AHCA Interim Guidance: SNFs Accepting Admissions from Hospitals During COVID-19 Pandemic

Purpose

The purpose of this document is to provide guidance to skilled nursing facilities (SNFs) to determine when making decisions about accepting hospital discharges to SNFs. The decision-making and guidance will likely change as the prevalence of COVID-19 varies in communities and hospital surge increases in the community.

COVID-19 Epidemiology

The COVID-19 virus disproportionality impacts the elderly, with mortality increasing in every 10-year cohort, and those over the age of 80 and with chronic disease suffering the worse. It also appears to spread easily between people, particularly since younger people often have mild symptoms. In addition, the incubation period is 2-14 days, which raises concerns that individuals admitted from the hospital maybe infected but asymptomatic as they are their incubation period.

Hospital Discharges to SNF

During a COVID-19 epidemic, the elderly will still have other medical problems that require hospitalization and post-acute care (e.g. strokes, CHF exacerbations, surgeries, etc.). The volume of some traditional post-acute admission are decreasing as hospitals are discontinuing most elective surgeries and elective admissions. However, hospitals expect to see a surge in admissions related to COVID-19, who will need post-acute care, especially as COVID-19 becomes more wide-spread in the surrounding community. CMS has also waived the 3-day stay requirement for all discharges, regardless of COVID-19 status, to allow hospitals to more easily create new beds for the surge in COVID-19 admissions. As such, SNFs will face the challenge as to which hospital discharges, they can accept. The decision-making process will vary depending on if the SNF has COIVD-19 (+) residents already, the prevalence of COVID-19 in the surrounding community, and the hospital's capacity, as well as the ability of the SNF to manage residents who are COVID-19 (+) or suspected to have COVID-19. ***We strongly urge SNFs to begin now creating separate wings, units or floors by moving current residents to handle admissions from the hospital and keep current resident separate, if possible.*** It is likely state public health officials may issue state or regional specific guidance that supersedes this guidance.

Transfers from SNFs to the Hospital

A positive test for COVID-19 or a person with fever or respiratory symptoms does NOT need to be hospitalized. They should be put in contact precautions and follow CDC guidance for COVID-19 (+) or presumptive cases in long term care. If a resident requires IV fluids, oxygen and other treatments due to their respiratory symptoms, Medicare will allow you to switch the person over to Medicare Part A without a 3-day SNF stay. Discussion with families and residents should occur about the risks of hospitalization with COVID-19 during this pandemic period.

Recommended Guidance for Admissions to SNFs from the Hospital

The tables below provide guidance on what to do with admission referrals whose COVID-19 status is positive, negative, or unknown.

Table 1: Accepting Hospital Admission when there are no COVID-19 cases present in the SNF

The following are potential steps that can be taken to reduce the spread of COVID-19 in your SNF. These are referenced in the tables below.

1. Monitor for fever & respiratory symptoms.
2. Put in single room.
3. Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies.
4. Limit contact with other residents until new information from CDC becomes available.
5. Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible.
6. Cohort in rooms (and wings if possible) with other COVID-19 (+) residents or those suspected with COVID-19.

	Patient is tested COVID-19 (-) Or no history of COVID-19	**Patient COVID Status unknown (asymptomatic)[1]**	**Patient tests positive for COVID-19 in hospital or suspected with COVID**	**Patient had a positive test for COVID-19 and has recovered (ideally, has 1 negative COVID-19 test)**
No COVID-19 threat (Usual circumstance)	Admit patient per usual circumstances.	Not Applicable	Not Applicable	Not Applicable
COVID-19 cases present not in the surrounding hospital catchment area	Admit patient and • #1 at least daily	Admit patient and • #1 at least daily	Do not admit patient.	Admit patient, and • #1 at least per shift • #4 • #2 if possible • #5 if COVID-19 test not possible at discharge
COVID-19 cases present in the surrounding community of hospital catchment area	Admit patient and • #1 per shift	Admit patient, and • #1 per shift • #2 or cohort with other recent admissions	Do not admit patient.	Admit patient, and • #1 at least per shift • #4 • #2 if possible • #5 if COVID-19 test not possible at discharge
COVID-19 cases wide-spread in the surrounding community and hospitals are at or past capacity	Admit patient and • #1 per shift • #4 • #2 if possible	Admit patient, and • #1 per shift • #2 or cohort with other recent admissions • #4 • #5 if possible	Do not admit patient.	Admit patient, and • #1 at least per shift • #4 • #2 if possible • #5 if COVID-19 test not possible at discharge

[1]For hospital discharges with symptoms of fever, facilities should ask the hospital to perform a COVID-19 test and then base decisions on the test results. If COVID-19 (-) they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies. If testing is not available, then the facility should assume the person is COVID-19 (+). Additionally, patients with fever and respiratory symptoms should have a negative flu test.

NOTE: If the patient's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidance for Strategies to optimize PPE supplies.

Table 2: Accepting Hospital Admission when there are COVID-19 cases present in the SNF

The following are potential steps that can be taken to reduce the spread of COVID-19 in your SNF. These are referenced in the tables below.

1. Monitor for fever & respiratory symptoms.
2. Put in single room.
3. Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies.
4. Limit contact with other residents until new information from CDC becomes available.
5. Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible.
6. Cohort in rooms (and wings if possible) with other COVID-19 (+) residents or those suspected with COVID-19.

	Patient is tested COVID-19 (-) Or no history of COVID-19	**Patient COVID-19 Status unknown (asymptomatic)[1]**	**Patient tests positive for COVID-19 in hospital or suspected with COVID-19**	**Patient had a positive test for COVID-19 and has recovered (ideally, has 1 negative COVID-19 test)**
COVID-19 cases present in the surrounding community of hospital catchment area	Do not admit patient.	Do not admit patient	Admit and • #6 if possible, if not • #5 if possible, if not • #2,3 & 4	Admit patient, and • #1 at least per shift • #4 • #2 if possible • #5 if COVID-19 test not possible at discharge
COVID-19 cases wide-spread in the surrounding community and hospitals are at or past capacity	Do not admit unless • #5 is achievable.	Do not admit unless •#5 is achievable.	Admit and • #6 if possible, if not • #5 if possible, if not • #2,3 & 4	Admit and • #6 if possible, if not • #5 if possible, if not • #2,3 & 4

[1]For hospital discharges with symptoms of fever, facilities should ask the hospital to perform a COVID-19 test and then base decisions on the test results. If COVID-19 (-) they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies. If testing is not available, then the facility should assume the person is COVID-19 (+). Additionally, patients with fever and respiratory symptoms should have a negative flu test.

NOTE: If the patient's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidance for Strategies to optimize PPE supplies.