Guidelines for Transferring Patients to Home with Home Care or Hospice Care During the COVID-19 Epidemic

The Long-Term Care Facilities Subcommittee of the Utah Governor’s COVID-19 Community Task Force has consulted with representatives of long-term, assisted living and home care and hospice communities to establish best practices when transferring patients from acute care hospitals to home with home care or hospice needs. This guidance is consistent with the Centers for Disease Control and Prevention (CDC’s) Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19.

Good communication between providers during the transition from the hospital to home with home care or hospice is critical for the successful implementation of this guidance. Hospitalized patients should be assessed for respiratory illnesses and COVID-19 prior to discharge to home with home care or hospice. Patients diagnosed with COVID-19 who require hospitalization can and should be discharged once clinically indicated. Meeting criteria for discontinuation of Transmission-Based Precautions\(^1\) is NOT a pre-requisite for discharge; however, clear communication between home care or hospice caretakers and agencies and hospital discharge planners must occur to ensure the home caretakers are able to adhere to infection prevention and control recommendations as outlined in the CDC’s Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

Building off processes developed across the country, the Long-Term Care Facilities Subcommittee recommend hospitals utilize a standardized Hospital to Long-Term Care Facilities or Home with Home Care or Hospice COVID-19 Assessment (see attached tool). Communicate this assessment for every patient being transferred who has been identified with home care or hospice needs as a face sheet and send at discharge to the referral agency.

The following are patient categories and general protocols for hospital discharges to home with home care or hospice needs:

**Category 1 – Patients with no clinical concern for COVID-19**

Inadvertently introducing an asymptomatic COVID-19 carrier into a previously COVID-19 negative home setting poses a risk for outbreaks. ALL hospitalized patients, regardless of presence of respiratory symptoms, who are discharged to home with home care or hospice services should be screened for COVID-19 through symptom screening and testing, if available. If the patient has no clinical concern for COVID-19, the patient may be discharged with no change in standard process. The receiving home care or hospice agency should recommend placement of the patient in an individual room and visiting home care or hospice staff shall use Standard Contact\(^2\) and Droplet Precautions for 14 days.
Category 2 – Patients investigated for possible COVID-19, but with a negative test

If a patient has a negative COVID-19 test and meets usual clinical criteria for discharge, the patient is acceptable for discharge to home with home care or hospice, while recognizing the potential for a false negative test. The receiving agency should recommend the patient stay in an individual room and visiting staff shall use Standard Contact² and Droplet Precautions for 14 days. Patients requiring Aerosol-Generating Procedures³ will require additional precautions.

Many patients with active respiratory symptoms (fever, cough, shortness of breath) may need a retest for COVID-19 if symptoms persist. Continue with Transmission-Based¹ Precautions until:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (<100.0°F) without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
- At least 10 days have passed since symptoms first appeared.

Category 3 – Patients under investigation for COVID-19, and test results are pending

Same guidance as Category 2.

Category 4 – Patients with positive COVID-19 testing

Home care or hospice staff can care for patients diagnosed with COVID-19 as long as they are able to care for the patient to the needed level of Transmission-Based Precautions¹ to adequately protect the healthcare workers. Patients requiring Aerosol-Generating Procedures³ will require additional precautions.

- Transmission-Based Precautions¹ are required for any patient who is <10 days from symptom onset AND any patient with fever (>100.0°F) and/or respiratory symptoms (e.g., cough, shortness of breath) in the past 72 hours.
- Transmission-Based Precautions¹ may be discontinued if a patient has met the criteria listed below:
  - At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (<100.0°F) without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
  - At least 10 days have passed since symptoms first appeared, AND
  - The patient persists with symptoms of COVID-19 (e.g., cough). This patient should be restricted to a single room and wear a facemask during care until all symptoms resolve or 14 days after symptom onset, whichever is longer.
- If symptoms are resolved and Transmission-Based Precautions¹ are discontinued, no further restrictions are required.

Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor’s COVID-19 Community Task Force.

Definitions

¹Transmission-Based Precautions should be used for all patients with known or suspected COVID-19 and include all the Standard Precautions plus the use of an N95 or higher-level respirator, when available. Cloth face coverings are NOT personal protection equipment (PPE) and should not be worn for the care of patients with known or suspected COVID-19. The use of N95 or higher-level respirators are only recommended for healthcare
personnel who have been medically cleared, trained, and fit tested, in the context of a facility’s respiratory protection program. While respirators (instead of facemasks) are preferred, facemasks are generally an acceptable alternative. See https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

\textsuperscript{2}Standard Contact Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions recommended during the COVID-19 epidemic include masking the patient and placing in an individual room for source control, hand hygiene, and the use of PPE whenever there is an expectation of exposure to infectious material (gown, gloves, facemask, and eye protection).

\textsuperscript{3}Airborne Precautions should be used for known or suspected COVID-19 patients being treated with aerosol generating procedures (AGPs) that require the use of fitted N95 or higher-level respirators, gloves, eye protection, and gowns. Medical procedures often considered AGPs that may be performed under routine or emergency conditions in home settings include open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), nebulizer administration, cardiopulmonary resuscitation, tracheostomy patients with humidification, high flow nasal cannula use and endotracheal intubation. In addition to current PPE shortages, some home care settings have NOT fit tested their healthcare personnel, and an abundance of caution should be used in determining whether it is appropriate to transfer patients with known or suspected COVID-19 who may require AGPs to properly trained agencies.
Hospital to Long-Term Care Facilities or Home with Home Care or Hospice COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients who are discharged to Long-Term Care or home with home care or hospice services should be screened for COVID-19 through symptom screening and testing, if available, prior to transfer. This tool should be used to document an individual’s medical status related to COVID-19 and sent with discharge orders as a face sheet to facilitate communication between the hospital and the receiving facility or agency during patient transfers. This document must be signed-off by the physician, APRN, or PA who completes the clinical assessment.

CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT’S STATUS.

Patient Name: ____________________________
Transferring Facility: ______________________ Accepting Facility: ______________________

Has patient been laboratory tested for COVID-19?

☐ YES. Patient tested for COVID-19
   Date of Test: ____________________________
   Test pending for home care/hospice settings only

☐ NO. Patient with no clinical concern for COVID-19 per screening and testing not available. May transfer, place in individual room and use standard contact and droplet precautions for 14 days.

☐ Negative Test

Patient has active respiratory symptoms (fever, cough, shortness of breath)?

☐ Yes
☐ No

- May transfer.
- Maintain Transmission-Based Precautions until at least 10 days after symptom onset, afebrile AND respiratory symptoms improved for at least 72 hours.

☐ Positive Test

Transmission-Based Precautions still required
(Any patient who is <10 days from symptom onset AND any patient with fever >100.0°F and/or respiratory symptoms [e.g., cough or shortness of breath] in the past 72 hours)

☐ Yes
☐ No

- Transfer to facility accepting COVID-19 positive patients.
- Maintain Transmission-Based Precautions.
- May transfer.
- Mask patient.
- Restrict to single room until all symptoms resolve or 14 days, whichever is longer.

Clinical Assessment completed by (signature)

Date/Time

Reported to (name of facility staff)

Date/Time

Form last updated: 05/05/2020