Re-Opening Considerations and Planning
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Summary

• The OU Physicians leadership will approve the resuming of services of all OUP clinics based upon a phased-in schedule, starting with select outpatient surgery procedure patients and increasing in person office visits effective May 11th.

• Providers and staff will be required to complete an on-line COVID screening prior to returning to operations. (Return to work = 7 consecutive calendar days or more)

• Re-opening plans are subject to change based on the trends of COVID cases in the community and region.

• All current elements of social distancing, patient safety, building screening, PPE and prioritization of supplies and resources will remain in place.

• Visitor restrictions will remain in effect.

• Surgical patients will be required to have a COVID test within 72-hours of the scheduled procedure.

• Telemedicine should continue to be utilized as appropriate.
Proposed Timeline

- May 4th - May 10th -
  - Continue work from home option for employees who can perform their work remotely.
  - Continue current COVID response mode state.
    - Continue to evaluate telehealth options
  - Prepare space for increased # of patients and staff. Must provide a minimum of 6 ft between people. Further distancing is recommended in workstations with extended contact with others. If not possible, physical barriers should be in place.
  - Continue public testing; SCC on M, T, T, F; Tisdale on Wed.
  - SPC - schedule, & test immediate acuity patients
Proposed Timeline

• May 11th-May 24th
  • Continue work from home option for employees who can perform their work remotely.
  • Begin expansion of in person services in all clinics by clinical priority. Cohort patients i.e. well vs sick; high risk vs low risk
  • Continue or expand telehealth visits.
  • Start access to urgent telehealth visits.
  • Consider pre arrival check-in, portal forms, etc.
  • Consider immediate rooming
  • SPC- begin immediate acuity patient procedures
COVID Testing

• OUP SPC patients
  • Testing through the public testing process but with different requisitions so results return to ordering surgeon.

• OUP primary care patients
  • FM & Tisdale: continue in COVID response mode testing OUP patients
  • No acceptable antibody test being offered

• OUP/OSDH public testing
  • End date TBD based on community need

• DLO
• RML
Re-Opening Considerations

1. **Timeline**
   - Phase One: May 4\(^{th}\)
   - Clinics continue same process for eval and treat of ILI and suspect cases
   - All other clinics continue in COVID-response mode
   - Phased-in Approach,
   - Next effective phase in date is May 11\(^{th}\).
   - Further openings based on maintenance of flat COVID curves.
     - [https://www.tulsa-health.org/COVID19](https://www.tulsa-health.org/COVID19)

2. **COVID Testing**
   - **OUP Patient COVID Testing:**
     - Pre-operative testing will be performed via the drive through testing at SCC
   - **Workforce COVID Screening:**
     - OUP providers & staff will be required to complete an on-line screening assessment before returning to full duties.
   - **Community COVID Testing:**
     - OUP is staffing a public COVID Swab Collection Site located in the SCC parking garage. At Tisdale, Wednesday.
     - Testing plans are subject to change based on swab supplies, volumes and other considerations.
3. **Environment of Care: Safety & Protection**

   a. **Facilities Management:**
      - Building screening to continue with additional staff as needed.
      - Elevator signage will limit occupants.
      - Cleaning protocols enhanced.
      - Install barriers where people must interact closer that 6 feet.
      - Make visual reminders in areas where people may wait such as tape marks on the floor.
      - Cohorting of sick patients (beyond respiratory sick) in morning or afternoon sessions.

   b. **PPE Resources**
      - Verification of sufficient quantity/daily monitoring from dashboard.
      - Masking for all:
        - Clinical staff/providers must wear surgical mask at all times.
      - Non-clinical staff and patients/visitors may wear cloth mask in lieu of surgical masks
      - N95 (or equivalent) must be worn if treating COVID positive patients, in aerosolizing procedure, member of the CRT, or public testing team.

   c. **Social Distancing (See slide #6):**
      - Keep patient & visitor in their car and call when ready to present in clinic as much as possible.
      - Visitor restrictions remain in effect.
Re-Opening Considerations

4. Clinic Scheduling & Patient Access

a. Reconcile all previously cancelled visits to ensure rescheduling has been completed or virtual visits have been conducted.

b. Identify SPC cases that were cancelled, as well as requests for new elective outpatient cases, and schedule elective cases and coordinate COVID testing.

c. Assess the backlog of demand from new patients & referring physicians for consults.

d. Once fully open, anticipate extended hours for clinic (evenings/weekends) in order to work thru backlog of appointments.

e. Revise clinic scheduling templates with new visit criteria for patients:
   o Decrease available appointment slots to maximize social distancing
   o Increase new patient appointment slots based on need
   o New Patients to be seen in-person or by telemedicine.
   o Established patients and follow up visit plans, in-person or telemedicine.
   o Opportunity for APPs to see new patients virtually for improved access and triage of care plan.
5. **Staffing**

- Continue work from home option for those who can perform their work remotely.
- Online COVID screening will be mandatory. Employees will be required to present “Employee Health clearance email” to manager prior to returning. [https://covidreporting.ouhsc.edu/](https://covidreporting.ouhsc.edu/)
- Will need to work thru any staff availability/sick leave issues (Families First Coronavirus Response Act) and OUHSC policy.
- Daily review of clinic volumes, scheduled patients, PPE availability may result in redirection of staff.

6. **Patient Concerns**

- Patient Concerns/Fear
  - Schedule virtual visits as appropriate.
  - Communication Plan via social media and press releases.
  - Signage in clinics.
  - Update patient outreach messaging as needed.
Re-Opening Considerations

7. **Clinic Medical Director & Faculty Engagement**
   - As clinics begin to review scrubbed patient schedules and modify templates, the review needs to include all providers as much as possible.
   - Decisions to see patients in person vs. virtually need to be made with provider’s input/approval.

8. **Other**
   - OUP Leadership will monitor conditions weekly in effort to quickly and safely ramp up remaining clinics.
   - Continue 4PM leader update meeting, M,W,F
   - Based on COVID-19 case counts and public health recommendations, OUP will need to be prepared to “pull back” into prior COVID response modes.
Maintaining Physical Distancing in the Clinic

- Clinic office space and workflow should be structured to encourage physical distancing. Consider using Tisdale for additional clinic space.
- Ask patients to check in by phone and wait in the car until an exam room is ready.
- Visitor Policy will remain in effect: 1 Visitor with pediatric patients and no visitors for adult patients.
- Schedule patients such that only a few are in the office at any one time. Allow for sufficient time for enhanced exam room terminal cleaning in between patient visits.
- Assign responsibility for room and clinical space disinfecting and keep logs.
- Remove articles such as magazines, toys, coffee, or anything else that may be handled by infected patients.
- If possible, arrange office flow such that patients enter and leave through separate doors.
- As able, modify check-out procedures to minimize/avoid any patient time in central area or at check-out desk.
- Consider setting aside clinic hours for vulnerable patients – elderly, immunocompromised, etc.
- Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.
- Consider strategies to prevent patients who can be seen at home via telehealth from coming to your facility, potentially exposing themselves or others to germs.
Infection Control

Disinfectants and Environmental Cleaning

- EPA approved for SARS-CoV-2 only
  - Common: Quaternary ammonium, hydrogen peroxide, and Isopropyl alcohol
- Clean high touch areas at least 2 times per day. Maintain logs.
  - Examples: Door handles, arm rests, counters, water fountain, elevator buttons
- After aerosolizing procedure clean all surfaces including countertops, cabinet door/drawer fronts, and floors.

Clinical Space

- Waiting room chairs 6ft apart
- Remove office toys and books from waiting rooms. Frequent cleaning schedule for any items in use.
- Immediate cleaning of reusable items such as thermometers, vitals machines, scales/support bars
- Hand sanitizer continues to be limited. Use soap and water whenever possible.

OUP Reopening Considerations and Plan, 5/4/2020
All surgical patients are required to have at least one test performed to determine COVID status, no more than 72 hours prior to surgery (Friday testing for Monday cases).

Patients must self-quarantine between the time of testing and surgery.

It is imperative that providers review the COVID status of their patients prior to surgery.

COVID-19 tests will be ordered by the Ordering Physician for the scheduled procedure.

The Surgeon’s clinic staff will assist the Surgeon by performing the following tasks:

1. Call the patient to coordinate a time for the COVID testing.
2. Schedule the COVID test and confirm with the patient the exact testing date, time and general testing instructions.
3. Assist Surgeon with the COVID test ORDER ENTRY into the GE EMR (see screen shots/instructions on slides ).
4. Educate patients regarding the importance of getting the testing completed at the scheduled date and time, or the surgery may be cancelled or rescheduled.

The Surgeon (or designee) will be required to check on the COVID testing results the evening prior to the scheduled surgery and alerting the OR of the results.
HSC COVID Return Plan

• Common areas remain closed
• Individuals in public areas **must** wear a surgical-style mask.
• If outdoors **strongly encouraged** to wear a surgical-style mask.
• No gatherings of 10 or more people unless mission critical and precautionary measures of 6 ft social distancing and masks.
• Fabric masks must be washed at least once per week.
• If patient doesn’t have a mask, we will provide.
• Visitors and vendors are expected to provide their own.
• Patient care public entrances must be attended & visitor policies must be observed.
HSC COVID Return Plan

• Only 2 people on elevators.
• Observe social distancing in restrooms.
• Sanitation protocols must be in place.
  • Break rooms
  • Copy machines
  • Cleaning of shared equipment, tools, etc.
• Use of drinking fountains that are not touch free should be discouraged.
• Exposure concerns call 918-660-3102.
• Temperature checks only for people entering patient care buildings/areas.
• “We Believe” marketing campaign.