Bulletin

Editor: Dr. John Snead
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LEE COUNTY MEDICAL SOCIETY INC.
Physicians Caring for our Community

LEE COUNTY MEDICAL SOCIETY INC.

Bulletin

MAILING ADDRESS:
5781 Lee Blvd., Ste 208-104
Lehigh Acres, FL 33971

The Lee County Medical Society Bulletin is published bi-monthly.

LCMS Disclosure Policy

The editors welcome contributions from members. Opinions expressed in the *BULLETIN* are those of the individual authors and do not necessarily reflect policies of the Society. Advertisements do not represent sponsorship or endorsement by the Lee County Medical Society nor necessarily imply the accuracy or reliability of any advertisement displayed in this publication.

Lee County Medical Society Mission Statement
The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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Some of the happy offices to receive PPE in June

We welcome member pictures to be considered as a cover to the Bulletin. Email them to valerie@lcmsfl.org

Virtual Member Meeting

August 20th

7 pm

More Informatiion to come.

LCMS CLASSIFIEDS

Wanted: Part Time Physician to certify patients for Medical Marijuana Offices in Fort Myers and Cape Coral. Flexible hours and compensation. Contact: Dr Robert J. Brueck, MD at admin@emeraldmedicalcenter.com .

Membership News

Address Change

Lee County Medical Society
5781 Lee Blvd., Ste 208-104
Lehigh Acres, FL 33971
Phone & Fax remain the same

Richard Murray, M.D.
Premier Women's Care
9021 Park Royal Dr.
Ft Myers FL 33908
239-432-5858
www.pwcswfl.com

Retired

George Ball, MD Jun/2019
Bruce Berget, MD Jan/2020
Joseph Hobson, DO Jan/2020
William Evans, MD Feb/2020

New Applicants

Dr. Troy L. Shell-Masouras received her medical degree from Eastern Virginia Medical School, Norfolk, VA in 2008. Dr. Shell-Masouras completed her internship in the department of surgery at University of Virginia, Charlottesville, VA in 2009 and Residency in 2014 at Eastern Virginia Medical School, Norfolk, VA. She then completed her fellowship in Breast Surgical Oncology at Emory University Hospital, Atlanta, GA in 2015. Troy L. Shell-Masouras, MD. Dr. Shell-Masouras is in practice with Paradise Coast Breast Specialist, 1890 SW Health Pkwy, Ste 100, Naples, FL 34109. Tel: 239-734-3533 Fax: 949-543-2925.

Dr. Sebastian Klisiewicz received his Osteopathic Medicine degree from Chicago College of Osteopathic Medicine, Chicago, IL in June 2009. Dr. Klisiewicz completed an internship at Midwestern University, Chicago, IL from July 2008 - June 2009 and a residency in Physical Medicine and Rehabilitation at the Medical College of Wisconsin from July 2009 - June 2012. Board Certified: Physical Medicine and Rehabilitation. Dr. Klisiewicz is in practice with Integrative Rehab Medicine, 9250 Corkscrew Rd., Estero, FL 33928. Tel: 239-687-3199 Fax: 855-398-9437. Board Certified: Pain Management and Rehab.

Dr. Stephan Levitt received his medical degree from SUNY Buffalo School of Medicine and Dentistry, Buffalo, NY in 1976. Dr. Levitt completed his internship and residency in Pathology in Strong Memorial Hospital in Rochester, NY from 1976-1978. Completed his residency in Dermatology from 1978-1981 at Metro Health Center, Cleveland, Ohio. Dr. Levitt is in practice with The Woodruff Institute, 14440 Metropolis Ave., Ste 102, Fort Myers, FL 33912. Tel: 239-590-8895 Fax: 239-590-8895. Board Certified: Dermatology.

Dr. Constantine Plakas received his medical degree from New York Medical College, New York, NY in 2008. Dr. Plakas later completed his residency in Neurosurgery and Fellowship in Neuro-endovascular at Albany Medical Center, New York, NY from 2008-2015. Dr. Plakas is in practice with LPG Neurosurgery, 2780 Cleveland Ave., Ste 819, Fort Myers, FL 33901. Tel: 239-343-3800 Fax: 239-343-3993. Board Certified: Neurological Surgery and Neuro-endovascular Surgery.

As of 3/27/2020, the Physician Wellness Program will enable up to 3 telehealth visits for any Lee County physician, regardless of Lee County Medical Society membership. This benefit is extended until December 31, 2020. All Lee County Medical Society members are eligible for 8 free sessions each calendar year as part of their membership benefits. Complete confidentiality; LCMS staff will have no access to records or names of clients. Convenient locations in Fort Myers and Naples.

Telehealth Appointments Currently Available

Please visit our website at:

www.lcmsfl.org

and click on Wellness

President's Message

By Elizabeth Cosmai M.D. *(Originally July 20, 2020)*

It is certainly an interesting time to be President of the Lee County Medical Society (LCMS). I have yet to feel stumped when writing the bimonthly bulletin. I feel fortunate that I am able to share my thoughts regarding current events that have impacted our profession, as well as provide knowledge of ways that LCMS can be of service to YOU.

The viral pandemic has placed an unprecedented amount of stress and uncertainty, on our economy and health care services, not to mention its effect on the health and well-being of our citizens. We are constantly bombarded by the daily statistics: how many new cases, hospital occupancy percentages, ICU bed availability, and the list goes on and on.

From a mental health perspective, a 2018 National Survey on Drug Use and Health found that over 47 million US adults have a mental illness. Based on recent data released by the Census Bureau in partnership with the National Center for Health Statistics, a third of Americans are showing clinical signs of depression and anxiety, which is a rate twice as high as it was prior to the viral pandemic. In response to the coronavirus pandemic, The Substance Abuse and Mental Health Services Administration has recently increased emergency grant funding to provide Americans treatment for serious mental illness, including a $40 million emergency grant fund to prevent suicide. This is in response to increased stressors associated with the pandemic, including job loss and financial instability which has led to increased rates of grief, depression, anxiety, and ultimately, an increased suicide rate.

But what about the viral pandemic effect on the mental well-being of physicians? Even prior to the COVID pandemic, mental health issues among physicians have been on the rise.

A National Physician, Burnout, Depression, and Suicide Report published in 2019 by Medscape showed that 44 percent of more than 15,000 physicians who responded to the survey reported feeling burned out, 15 percent reported depression and suicidal thoughts with 1% actually attempting to commit suicide. There are an estimated 300-400 physicians who commit suicide each year (roughly one physician per day), the highest suicide rate of any profession. Sadly, majority of the polled physicians feeling burned out or depressed indicated that they have not sought professional mental care or plan to so, a study released by JAMA Open Network in 2020 that assessed 1257 Chinese healthcare workers treating COVID-19 patients in hospitals throughout China showed that a majority of participants reported an increase in psychological burden with over 50% of survey participants reporting symptoms of depression.

Given these extremely challenging times, LCMS has made it a priority to provide ALL of Lee County physicians with access to mental health professionals, regardless of whether a physician is an LCMS member or not.

As we continue to gather more data regarding the effect of the coronavirus pandemic on physicians, what we can already assume is that this pandemic has exacerbated already existing stressors. Our very own Physician Wellness Program (PWP) has been available to assist in the mental well-being of our community of physicians. LCMS members have access to up to 8 counseling sessions per calendar year with a licensed clinical psychologist. Currently all sessions are Telehealth visits. Given these extremely challenging times, LCMS has made it a priority to provide ALL of Lee County physicians with access to mental health professionals, regardless of whether a physician is an LCMS member or not. A nonmember physician will have access to up to 3 Telehealth visits through the end of this year. Through our Physician Wellness Program, it is important to note that all counseling sessions are completely confidential. LCMS staff and members have NO access to patient records or names. The limited patient information (i.e. age, gender, reasons for counseling) that we may receive are provided to us by anonymous surveys that the physician agrees to complete with the counselor.

In addition to continuing to take all the precautions needed to minimize and reduce risk and exposure to COVID-19, I hope that WE all take extra care of our mental health during this unprecedented time by utilizing all outlets available for stress reduction including exercising, spending time with family, and staying in touch with friends. But also remember that seeking out professional help should always be an option for all of us and the LCMS Physician Wellness Program will be here for you.

"Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time." —Thomas Edison

Ramirez Report
By Julie Ramirez, Executive Director

PPE

In the first few weeks of June, the three of our staff had the privilege to deliver packets of PPE to over 100 physicians offices. These packets included gallons of hand sanitizer from Cape Coral's Wicked Dolphin Rum Distillery, disinfectant wipes locally made from Apex Creations, packs of washable masks from locally made Products of Purpose, surgical masks, KN95 masks, gloves, Vaseline and a few thermometers from Direct Relief. I want to give a huge thank you to Keri and Renee from Gastro Health and Mrs. Debbie Williams for helping our staff deliver these much-needed supplies to our physicians. And a thank you to the Industrial Development Authority for their generous grant of $50,000 that paid for the locally-made products and to Direct Relief for their donation of 400 lbs of goods. And to Jesse, at Shrubs Landscaping, Valerie, Diana, Grace, and Joshua for working so hard to organize, package and deliver several days in a row. It was fun to get out and meet you at your offices.

Legislative Interviews

The LCMS Legislative Committee had virtual interviews with the Republican candidates of the 19th Congressional District and the District 77 and 78 Candidates for the upcoming primary. Due to not currently having a PAC, the legislative committee did not endorse any specific candidate but gathered information.

As for the 19th Congressional District – the legislative committee interviewed Casey Askar, Dr. William Figlesthaler, Mayor Randy Henderson, Representative Dane Eagle and Representative Byron Donalds. Casey Askar is a former Marine and an active businessman from Naples. Dr. William Figlesthaler is a urologist in Naples and has been in medicine for the past 25 years in Southwest Florida. Mayor Randy Henderson is the current mayor of the City of Fort Myers. Representative Dane Eagle represented District 77 from 2012-2020 and was the Majority Leader at the Florida House of Representatives from 2018-2020. Representative Byron Donalds represented District 80 – part of Collier and Hendry County – from 2016-2020.

For the Florida House of Representatives District 77, the committee interviewed candidates Bryan Blackwell and Mike Giallombardo. Mr. Blackwell has lived in Cape Coral for over 30 years, is a former Marine and current accredited financial advisor. Mike Giallombardo grew up in the Cape and was in the US Army Special Forces.

For District 78, the committee interviewed Jenna Persons and Roger Lolly. Ms. Persons is a 6th generation Lee County resident and owner of a boutique law firm. Mr. Lolly is the owner of a home health agency and founder of the non-profit – If I Can Dream Foundation.

The candidates for district 76 were not available for interviews.

Board Letter About Masks

On July 21, the members of the Board of Governors met to discuss the current situation regarding the Covid virus. The first item brought forth was the creation of a Public Service Announcement video that portrayed 13 of our Society physicians promoting the CDC's recommendations. You can check out that video on our website at www.lcmsfl.org. The second order of business was a motion brought forth to write a letter to the Lee County Commissioners asking them to reconsider the masking requirement for the county. Following is the copy of that letter sent on July 24, 2020:

LEE COUNTY MEDICAL SOCIETY INC.
Physicians Caring for our Community

5781 Lee Blvd. Suite 208-104, Lehigh Acres, FL 33971
Tel: 239-936-1645 • Fax: 239-936-0533
www.lcmsfl.org

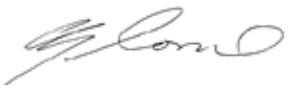
July 23, 2020

To Whom It May Concern,

The Lee County Medical Society Board of Governors, as advocates for the health of our community, our patients, and our physician colleagues in Lee County, affirm that the best methods to slow the spread of COVID-19 are by face masking, physically distancing, and handwashing. We have reviewed the ongoing medical literature and epidemiological reports regarding the COVID-19 crisis, as well as the current CDC recommendations regarding the use of cloth face coverings in public settings, especially when social distancing measures are difficult to maintain. As stated by the CDC, cloth face coverings may help prevent people who have COVID-19 from spreading the virus to others and are most likely to reduce the spread of COVID-19 when they are used by people in certain public settings.

It is our sincere hope that the required use of cloth face coverings will decrease the mortality and rising number of hospitalized patients with COVID-19 disease in our community. It is with upmost urgency that we request you reconsider the masking requirements for our county. We will professionally support you and encourage your constituents in this endeavor.

Sincerely,



Elizabeth Cosmai, MD
Lee County Medical Society President

Wellness During the COVID-19 Crisis

Beverley Joyce, MD | Physicians | May 6th, 2020

We are more than a month into the shelter-in-place, and there are many thoughts that can come up for physicians. Our frontline workers, who are dealing with limited viral testing, inadequate treatments for ill patients, scarcity of PPE, and fear of the virus infecting us and potentially our family members, are undoubtedly fatigued and drained by what they are going through. Other physicians whose practices have had to shut down due to lack of volume are dealing with the financial crisis of this pandemic. They may be laying off staff and have feelings of anguish and guilt. Rent still needs to be paid. And on top of all this, our kids are at home, "learning" on-line. We go outside wearing a mask; we work wearing a mask; we socially distance, and this oftentimes makes us feel anxious, lonely, fearful, and self-critical. "Why am I not being more productive? I have all this time on my hands …"

Times have definitely changed. It was just a few months ago I was on the beach at a wellness conference for women physicians. Wellness is a broad term that can mean different things to different people. It is certainly time to evaluate what wellness means to you. I liken it to keeping air in your cushion. When we get overly stressed, or we have too many things in our lives to handle at once, the air slowly drains out of your cushion, and suddenly your butt is on a very hard surface, and you are in pain. What can you change, and it may be some very small things that can help you put some air back in your cushion?

I recently heard a podcaster describe resilience not as the ability to bounce back, but rather as the ability to bounce forward.

Sprint vs. marathon

During this worldwide effort to "flatten the curve," we have all been doing our part. We all hit the ground running and hunkered-down. Now we are getting worn out, but this is only mile 12 in our marathon. We're only half-way there. We need to be able to rebound and regain some mental and emotional strength to be able to finish the race. Athletes know that there are certain things that are critical to keeping their bodies in tip-top shape. This is no different.

1. Whether you are racing around in the hospital, or at your desk, or at home, you need to make sure you are eating and drinking. This may seem simple, but how many times have you been so busy, you forgot to eat, or delayed going to the bathroom for the entire day? Your body and your brain need nutrients and fluids.

2. This critical element is what helps your body recover from exertion- physical, mental, and emotional. Cut back on coffee and alcohol several hours before bedtime. Cut out screen-time before bed. Maybe you need to not watch so much news. Do something soothing, and try to get 7+ hours of sleep.

3. Your breathing can help you through periods of stress. Taking some long, deep breaths can slow your heart rate and engage your parasympathetic nervous system, giving you a feeling of active calm and opening your mind to better thought processing and critical thinking.

4. Humans are social beings. Social distancing is very hard. Take some moments during your day to connect with those around you- your office mates, your hospital staff, your patients, your family, your friends. This is also an opportunity to connect with yourself. Be compassionate to yourself. Don't get down on yourself for not taking care of everything on your to-do list. Be introspective and appreciative of what you have.

5. Maybe this downtime for you is an opportunity you would not otherwise have had. Use it to read, to take an on-line class, to learn something with your kids.

As we adjust to this new normal, we are all learning to do things differently, to look at the world differently, to adapt to the changes that will probably stay with us into the future, in the way we practice medicine, in the way we conduct meetings, in the way we show up in the world. I recently heard a podcaster describe resilience not as the ability to bounce back, but rather as the ability to bounce forward. We will not go back to the way things were. Everything is going to be different going forward. And in this marathon race, we will all cross that finish line with new thoughts, new feelings, and new approaches to the way we live our lives.

Beverly Joyce is an obstetrics-gynecology physician who writes for www.kevinmd.com.

COVID-19 and Patient Safety in the Medical Office

by Dr. Debbie K. Hill, MBA, RN | Senior Patient Safety Risk Manager | The Doctors Company

www.thedoctorscompany.com

Coronavirus disease (COVID-19), declared a global pandemic by the World Health Organization (WHO), continues to infiltrate multiple continents, infecting over 11.9 million worldwide, with global deaths reaching beyond 545,000. Government authorities in some states continue to mandate shelter-in-place, as outbreaks continue to cluster in many regions across the United States. Other states have begun the process of reopening businesses — including the gradual transition toward routine healthcare operations, while some areas are again shutting down. Many medical offices that have remained open have been inundated with patients seeking assistance, and those now reopening are faced with brand new challenges including new rules for operation and the provision of "catch-up" care for patients who had clinical services postponed while offices were closed. (For practices reopening, see The Doctors Company's Guide to Reopening Your Practice During COVID-19.)

With the evolving pandemic, medical offices must remain very attentive to the widespread outbreak of COVID-19 and continue to pro-actively take steps to safely manage patients while protecting clinical staff. Daily, the Centers for Disease Control and Prevention (CDC) continues to gather data and advise clinicians on COVID-19 through its website and televised press conferences, while government authorities at all levels mandate legislative updates for the provision of safe healthcare operations. Because this continues to be a moving target, physicians and all healthcare facilities must remain well-informed and current on public health guidance for screening protocols and patient management, as well as regulatory requirements impacting their practices.

Staying Abreast of Changes

By now, most healthcare facilities and physician practices have encountered COVID-19 patients. Early on, medical facilities and the entire healthcare industry were poorly prepared for this outbreak, leading to early mistakes when clinicians encountered cases they had not anticipated seeing. Due to issues with diagnostic testing, and because the clinical presentation of patients suspicious for COVID-19 infection resembled patients with fairly routine cold, flu, or seasonal allergies (or presenting with no symptoms at all), delays in diagnosis and treatment have been common. But with increased testing capabilities, and by following current clinical guidelines, facilities where patients receive care can be more effective in identifying and treating COVID-19 in a timely manner. Careful screening with a bias for suspicion that a patient might have COVID-19 will serve healthcare providers well in this situation.

The following recommendations will assist in the screening and management of suspected COVID-19 patients in your practice:

- Legislation and Guidance: Reference the CDC, your state medical board, professional societies, and federal, state, and local authorities daily for public health guidance and new legislation, as this continues to be a fluid situation. Monitor for an increase in COVID-19 cases within your community, particularly as the economy reopens. It is imperative that physicians stay on top of current trends to protect your patients and your practice.
- Screening Criteria: Follow the CDC's patient assessment protocol for early disease detection for patients presenting to your practice. Patients should be screened using these guidelines: Overview of Testing for SARS-CoV-2 (COVID-19). We recommend that you check this CDC website often for any updates in screening criteria. Essential visitors to your facility should also be assessed for symptoms of coronavirus and contact exposure and redirected to remain outside if suspect.
- Accepting Patients: It is strongly recommended that practices do not turn patients away simply because a patient calls with acute respiratory symptoms. All patients should be triaged over the phone or via telemedicine and managed according to CDC recommendations. Refusing assessment/care may lead to concerns of patient abandonment.
- Designated Triage Location: Check with your local public health authorities for locations designated to triage suspected patients, so exposure is limited in general medical offices. Community emergency preparedness plans have been activated so that parties are coordinating efforts to deliver effective public health intervention.
- Telehealth Triage: With community spread and the resurgence of COVID-19 in some states, the CDC recommends alternatives to face-to-face triage and visits if screening can take place over the phone, via telemedicine, through patient portals or online self-assessment tools, or through a designated external triage station. Licensed staff should be trained in triage protocol to determine which patients can be managed safely at home versus those who need to be seen either at the office or at a properly designated community facility. See Healthcare Facilities: Managing Operations During the COVID-19 Pandemic. The CDC provides Phone Advice Line Tools, which includes sample phone script, a clinical decision-making algorithm, and advice messages. The Doctors Company offers resources on telemedicine in our COVID-19 Telehealth Resource Center as does the CDC: Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic. For a list of telehealth COVID-19 rules by state, visit Federation of State Medical Boards: States Waiving Telehealth Licensure Requirements.
- Patient Testing: Physicians should determine which patients require testing based on presenting symptoms, history, contact exposure, and community transmission of disease. When there is a reasonable presumption that a patient may have been exposed to COVID-19, contact the local or state health department to coordinate testing using available community resources. See the CDC's Testing for COVID-19 and Overview of Testing for SARS-CoV-2. The CDC advises,

"Healthcare providers should immediately notify their local or state health department in the event of the identification of a PUI (Person Under Investigation) for COVID-19."

- Elective Services: Check with regional governmental and health authorities on the provision of nonessential and elective healthcare visits and group-related activities. States and counties vary depending on number of cases, availability of personal protective equipment (PPE), and availability of hospital beds. For diagnostic and therapeutic interventions, including surgery, the CDC provides the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic. Also, the American College of Surgeons provides guidance on triage and management of surgical cases, including specialty guidelines. Many states continue or have reinstated restrictions on the provision of nonurgent, elective surgeries and procedures (See ACOS: COVID-19: Executive Orders by State on Dental, Medical, and Surgical Procedures). In some states, violations may result in physician jail time, fines, or complaints to the medical board. Check with state and local regulatory agencies for any related mandates.
- Office Messaging: Practices should post front-door signage requiring patients and visitors who are exhibiting COVID-19 symptoms or who have had contact exposure to immediately notify facility personnel via telephone for instructions on accessing care. Include information on the practice website regarding new office policies for appointments, telephone assessment/telemedicine, and visitors. Also, post COVID-19 resources for patients (e.g., the CDC's Coronavirus (COVID-19) page and COVID-19 Frequently Asked Questions) with a reminder to maintain physical distance, to wear a face mask, and to follow local orders to lessen community spread. If the office is closed, update voicemail messages to address telephone assessment, telemedicine, and how to reach the physician in the event of an emergency.
- Physical Distancing: To maintain physical distancing within your facility, require that patients sit at least six feet or more apart. Patients should be asked to wait in their car if that option is available. Remove magazines and toys from the waiting room. Routinely disinfect the waiting room throughout the day. Develop a cleaning schedule and checklist for your facility, and document in administrative files that it is followed.
- Suspected Infection: Evaluate patients on a case-by-case basis. If presenting symptoms and/or contacts are suspicious, and it is determined that the patient must be seen, have the patient call prior to their arrival to make preparation for accommodation. When possible, conduct the patient evaluation outside your facility at a designated triage location. If that is not possible, immediately isolate the patient coming into the office (segregating them from other patients in the facility) in a designated regular exam room with dedicated patient care equipment. A back entrance should be utilized.
- Patient Precautions: For individuals entering your facility, instruct them to put on a face mask, utilize tissues, practice good hand hygiene, and properly dispose of any contaminated protective equipment/tissues in a designated waste receptacle. Educational resources, including posters for use in the medical office, are available from the WHO and for healthcare workers from the CDC (Contact Precautions, Droplet Precautions, and Airborne Precautions). Reference the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 Pandemic and Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) for patient management guidance.
- Provider/Staff Precautions: Follow Standard Precautions and Transmission-Based Precautions, including gloves, gowns, protective eyewear, and NIOSH-certified N95 respirators that have been properly fit-tested. If there is a shortage of N95 respirators in your facility, access current CDC respirator recommendations and review Strategies to Optimize the Supply of PPE and Equipment. Remember that patients will scrutinize your adherence to infection control protocol; ensure that staff follow it precisely. Failure to do so may result in medical board complaints, negative social media reviews, and the patient leaving the practice permanently. Provide updated staff training on infection control protocol as needed.
- Limit Exposure: Limit staff exposure to suspected patients, with the exam room door kept closed. Ideally, the designated exam room should be at the back of the office, far away from other staff and patients.
- Surface Disinfection: Once the patient exits the room, conduct surface disinfection while staff continues to wear PPE. For general guidance, see Healthcare Infection Prevention and Control FAQs for COVID-19. The CDC has updated guidelines for considerations on how long exam rooms should remain vacant between patients. Be mindful that according to the CDC and research published in the New England Journal of Medicine, it is unknown exactly how long the virus remains active once a room is vacated. Follow the CDC for updated guidance on how COVID-19 spreads: "It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads..."
- Administrative Records: Maintain records of staff-patient contact, i.e., who was assigned to work with the patient, either in a log or in the electronic health record. (Document so that you are able to track contacts.) Records of staff screening and of those entering your

Continued next page

facility can be filed in your administrative records, as well as all protocols and updated policies your office is following during this crisis. Documentation that you have taken steps to follow recommended infection control protocol may be your best defense should COVID-19-related litigation occur in the future.

- Patient Education: Provide up-to-date, factual information on the virus to suspected COVID-19 positive patients and their close contacts, including how to follow infection-control practices at home, such as in-home isolation, hand hygiene, cough etiquette, waste disposal, and the use of face masks. Remind patients and their families to access information about the virus through reputable sources such as the CDC, not social media.
- Provider/Staff Exposure: Screen healthcare personnel daily for symptoms/contacts relevant to COVID-19. Any unprotected occupational exposure by staff members should be assessed and monitored. See Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. Should providers and/or staff test positive within your facility, conduct and document a risk assessment identifying contacts, type of interaction, and PPE in use, then contact local health authorities for additional instruction. The CDC provides guidance here under the section "Infection Control," as does the American Dental Association: What to Do if Someone on Your Staff Tests Positive for COVID-19. Disclosure to patients may be necessary depending on the type of exposure that occurred, if any, but always take necessary steps to protect the privacy of the infected employee. Telephone calls directly to the patient are the most efficient method of notification, followed by mail. Suggested notification may include "We are calling to inform you that someone in our office tested positive for COVID-19 on the day of your visit…" followed by recommendations for assessment and any needed follow-up. The health department may assist with patient notification if determined to be necessary. Contact your patient safety risk manager at The Doctors Company, as needed, for additional guidance. For return-to-work guidance, review the Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance).
- Staff Training: Assess the need for additional staff training to review screening and triage protocols, patient management, use of PPE, patient communications, and any revision in policies and procedures that have been made to adapt to the evolution of the crisis. Document all training provided to staff and maintain records in administrative files.
- Team Briefs: Conduct daily staff briefs/huddles and end-of-day debriefs. This provides all staff opportunities to discuss anticipated issues during the day and identify concerns, pre- and post-clinic, including COVID-19 updates. Acknowledge the need to provide emotional support to staff who may be dealing with fear or other stressors through employee assistance programs or other support mechanisms. Communicate resources to employees.

Consider Legal Risks

When the Ebola virus was new to the U.S., there was one well-reported case where a patient who came to the hospital with Ebola was sent home without treatment. Due to delays in testing and misdiagnosis, patients have also been turned away with COVID-19. Such situations not only put the patients and others at risk, but also put healthcare providers and hospitals at risk for litigation. As we move forward, we emphasize that keeping office policies and procedures current while following recommended guidelines, with documentation of adherence in both administrative files and medical records, is key to litigation defense in the future.

We recommend that when in doubt, healthcare providers should adopt a clinical suspicion of COVID-19 to protect the patient and others. The dynamics surrounding the virus will continue to change in the days and weeks ahead. What must not change is that physicians and care teams should remain vigilant and adapt their practices accordingly. They should be exceptionally proactive in asking the right questions, documenting interactions, rigorously following protocols, and keeping abreast of emerging insights and data as they become available from the CDC.

Supplementary Resources:

- The Doctors Company: COVID-19 Resource Center for Healthcare Professionals
- CDC: Healthcare Professional Preparedness Checklist
- CDC: Information for Healthcare Professionals
- CDC: Healthcare Professionals: Frequently Asked Questions
- American Academy of Family Physicians (AAFP): Checklist to Prepare Offices for COVID-19
- The Doctors Company: Burnout During COVID-19: How Healthcare Professionals Can Manage Stress
- AAFP: Resources for Stress Reduction
- ECRI: COVID-19 Resource Center
- John Hopkins Global Case Map: Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering

Thank You To All The Front Line Workers!

LEE COUNTY MEDICAL SOCIETY INC.
Mailing Address:
5781 Lee Blvd., Ste 208-104
Lehigh Acres, FL 33971

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CHANGE SERVICE REQUESTED

> *"Dare to reach out your hand into the darkness, to pull another hand into the light."*
>
> —*Norman B. Rice*