

April 3<sup>rd</sup>, 2020

To the Most Responsible Physician,

Due to the COVID-19 Pandemic and the change in admission criteria and policies at our Hospice in response to it, we require all potential admissions to have a signed letter from their MRP that acknowledges and confirms that to your best knowledge and assessment, the potential admission meets the following:

1. The Patient is a well defined PPS 30% or less and has a trajectory of 20 days or less
2. The Patient must not currently have a diagnosis of COVID-19
3. The Patient must be COVID-19 free as laboratory determined, no known temperatures in the last 48 hours, no known or suspected cases in the patient's ward (if coming from Hospital) and they have not been out of the country in the last 14 days nor been exposed to someone with COVID-19 symptoms
4. If the Patient is coming from the community, all parameters from items 2 and 3 apply, as well an assessment of the number of people in the home and provincial standard screening on anyone who has been in the home in last 14 days

If there are any questions or concerns regarding this letter, please contact our Executive Director Heidi Griffith or Residential Coordinator Alexander Crooks, RPN, at (613) 473-1880 or (613) 473-5125.

We thank you for your cooperation during this time.

Sincerely,

The Heart of Hastings Hospice Team

(Please see attached letter to sign)

I hereby acknowledge and confirm the following:

1. The Patient is a well defined PPS 30% or less and has a trajectory of 20 days or less
2. The Patient must not currently have a diagnosis of COVID-19
3. The Patient must be COVID-19 free as laboratory determined, no known temperatures in the last 48 hours, no known or suspected cases in the patient's ward (if coming from Hospital) and they have not been out of the country in the last 14 days nor been exposed to someone with COVID-19 symptoms
4. If the Patient is coming from the community, all parameters from items 2 and 3 apply, as well an assessment of the number of people in the home and provincial standard screening on anyone who has been in the home in last 14 days
5. I had the opportunity to contact Heart of Hastings Hospice for questions in relation to their Admission Criteria

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Name of MRP (Printed)

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Name of MRP (Signature)

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Date