## **Opinion**

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## Being Safe and Feeling Safe

s General Motors geared up to reopen its factories in mid-May, CEO Mary Barra sent a back-to-work care package to the home of each employee. The package included five face masks (manufactured in a GM plant), an employee guide with a detailed description of the company's safety protocols, and a letter signed by Ms. Barra. The guide, "Returning to the Workplace With Confidence," addresses both the analytical and emotional needs of GM's employees.1 Ms. Barra knows that safety at work is more than a physical concern: It's also important to feel safe.

Ophthalmologists must take this into account as we reopen our practices. Keeping our patients safe—and making them feel safe—starts with doing the same for our staff. Even before COVID-19, creating a safe environment always began with the culture. In one literature review, the authors describe patient safety culture as "the shared values, beliefs, norms, and procedures related to patient safety among members of an organization."2 And as Ms. Barra put it in a 2013 interview, genuine concern for employee safety goes hand in hand with the success of an organization: "If we win the hearts and minds of employees, we're going to have better business success."3

Most of our staff are relieved to return to work, but they go back home to families that also need to be kept safe. The best way to make our employees feel protected is to involve them in developing the new protocols. Who better than the front desk staff to help develop a new workflow with curbside or digital check-in? Not only will they work to make the process smooth and safe for patients, but the altered procedures also will decrease their own exposure.

Harry Lebowitz, a principal of Delaware Ophthalmology Consultants in Wilmington, held a Zoom call with the medical staff before reopening. He outlined the comprehensive plan for screening, patient flow, distancing, PPE, air flow, and disinfection. Initially, some staff members—especially those with young children or at-risk family members—had concerns about returning to work. But after they reviewed the plan and got answers to specific questions, they were, in Harry's words, "all on board for getting back to work."

What about our patients? As I've returned to seeing patients, I've noticed two distinct patient perspectives on safety. Some patients are comforted to finally come in for an examination, and they are grateful that the staff and ophthalmologists are willing to take the risk of exposure. For a few of my glaucoma patients, their ophthalmology visit was so important to them that it was their first outing since the shelter-in-place process began. I've commented to several patients, "We're happy to be your social life!"

Other patients are terrified to leave their homes. When canceling her appointment, one woman with poorly controlled glaucoma said, "I'll have my glaucoma checked when the pandemic is over." As this isn't a realistic strategy, she needs help to formulate a treatment plan that balances the risk of COVID-19 exposure—a risk that will persist for some time—with the risk of progression.

As with GM's formal employee safety guide, we can provide comprehensive descriptions of our safety protocols to our patients. Especially for fearful patients, it's helpful to describe in detail how the check-in process has been streamlined, whether (or not) there's a waiting room and how many other patients will be there, how the rooms and equipment are disinfected between patients, and the policy about PPE for patients and staff. Some ophthalmologists do this over the

phone prior to the visit; others provide a letter. Harry's practice has information on its website about COVID-19 and the practice's safety procedures.

Editor, EyeNet The bottom line: Authoritative

information is reassuring; often, it's all patients need as they balance their fear with the need to be seen.

1 www.gm.com/content/dam/company/no\_search/safetyplaybook/GM\_ ReturnToTheWorkplace\_Employee\_Guide.pdf. Accessed May 18, 2020. 2 Weaver SI et al. Ann Intern Med. 2013;158(502):369-374. 3 www.youtube.com/watch?v=a0FHsJzeNZs. Accessed May 18, 2020.

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