




VENTURA COUNTY
AMBULATORY CARE
A Division of Ventura County Health Care Agency

MEMORANDUM

TO: ALL CLINICS

FROM: DR. THERESA CHO 
CEO & MEDICAL DIRECTOR OF AMBULATORY CARE

SUBJECT: WHEN AND HOW TO REOPEN CLINICS

DATE: JUNE 18, 2020

CC: DR. ALLISON BLAZE
ASSOCIATE MEDICAL DIRECTOR OF AMBULATORY CARE

May 1, 2020

1. This will be our first phase (for the next 2 weeks) to reopen.
2. All clinics, except those in the campus 5-story building, will have patients wait in their cars whenever possible.
3. Per Medical Director discussion, the following are our priority patients:
 - Pregnant patients: continue following ACOG's modified schedule
 - Pediatric patients
 - Well-child: 0-2 year-olds and 4-5 year-olds
 - Any child who needs a catch-up vaccine
 - Preventive care: continue to postpone
 - Procedures
 - Yes, if there is a question of malignancy
 - Yes circumcisions (time-sensitive)
 - No vasectomies
 - Unstable medical conditions that could result in serious morbidity/mortality (e.g., BP 180/100 on home machine)
 - Problem identified on telehealth visit that requires further assessment in clinic (e.g., r/o UTI, cellulitis)

- Patients requesting disability evaluation who require physical exam (mental health issues can be evaluated via telehealth)
 - LARC (added 5/11/2020)
4. Who should be seen using telehealth?
- Stable chronic conditions
 - Elderly
 - Immunocompromised

PHASE 2 (beginning May 18, 2020)

In addition to priority patients identified in Phase 1 of Reopening, the following patients will be seen in clinic in Phase 2.

- Pediatric patients
 - Well-child: ages 0-6 and 11-13
 - Any child: who needs catch-up vaccines
- Preventive care:
 - Well-woman exam
 - All women due for cervical cancer screening
 - All women due for breast cancer screening
 - STD screening for women who are sexually-active
 - All adults due for colon cancer screening: FIT tests
- Imaging
 - Catch-up on backlog of previously-scheduled patients at VCMC/SPH
 - New patients may be scheduled but expect at least 2-week delay
 - X-rays/ultrasounds may be performed in clinic
 - Ensure adequate time between patients by spacing out scheduling
 - Ensure proper cleaning of all surfaces between patients
- Telehealth:
 - Asthma outreach and follow-up
 - Depression screening and follow-up
 - Tobacco cessation counseling
 - SBIRT: annual screening for alcohol and drug misuse

- HTN control: education, review medication access and adherence
- Depression remission and response: follow-up PHQ-9

PHASE 3 (beginning 6/8/2020)

For Phase 3, clinics may further open clinics following the guidance below but may elect to remain at Phase 2 based on the priorities and needs of each clinic.

1. Prioritize telehealth

- a. To offer services to all patients while maintaining social distancing within clinics and minimizing the use of PPE
 - b. To address all clinical needs that do not require in-person examination
 - c. To review test results
 - d. To “teletriage” patients to distinguish those who need to be seen in person
2. Exclude vulnerable patients, as defined by the CDC, from in-person visits
 - a. Identify patients who should NOT be seen in clinic (unless telehealth visit reveals an acute problem or unstable chronic problem that requires in-person evaluation)
 - b. Such patients include those over age 65 or patients from a nursing home or long-term care facility
 - c. People of all ages with underlying medical conditions, particularly if not well-controlled, including chronic lung disease, moderate to severe asthma, and/or serious heart conditions
 - d. People who are immunocompromised, including those with a history of bone marrow or organ transplantation, immune deficiency, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications, severe obesity with BMI of 40 or higher, poorly-controlled diabetes, chronic kidney disease undergoing dialysis, liver disease, and those who are undergoing chemotherapy.
 3. Any patient whose clinical needs require an in-person visit may be seen in clinic at the provider’s and medical director’s discretion
 4. Each clinic that moves to Phase 3 must have a written plan of safety
 - a. Description of how patient and staff safety will be maintained
 - i. Explain how patients will be separated by time and/or physical space.

- ii. Include limitation of non-patient visitors
 - iii. Describe of how patients will be screened before in-person visits
- b. Continued adherence to the Public Health Appendix A: Social Distancing Protocol submitted and displayed by each clinic starting on 4/10/2020
- c. Adherence to practices outlined by Ambulatory Care in keeping with guidelines from CDPH and the CDC
 - i. **Disinfection Memo**
http://hospitals.vchca.org/images/medical_staff/Ambulatory_COVID19/Disinfection_Memo_5.26.20.pdf),
 - ii. **Cleaning and disinfection of patient care equipment policy**
http://hospitals.vchca.org/images/medical_staff/Ambulatory_COVID19/106-D061_Cleaning_and_Disinfection_of_Patient_Care_Equipment.pdf),
 - iii. **Isolation Policy with droplet precautions**
<https://vcmc.policystat.com/policy/6871042/latest/>)
 - iv. **Universal mask policy**
http://hospitals.vchca.org/images/medical_staff/Ambulatory_COVID19/UNIVERSAL_MASK_POLICY-Rev_4.15.20.pdf),
 - v. **COVID PPE Memo**
http://hospitals.vchca.org/images/4.1.20_Ambulatory_Care_COVID_Memo.pdf)
 - vi. **Screening at entrances**
http://hospitals.vchca.org/images/medical_staff/Ambulatory_COVID19/ENTRANCE_SCREENING_QUESTIONS.pdf
 - vii. **Memo on Droplet precautions**
http://hospitals.vchca.org/images/COVID_isolation_droplet_2020_3_23.png),
 - viii. **COVID Post Exposure Monitoring log**
http://hospitals.vchca.org/images/medical_staff/Log_COVID-19_Post-Exposure_Monitoring_2020.03.13.pdf),
 - ix. **Screening, Exposure, and Return to work guidelines**
http://hospitals.vchca.org/images/medical_staff/Staff_Screening_Clearance-3.pdf)
 - x. **COVID-19 Personal Protective Equipment Normal Use, Extended Use & Re-Use Guidelines**
http://hospitals.vchca.org/images/medical_staff/Ambulatory_COVID19/PPE_Normal_Use-Extended_Use-Reuse_Rev_6.3.20.pdf)

5. Special Circumstances

a. Dental:

- i. **Essential dental:** dentist and dental assistant wear full PPE, including face shield/goggles, N95, gown, and gloves.
- ii. **Fluoride varnish in kids with caries:** MA/CA wear full PPE, including face shield/goggles, N95, gown, and gloves.
- iii. **Fluoride varnish in kids without caries:** deferred.

b. Retinal Scans:

- i. **Patient:** wears surgical mask, not a cloth mask.
- ii. **MA/CA/Nurse performing retinal:** wears face shield/goggles, surgical mask, and gloves.
- iii. Staff re-use mask if unsoiled and change gloves between patients; face shield/goggles are wiped down between patients.