**COVID-19 Related Virtual Visit Request** May 11, 2020

Dear: \_\_\_\_\_\_\_\_\_\_\_\_\_

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lives at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a congregate senior living facility. Our facility has been a part of the Sonoma County COVID-19 Learning Collaborative sponsored by our Public Health Department. We have been working hard to reduce the risks of an outbreak of COVID-19 in our facility and to be well prepared to prevent spread if a case does arise. So far facilities in our county have been very successful in this venture.

Part of our preparation has involved careful review of emerging literature and guidance from SARS-CoV2 medical experts, the CDC and our LHD (Local Health Department). **Four key findings** are particularly applicable to our setting:

1. Fragile elders appear to be at high risk for poor outcomes should they develop COVID-19.
2. Out of hospital CPR and in-hospital ICU care will likely have dismal outcomes
3. CPR, CPAP, BIPAP, and Nebulizer treatments increase the risk of aerosolized spread of SARS-CoV2 within our facilities compromising the health of our other residents and our staff.
4. In the current pandemic many of our residents will likely best be served by a palliative care approach

Please help us better **prepare for on-site urgent triage and assessment** should we suffer a COVID-19 outbreak.

Because of the shelter-in-place mandate and the restriction on visitors including providers, access to traditional office based and home visit care hasn’t been possible for most of our residents. **With the federal approval of fully reimbursed Telemedicine**, we are prepared to assist our residents with scheduling and supporting virtual visits with you and will be happy to work with your office for the use of technologies such as Zoom, or the simpler face time, skype, google chat, etc.

Please **review medications** (see attached table from April 2020 JAGS) to see if some could be wisely “deprescribed” or changed to a once a day alternative. This will free up staff time for palliative care and help us conserve our limited PPE. In addition please consider the safety of metered dose inhalers with spacer devices for rescue therapy rather than nebulizer treatments.

Please review your residents’ **Life Care Plans** (contact DPOAHC if they lack capacity). In the context of what we know about SARS-CoV2, our patients need to know that aggressive life prolonging medical care plans will be burdensome with likely disappointing outcomes. We appreciate your commitment to these important patient-specific conversations (<https://coalitionccc.org/covid-conversations-toolbox/>) and will support your efforts to virtually update or initiate the AHCD (Advance Health Care Directive) and POLST Form decisions.

We realize that you may be very busy and may prefer **a palliative care consultation** from one of your colleagues. We have been reassured by all of our county health systems that these consultations are readily available to assist with timely **Goals of Care conversations**, updating or initiating of AHCDs and POLST Forms, and assistance with symptom management. In addition, some of these colleagues are now using **E-POLST**, which facilitates the virtual completion of these documents and their posting in your EHR, which is readily accessible by EMS.

Our facility has Wi-Fi capacity to support virtual medicine. Please contact us to set up virtual appointments and tech training (if desired) at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile #, email, & person(s) to contact)

Thank you for helping us provide best possible care for our residents and staff, should we experience a COVID-19 outbreak.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Facility Administrator or Medical Director or DON)