

To GME Program Directors, Residents, and Program Coordinators:

Dear GME Colleagues,

See the below recommendations to help preserve PPE and make our care of patients more efficient for the sake of the health care work force.

As we are all aware, in the face of COVID-19 the need to preserve PPE, limit person to person transmission and efficiently provide care to our patients is critically important. With these goals in mind, we ask all inpatient providers to adopt the following changes to your normal clinical practice patterns:

1. Limit number of providers entering each patient room. In most cases this will be one attending physician.
2. Patient care should be paramount. Decisions about who needs to be physically in the patient room should be guided by what is needed to impact clinical decision making. To assure continuity among teams, this change in approach will require increased direct communication about changes to diagnostic recommendations or management.
 - a. There may be clinical situations where the resident or intern can be the provider that goes in the room but that decision will be made by the attending on a case by case basis
 - b. Be especially careful to limit the number of physicians who see patients with immunocompromising conditions. For example, if PA or NP on BMT sees the patient in the morning, attending physical exam may not be necessary for patient care in the same day. Limit rounds to outside the room.
3. Consulting services should consider whether or not the patient needs to be physically seen for adequate care. In many cases of ongoing consultative clinical care, the physical exam does not contribute significantly to the clinical decision making.
4. New consult requests are the exception to this because of the importance of some physical and history findings. Still continue to limit the number of people entering the room
5. Please do continue to document consultative input to the patient care, reviewing carefully all available data and communicate with other team providers about evolving questions needing daily input.
6. For OR cases, the persons in attendance should be limited to only those hands necessary for the case due to the need to preserve PPE.

One immediate concern will come to mind with this change; How does this impact our clinical billing?

In the setting of this national crisis, we are prepared to accept the financial risk. Do not see people during this time due to “billing issues” alone. Use your best judgment to do and document what you need to do for the best patient care.

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