

Boston Medical Center COVID-19 Clinical Criteria for Discharge

Main clinical criteria for discharge to home

1. Overall improvement in the fever curve without antipyretics. No fever spikes ≥ 101 F for ≥ 48 hours
2. Improved or stable respiratory symptoms (e.g. improved shortness of breath or cough) and improved oxygen requirement for ≥ 48 hours
3. Improved or stable laboratory data including inflammatory markers (especially C-reactive protein, ferritin and lactate dehydrogenase)

Additional comments

- When making a decision to discharge a patient, the team should include time since onset of initial symptoms. Patients within 6-9 days since symptom onset are at highest risk for complications.
- In addition to meeting the main discharge criteria listed above, patients who received biologics (e.g. tocilizumab, sarilumab, or anakinra) during the current hospitalization should be monitored in the hospital for at least 48 hours after treatment initiation. For patients receiving daily doses of anakinra over a few days, the first dose in the series is used as the start of therapy. Patients who are within 48 hours from receiving biologics should not be discharged to the Boston Convention and Exhibition Center (BCEC) or the Digital Federal Credit Union (DCU) in Worcester.
- All known COVID-infected/highly suspected patients who are discharged home will automatically receive at least one follow-up call within 24-48h of discharge to assess for symptoms.
 - Patients who are followed at one of our BMC-based primary care practices (General Internal Medicine, Family Medicine, Pediatrics, and Geriatrics) or have no PCP will receive follow-up calls by our centralized BMC COVID Follow-up Monitoring Team
 - Patients who are followed at one of our community health centers receive calls through their primary care site.

Discharge checklist for all COVID-infected patients

	Working phone and up-to-date contact information on Epic
	Information on primary care team up-to-date on Epic
	Appropriate home setting -Patient can adhere to home isolation (separate bedroom) -No one in the house is pregnant, immunosuppressed, or has end-stage renal disease -Appropriate caregivers are present in the home, if applicable -If patient is experiencing homelessness, please see the special considerations section below
	Patient has enough medication supply to complete course of oral medications initiated for COVID-19 during the admission. Prescriptions should be sent to the Yawkey pharmacy and delivered via Meds to Beds
	Quarantine education provided at discharge to patient and family. Patient and family have access to face masks
	Transportation -Ensure family member and patient have face masks

Special considerations/populations

- **Patients experiencing homelessness who leave against medical advice (AMA):**
 - Monday through Friday from 7 AM to 7 PM: Contact Deanna Faretra (pager 0735) who will coordinate with Boston Public Health Commission (BPHC)'s Homeless Services Bureau and BMC Infection Control. Deanna is also a resource for patients who are contemplating leaving AMA.
 - Nights and weekends: The floor team should call BPHC's Homeless Services Bureau at 617-645-9680 as soon as possible and email BMC infection control (DG-HospitalEpidemiology and cc: Deanna.Faretra@bmc.org).
- **Patients experiencing homelessness** (including those who are housed but unable to return home due to isolation concerns) meeting the following criteria could be discharged to **East Newton Pavilion (ENP):**
 1. Meet clinical discharge criteria noted above
 2. Do not need hospital level of care
 3. Are independent with ADLs and able to self-administer medications
 4. Do not have ongoing clinical needs (hemodialysis, CPAP/BiPAP or oxygen requirement)

ENP will accept patients on methadone or buprenorphine with prior notification and set-up.

1. Patients taking methadone must be clients of either HCRC Boston (23 Bradston Street) or Habit OPCO Boston (99 Topeka Street) to be admitted
2. Patients could also be clients at another methadone clinic if guest-dosing has been arranged at either HCRC Boston or Habit OPCO Boston

Please page the case manager who will coordinate the transfer

Patients will need Meds to Bed to cover medications for at least 5 days

- **Patients being discharged to a nursing facility not described elsewhere in this protocol** will be evaluated on a case-by-case basis. If the patient is followed by the ID consult team please page the team. If the patient is not actively followed by the ID consult team, please page the COVID pager (5236)
- **Some COVID-infected patients might meet criteria for discharge to either the Boston Convention and Exhibition Center (BCEC) or the Digital Federal Credit Union (DCU) in Worcester.** Each location has specific criteria listed below. The information is up-to-date as of 4.20.20. As criteria might change, the most up-to-date information related to admission criteria to DCU or BCEC will be found in a separate document maintained by the hospitalist team
- **BCEC admission criteria:**
 - Anticipated or active clinical trajectory improvement
 - Oxygen saturation $\geq 92\%$ on no more than 2L oxygen at rest with plan for gradual oxygen weaning

There are two level specifications:

- **Level 1 BCEC:** (1) Patients who would ordinarily be discharged home, but cannot safely or effectively self-quarantine, (2) Patients perceived at higher risk for COVID-19 complications who require monitoring, but do not need hospitalization
- **Level 2 BCEC:** Medical and/or rehab needs for recovery that cannot be met at home
 - Patients with continued need for oxygen supplementation ($\geq 92\%$ on no more than 2L) or afebrile for ≤ 24 hours
 - PT and OT are available

Patients admitted to BCEC will need Meds to Bed to cover medications for at least 5 days

- **DCU admission criteria:**

1. Afebrile for ≥ 24 hours
2. Heart rate < 120 beats/min
3. Stable or improving laboratory findings including inflammatory markers
4. No diarrhea for 48 hours
5. Patients discharged on oxygen will likely need to be expected to take 48 hours to be weaned from saturations $\geq 92\%$ on 2-4L/min at discharge
6. Results need to be available for a chest x-ray performed within 24 hours prior to discharge
7. If biologics were administered during the current hospitalization, ≥ 48 hours must have elapsed since biologics were initiated
8. Patients need to have completed all oral medications targeting COVID-19 including hydroxychloroquine, doxycycline, azithromycin, and colchicine. Patients cannot bring any medications with them to the DCU
9. Patients need to be able to perform ADLs independently and ambulate the length of a football field
10. The DCU will not take patients who are experiencing homelessness
11. As BCEC only takes 20 patients on oxygen supplementation/day from all Boston area hospitals, the DCU will accept patients once BCEC beds are full for the day
12. The case manager will arrange for a cab voucher for the patient's return trip home
13. RN-to-RN signout must be completed
14. All patients need to have a completed Massachusetts medical order for life-sustaining treatment (MOLST) form
15. All the factors noted above need to be documented in the discharge summary and faxed to 508-421-1021

Testing considerations at Discharge

(Please see COVID testing protocol for most up-to-date version)

- **Patients with COVID-19** – Isolation precautions are resolved by testing and symptom-based resolution. If there are shortages of NP swabs, symptom-based removal of precautions alone can be considered.
 - Repeat tests for the purposes of removal of isolation precautions should not be ordered until the 3 symptom criteria below have been met
 - Testing: 2 negative NP swabs at least 24 hours apart AND
 - Resolution of symptoms defined by the following:

1. At least 10 days since symptom onset **AND**
 2. 3 days since resolution of fever without antipyretics **AND**
 3. Improvement of respiratory symptoms
 - ***Patients who do NOT meet all three symptom criteria** must remain in isolation
- If a repeat test is positive, wait 3 days before repeating the test.
 - **Patients with COVID-19 who are returning to outpatient Hemodialysis (HD)**
 - HD center may require repeat testing if that enables them to go to non-COVID HD center
 - Please determine if this is required by the center before ordering the test, to avoid unnecessary use of our testing resources
 - **Patients who are immunocompromised, received biologics (eg. Tocilizumab, sarilumab, or anakinra), or were critically-ill with COVID-19** – Should get test-based approach consisting of 2 negative NP swabs at least 24 hours apart to guide isolation after discharge.
 - **If outpatient testing necessary:** Return to influenza-like-illness (ILI) clinic (please alert ILI clinic). Note that this process may change, as we work on alternate testing locations and options.
 - **Asymptomatic patients who never had COVID-19** and are being discharged to LTAC/NH/facility where negative test is an admission requirement
 - NP swab (starting sometime during week of 4/13/20, can do OP swab instead.) These should NOT be rapid tests. COVID pager p5236, if questions
 - Note: this does not meet FDA criteria for emergency use of the tests
 - **Patients being discharged to shelter**
 - Confirm with shelter re: their requirements
 - Many will accept a letter of health.