



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

Panelists:

- **Dr. Duffy Jones** - Owner, Peachtree Hills Animal Hospital, Atlanta
 - **Dr. Keri Riddick** - Owner, Benning Animal Hospital, Columbus
 - **Don Riddick, Esq.** - GMVA Legal Expert and Co-Owner, Benning Animal Hospital, Columbus
-

Q&A with Dr. Duffy Jones and Dr. Keri Riddick

Q: When did you institute new client safety protocols and how did you go about educating your clients about the new processes?

A: (Dr. Duffy Jones - Owner, Peachtree Hills Animal Hospital) March 16 was when we went to curbside service. We tried to make it voluntary but had to make it mandatory on March 17 because we had way too many people coming into the office. I made the decision the week before because I had some other vets who I regularly talk to across the country who were in harder hit spots that said people were coming in and coughing all over their staff.

We started emails and Facebook posts the Friday before and continue every day through the next two weeks. We did slow them down as things started to settle into the new normal.

A: (Dr. Keri Riddick - Owner, Benning Animal Hospital) The week of March 16th we began limiting staff interaction with clients, limiting the number of clients in the exam rooms, closed our lobby, and not allowing children in the building. The clients were continuing to do the things that they'd always done so we had to change that. By the end of the week, we began practicing curbside and drop off services only. We have used our website and Facebook page to communicate how we adapting to new recommendations and protocols as well as posting brightly colored signs on our entrances and exit.

Q: What type of client communications have you sent out since the initial process change information went out?

A: (Dr. Duffy Jones - Owner, Peachtree Hills Animal Hospital) We used a combination of email, FB, and we text everyone before their appointment, so we used what we were currently doing but went to an everyday model of our messaging. We emailed everyone a daily message that we are open and what has changed—curbside, telemedicine, and filling out your forms prior to coming in. We stressed safety. We also let them know that we were probably going to have to communicate a lot—1 to 2 emails a day—as we got our new processes in place. We also put signage out front and labeled our parking spaces and told the clients which space they were to take, etc.

A: (Dr. Keri Riddick - Owner, Benning Animal Hospital) We are sending out frequent Facebook posts to notify clients as our policies adapt. We have also sent a general “Letter to Clients” on our website that a client must click on in order to view the site. We initially called and rescheduled “non-essential” services to a later date; however, at first we just planned for 2 weeks later, now we realize



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

that was not enough. Our Facebook page has really been effective—and helps us detail all our procedure changes.

Q: What safety protocols have you put into place for your staff?

A: (Dr. Duffy Jones - Owner, Peachtree Hills Animal Hospital) This has been ever changing for us. Staff is told every day if you feel sick even in the slightest way stay home. I stressed that if we get shut down because someone is positive and comes to work, it will be very difficult for the business so be safe. I discussed with them about limiting travel. We started by wearing neck scarves as masks because we wanted to conserve all our PPE. I was able to purchase cloth masks with filters so now we wear those all the time while working. We also wash them every day. We also ask them to wash their hands all the times and we converted our exam rooms to individual rooms for doctors. One team of tech and doctors are limited to that room, that computer, and we all use our cell phones to call clients. Also, we have alternating staff – where one group of people work one day and then they are off the next day. We also have a lot of front people working from home—we had this already set up prior to this so that worked out really well.

A: (Dr. Keri Riddick - Owner, Benning Animal Hospital) Handwashing, handwashing, handwashing and hand sanitizer! We have a normal supply of surgical masks, but definitely not an oversupply. We have dispensed masks to all employees and are spraying them down at the end of the day, trying to extend their “life.” We are practicing social distancing even inside the hospital. Since we cannot apply that when we are working with our patients, we are still trying to be mindful of how close we are to each other.

We are requiring masks to be worn in the hospital, and if we are interacting closely with a client, we will don gowns and disposable (1 time use) gloves. We are trying to get masks made by family so we will have 4-5 per person. We have extended appointment times so we can disinfect the surfaces the pet has been on and handwash appropriately between patients. It’s like we hit reset with each patient.

Our reception team is only taking payments over the phone, and we have developed 2 teams that work opposite each other, trying to eliminate crossover between each other. We are handling any cash with disposable one time use gloves.

Q: What measures are recommended to protect staff?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) We are currently going outside to get pets from owners / wearing masks. We wear masks all the time – even inside but especially when getting pets. We grab the pet and tell them we will call them from inside. Many have already filled out history sheets so we know what they are here for. We have them wash their hands as soon as they come in and after they deliver the pet.

A: (Dr. Keri Riddick, Owner, Benning Animal Hospital) First, we must model the behavior we want our staff to follow. Second, we communicate directly what the protocols are and why we must follow them. We have weekly Zoom meetings with our staff (started last week) to discuss what we must do to protect ourselves. We are requiring that the staff is only going to work and out to stores as necessary for essential items. We have discussed that if they are not following this, they are not participating in our group’s safety and they will be placed on furlough.



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

If a staff member is suspected to be ill, they are required to remain at home. Those that are in the high risk group, we have encouraged to work from home. We have extended phone lines through Google voice to our doctors and personnel that work from home to limit contact between staff with our hospital phones. We have assigned computers or iPads to staff to limit group contact with keyboards. We are trying, but this is difficult to 100% follow. We are currently going outside to get pets from owners, not taking in the client leashes.

Q: How are you managing staff when reductions in intake are a reality?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) Currently, because of the split shifts, all the staff is down about ½ the amount of pay. During the first two weeks, I paid them all for 40 hours no matter how much they worked. I did that because we had been proactive and contacted many of our clients and got all our spays and neuters done before the stay at home order was given. We also happened to see a lot of emergencies because the weather was nice. So, during the first payroll period, we were only down about 20% and I could cover it. This payroll period I am hoping my Payroll Protection Program (PPP) loan will come through to cover the difference between their scheduled hours and their working hours. If I do not hear about the PPP before that time, I will look at the numbers and see if I can carry them again. It is not their fault I reduced hours. I tell them not to continue to expect this because I might not be able to. We cut out their 401k payments and I’ve talked to them individually about things that they can do to help them financially.

A: (Dr. Keri Riddick, Owner, Benning Animal Hospital) We talked to our employees in the beginning and several of them opted to furlough so that helped. We are functioning more in shift work, assigning teams to work together. We have been very transparent with our staff, communicating with what we are doing on the backend to have financial security so they can feel secure in having a job. We have reduced some of our full time people to part time and file weekly unemployment for them.

Also, for some of our employees, such as our kennel technicians, we are teaching them reception and assistant skills. We have also communicated our target financial goal that we need to reach daily so we can sustain our hospital hopefully indefinitely without the need for any aid. This has really helped empower the staff to know what tangible goals we need to reach. Also, it has helped as we work to control what the essentials of business are. People were nervous at first thinking they wouldn’t be getting bonuses and raises but I think they all understand that now. Initially this was a source of frustration but now that they see others like nail salons and restaurants aren’t working at all, they appreciate that they are still able to work.

Q: From where are you ordering PPE during this time of shortages?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) Our team has been great about conserving everything. We all carry hand towels so as not to use paper towels to dry our hands, we have reusable masks. We use our sterile gloves only for surgery. I was able to get a bunch of gloves through amazon – non-sterile used for tattoos. But I have to stay we are all saving everything right now.

A: (Dr. Keri Riddick, Owner, Benning Animal Hospital) Great question! My mother-in-law is making masks, we are being stingy with supply and have applied as an “other” on Amazon, hoping to qualify for some supply. Everywhere we contact, especially all our typical vendors, are out of supply.



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

Q: What changes have you made with your appointment load during this time?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) So we have only had the staff working per day so we have limited our appointments to those doctors and another doctor on call if we get busy. Surgery has dropped a lot and many times we would have 4 to 8 per day we are down to one. We have added blocks in our schedule to give the doctors and tech teams some time to go outside and get some fresh air (2 hours for lunch). So basically, we have reduced by about 1/2. We have staggered our emergency slots as well.

A: (Dr. Keri Riddick, Owner, Benning Animal Hospital) We have extended all appointments to 30 minute appointments, this allows us to call the owner, connect with them on video chat for those who would like it, and text photos of bloodwork or radiographs to the owner so we can discuss findings. We are encouraging drop off appointments for those clients who do not have air conditioning in their cars. We are not turning clients away if the appointment book is full—we are then just creating a drop off appointment.

Q: Should we be seeing routine visits or sick/emergency only?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) We talked about this as a staff and decided what we felt was critical to do. We’ve pushed off routine dentals and nail trims, etc. We are seeing anything that needs to be seen. We feel vaccines and wellness are critical to keeping pets healthy and their owners at this time because of how much time they are spending together. We are also seeing tons of emergencies.

A: (Dr. Keri Riddick, Owner, Benning Animal Hospital) This is a challenging question for me. There are a lot of routine visits that are seen as concerning in the eyes of a client. Also, this pandemic has not reduced the requirement that we practice to the minimum standard of care, and ultimately we should continue to practice good medicine.

So, if a client’s pet is overdue rabies vaccination and an exam, then we will discuss appropriate vaccination/heartworm testing, etc. Our State Board requires the VCPR, so if the animal is already presenting itself for an exam plus rabies vaccination, then I feel obligated to discuss general wellness for the pet.

Different example, if a pet is current on heartworm prevention but their annual heartworm test is due, we will waive the heartworm test and dispense the prevention. We have discontinued elective surgical procedures, dentals, OFA radiographs and general grooming such as nail trims, anal glands and non-medicated baths. We are definitely trying to conserve our PPE. However, we are continuing to do medicated baths for those owners who cannot do them at home.

I feel like this is the most difficult question and would say realistically that about 75-80% of what we are doing is essential and 20-25% of what we are doing is non-essential and that is the piece we are continuing to try and whittle away at. I feel like we are learning more each day and improving our decision making each day.



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

Q: Have you had any staff request not to work and how have you accommodated that request (if you did)?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) Yes, we have some that have requested not to work. Those that qualify for FMLA, I have put them on FMLA. Those that do not qualify said they would go without pay. I have been able to pay them so far but that might not continue. It's really hard to look at the people who are working really hard and getting the same as the people who decided not to work so those folks eventually furloughed. I am hoping the PPP comes through and that will make things easier.

A: (Dr. Keri Riddick, Owner, Benning Animal Hospital) Yes. We have 4 employees that have requested to not work. We have accommodated all 4. We cannot force people to work and for us this has helped to give work hours to other staff.

Initially we asked the employees that either wanted to self quarantine or were required to self quarantine due to school age children to furlough (3 weeks ago), then we reported their hours to the Department of Labor as they developed their protocols to help handle the changes in work force. Now, we have added the opportunities to work from home for 2 employees and that is helping tremendously. One of these handles the scheduling of appointments and paperwork from clients and the other is getting calls transferred to her to help assist clients. In addition to scheduling appointments, that assistant is also checking VetSource for and approving prescription requests, or forwarding to us for those that require doctor approval. She is attaching all the lab work to patient records, as well as doing client callbacks to check on sick patients.

Q: How are you evaluating your plan both financially and logistically week to week?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) I am looking at my financial week to week. I use the income from the previous week to set my budget for staff 41% and Cost of Goods Sold at 20%. This gives me a budget for the following week. That way I can make adjustments as needed. It does require me to keep my quickbooks up to date but it is worth it.

Q: How can veterinarians keep calm and carry on?

A: (Dr. Duffy Jones, Owner, Peachtree Hills Animal Hospital) I have tried to be the leader of my office that the employees can trust. I have been up front with them on what the challenges are but also what my plan for a solution is. Every morning I would send out the plan for the day and any adjustments that we need from the day before. I let them know that I was talking to people, watching the news, and planning based on what I learned. I keep telling them our best way to keep everyone paid and our patients safe is to figure a way to see as many of them as we can safely.



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

Panelist: **Don Riddick, Esq., GVMA Legal Expert**

Kemp Executive Order Questions

Q: Please explain why/how boarding and grooming services would be included as veterinary health services under the Critical Infrastructure definition. Does this differ if you are boarding pets of clients who have the virus?

A: (Don Riddick, Esq., GVMA Legal Expert) It is not a part of Critical Infrastructure, unless the grooming is required for the health of the animal. Under the Governor's latest order in Georgia, it does not appear to meet the requirement of an essential service (unless related to health of the animal). So, cosmetic grooming...no. Health-related grooming... yes.

Q: Under the Governor’s order about not touching the credit card pad—along those same lines, what about consent forms... can we require clients to sign estimates and consent forms?

A: (Don Riddick, Esq., GVMA Legal Expert) The answer is you are not required to have a physical signature on a consent form—it just needs to be in the medical record (so you could have an email or text as consent as well).

Q: During emergent cases, how are we maintaining 6 feet distance from clients?

A: (Don Riddick, Esq., GVMA Legal Expert) The 3/23 Executive Order that specified that there could be no gatherings of 10 or more people in a single location does not apply anymore with Kemp’s Statewide Executive Order. Since we are part of the critical infrastructure, we just need to comply with the 16 points that are outlined in the order. There is no requirement to keep the 6’ distance.

Payroll Protection Program/FMLA/SBA/General HR Questions

Q: Does workers compensation cost count as part of payroll expenses when applying for the Payroll Protection Program (PPP)?

A: (Don Riddick, Esq., GVMA Legal Expert) The answer is no. The Frequently Asked Questions about PPP on the Treasury Department’s site is a great resource for what should and shouldn’t be included. The US Treasury issued new guidance on 4/6 so anything you saw before that is no longer valid. You can go to their website to see what qualifies as payroll expenses.

Q: Can you please address the differences between FMLA and aspects of the FFCRA?

A: (Don Riddick, Esq., GVMA Legal Expert) Actually, the FFCRA is a modifier of FMLA and is not truly a different program. One of the differences with the FMLA—it modifies the amount of leave that can be taken just as the CARES Act increases the number of weeks of unemployment for states that participate in the program. One of the things that is different about FMLA is that you can’t require an employee to use other paid leave available before using normal FMLA leave. You can identify the choices—it’s a menu of choices you have now that you didn’t have before. The second part is under the FFCRA, you can’t ask for the type of evidence that you could ask for under FMLA request before. That’s important because you do have to ask and maintain records on the request that are sufficient to qualify for the tax benefits that you need—the IRS requires it. For every request for the FFCRA,



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

you must have in writing—the employee’s name, the date that leave is requested, the qualifying reason and an oral or written reason including why the employee can’t work including telework. If it’s for a son/daughter staying at home due to a school closure, you must have the child’s name and age, the name of the school/child care provider, a representation that no other suitable person can care for them during the time of the leave requested. There are additional requirements under FFCRA because of the tax credit as opposed to regular FMLA.

Q: Can an employee at home with minors that qualifies for FMLA payroll payment do a part of their payroll as telework or is it better just to have them paid out in full through FMLA?

A: (Don Riddick, Esq., GVMA Legal Expert) This is actually answered on the FAQ from the Department of Treasury that I was referring to earlier—it is actually advantageous for an employer to see if there is a way to have some hours for a given week be paid for telework and for the qualified time period to be spread out.

Q: Staff (wearing PPE) exposed to a client who is positive and had symptoms at time of contact. What to do now?

A: (Don Riddick, Esq., GVMA Legal Expert) If they are showing no symptoms, there is really nothing for you to do. There is no exclusion/reason under FFCRA or CARES ACT for self isolation if they are not showing symptoms. If they feel like they’ve been exposed, they should consult a physician and if they are advised by their doctor to stay in isolation for a period of time, they should do that. The way that FFCRA is currently structured, you have to either be seeking a medical diagnosis or you have to self quarantine on the advice of a health care provider. If you self quarantine just because you are either afraid you’ll be exposed or you already have been exposed but you are showing no symptoms and you haven’t gone to a doctor, the only benefits that are available to that employee are unemployment and that could be declined. I spoke to the Georgia Department of Labor about this and this is being done on a case by case basis. The employee would have to file on their own. The answer is that you ask them to come to work unless they feel like they can’t.

Q: Have you asked your clients to please mask as you come to the clinic to protect your staff (even in the case of curbside pickup)?

A: (Don Riddick, Esq., GVMA Legal Expert and co-owner of Benning Animal Hospital in Columbus)

Only if they are coming in for euthanasia or challenging diagnostics. We have not required it for curbside yet. I would say if this makes you or your staff more comfortable, you should do it.

Q: Are you telling people "no" for elective procedures, nail trim appointments, anal gland expressions, etc? What is the recommendation going forward for what can and should be seen? Should everything been seen as normal with safety protocols in place?

A: (Don Riddick, Esq., GVMA Legal Expert & co-owner of Benning Animal Hospital in Columbus)

We have discontinued nail trims, anal glands. If an owner feels that the pet needs to be seen, we are making ourselves available to see the pet. However, if they are due for a heartworm test, we are dispensing the heartworm prevention and delaying the test as an example.



Q&A: GVMA Town Hall, 04/07/2020

Not “Business as Usual”: Running Your Practice During COVID-19

Q: Does everyone realize that nitrile exam gloves can be autoclaved and reused, and used in surgery (with care since the wrist isn't as tight)? We run an autoclave load each night.

A: No, but thank you for the tip!

Q: Does everyone realize that nitrile exam gloves can be autoclaved and reused, and used in surgery (with care since the wrist isn't as tight)? We run an autoclave load each night.

A: (Don Riddick, Esq., GVMA Legal Expert & co-owner of Benning Animal Hospital in Columbus)

We assign Google voice phone numbers to key staff. We also use Zoom meetings for internal meetings to avoid the need for exposing their numbers.

Q: How do you give employees access to software/medical records when they are working from home?

A: (Don Riddick, Esq., GVMA Legal Expert & co-owner of Benning Animal Hospital in Columbus)

We have a cloud based medical record system and I can give them access away from our office IP address. I know others use a VPN into their office so they can log on like they were in the office.