

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
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HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-38A

TO: Hospitals, All Nursing Homes and ALSAs

FROM: Commissioner Renée D. Coleman-Mitchell, MPH *RCM*

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: April 17, 2020

SUBJECT: Revised Discharge Criteria Document (Revised April 17, 2020)

The attached document is for your attention.



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Hospital Discharges to Nursing Homes During COVID-19 Pandemic (Revised April 17, 2020)

Nursing homes are an essential component of the statewide surge plan,¹ and they care for a population at great risk for morbidity and mortality associated with COVID-19. This guidance for both hospitals and nursing homes, based on guidance from the Centers for Disease Control and Prevention (CDC)^{2,3}, allows for safe and timely transfer of hospitalized patients when they are ready for hospital discharge and have a need for skilled nursing care.

There are 3 types of nursing home facilities:

1. **Existing/Traditional Nursing Homes:** These may or may not have COVID-positive residents. Those with residents that develop suspected or confirmed COVID-19 should cohort residents and staff appropriately.
2. **COVID Recovery Facilities:** existing nursing homes dedicated to accepting COVID-positive patients from hospitals, particularly those demonstrating a likelihood for continued nursing home care after recovery from acute illness
3. **Alternate COVID Recovery Facilities:** previously vacated spaces that are being reoccupied to care for COVID-positive patients from hospitals who demonstrate a likelihood for discharge back to the community afterwards

Patient Type Definitions:

1. **COVID status unknown:** patients who were not tested for COVID-19 because they never had signs or symptoms of COVID-19 OR patients who tested negative for COVID-19
2. **COVID-positive:** patients who have tested positive for COVID-19

Hospital Discharges to Existing/Traditional Nursing Homes

COVID status unknown patients **should not be refused** transfer to Existing/Traditional Nursing Homes, IF:

- The patient has no current COVID-19 symptoms; AND
- One nasopharyngeal (NP) or oropharyngeal (OP) specimen from the patient tests negative for SARS-CoV-2 RNA

COVID status unknown patients **can** be transferred to Nursing Homes without meeting the criteria above.

COVID status unknown nursing home residents **should return to their nursing home** after an Emergency Department visit or same-day procedure **without COVID-19 testing** if the resident is not admitted to an inpatient floor and hospital stay is ≤ 48 hours.

COVID-positive patients **should not be refused** transfer to Existing/Traditional Nursing Homes, IF:

- Resolution of fever without the use of fever-reducing medications for ≥ 72 hours; AND
- Improvement in respiratory symptoms (e.g. cough, shortness of breath); AND
- Two consecutive NP or OP specimens (collected ≥ 24 hours apart) test negative for SARS-CoV-2 RNA

For the three scenarios above, the patient can be quarantined in their room for 14 days upon arrival at the nursing home. If symptoms develop during the quarantine period, they should be tested for COVID-19.



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COVID-positive patients can be transferred to Existing/Traditional Nursing Homes without meeting the criteria above, provided the nursing home has an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.

Patients testing positive for COVID-19 can be transferred to a COVID Recovery Facility if an Existing/Traditional Nursing does not accept the patient due to inability to care for the patient.

Hospital Discharges of COVID-Positive Patients to COVID Recovery Facilities

COVID-positive patients can be transferred to COVID Recovery Facilities if:

- An existing/traditional nursing home does not accept the patient; AND
- The patient resided in a nursing home immediately prior to hospitalization OR the patient demonstrates need for skilled nursing after recovery from acute illness

COVID-positive patients can be transferred to Alternate COVID Recovery Facilities if:

- An existing/traditional nursing home does not accept the patient; AND
- The patient demonstrates potential for discharge to the community after recovery from acute illness

Table: Discharge guidance for hospitalized patients requiring skilled nursing.

Discharge to:	COVID-Positive Patient	COVID Status Unknown Patient
Existing/Traditional Nursing Home if - Nursing Home is aware of the patient’s COVID status and accepts the patient; AND - Adequate infection control measures can be taken by the Nursing Home to contain COVID-19.	1. Fever-free without fever-reducing medications \geq 72 hours; AND 2. Improvement in respiratory symptoms; AND 3. Two consecutive NP or OP specimens (collected \geq 24 hours apart) test negative for SARS-CoV-2 RNA; AND 4. Patient is quarantined for 14 days upon arrival at the nursing home. If symptoms develop during the quarantine period, they should be tested for COVID-19.	1. Patient has no current COVID-19 symptoms; AND 2. One nasopharyngeal NP or OP specimen tests negative for SARS-CoV-2 RNA; AND 3. Patient is quarantined for 14 days upon arrival at the nursing home. If symptoms develop during the quarantine period, they should be tested for COVID-19.
COVID Recovery Facility if: - The patient resided in a nursing home immediately prior to hospitalization; OR - The patient demonstrates potential need for skilled nursing after recovery from acute illness	1. Traditional Nursing Home will not accept the patient	1. Rule-out testing is positive (patient becomes COVID-positive)
Alternate COVID Recovery Facility if: - The patient demonstrates potential for discharge to the community after recovery from acute illness	1. Traditional Nursing Home will not accept the patient	1. Rule-out testing is positive (patient becomes COVID-positive)

Questions about these guidelines for transfer to nursing homes and infection control issues can be directed to the DPH Infectious Diseases Section at 860-509-7995. Other questions about COVID-19 can be emailed to COVID19.dph@ct.gov

References:

1. CT Office of the Governor. State Medical Surge Plan for Long-Term Care Facilities, Press Release: <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/04-2020/Governor-Lamont-Coronavirus-Update-April-11>
2. CDC. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
3. CDC. Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>