

Best Practices for Hospitals and Long-term Care Facilities for COVID-19 related New/Readmissions and Discontinuing Transmission-Based Precautions

Purpose

Ensuring hospital bed capacity for those who require acute care is an important component of healthcare response to the COVID-19 epidemic. The ability to discharge hospitalized patients to an appropriate level of care is crucial to maintaining that capacity. Patients with suspected or confirmed COVID-19 who are still infectious and who no longer require hospital resources can be discharged to settings equipped to provide appropriate care while maintaining the safety of staff and other residents.

Neither discontinuation of Transmission-Based Precautions nor negative COVID-19 test results are required prior to hospital discharge.

This document addresses discharge of hospital inpatients to long-term care facilities (LTCF) as well as the timing for discontinuation of transmission-based precautions. LTCFs include assisted living, residential care and skilled nursing facilities, or other congregate living settings that provide direct care. This guidance is subject to change as diagnostic testing becomes more available.

Key points

- LTCF residents evaluated in a hospital for symptoms unrelated to COVID-19 can return to their facility without a negative COVID-19 test.
- Patients with COVID who require [Transmission-Based Precautions](#) can be transferred to a LTCF as long as the Oregon Department of Human Services (ODHS) has evaluated the facility and determined it can follow CDC infection prevention and control recommendations for the care of COVID-19 patients. ODHS will not approve transfer of COVID-19 patients requiring transmission-based precautions to COVID-negative LTCFs.

- Patients who no longer require Transmission-Based Precautions can be discharged to a LTCF without evaluation of the facility's ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients.

Discharge of patients or residents with no clinical concern for COVID-19

At this time, it is considered a best practice that LTCF residents who are evaluated in a hospital for symptoms **not** associated with COVID-19 infection **can return to their facility without a negative COVID-19 test**. Requiring a negative test in this scenario

- is not recommended by either OHA or CDC,
- is of questionable benefit in preventing introduction of COVID-19 into LTCFs as it does not circumvent the need for a 14-day observation (“quarantine”) period, and
- results in unnecessary use of testing resources during a time when such resources are limited.

Hospitals are not required to perform COVID-19 testing on patients solely for discharge considerations. Testing is recommended if a patient develops [new symptoms suggestive of COVID-19](#) or has a known exposure to COVID-19. The latter would include close contact (within 6 feet) for 15 or more minutes with an individual with confirmed COVID-19 within the past 14 days.

Discharge of patients or residents with confirmed COVID-19 who require Transmission-Based Precautions

Prospective or returning LTCF residents with COVID-19 who are being discharged from the hospital and have not yet met [CDC criteria for discontinuation of Transmission-Based Precautions](#) for COVID-19 can be transferred to a LTCF as long as the facility can follow the infection prevention and control recommendations of the Centers for Disease Control and Prevention (CDC) for the care of COVID-19 patients. ODHS will not approve transfer of COVID-19 patients requiring transmission-based precautions to COVID-negative facilities. ODHS will review requests to admit these residents to a LTCF and will evaluate preparedness of the receiving facility to safely admit the resident. Note that ODHS does not require testing of these individuals before transfer.

The following are requirements and best practices related to hospital discharges in this setting:

Requirement

- Hospitals are *required* under OAR 333-019-0052 to provide advanced notice to a receiving LTCF for any transfer of a patient with confirmed or suspected COVID-19

who still requires Transmission-Based Precautions. Similarly, LTCFs that become aware that a person they are transferring requires Transmission-Based Precautions to a hospital or another facility are required to notify the receiving facility.

Best Practice

- Though not required under OAR 333-019-0052, it is [recommended](#) that hospitals and LTCFS notify a receiving facility upon transfer of any patient who is likely to have been exposed to COVID-19, either through known close contact with an infected person or due to residence or hospitalization in a facility during an active COVID-19 outbreak.
- It is also a best practice that discharge planners, under Transmission-Based Precautions for COVID-19, follow a tiered approach for discharge of LTCF residents who do not have access to transitional sites or dedicated COVID-19 facilities.
 - Transfer LTCF residents to a receiving facility with a separate area dedicated to COVID-19 patients, including dedicated staff and PPE.
 - Transfer LTCF residents to a receiving facility that has private rooms with private bathrooms.
 - The receiving LTCF must already be appropriately isolating COVID19 cases.
 - ODHS does not allow COVID-positive resident transfers into COVID-negative buildings.

Discharge of patients or residents with confirmed COVID-19 who do not require Transmission-Based Precautions

If Transmission-Based Precautions have been discontinued as per [CDC recommendations](#) and symptoms have resolved, patients **can be discharged to a LTCF regardless of the facility's ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients**. They can be placed into a regular room without Transmission-Based Precautions and can be roomed with another resident.

Residents who have recovered from COVID-19 do not need to be retested within 90 days of their onset of symptoms or first positive COVID test (whichever is earlier) unless they develop new symptoms of COVID-19. Alternative medical diagnoses should be considered.

Patients or residents with suspected COVID-19, with test results pending

A person with active symptoms suggestive of COVID-19 should not be transferred to a LTCF until test results are available, unless:

- There is urgent need to transfer the resident, such as a shortage of hospital beds resulting in an overload of patients awaiting hospital discharge,
- The facility is experienced and able to handle residents with suspect COVID-19, and
- ODHS Licensing Unit has approved the transfer.

The hospital must provide clear notification to the receiving facility about the pending COVID-19 test.

Patients or residents investigated for possible COVID-19 with a negative test

Prospective or returning LTCF residents investigated for possible COVID-19 due to onset of concerning signs or symptoms or change in health status, who have a negative COVID-19 test may be discharged to a COVID-negative facility that is appropriately isolating and able to provide appropriate care while maintaining the safety of staff and other residents.

The following are considered best practices related to hospital discharges of patients or residents investigated for possible COVID-19 with a negative test:

- Healthcare professionals caring for a patient in the hospital or community setting should consider evaluation of other potential causes of illness (e.g., influenza). When suspicion for COVID-19 remains high, repeat testing for COVID-19 is recommended. Note: Antigen tests are considered less sensitive than molecular (e.g., PCR, NAAT) testing. Negative antigen tests in symptomatic residents should be confirmed with molecular testing.
- Discharge planners should communicate clinical status, COVID-19 exposure, test results, and indication for continuation of Transmission-Based Precautions to the receiving facility.
- The resident should be placed in a private room with its own bathroom or in a separate admission observation area for monitoring of signs and symptoms of COVID-19. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after admission.

- All recommended PPE (face mask, eye protection, gloves and gown) should be worn during care of residents under observation, when PPE supplies allow. At minimum, face mask, eye protection, and gloves should be worn by staff during care. Cloth face coverings are not considered PPE.
- Receiving facilities should consider re-testing for COVID-19 immediately if a resident develops COVID-compatible symptoms.

If symptoms continue while in observation, the resident should be kept in observation under Transmission-Based Precautions until 14 days after admission, as part of the standard admission quarantine period.

Additional Pathways for Hospitals to Navigate Discharge Barriers for LTCF residents

Hospitals have a reasonable expectation to discharge an individual when the individual is ready for discharge. A network of local offices throughout the State of Oregon provides eligibility and case management services for Medicaid-eligible individuals. In nearly all cases, [local offices](#) are the best contact for resolving issues. Establishing and cultivating relationships between hospitals and APD/AAA offices is critical to the ongoing success of the discharge process. Ongoing meetings and case consultations have been shown to increase efficiencies, reduce frustrations and facilitate timely discharges.

The following table provides the most common examples of discharge barriers encountered by hospitals and proposed mitigation pathways.

Issue	Mitigation
Individual refuses to apply for Medicaid.	Work with family members and individual on options counseling.
Individual needs a guardian.	Contact the local Guardianship Office (if applicable) or the Office of the Public Guardian . Engage with family members on feasibility of pursuing guardianship.
Individual was assessed and determined not to meet service-level criteria for long-term care services through ODHS Aging and People with Disabilities Program.	Proceed with normal, private-pay discharge practices and/or contact Aging and Disability Resource Connection of Oregon (ADRC) at 1-855-ORE-ADRC.

The individual did not qualify for services through Aging and People with Disabilities due to the <i>individual's behavioral health condition.</i>	Contact the Local Community Mental Health Program where the individual resides.
The individual does not qualify for services through Aging and People with Disabilities due to the <i>individual's intellectual/ developmental disability.</i>	Contact the Local Community Developmental Disability Program where the individual resides.
A placement has been identified but the provider requires an exceptional rate to accept the individual.	Direct the provider to work with the consumer's case manager to submit an exception request. If case manager is not responding in a timely fashion, escalate to local office management . If Central Office is holding up exception, email Complex Case Branch .
The individual is eligible for APD long-term care services, but placement options have been exhausted and no discharge placement can be found.	Work through local office. Inquire as to whether APD's Complex Medical Team has been engaged. Escalate with local office supervisor if necessary.
Facility has implemented a more stringent admission requirement than what is required under regulation.	Contact licensing unit; for AFH contact local licensing unit, for long-term facilities contact SOQ licensing .
Facility refuses to take consumer back after ED visit.	Contact licensing unit – provide name of facility, name of consumer, name of hospital and dates.
Facility refuses to take consumer back after inpatient stay.	Inquire as to whether facility has complied with move-out notice requirements. Contact Licensing for assistance.
Other issues not identified here.	Escalate to APD Director's Office for assistance.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA and ODHS can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Response and Recovery Unit at 503-979-3377, 711 TTY or CRRU@dhsosha.state.or.us.