Team Rounding Best Practices for Social Distancing in COVID-19

General Considerations

- Keep in-person rounds/sign-out to minimal number of individuals
- When in-person rounds occur, maintain distance > 6 feet between individuals. Team members can
 follow rounds by Zoom or other remote methods, and assist by entering orders, making phone calls,
 etc. Teaching should also take place via video
- Avoid small work spaces; spread out to physically separated workstations (clean workstations prior to / after each use). Division leaders should procure workspace in unused administrative/academic offices if space is needed.

Provider-level best practices

- Primary team and specialist should have a joint discussion—ideally daily—to establish if and when a
 consultant exam is warranted. The primary team and specialist should collaborate and jointly discuss
 whether a consultant exam is warranted, but the primary team should be the final arbiter
- Discuss patient condition and updates with bedside RN prior to entering patient room to determine if any changes in exam or questions and if there are any tasks that you could do during that visit (e.g. bring a meal, take vital signs)
- Choose wisely when ordering testing where another health care professional may need to enter room and only order tests with strong clinical indication
- Consolidate necessary laboratory testing, radiology studies and other testing

Documentation

• For those situations where a trainee enters the room for the exam, this attestation may be used: "I have reviewed the patient's chart and discussed the patient's care with Dr. *** who has evaluated the patient in person. In an effort to reduce the risk of exposure and to preserve personal protective equipment, I have not physically evaluated the patient today. I agree with the plan of care as documented with the exception of: *** "

Table. Indications for various examination options

Indications	Any hospitalized patient not in any airborne, contact, or droplet precautions	Any patient without COVID-19 who is in any form of droplet, contact, or airborne precautions	Patients with suspected or confirmed COVID-19
Indications for in- person exam	Maintain principles of social distancing as able, only essential team members enter room	 One exam per day if stable (may be attending, resident, or fellow) Provider performing an in-room procedure 	 One exam per day if stable (typically primary MD) Attending or APP performing an in-room procedure (try to coordinate procedure with exam to limit use of PPE)

		 If your in-person exam will change management of the patient in the next 24 hours (e.g. neurological exam, skin exam) Acute clinical changes Zoom or telephone attempt is inadequate and econsult insufficient 	 If your in-person exam will change management of the patient in the next 24 hours (e.g. neurological exam, skin exam) Acute clinical changes Zoom or telephone attempt is inadequate and econsult insufficient
Telephone/Zoom	 Any consultations or visits that do not meet criteria above Primary services needing to follow- up with patients later in the day after initial exam 	 Any consultations or visits that do not meet criteria above Primary services needing to follow-up with patients later in the day after initial exam 	 Most consultations (unless exam is essential and will change patient management or procedure) Primary services needing to follow-up with patients later in the day after initial exam
E-consult	 Visits that can be accomplished without interviewing or examining patient 	Visits that can be accomplished without interviewing or examining patient	Visits that can be accomplished without interviewing or examining patient