

Dear Colleagues,

The Covid-19 pandemic has challenged us all to think in new and innovative ways in the management of our patient population. One of those challenges has to do with keeping our providers safe, while ensuring that every patient receives the care that he/she requires.

As you are aware, on March 24, 2020, Virtua enacted a mask-on policy in all of our acute care facilities, ambulatory practices and post-acute care settings. We are also reaching out to our medical staff and allied health providers to ask that you act as resource stewards when it comes to the medical management of your patients. The goal of these two measures is to provide appropriate care for our patients with the minimum number of staff, while ensuring strict adherence to infection control measures.

When appropriate, please limit the number of clinicians who make rounds on our Covid-19 patients on a daily basis. Direct contact with the patient in the room should only occur if you will perform a direct physical exam or in-room procedure that will provide clinical information to impact patient assessment and clinical care that you cannot receive through telemedicine, communication with other treating clinicians or record review.

- Unless absolutely necessary, only one physician encounter should be performed each day
- Critical Care Physician in ICU. Either hospitalist or pulmonary or ID on med surg units, depending on needs of patient
- ID or pulmonary consultation will be required on all Covid-19 positive or suspected patients. All testing must be approved by ID.
- Other specialties may be necessary for in-room encounter in occasional circumstances, i.e. GI bleed, MI, dialysis
- Telephone communications to patients should be performed by other physicians for their encounter without entering rooms
- It's expected that Pulmonary/ID/Hospitalists will meet each day to coordinate as a team in the morning or appointed time to review the patient list and needs of Covid-19 patients. Similar for non-VMG hospitalists

If a patient is being managed by a hospitalist, a pulmonologist and an infectious disease doctor, it may be prudent for only one of those doctors to perform a physical exam on that patient for the day, relay his or her findings to the other two clinicians, and work as a team to develop the plan of care. This will ensure that patients receive the needed care, but will limit their exposure to multiple members of our staff.

As always, patient evaluation and care management decisions need to be based on each individual patient's condition. If your patient needs to be seen by another clinician due to changing or worsening of their clinical condition or the evolution of a new medical issue, then this guideline would not apply.

Thank you for everything you do to keep our patients, and each other, safe.