

COVER STORY PUBLICATION EXCLUSIVE

OSN Cornea Health Round Table: Infection detection, prevention and treatment

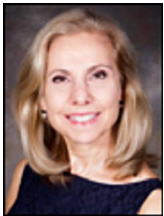
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POINT / COUNTER

Does your practice have a 'red eye room' or a particular protocol in place to minimize potential spread of contagions to staff, patients and equipment?

POINT

A 'red eye room' makes sense



Cynthia Matossian

A patient who presents to an ophthalmology practice with a red eye can have one of many diagnoses. The worst of which, in terms of being highly contagious, is epidemic keratoconjunctivitis or viral conjunctivitis. Therefore, having a special room dedicated as the "red eye room" makes sense. With a specific protocol in place, patients with a red eye can be immediately directed to this "special" room for isolation from the rest of the patients in the office. The purpose of this move is to minimize the risk of contamination to other patients, doctors or staff.

The first question to answer is: "Could this patient have a contagious form of conjunctivitis?" In addition to a slit lamp exam, we use the point-of-care AdenoPlus screening test to make that determination. It's a simple reimbursable test that any tech can readily learn to perform. The sampling wand is gently dabbed and dragged along the palpebral conjunctiva of the lower lids from the temporal to the nasal edge. Results are available in 10 minutes allowing the physician to provide an accurate diagnosis and implement an appropriate treatment plan before the patient leaves the office.

A red eye room decreases the possibility of spreading "pink eye" throughout the office.

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COUNTER

Isolation room is not necessary



Darrell E. White

A well-run ophthalmology practice is one that is supported by the twin pillars of process and training. Early identification of a patient who has a potentially contagious condition like viral conjunctivitis is a critical component of any process that you might have in place to treat that individual, while at the same time reducing the likelihood of the patient spreading the infection. The most critical staff member in any contagion containment protocol is actually your front desk person who makes the call and starts the process either at the time of the initial phone call or when the patient arrives.

From that initial contact point, process trumps geography. Having a patient isolated in a particular designated exam room is only effective if the rest of your anti-contagion protocols are followed by everyone who enters that room before or after. A tight, effective process that includes the use of AdenoPlus to increase the accuracy of your diagnosis, leaving the patient in the exam chair once they have entered the room, the use of gloves, hand washing and use of a surface disinfectant is going to be necessary whether you have one designated room or use all of your exam rooms. Reserving an exam room for the potentially contagious red eye patient can become an unnecessary burden on your office flow, affecting all of your patients, especially if space is tight.

The burden of infection precaution rests with the doctor whether you use a single isolation room or simply isolate the patient in one of several rooms. The most important aspect of this process is training your staff to be vigilant, and to follow your protocol to the letter with each potentially infectious patient. Your success in preventing the spread of EKC, etc., depends on whether you've trained your people well, much more than which room they use to put your training to work. What they do and how they do it is more important than where they do it.

Darrell E. White, MD, is the founder of Skyvision Centers. *Disclosure: White reports no relevant financial disclosures.*