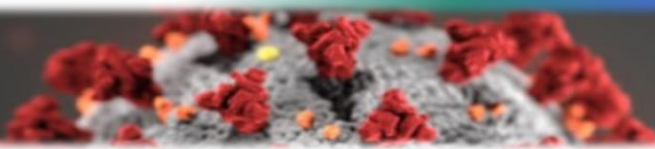


# Returning to the “New Normal” Quick List



Updated 5/13/2020



At Conventus, the health and safety of our membership is our top priority. We have heard from you that you are concerned about what it will look like as you move to reopen your practice or the challenges you will face as we try to “Return to the New Normal”. Below are a few key items for you to consider.

## LAWS, REGULATIONS AND GUIDELINES

- ✓ Know federal, state, and local laws, regulations, including Executive Orders, etc.
  - Follow guidelines and information from [The Centers for Disease Control & Prevention](#) (CDC), [Occupational Safety and Health Administration](#) (OSHA), [The Centers for Medicare & Medicaid Services](#) (CMS), [US Department of Health & Human Services](#) (HHS), [NJ COVID-19 Information Hub](#), [Equal Employment Opportunity Commission](#) (EEOC) and other key resources.
  - Review information on [immunities from liability](#).

## DEVELOP A BUDGET WITH EXPECTATIONS

- ✓ Review current and future financial state. What startup capital will you need to fully reopen?
  - What do you think will be your anticipated patient volume going forward? Just because you are open does not mean your volume will be the same.
- ✓ Look at expenses
  - Rent, utilities, vendor invoices, purchasing personal protective equipment (PPE) and other medical supplies, etc.
  - Did you take any loans out or advanced payments? Can you make payments? When are the terms and when are they due?
  - Do they require any special documentation?
- ✓ Restart patient collections again
  - Review open collections and write-offs. You may need to offer more forgiving payment plans or other options due to patient’s current situations (e.g., unemployment, reduced hours, lack of funds etc.).
- ✓ Contract Re-evaluation.
  - Do you need to reassess contract terms and payment schedules? PPE from suppliers not delivered per contract terms, etc.

## WORKFORCE MANAGEMENT/STAFFING

- ✓ Assess your current staffing levels?
  - Did you down-size or furlough staff? Are you planning to bring everyone back?
  - What will you do if some staff do not want to return to work?
  - Can some of your staff telecommute/work from home? Consider Billing Staff and others who are not necessary for direct patient care.
  - Rotating staff or staggered work schedules for staff and physicians.
- ✓ At Risk Personnel
  - Can you accommodate staff who have young children at home, are immunocompromised, have family members who are, or are over the age of 60 etc.? Follow the CDCs Guidelines and Recommendations for:
    - [People Who Are at Higher Risk for Severe Illness](#), [Older Adults](#), [People with Moderate to Severe Asthma](#), [Groups at Higher Risk for Severe Illness](#).
  - How about staff who are worried about being exposed?
- ✓ Policies and Procedures
  - Create and inform staff of all policies before they return to work.
    - Staff will need to sign off that they have read and are following all new policies and procedures
    - Will you require staff to sign waivers or informed consents agreeing to policies?
  - Will you implement temperature checks and health assessment screenings for staff and physicians?
    - Follow CDCs [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).
  - How will you handle symptomatic and non-symptomatic staff members?
    - Follow the CDCs [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\)](#).
    - Provide refresher training for all staff members on [donning and doffing](#), [use of PPE equipment](#), [cleaning and disinfecting](#), infection control including CDCs [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) and [Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](#).

# Returning to the “New Normal” Quick List



Updated 5/13/2020



## OPERATIONAL MANAGEMENT & INFECTION PREVENTION/CONTROL

- ✓ Safety measures
  - Implement processes to create a safe environment for both patients and staff.
    - Follow CDC guidelines for [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#)
- ✓ Assess PPE and equipment inventory based on current and future needs, including potential for shortages.
  - Follow CDCs [Strategies to Optimize the Supply of PPE and Equipment](#)
- ✓ Potential drug shortages
  - How will you get necessary drugs, if you need them for your practice? Communicate with your suppliers.
- ✓ Waiting and exam rooms
  - Separation of patients in waiting room. Continue to keep social distancing of 6’.
  - Provide masks, tissues, hand sanitizers for patients and staff.
  - Evaluate sanitization/sterilization processes and techniques. Especially the time between visits.
    - Exam rooms, equipment, surround surfaces, maintenance of equipment etc.
    - Use [Environmental Protection Agency \(EPA\)](#) approved cleaning chemicals with label claims against the coronavirus. Follow the CDCs [Cleaning and Disinfecting Your Facility](#).
- ✓ Limit Non-Essential Visitors
  - Post signs and communicate with vendors, pharmaceutical representatives and others of your policies for entering the practice. Do not allow anyone to just come in. You are risking your practices health overall – yourself, staff and patients.
  - If you need to have external visitors, e.g., computer repair, maintenance etc., try to have this done outside of operational hours to minimize interactions. Remember safety protocols for those personnel also. You must make sure of their health status to the best of your ability.

## PATIENT SAFETY AND FLOW

- ✓ Communicate clearly with patients what is being done to keep them safe.
  - Post signs and ensure patients are clearly informed. Add messaging to your answering/telephone system.
  - Include information on safety precautions being taken, social distancing; required mask or some sort of face covering, etc.
- ✓ Schedule in-person visits according to priority. Think about continued telehealth visits for high risk patient who do not need to be seen in person or patients who are worried about coming into the office.
  - Integrate telehealth/telemedicine in conjunction with in-person visits.
- ✓ Patient Flow and Scheduling
  - Stagger scheduled appointments to limit patient arrivals and departures.
    - If possible, use separate entrance and exit into the practice, or have patients wait in their car prior to appointment. Think about curb/car side triage.
  - Limit individuals accompanying patients, except where an accompanying individual is necessary (e.g. a parent of a child, elderly patient and caregiver), those individuals should be screened in the same manner as a patient.
  - Pre-screen patients for virus symptoms by using the [CDC Phone Advice Tool/Protocol](#) upon appointment scheduling and on day of appointment.
  - Follow the CDCs [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#).

## CONTINGENCY PLAN FOR FUTURE CLOSURE

- ✓ Develop a comprehensive plan if you have to close again or limit access.
  - Communicate with patients, staff and others
  - How will you reset your office?

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