

The SDMAC LTC Subcommittee approved posting this document for public comment on May 5, 2020. Public comments may be submitted to DHSSDMAC@dhs.wisconsin.gov. The public comment period will close at 5:00 p.m. on Sunday, May 10, 2020.

DATE: XX/XX/XXX

TO: Nursing Home Administrators, Directors of Nursing, and Hospital Discharge Planners

FROM: XXXX

SUBJECT: Guidance on the role of COVID-19 testing in decisions around transfers from acute care hospitals to post-acute and long-term care facilities

PURPOSE: To provide recommendations for the role and performance of COVID-19 testing on hospitalized patients being considered for transfer to a post-acute and long-term care facility (PALTCF).

BACKGROUND: Coronavirus disease 2019 (COVID-19) is capable of causing widespread transmission once introduced into congregative settings such as PALTCFs. Residents of PALTCFs, who are typically older and suffer from multiple comorbid illnesses, are the segment of the population most at risk of experiencing severe and potentially lethal outcomes related to COVID-19. Consequently, there is a critical need to take steps to reduce the introduction of COVID-19 into PALTCF settings, particularly those that are currently COVID-19 naïve.

On April 2, 2020, the Centers for Medicare and Medicaid Services (CMS) released guidance stating that patients and residents who enter long-term care facilities should be screened for COVID-19 through testing, if available.¹ As a result of the above guidance and associated concerns about the potential for asymptomatic infection among patients being transferred from the hospital, some Wisconsin PALTCFs now require hospitals to perform COVID-19 testing on all patients being considered for transfer. The availability of rapid COVID-19 tests (i.e., results available in <24 hours) continues to improve in Wisconsin and a number of hospital systems have begun to implement universal COVID-19 testing of patients being considered for PALTCF transfer. However, many Wisconsin hospitals, particularly in rural areas of the State, still lack access to these testing platforms.

GUIDING PRINCIPLES: Hospitalized patients with unrecognized COVID-19 infection are a potential source of COVID-19 introduction into PALTCFs. Universal COVID-19 testing prior to transfer may mitigate this risk. Nevertheless, the potential benefit of a pre-transfer COVID-19 testing is counter-balanced by the following:

- Transfer decisions between hospitals and PALTCFs should seek to balance trade offs between population and individual patient/resident risks and benefits. Test results in hospitals that lack access to rapid COVID-19 test platforms may take up to a week to

¹ Department of Health & Human Services, Centers for Medicare & Medicaid Services, *COVID-19 Long-Term Care Facility Guidance*, April 2, 2020, available at: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

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return. Routinely requiring COVID-19 testing prior to transfer in this setting will prolong hospitalization which, in turn, may jeopardize bed availability, delay transfer to the most appropriate care setting and unnecessarily expose patients to hospital-related adverse events. Conversely, requiring PALTCFs without a dedicated holding area to accept a transfer of a patient whose COVID-19 status is unknown may lead to an increased risk of an accidental introduction into a building.

- Existing guidance from CMS ² and the Centers for Disease Control and Prevention (CDC) ³ recommend, if possible, that PALTCFs dedicate a unit/wing exclusively for residents coming or returning from the hospital, regardless of COVID-19 test results. This guidance does specifically call for a dedicated space in the facility to care for residents with confirmed COVID-19.

RECOMMENDATIONS:

1. All hospitalized patients should be screened for signs and/or symptoms of COVID-19 prior to transfer to a PALTCF.
2. Hospitalized patients that exhibit signs and/or symptoms of COVID-19 should be tested prior to transfer. Atypical manifestations of COVID-19 may be more common in frail older adults and this should be accounted for in screening procedures employed by hospitals and PALTCFs.
3. Hospitalized patients for whom a COVID-19 test result is pending should not routinely be transferred until the results are available. Patient's with a pending COVID-19 test may be transferred to an adequately prepared PALTCF, which includes dedicated space, trained staff and appropriate supplies of personal protective equipment.
4. PALTCFs should not require pre-transfer COVID-19 testing if:
 - a. The patient does not exhibit signs and/or symptoms of COVID-19 and
 - b. The patient is otherwise eligible for admission to the facility and
 - c. The PALTCF has the potential to effectively quarantine the transfer, and
 - d. The referring hospital lacks the ability to perform rapid COVID-19 testing
5. Hospitals with the ability to perform rapid COVID-19 testing should begin to implement testing of all patients being considered for transfer to a PALTCF.
6. A negative test result does not eliminate the possibility of COVID-19. PALTCFs should continue to maintain precautions recommended by CMS and CDC ^{2,3} when providing care for residents recently transferred from the hospital even in those situations where a COVID-19 test was performed and resulted negative.

² Department of Health & Human Services, Centers for Medicare & Medicaid Services, *Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)*, March 13, 2020, available at: <https://www.cms.gov/files/document/gso-20-14-nh-revised.pdf>.

³ Department of Health & Human Services, Centers for Disease Control and Prevention, *Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes*, April 15, 2020, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

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The above recommendations should be re-evaluated at such time rapid COVID-19 testing becomes widely available in most Wisconsin hospitals.