

Office Preparation Checklist

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An office-management plan includes handling the health of both staff and patients during flu season. Is your office ready? With the flu season comes new and unexpected situations—use this checklist as a guide to keep your patients prepared, your employees informed, and your practice one step ahead.

1. Get yearly vaccinations for office staff and patients

- You and your staff are primary target groups and should be vaccinated before the influenza season²
- Vaccinations can be provided within your office and may be free or discounted to those employees who choose to participate. Outside your office, employees must make their own arrangements
- Other primary target groups for influenza vaccination include the elderly, adults and children with chronic underlying illnesses (such as asthma), and women who will be in the second or third trimester of pregnancy during the influenza season²
- Vaccinations can be administered to the primary target groups before flu season, as early as September²

Vaccinating travelers

- Travelers should be vaccinated 2 weeks prior to their trips, especially if they plan to travel to the tropics, with organized tourist groups, or to the Southern Hemisphere between April and September²
- Educate travelers about flu symptoms and treatment as well as prevention prior to travel

2. Reducing the cost of vaccines

- In most cases, physicians cannot control what suppliers charge for the influenza vaccine or what payers, public and private, pay for the vaccine and its administration. However, you *can* exercise some control over their associated costs¹⁴
- Here are some ways physician practices can control their costs of providing influenza immunizations:
 - Shop for vaccines early
 - Buy direct and collectively
 - Administer vaccinations more efficiently
 - Bill completely
 - Use Medicare roster billing¹⁴

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3. Promote influenza awareness in your office and aid your staff in recognizing the signs and symptoms of flu

- Effective management with antiviral therapy relies upon prompt initiation of treatment, so rapid recognition of influenza is essential
- The onset of influenza is sudden: people describe feeling like they've "been hit by a truck"
- Fever, dry cough, muscle aches and pains, and chills are common influenza clues that help differentiate influenza from other common respiratory viral infections, such as a cold²
- If there are reports of influenza in your area and a patient has these classic symptoms, chances are increased that it is influenza

4. Practice good hygiene in your office

- It might seem obvious, but sometimes even the simplest things can slip our minds. Consider it a necessary reminder, especially important when talking about an airborne virus like influenza
 - Staff members should keep their hands and work area clean at all times. Also be sure diagnostic materials are never used more than once
 - Help educate patients on the importance of hygiene, such as washing their hands and using a tissue to help reduce the spread of germs
 - Encourage patients to exhibit the same good hygiene and sanitation habits while visiting the office and at their place of business to avoid sharing infectious diseases like the flu, and potentially bringing them home. Additionally, make sure they educate their families to do the same at school and around friends¹⁵
- Work with your employees and cleaning staff regarding plans for dangerous, contagious waste disposal¹⁵
- Provide education about appropriate cleaning techniques, such as no-touch methods, during flu season¹⁵

5. Use flu surveillance tools to help plan for influenza in your community

- Local government public health departments, found through the FDA (www.fda.gov/oca/sthealth.htm) or the CDC (www.cdc.gov/mmwr/international/relres.html) can provide updated vaccination news, outbreak reports, and other local flu-related information
 - These resources can help keep HCPs and other healthcare workers informed, as well as allow for the time to prepare for incoming patients
- Flu surveillance tools like FluSTAR (www.flustar.com) are also available to help track the flu in and around your area.

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6. Don't get caught short-staffed

- Institute a staffing policy to create schedules that will help minimize staff absences during the influenza season¹⁵
 - As the end of the year approaches, it's natural for people to try to take their vacation days, especially with all of the November and December holidays
- A few staff members may also miss work due to the flu. Planning ahead can help to ensure coverage, reduce staff conflict, and make sure everyone gets their well-deserved time off while still providing quality care for your patients
- If staff members are sick, remind them not to come into work. It's imperative that they get healthy, and not risk coming in and getting other staff members (or patients) sick
- Anticipate staff members missing time due to the flu¹⁵
 - Planning for how long a staff member may be out with the flu can help alleviate any issues with understaffing¹⁶
 - Educate all staff members on how long it will be before they can safely return to work, as well as when personnel who are symptomatic may continue working, caring for ill family members, and other health-related activities¹⁵
- Cross-train staff members for all essential office and medical functions and be prepared for cross-covering with other HCPs in the community as well as hospital planning exercises¹⁵

7. Schedule office visits realistically

- Take into account the influenza season, and Monday mornings
- Don't overload your appointment book with regularly scheduled patients when experience tells you to expect a number of walk-in or call-in patients who must be seen that day
- Try to avoid scheduling less-urgent appointments, such as routine physicals, during influenza outbreaks¹⁶

8. Schedule office hours conveniently

- Know your patient demographics (or those of the patients you hope to attract to your practice) and schedule hours to accommodate them:
 - Retirees may be able to visit any time during the day; however, employed people who are seeing you for non-emergency care are often unable to schedule visits during normal working hours
- Similarly, parents must juggle not only their own schedules, but the needs of their children. In a primary care practice, accommodating these patients may mean extended morning or evening hours

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9. Make time for triage

Telephone triage

Develop your own practice protocol for telephone triage, which will enable you and your triage nurse to:

- Prioritize visits for patients by severity of illness
- Identify patients who are candidates for a prompt visit by asking questions regarding:
 - Recent (less than 2 days) onset of influenza
 - Presence of classic influenza symptoms such as fever, cough and myalgia
- Assess if patients are taking over-the-counter medications for symptomatic relief
- Assign one healthcare professional to field patient calls and schedule visits during busy influenza seasons, if desired¹⁵

Office triage

- If there is a community outbreak, practicing office triage by isolating or separating walk-in patients until evaluated will help reduce the spread of diseases¹⁵
- If the patients exhibit severe flu symptoms, the triage specialist should contact the HCP immediately. Otherwise, proceed with the triage questions below¹⁵

Triage questions

The following questions should be used by the assigned staff member for telephone triage:

- 1) Do you have a fever greater than 100.4°F (38°C) and cough or sore throat?
If no, go to question 2
*If yes, go to question 3*¹⁵
- 2) Have you had contact with other sick people? Have you traveled recently to _____ (will vary according to epidemic disease areas identified)?
If yes to either, evaluated patient in possible need for prophylaxis (if phone triage, have them schedule appointment to come in)
*If no, pursue other symptoms*¹⁵
- 3) Are you having shortness of breath or other signs of respiratory distress?
If yes, advise patient to proceed to emergency room
*If no, assign patient for outpatient evaluation using appropriate on-site precautions*¹⁵

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10. Plan for prompt initiation of treatment

- When a patient calls in, use the opportunity to identify if he or she meets your established protocols, and if he or she may be an appropriate candidate for antiviral treatment
- For continuing-care offices, maintain records for patients with histories of influenza or high risk and proactively offer vaccinations. Monitor these patients throughout the flu season²
- Since early initiation is essential for treating influenza with antivirals, it is important to see the patient as soon as possible

11. Use diagnostic testing to help guide treatment

- Along with influenza surveillance, diagnostic testing can be used to aid clinical judgment and help guide treatment decisions²
 - Tests include: viral culture, serology, rapid antigen testing, reverse transcriptase-polymerase chain reaction (RT-PCR), and immunofluorescence assays²
- Be sure to keep staff members updated on the availability of diagnostic testing, location of labs, etc.

12. Keep literature on hand for your patients

- Pamphlets about the seriousness of influenza
 - Patients don't always realize the potential dangers of influenza, and will often ignore it or take over-the-counter medicines to alleviate the symptoms
- Handouts discussing the differences between cold and flu symptoms
 - One of the biggest challenges for patients is determining if what they have is the flu or a case of the common cold. Helping them know early can have them back to work and school sooner
- Information about influenza shots and vaccines
 - Patients may have questions about the flu vaccine at your office, but also after they leave your office. Providing them with literature will help educate them and their families on the importance and expectations of influenza vaccination

13. Supplies, equipment, and storage

The following is a list of recommended supplies and equipment for your office—and the appropriate placement in your office—during flu season

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For you

- Signage, in appropriate languages, instructing patients to alert staff about respiratory symptoms
- Signage, in appropriate languages, about correct respiratory hygiene and cough etiquette
- Appropriate disinfectant for environmental cleaning
- Single-use gloves
- Single-use towels and tissues for use throughout the office
- No-touch wastebaskets and disposable liners
- N-95 respirators, face shields/goggles, surgical masks, and gowns for providers and staff as appropriate
- Adequate medicinal supplies: IV solutions, antivirals, and antibiotics
- Buckets and single-use mops¹⁵

For your patients

- Boxes of tissues for patient distribution
- Alcohol-based hand rub for reception, waiting, patient care, and restroom areas
- Surgical masks for patient distribution
- Patient education handouts¹⁵

14. Be prepared for an outbreak

- It's hard to predict exactly when the flu will take over your local area (and office). However, using antivirals, such as neuraminidase inhibitors, for the treatment and prevention of influenza is a key component in controlling outbreaks²
- More importantly, stockpiling antivirals is an acceptable and recommended practice for doctor's offices. It will help ensure that you have medication on hand at all times, so you're prepared—from the first patient of flu season to the last
- Be prepared for the possibility of a flu pandemic by familiarizing yourself and your staff with the necessary extra steps and requirements for providing healthcare during an outbreak. Also, educate your office on any existing state plans for a flu outbreak¹⁶