



COVID-19 Checklist for Reopening Ambulatory Practices – SAMPLE

On behalf of all of us at Coverys, we extend our deepest gratitude to all healthcare personnel who continue to work and support their patients, families, and community through these difficult times.

The COVID-19 pandemic has directly affected healthcare practitioners, their staff, and the communities they serve. As the country slowly transitions through phases of the current COVID-19 pandemic, many practices that have had to close or to limit their hours and services are preparing to reopen. A careful, slow, and thoughtful approach to reopening is necessary for a successful transition.

To assist in recovery and reentry, the checklist below offers risk management guidance on key planning areas when reopening a practice.

Readiness to Reopen	
Monitor CDC, federal, state, and local public health authorities daily for updates and new legislation. Review CMS Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1 .	<input type="checkbox"/>
Consult with local and state public health officials to check if the state has established guidelines for reopening patient office visits beyond emergencies.	<input type="checkbox"/>
Ensure availability of specialty/ancillary services such as specialty care practitioners, local home health agencies, durable medical equipment, cleaning and laundry services, etc.	<input type="checkbox"/>
Contact your medical professional liability carrier and insurance agent to inform them of plans to resume services and/or permanently add or discontinue services such as telehealth or procedures.	<input type="checkbox"/>
Validate professional liability coverage and current licensure of clinical staff.	<input type="checkbox"/>
Review and update billing procedures to incorporate new coding for visits/diagnoses related to COVID-19, or coding changes for other services such as telehealth. For additional business and finance recommendations, refer to Tips for Keeping Your Practice in Business During the COVID-19 Pandemic .	<input type="checkbox"/>
Conduct an environmental assessment to ensure that exit signs, alarms, smoke detectors, fire extinguishers, and sprinkler systems function and adhere to local fire codes. Refer to OSHA's Guidance on Preparing Workplaces for COVID-19 .	<input type="checkbox"/>
Develop specific protocols for handling positive or suspected COVID-19 patients. Refer to CDC guidelines Get Your Clinic Ready for Coronavirus Disease 2019 .	<input type="checkbox"/>

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Readiness to Reopen	
Determine what resources and methods will be utilized for COVID-19 training for office staff and providers. Consider outside educational sources such as the CDC's Clinical Care Guidance for Healthcare Professionals about Coronavirus (COVID-19) or other resources found in the Coverys COVID-19 Resource Center .	<input type="checkbox"/>
Eligible clinicians who participate in Medicare's Merit-based Incentive Program (MIPS) should consider participating in a COVID-19 trial as part of the MIPS performance activity to facilitate finding effective treatment while contributing 15% of the total performance score for reimbursement incentive.	<input type="checkbox"/>
Review cyber security measures to ensure they are up to date and install additional and/or enhanced programs to prepare for the potential of increased cyber-attacks. Educate/reeducate staff on cyber security.	<input type="checkbox"/>
Staff Planning	
Determine a process for returning furloughed staff in a manner that follows HR policies to avoid discrimination. Document the rationale for calling staff back to work. Seek legal guidance to ensure the process adheres to any state/federal regulations.	<input type="checkbox"/>
Prepare for reduced employee resources, as furloughed staff may choose not to return or may not be able to do so. See Strategies to Mitigate Healthcare Personnel Staffing Shortages .	<input type="checkbox"/>
Reassess current care delivery models to determine necessary adjustments due to staffing changes such as reduction in staff, merging of positions (e.g., one staff member cross-trained to perform another position where applicable), and change of skill mix.	<input type="checkbox"/>
Staff Screening	
Determine process for monitoring and documenting daily/periodic staff wellness screening, including symptoms/travel/contacts. See CDC guidance for Monitoring and Managing Healthcare Personnel .	<input type="checkbox"/>
Screen employees for recent travel to an affected/high-risk area or potential exposure to COVID-19. 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) .	<input type="checkbox"/>
Ensure HR policies address employees with potential COVID-19 exposure or who develop COVID-19 symptoms. Include the following: <ul style="list-style-type: none"> • Identification of symptoms/potential exposure. • Employee testing. • Quarantine instructions. • Requirements for reporting confirmed cases. 	<input type="checkbox"/>

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Staff Screening	
Follow CDC Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 .	
Seek legal guidance to ensure policies adhere to any state/federal regulations.	
Scheduling Patients for Visits	
Determine methods (letter, patient portal, social media, phone calls, etc.) for notifying patients that the practice is reopening. Communicate the process for scheduling appointments.	<input type="checkbox"/>
Maximize use of telehealth modalities. Review currently scheduled appointments to determine which can be converted to telehealth visits.	<input type="checkbox"/>
Prioritize scheduling based on urgent needs, to include: <ul style="list-style-type: none"> • High-risk patients. • Patients previously hospitalized for COVID-19 or non-COVID-19-related conditions. • Patients with pending abnormal tests/diagnostic results and referrals. • Patients who had cancelled/missed appointments or were no-shows prior to office closure. • Patients calling with a medical concern. • Patients needing well visits, vaccines, and screening exams. Utilize EMR capabilities to generate reports specific to these items.	<input type="checkbox"/>
Consider offering special scheduling days for patients at higher risk (elderly, immune compromised).	<input type="checkbox"/>
Consider designating specific hours/time of day for well visits and sick visits.	<input type="checkbox"/>
Consider extending hours into evening and weekends to better accommodate physical distancing and possible increased volumes.	<input type="checkbox"/>
Scheduling Patients for Procedures/Surgery	
Check with state and local regulatory agencies for any related mandates and/or guidance prior to reestablishing non-urgent elective surgeries or procedures.	<input type="checkbox"/>
Establish a process to prioritize procedures done in the office setting based on patients' immediate needs.	<input type="checkbox"/>
When scheduling outpatient or hospital-based surgeries, collaborate with the facility's prioritization policy committee to develop a prioritization strategy appropriate to	<input type="checkbox"/>

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Scheduling Patients for Procedures/Surgery	
immediate patient needs. See Roadmap from AHA, Others for Safely Resuming Elective Surgery as COVID-19 Curve Flattens .	
Reassess patients who are waiting to schedule procedures/surgery, as their clinical status may have changed. Review insurance coverage and pre-authorization time limits.	<input type="checkbox"/>
Prescreening Patients (COVID-19)	
Follow CDC guidance to actively screen patients for fever and COVID-19 symptoms for early disease detection before they enter the healthcare facility. Develop a COVID-19 prescreening checklist to implement by phone or to use with a virtual patient check in. Refer to CDC Criteria for Screening Patients .	<input type="checkbox"/>
Develop a process for managing patients who arrive without an appointment.	<input type="checkbox"/>
Post clear messaging on the practice website, portals, and entrances requiring patients and visitors who are exhibiting any COVID-19 symptoms, who have had any recent contact with a COVID-19 positive person, or who have recently traveled, to immediately call the practice for instructions on accessing care. Manage patients by phone following CDC recommendations .	<input type="checkbox"/>
Screening Visitors/People Accompanying Patients	
Establish procedures to screen visitors using CDC screening criteria .	<input type="checkbox"/>
Limit entry only to essential visitors that will accompany a patient during an appointment.	<input type="checkbox"/>
Require visitors to comply with precautions including social distancing, hand hygiene, and mask wearing. Provide masks to visitors who do not have them. Develop a process for non-adherence.	<input type="checkbox"/>
Define and communicate visitor requirements in advance (e.g., flyer, poster, handout, phone call upon scheduling).	<input type="checkbox"/>
Develop a process for visitation by medical and nonmedical vendors such as UPS, FedEx, mail delivery, contractors, etc.	<input type="checkbox"/>
Process for Check-in/Registration	
Consider implementing options for check-in that minimize time spent in waiting room (e.g., calling upon arrival and waiting in the car until the exam room is ready).	<input type="checkbox"/>
Space appointments to avoid large numbers of patients in the waiting room and to maintain physical distancing. Consider separate waiting room areas for sick versus well patients.	<input type="checkbox"/>

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Process for Check-in/Registration	
Offer patients a mobile payment option to avoid handling money or credit card transactions.	<input type="checkbox"/>
Stock PPE and hand hygiene supplies in the office entryway. Assign a staff member to greet patients and visitors. Provide instructions on precautions, including social distancing, hand hygiene, and mask wearing.	<input type="checkbox"/>
Prepare the waiting room environment: <ul style="list-style-type: none"> Remove all toys, magazines, pamphlets, and other decorative items to minimize contamination and allow for thorough cleaning. Arrange chairs so there is adequate spacing to promote physical distancing (at least 6 feet apart). 	<input type="checkbox"/>
Clean touch screen devices after each patient use.	<input type="checkbox"/>
Keep barriers closed at the desks for checking in and out and require staff to wear facemasks. Install Plexiglas if a barrier is not already in place. Refer to OSHA's Guidance on Preparing Workplaces for COVID-19 .	<input type="checkbox"/>
Provide signage as needed to help patients navigate the new process and flow. Laminate paper signage to facilitate cleaning.	<input type="checkbox"/>
Infection Prevention and Environment of Care Prior to and When Patients Return	
Modify, as needed, the patient flow through the office setting to minimize congestion and promote physical distancing. <ul style="list-style-type: none"> Consider separate routes for entering and leaving. Ensure flow can accommodate patients in wheelchairs. 	<input type="checkbox"/>
Review inventory and ensure adequate supply of PPE and hand hygiene products for use in waiting room entry and exam and procedure rooms and for departing patients. <ul style="list-style-type: none"> Estimate PPE needs based on number of patient visits and procedures performed. Ensure PPE inventory is adequate to avoid any shortages. Develop policies for conserving PPE (e.g., extended use or reuse of PPE per CDC and FDA guidance) as needed. 	<input type="checkbox"/>
Train/retrain staff to follow increased infection prevention precautions and safety measures. <ul style="list-style-type: none"> Review PPE use, donning and doffing, and adherence of wearing PPE. Consider using full face shield/goggles for all procedures. 	<input type="checkbox"/>

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Infection Prevention and Environment of Care Prior to and When Patients Return	
<p>Perform enhanced environmental cleaning procedures:</p> <ul style="list-style-type: none"> • Perform a deep clean when opening up an office. • Perform daily cleaning procedures. • Clean between patients to include all high-touch areas. • Clean equipment/items used on patients. • Consider types of cleaning products. • Assign staff members responsible for cleaning. • Consider adding time between appointments to allow for cleaning. <p>Follow the CDCs Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.</p>	<input type="checkbox"/>
Develop a checklist for staff performing cleaning procedures and monitor competency.	<input type="checkbox"/>
<p>Check inventory of supplies and medications:</p> <ul style="list-style-type: none"> • Ensure adequate amounts of medications, patient supplies, and cleaning supplies, and check with vendors as to availability and substitutions to avoid shortages. • Check all medications and vaccines to ensure they are not outdated. • Review temperature logs of medications and vaccines stored in refrigerators and freezers to verify appropriate temperatures have been maintained. • Plan for potential shortages of medications/drugs used for procedures and investigate alternatives. 	<input type="checkbox"/>
Evaluate the need for and possibility of converting an exam/procedure room to a negative pressure room to deal with potential infectious patients. See American Society for Healthcare Engineering guidelines for Negative Pressure Patient Room Options .	<input type="checkbox"/>
Perform an autoclave test run with quality control checks prior to sterilizing patient reusable equipment.	<input type="checkbox"/>
Check all biomedical equipment to ensure inspections are up to date and working properly.	<input type="checkbox"/>
Check and verify all supplies, medications, and equipment used for medical emergencies.	<input type="checkbox"/>

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Communication With Patients/Community/Staff	
<p>Establish an internal staff communication plan:</p> <ul style="list-style-type: none"> • Include mechanisms such as daily/weekly huddles to inform staff of pandemic-related changes. • Review and reinforce social media policies with staff. 	<input type="checkbox"/>
<p>Establish an external communication plan:</p> <ul style="list-style-type: none"> • Express condolences to patients who have lost family members during or because of the pandemic. • Designate a ‘point person’ to address community and media inquiries and monitor social media posts regarding practice readiness related to COVID-19. • Draft scripts to ensure staff communication to patients regarding COVID-19 office and testing procedures is clear and consistent. • Reinforce strict adherence to HIPAA privacy regulations to ensure patient information confidentiality. • Communicate COVID-19 infection prevention protocols on-site and on the practice website or patient portal. See CDC Patient Communication Fact Sheets. • Post visual alerts (e.g., signs, posters) at the entrance to provide instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. See CDC link for poster. 	<input type="checkbox"/>
Documentation	
<p>For practices that closed during the pandemic, identify outstanding test results, diagnostic results, and referrals, and document follow-up.</p>	<input type="checkbox"/>
<p>Document pandemic circumstances/barriers that may have contributed to clinical decision-making or delays in diagnosis, treatment, or response to positive test results.</p>	<input type="checkbox"/>
<p>Develop documentation protocols regarding triage, screening, testing, patient education, follow-up, and treatment related to COVID-19. Consider developing an EMR template for COVID-19 documentation.</p>	<input type="checkbox"/>
<p>Conduct depression screening on all patients and document results to evaluate impact of the pandemic.</p>	<input type="checkbox"/>
<p>Obtain copies of discharge summaries for patients who were hospitalized during office closure or limited office hours.</p>	<input type="checkbox"/>
<p>Review and update the medical record to reflect any changes in a patient’s primary care or other healthcare practitioner as they may have changed during the pandemic.</p>	<input type="checkbox"/>
<p>Provide written COVID-19 education materials and document patient understanding. See CDC Patient Communication Fact Sheet.</p>	<input type="checkbox"/>

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Updated: April 2020

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Documentation	
Follow pre-pandemic documentation protocols. Do not assume that waivers in place during the pandemic will continue once your practice reopens to all patients.	<input type="checkbox"/>
Patient Complaints/Potential Claims	
Assign key personnel to handle patient complaints. Discuss approach and scripting to possible complaints (e.g., delay in seeing patients, delay in diagnosis, patient exposed to COVID-19 during office visit).	<input type="checkbox"/>
Keep communication avenues open. Remind patients of the process for feedback and/or complaints and how to file a complaint. Acknowledge the patient's concerns and ensure that the patient knows that the practice has addressed the specific matter and implemented changes.	<input type="checkbox"/>
Review with staff the process for handling patient complaints, best practices for conflict resolution, and de-escalation techniques.	<input type="checkbox"/>
Notify your malpractice insurance company regarding any complaints that may turn into future claims.	<input type="checkbox"/>
Telemedicine	
Assess your telemedicine use during the pandemic and determine if and how telemedicine visits will continue.	<input type="checkbox"/>
Consider evaluating telemedicine platforms to determine which system will best meet practice and patient needs and to ensure compliance with state and federal regulations.	<input type="checkbox"/>
Develop policies and procedures for a sustained telemedicine program that include: <ul style="list-style-type: none"> • Types of patient visits best suited for telemedicine. • Informed consent process and forms. • Compliance with HIPAA requirements. • Documentation. • Method(s) for producing patient summaries. • Billing and coding procedures. Telemedicine resources are available on the Coverys COVID-19 Resource Center .	<input type="checkbox"/>
Keep abreast of state and federal waivers and telemedicine regulations. Ensure implementation of and adherence to current state and federal regulations once the state of emergency has lifted.	<input type="checkbox"/>
Review the process and best use of telemedicine during possible resurgence.	<input type="checkbox"/>
Prepare patient information on telemedicine use, both during resurgence and in normal times.	<input type="checkbox"/>

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Emotional Support	
Promote and communicate a culture of wellness that values and supports the health and well-being of caregivers and all staff.	<input type="checkbox"/>
Assess the need for emotional support for staff who may have experienced loss due to the death of a family member, friend, colleague, or practitioner.	<input type="checkbox"/>
Establish referral sources for emotional support/grief counseling. Consider accessing: <ul style="list-style-type: none"> • State physician wellness programs. • Employee assistance programs. • Resources that may be available through your medical professional liability carrier. • Other resources for support such as those offered by the Schwartz Center for Compassionate Healthcare. 	<input type="checkbox"/>
Consider daily/weekly staff huddles to encourage open communication, acknowledge stressors, debrief stress-related events, and celebrate successes.	<input type="checkbox"/>
Consider a way to pay tribute to lost coworkers, such as a memorial wall.	<input type="checkbox"/>

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