We are a small FQHC in Indiana, where we serve underserved population.

Crisis Response and Management-- When COVID hit, we formed a ‘Coronavirus response team’ headed by the CMO, with Assistant Operations, Director of Quality and Compliance, Clinical site manager and Community outreach staff as team members. We made a plan to see both well visits, and ‘sick’ or patients with COVID related concerns at the same time.

Strategic Planning- The clinic had two separate entrances for Adults and Pediatrics. During COVID, one of the entrance was converted into the ‘well’ side where both adults and pediatrics providers would see ‘well’ visit or non-COVID related chronic care patients. The other side of the clinic was converted into a ‘COVID clinic’ where patients with COVID related concerns were seen by both Adults and Pediatrics providers. Few providers were assigned to work only on ‘well’ or ‘sick’ side teams for next few months to prevent any cross contamination to their patients, and all providers whole heartedly agreed to be part of either team.

Alternate Sites of Care-Our other locations were used only to provide care to newborns, pregnant women, or non- COVID but high risk patients for their essential care visits. Plan was made to prevent crowding in our waiting areas, be it in the adult/pediatrics waiting area, or COVID waiting area, or at our on-site pharmacy.

Supply Chain- We had very limited PPE when clinic decided to take care of COVID patients. Supply staff purchased the only available small box of N 95 masks from a Home Depot, and distributed those to the staff on COVID side. We had very few gowns left from a previous purchase made during the time of Ebola, and we started using those while waiting for our new order of gowns to be shipped. We decided to conserve the N95 masks by reusing those while still keeping it clean, conserve the gowns by assigning one team member for a shift to test COVID patients in the parking lot of clinic. Our purchaser for supplies would spend hours to search and purchase the limited available supplies from different available suppliers to help clinical staff with PPE and equipment.

Workforce Strategies- All efforts were made to ensure safety for staff and patients. Staff was assigned to be the front door screeners at each front door to screen anyone entering clinic by checking their temperature and asking them screening questions and offering masks to everyone entering the facility. We took measures to protect our front desk staff by installing plexi-glass screens. Medical assistants were trained to screen patients for COVID with help from providers near their work stations, and then schedule appointments for our ‘COVID test only’ patients to reduce wait times and accessibility to our triage nurses for patient calls.

Staff safety-All clinical staff was trained to don and doff PPE appropriately, and administrative staff was asked to work from home as much as possible. At our ‘COVID clinic’, staff was given whatever limited PPE we had. We scheduled fit testing for N 95 masks to all our staff as soon as it was available courtesy of nearby hospital. All the Medical Assistants and providers were provided with, and recommended to wear an N 95 mask, eye shield or goggles and gloves while with patients at all times in the clinic. We signed up for the N95 decontamination program to help conserve and safely reuse our N 95 masks.

Virtual Health- Patients were assured of the efforts made to provide a safe environment in clinic through postings on clinic’s website and while scheduling appointments. Telehealth was offered to patients as another option for a safe visit. Many non-essential visits like annual physicals were rescheduled during the peak COVID time. Patients were given the choice of having medication refills sent via phone for their chronic care issues, if they did not feel comfortable stepping out of their home due to risk of getting exposed to COVID.

Finances and Reimbursement- Clinic received grant from Federal government to help fight COVID in our community. That helped to ease the financial burden that clinic was going through due to reduced patient visits during the months of March and April. From May, clinic started seeing many more patient visits compared to last year at the same time. Clinic decided to prepare and use the grant budget to provide increased services to the community. Clinic signed up to provide ‘Virtual care at home’ for COVID patients who could be monitored at home and did not need hospitalization. Clinic invested in a reused Trailer/RV to provide off site testing to many of our patients who cannot make it to the clinic for COVID testing due to transportation and lack of time issues. Our staff has gone off site to local homeless shelter to test homeless population, and also provided CVOID testing during weekend hours to many local EMS personnel when needed, so that they could return to work on Monday after receiving results during the weekend. We have tested almost 500 patients so far for COVID and are committed to provide care and testing, since there has been a new surge of COVId cases in our community.