

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-108

TO: All Nursing Homes and Hospitals

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DATE: November 17, 2020

SUBJECT: Hospital Discharges Guidance

Attached for your attention is:

- Guidance: Hospital Discharges to Post-Acute Care During the COVID-19 Pandemic.



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Hospital Discharges to Post-Acute Care During the COVID-19 Pandemic (Nov 13, 2020)

As COVID-19 cases surge in hospitals and Long-Term Care Facilities alike, discharges from hospitals to nursing homes, assisted living facilities, and other post-acute care settings should happen both safely and efficiently.

This guidance outlines expectations for safe and timely transfer of patients to post-acute care after hospital discharge and replaces the Connecticut Department of Public Health (DPH) guidance titled "Hospital Discharges to Nursing Homes During COVID-19 Pandemic" from April 2020.

Definitions

Post-Acute Care (PAC): Essential health and social services after discharge from an acute care hospital.

- Per the Centers for Medicare and Medicaid Services (CMS), post-acute care includes long-term care hospitals (LTCHs), inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and home health (HH) agencies.
- This guidance should also apply for assisted living facilities, residential care homes, and other congregate living settings.

COVID Recovery Facilities (CRFs): Nursing homes designated for the care of individuals within the infectious period of their COVID-19 diagnosis who require nursing home level of care.

Summary

- **Basic principles of COVID-19 infectious status should be applied for decisions on PAC isolation or quarantine:**
 - Individuals recently diagnosed with SARS-CoV-2 infection require isolation until they meet criteria for discontinuation of isolation precautions.
 - Individuals recovered after infection with SARS-CoV-2 in the past 90 days who remain asymptomatic do not require quarantine or isolation.
 - Individuals whose COVID status is otherwise unknown (even with a negative SARS-CoV-2 result) could require quarantine. The potential for exposure to someone with COVID-19 during the prior 14 days should be considered.
- **Hospitalized patients with COVID-19 can be discharged whenever clinically indicated.**
 - Meeting criteria for discontinuation of isolation precautions (also known as transmission-based precautions) is not a prerequisite for discharge from a hospital.
 - **The test-based strategy for lifting isolation precautions is generally not recommended.** The test-based strategy could be considered for some *severely* immunocompromised patients, in consultation with local infectious disease experts, on a case-by-case basis.
 - A PAC provider may refuse admission of any patient with COVID-19 who does not meet symptom-based criteria for discontinuation of isolation precautions if they are unable to safely care for them.



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- DPH recommends, but does not require, patients without laboratory-diagnosed SARS-CoV-2 infection in the prior 90 days (COVID status unknown) to be tested for SARS-CoV-2 using a molecular method with specimen collection within 72 hours before transfer to PAC.
 - PAC facilities/organizations should request no more than one SARS-CoV-2 test during initial communications with the hospital during discharge planning.
 - PAC facilities/organizations should not request another test before discharge if a molecular test has already been collected within 72 hours before discharge.
 - If symptoms suggestive of COVID-19 or exposure to someone with COVID-19 are identified in the hospital, another test may be warranted before discharge.
 - If a hospital's molecular SARS-CoV-2 testing turn-around-time is greater than 72 hours, the hospital should contact DPH for assistance.
 - Decisions about quarantine upon PAC admission should not be based solely on any diagnostic test for SARS-CoV-2. A risk assessment of potential exposures (or the ability to assess exposures) to individuals with COVID-19 during the prior 14 days should be considered.
- Patients with new-onset COVID-19 diagnosed using a molecular SARS-CoV-2 test can be discharged to a CRF if criteria for discontinuing transmission-based precautions has not been met.

Determining Need for Post-Hospital Isolation or Quarantine – by COVID Status

- I. Patients diagnosed with COVID-19 require isolation with transmission-based precautions until they meet criteria for discontinuation of isolation precautions.¹ Individuals who still require transmission-based precautions should be discharged to a place where infection prevention and control recommendations for the care of SARS-CoV-2 infection can be adhered to. Placement should preferably be in a unit dedicated to residents with COVID-19.
 - The **symptom-based strategy** for discontinuation of transmission-based precautions should be used to determine if a patient recently diagnosed with COVID-19 will be infectious at discharge.
 - The **test-based strategy is *no longer recommended***, as it requires 2 specimens collected ≥ 24 hours apart to test negative by molecular assay, and it can result in prolonged isolation of patients who continue to shed SARS-CoV-2 RNA but are no longer infectious.
 - The **symptom-based strategy requires:**
 - ≥ 10 days *since symptoms first appeared* (if symptomatic) AND
 - ≥ 24 hours *since last fever* without the use of fever-reducing medications AND
 - Symptoms (e.g. cough, shortness of breath) have improved
 - For individuals who do not develop symptoms, isolate until 10 days have passed *since date of collection for the first specimen to have a positive viral diagnostic test (PCR or antigen)*.
 - For patients with severe to critical illness OR who are severely immunocompromised:
 - The minimum number of isolation days should be extended up to 20 days.
 - Consider consultation with hospital infection control/infectious disease experts to help determine length of infectious period.
 - CDC does not clearly define “severe” or “critical” illness, and suggests using parameters from the National Institutes of Health (NIH) COVID-19 Treatment Guidelines.² Many hospitalized patients with COVID-19 may have severe illness.
 - For the purposes of this guidance, CDC suggests conditions that cause a high degree of immunocompromise such as being on chemotherapy for cancer, being within a year after stem cell or solid organ transplant, CD4 count < 200 , combined primary immunodeficiency disorder, and on prednisone $> 20\text{mg/day}$ for > 14 days. Advance age, diabetes mellitus, or end-stage renal disease are not considered conditions that cause *severe* immunocompromise.
 - The test-based strategy could be considered for some *severely* immunocompromised patients, in consultation with local infectious disease experts, on a case-by-case basis.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

² <https://www.covid19treatmentguidelines.nih.gov/overview/clinical-presentation/>

- II. Patients who have recovered after laboratory-diagnosed SARS-CoV-2 infection in the past 3 months and remain asymptomatic do not require quarantine or isolation and should not be retested for SARS-CoV-2.³**
- **For individuals previously diagnosed with COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after:**
 - Date of symptom onset for the initial COVID-19 infection (if had symptoms with infection)
 - OR Date of first positive viral diagnostic test (PCR or antigen) for SARS-CoV-2 RNA (if remained asymptomatic during infection)
 - **These individuals also do not require quarantine within 3 months of initial diagnosis, even after exposure to someone who is infectious with COVID-19.** Accumulating evidence supports that reinfection is unlikely during this period.
 - **These individuals should be considered non-infectious, as they have met criteria for discontinuation of isolation precautions.** In addition to evidence suggesting that reinfection is unlikely during this period, there is also evidence that the risk of potential SARS-CoV-2 transmission from recovered individuals during this period is low. **These patients should be discharged to PAC without a COVID-19 test; isolation and quarantine for COVID-19 are not necessary.**

- III. For patients with unknown COVID status, high-risk PAC settings should quarantine on admission unless a thorough risk assessment indicates otherwise.**
- Individuals who have not had laboratory-diagnosed COVID-19 within the past 3 months should be considered to have unknown COVID status.
 - These individuals might have recently tested negative for SARS-CoV-2 OR they might not have been recently tested for SARS-CoV-2.
 - “Recently” is not defined. The COVID status of individuals who have NOT been diagnosed with COVID-19 within the past 3 months can change at any moment, including the time lag between specimen collection and results reporting.
 - A negative test result does not guarantee that the individual has not developed COVID-19 since the specimen was collected.
 - **These individuals should not be presumed to be COVID-free; quarantine should be considered if there was any potential for exposure to COVID-19 during the prior 14 days.**
 - Decisions about quarantining should not be made on the basis of negative SARS-CoV-2 test results.
 - PAC settings should refer to guidance for risk assessments and cohorting new admissions with unknown COVID-19 status in DPH’s guidance for Nursing Homes from August 12, 2020.⁴

Role of Testing for SARS-CoV-2 During Hospital Discharge to Post-Acute Care

Testing for SARS-CoV-2 can be requested by receiving PAC agencies/facilities for patients whose COVID status is unknown (not previously diagnosed with COVID-19 in the prior 90 days, as described above in section III).

DPH recommends, but does not require, patients with COVID status unknown to be tested for SARS-CoV-2 using a molecular method with specimen collection within 72 hours before transfer to PAC.

- Discharge testing should be requested by PAC agencies/facilities during initial communications with the hospital during discharge planning, to avoid delay when the patient is clinically ready for hospital discharge.
- No more than one SARS-CoV-2 test collected within 72 hours before hospital discharge should be requested.
- If symptoms suggestive of COVID-19 or exposure to someone with COVID-19 are identified in the hospital, another test may be warranted before discharge.
- Molecular testing modality may depend on laboratory availability. The testing platform/modality used by the hospital should be communicated to the receiving facility.
- If a hospital’s molecular SARS-CoV-2 testing turn-around-time is greater than 72 hours, the hospital should contact DPH for assistance.

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

⁴ https://portal.ct.gov/-/media/DPH/HAI/COVID19-NH-Guidance_08122020.pdf

When a patient with unknown COVID status tests positive for COVID-19, they could potentially be infectious.

- A PAC provider may refuse admission of a patient with COVID-19 who does not meet criteria for discontinuation of isolation precautions.
- Transfer to a COVID Recovery Facility can be considered for patients with new-onset SARS-CoV-2 infection who are clinically ready for nursing home level of care (see next section).
- When making decisions about discharge disposition, a positive SARS-CoV-2 test result for an asymptomatic individual should prompt clinicians to consider the following when determining if the patient is infectious:
 - Test performance characteristics, and any confirmatory testing, as clinically indicated.
 - Signs and symptoms within the past 3 months that might have suggested an acute SARS-CoV-2 infection after which persistent RNA shedding might be occurring.
 - Prior infection over 3 months ago that might suggest persistent RNA shedding beyond the 90-day threshold.

When a patient with unknown COVID status tests negative for COVID-19, they could still potentially be infectious upon transfer to PAC. See section III under “Determining Need for Post-Hospital Isolation or Quarantine – by COVID Status” above.

- A negative SARS-CoV-2 test collected 72 hours prior to discharge does not guarantee that the patient will not be infectious with COVID-19 upon transfer to PAC.
- The decision to quarantine upon PAC admission should be based on a risk assessment of potential exposures (or the ability to assess exposures) to individuals with COVID-19 during the prior 14 days, rather than test results.
- While hospital infection control measures are generally robust, DPH recommends erring on the side of caution as community incidence of COVID-19 is elevated.

PAC facilities can accept a transfer with SARS-CoV-2 test results pending IF:

- The hospital and PAC facility have established reliable points of contacts and a reliable process for communicating the SARS-CoV-2 test result once available.
- The patient is quarantined upon arrival at PAC.

Hospital Discharges to COVID Recovery Facilities (CRFs)

CRFs are nursing homes designated for the care of individuals who require nursing home level of care while within their infectious period for COVID-19.

Patients who transfer to CRFs must:

1. Have a diagnosis of new-onset SARS-CoV-2 infection, AND
2. Will be within the infectious period for COVID-19 at hospital discharge, AND
3. Require nursing home level of care.

Hospital transfer to a CRF should be pursued when nursing homes contacted during discharge planning are unable or unwilling to admit a patient with COVID-19 who is potentially infectious. For patients who were nursing home residents prior to hospitalization, readmission to the nursing home of origin should be sought before seeking admission to a CRF.

Table: Hospital-to-Nursing Home Discharge Guidance Based on Patient's COVID Status

	COVID-positive within infectious period	COVID-recovered within 3 months of diagnosis	COVID status unknown
SARS-CoV-2 testing	No repeat SARS-CoV-2 test required.	No SARS-CoV-2 test required.	A single SARS-CoV-2 test can be requested for testing at the hospital
Nursing Home admission considerations	Isolation & transmission-based precautions should be in place until symptom-based criteria met to lift isolation precautions. Accepting facility should be able to implement infection control measures to contain COVID-19.	No quarantine or isolation required.	Accepting facility should quarantine for 14 days upon arrival, unless risk assessment determines otherwise. If symptoms develop during the quarantine period, they should be tested for COVID-19.
COVID Recovery Facility Admit IF:	Nursing Home(s) would not accept the patient due to inability to implement adequate infection control measures or unwilling to accept COVID-positive patients.	N/A	During discharge planning, the patient tests positive for COVID-19 and clinical team decides that this represents a new infection that could be infectious.