AHCA/NCAL Guidance: Accepting Admissions from Hospitals During COVID-19 Pandemic
REVISED March 30, 2020

Purpose

The purpose of this document is to provide guidance to long term care facilities (SNFs and ALs) to determine when making decisions about accepting hospital discharges to LTC facilities. The decision-making and guidance are revised from March 20. The revisions are based on new evidence from CDC but may change as new data becomes available, the prevalence of COVID-19 varies in communities, hospital surge increases, or state officials issue additional orders. It is likely state public health officials may issue state or regional specific guidance that supersedes this guidance.

COVID-19 Epidemiology

The COVID-19 virus disproportionality impacts the elderly, with mortality increasing in every 10-year cohort to approximately 30% for those over the age of 80 and with chronic disease. It also appears to spread easily between people, particularly since younger people often have mild symptoms and can be infectious to others without symptoms. In addition, the incubation period is 2-14 days, which raises concerns that individuals admitted from the hospital maybe infected but asymptomatic as they are in their incubation period.

CDC data published in its Morbidity and Mortality Weekly Report (MMWR) on March 27, 2020, found that 57% of elderly patients without symptoms tested positive for COVID-19, who later went on to develop symptoms seven days later. When they tested positive, they shed virus at levels that likely made them infectious to others. Based on this data, **unless a person is tested for COVID-19 and negative before admitting them to your building, you should assume the person has COVID-19 regardless of their having or not having symptoms**.

Hospital Discharges to a LTC Facility

During the COVID-19 pandemic, the elderly will still have other medical problems that require hospitalization and post-acute care (e.g., strokes, CHF exacerbations, surgeries, etc.). The volume of some traditional post-acute admission has decreased as hospitals discontinuing most elective surgeries and elective admissions. However, hospitals expect to see a surge in admissions nationally related to COVID-19 as already seen in some U.S. cities. Hospitals will need more post-acute care beds to help with this surge. CMS has also waived the 3-day stay requirement for all discharges, regardless of COVID-19 status, to allow hospitals to more easily create new beds for the surge in COVID-19 admissions.

As such, LTC facilities will face the challenge as to which hospital discharges they can accept. The decision-making process will vary depending on the ability of the LTC facility to manage residents who are COVID-19 positive or suspected to have COVID-19.

We strongly urge LTC facilities to begin now creating separate wings, units or floors by moving current residents to handle admissions from the hospital and keep current resident separate, if possible. LTC facilities should also develop plans for consolidating residents between facilities to create "new" facilities to accept hospital discharges who may be COVID positive or negative or harboring the virus because testing is not available.

Transfers from LTC Facilities to the Hospital

A person with a positive test for COVID-19 or with fever or respiratory symptoms does not necessarily need to be hospitalized. They should be put in contact precautions and follow CDC guidance for COVID-19 positive or presumptive cases in long term care. If a resident requires IV fluids, oxygen and other treatments due to their respiratory symptoms, Medicare will allow you to switch the person over to Medicare Part A without a 3-day SNF stay.

Discussion with families and residents should occur about the risks of hospitalization with COVID-19 during this pandemic period. **We urge members to update residents advanced directives accordingly after having these discussions**.

Recommended Guidance for Admissions to LTC Facilities from the Hospital

The table below provides guidance on what to do with admission referrals whose COVID-19 status is positive, negative, or unknown. Patients should be tested for COVID before hospital discharge; if not tested, they should be assumed to be COVID positive based on CDC data showing the high proportion of COVID positive elderly who are asymptomatic. Accepting residents from the hospital is also contingent on the LTC facility having adequate staffing levels and PPE to manage COVID positive residents. If not possible, the LTC facility should stop accepting all admissions until the facility has staffing levels and PPE to manage residents, which may not be at typical levels, prior to this pandemic.

Table 1: Accepting Hospital Admission

The following are potential steps that can be taken to reduce the spread of COVID-19 in your LTC facility. These are referenced in the tables below.

1. Monitor for fever & respiratory symptoms.
2. Put in single room.
3. Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies.
4. Limit contact with other residents as much as possible.
5. Limit the number of different staff interacting with a resident as much as possible and limit the number of times each staff enters a resident's room.
6. Cohort in rooms (and wings if possible) with similar residents (e.g. if COVID positive cohort with other COVID-19 positive residents or if unknown, cohort with other recent admissions from the hospital with similar status).
7. Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible.

	Patient is tested & COVID-19 negative[1]	Patient COVID Status unknown (asymptomatic)[2]	Patient tests positive for COVID-19 in hospital or with COVID symptoms
No COVID-19 threat (Usual circumstance)	Not Applicable: At this time, assume COVID is in your area.	Not Applicable: At this time, assume COVID is in your area	Not Applicable: At this time, assume COVID is in your area
COVID-19 cases present <u>not</u> in the surrounding hospital catchment area	Not Applicable: At this time assume COVID is in your area	Not Applicable: At this time assume COVID is in your area	Not Applicable: At this time assume COVID is in your area.
COVID-19 cases present in the surrounding area or community of your hospital catchment area	Admit patient and • #1 per shift • #4 & #5 • #6 if possible	Do Not Admit unless #7 (then follow below)	Do Not Admit unless #7 (then follow below)
COVID-19 cases wide-spread in the surrounding area or community and hospitals are at or past capacity	Admit patient and • #1 per shift • #4 & #5 • #6 if possible	Admit patient only if • #7 if possible if not #2 or #6 AND • #1 per shift • #3, #4 and #5 AND Facility has adequate staffing levels and PPE to manage COVID positive residents	Admit patient only if • #7 if possible if not #2 or #6 AND • #1 per shift • #3, #4 and #5 AND Facility has adequate staffing levels and PPE to manage COVID positive residents

[1]This includes patients hospitalized with COVID who have recovered and now test negative on at least one most recent test at discharge.

[2]For hospital discharges with respiratory symptoms or fever, facilities should ask the hospital to perform a COVID-19 test and then base decisions on the test results. If COVID-19 negative they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies. If testing is not available, then the facility should assume the person is COVID-19 positive. Additionally, patients with fever and respiratory symptoms should have a negative flu test.

NOTE: If the patient's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidance for Strategies to optimize PPE supplies