements for the transmission of complete laboratory testing data to the CDC or the Secretary's designee. The following data elements must be collected and reported:

1. Test ordered
2. Device identifier
3. Test result (use appropriate codes provided by CDC)
4. Test result date
5. Accession #/Specimen ID
6. Patient age
7. Patient race
8. Patient ethnicity
9. Patient sex
10. Patient residence zip code
11. Patient residence county
12. Ordering provider name and NPI

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13. Ordering provider zip code
14. Performing facility name and/or CLIA number
15. Performing facility zip code
16. Specimen source (use appropriate codes provided by CDC)
17. Date test ordered
18. Date specimen collected

For more in-depth information, see the link below. https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf

Contact Tracing

Once the local health department is informed of a confirmed case of COVID-19, contact tracing will be initiated. Public health staff will reach out and ask about close contacts. Case investigation and contact tracing are part of the local health department functions. They will call anyone who may have been exposed.

Contacts are given the following information:

- They may have been exposed to someone with the infection, but the name of the person isn't given for privacy
- Information and support to understand the risk and how to keep others safe
- Monitor themselves for illness and seek help if they become ill
- Quarantine or self-isolate

Please refer to your state health department or the CDC for further guidance.

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	Completed	In process	Not started
Phase One: **Preparing for Reopening**			
Deep Cleaning and Disinfection	☐	☐	☐
Handwashing and Sanitizing	☐	☐	☐
Personal Protective Equipment (PPE)	☐	☐	☐
A Stepwise Approach to Reopening with Social Distancing	☐	☐	☐
Non-Patient Visitors to the Practice	☐	☐	☐
Medical Malpractice Insurance Carrier	☐	☐	☐
Practice Policy Changes	☐	☐	☐
Train and Educate Staff	☐	☐	☐
COVID-19 Preparedness and Response Coordinator	☐	☐	☐
Patient Safety • Pre-visit Screening Script Template	☐	☐	☐
Phase Two: **Opening the Practice**			
Finalizing Operations	☐	☐	☐
Screening Staff • Screening Checklist for Employees	☐	☐	☐
Managing Staff Showing COVID-19 Symptoms at the Practice	☐	☐	☐
Phase Three: **Stay Vigilant**			
Problem Solving and Process Improvement	☐	☐	☐
Recommended Routine Infection Prevention and Control Practices	☐	☐	☐
Continue Screening Measures and Contact Tracing for Employees and Patients	☐	☐	☐
Laboratory Data Reporting	☐	☐	☐
Contact Tracing	☐	☐	☐

For a more specific checklist refer to the “Practice Site Reopening Checklist”

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RESOURCES

American Medical Association (AMA)
American Academy of Family Physicians (AAFP)
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
Environmental Protection Agency (EPA)
Ford Motor Company
Michigan Department of Health and Human Services (MDHHS)
Occupational Safety and Health Act (OSHA)
Small Business Association of Michigan (SBAM)
United States Department of Labor
United States Department of Veterans Affairs
World Health Organization (WHO)

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