

**Patient relations/Death notifications:**

Patients relations has set up a call center so that families can get updates on family members and get death notifications as well.

If families call for updates you can refer them to 718-270-2120 monday to friday 2pm-6pm.

If you have an expiration in the ED you can call them to notify the family as well.

**Death Notice to Families****On Call Schedule**

| <b>ONCALL<br/>24/7 Hours</b> | <b>Person</b>         | <b>Cell<br/>Phone Evenings/Nights</b> | <b>Work Phone<br/>Day Time</b> |
|------------------------------|-----------------------|---------------------------------------|--------------------------------|
| March 30-April<br>5          | Wren Lester           | 929-295-3890                          | 718-270-<br>7637               |
| April 6 – April<br>12        | Carl Roberts          | 917-892-3540                          | 718-613-<br>8517               |
| April 13 – April<br>19       | James Carney          | 917-455-6395                          | 718-270-<br>8141               |
|                              | Lisa Atchison         | 917-843-5445                          | 718-270-<br>1111               |
| April 20-April26             | Rev. Sharon<br>Walker | 347-675-7354                          | 718-221-<br>6105               |

|                     |                        |              |                  |
|---------------------|------------------------|--------------|------------------|
| April 27 – May<br>3 | Gem McCalman-<br>Oxley | 347-415-9455 | 718-270-<br>3241 |
|---------------------|------------------------|--------------|------------------|

Medical staff or Nursing staff to call 'person on call'  
to notify family of the passing of the loved one.

Name of Deceased Patient: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_

Telephone number of Next of Kin: \_\_\_\_\_

COVID19 +Positive: YES or NO

Cause of Death: \_\_\_\_\_

#### **FDNY:**

from Nathan himself:

We are not currently refusing anyone officially but the RMA/AMA procedure has been made significant easier so we know it's happening. (This may change soon)

We are working on a procedure for arrests and will likely stop transporting any non-traumatic arrest that does not regain ROSC. This should happen sometime today. The region released their guidance document yesterday and it policy will closely mirror it .

#### **Billling/ Physical Exam:**

The federal government has made some provisions for paying for the care of patients during Covid19. To qualify for this reimbursement there must be a statement to the effect of "cared for during Covid19 pandemic; diagnosis considered, treatment rendered". Simply having Covid19 as a diagnosis is not sufficient. In Epic, you can create a dot phrase to that

effect.

You may, for billing purposes, note that your exam is limited and it will still "count" as a comprehensive examination if you say something to the effect of: "full examination could not be performed due to isolation precautions". Please note, this is not a recommendation by me to do or not do an examination; I just want you to understand what the documentation requirements are.

Document only what you do...and don't feel you have to do more examination in order to check the boxes on T system. To the folks who asked about auscultation: it is perfectly acceptable to document your visual assessment of a patient's respiratory status: "breathing comfortably, no accessory muscles"; speaking in short phrases, using accessory muscles"; "unable to speak, tripod position" or something to that effect. Listening is not mandatory, but at UHB disposable stethoscopes are available for your use.

**sani-wipes:**

will destroy the tubing on your stethoscope, so best to use alcohol.

environmental services is providing cleaning solution. we are out of sani wipes right now but they can give you a spray bottle if needed of cleaning solution.

thanks

ninfa