This is a Healthforce Center at UCSF rapid response resource and is a living document last updated April 5, 2020.
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Purpose

The purpose of this document is to provide guidance to staff at low acuity alternate care sites when making decisions about accepting transfers to ensure patient safety. The decision-making process presumes that all patients admitted to alternate care sites are positive for COVID-19 (regardless of test result or lack of testing given the high false negative rate of the test and variations in COVID symptoms).

Background

The COVID-19 virus disproportionately impacts the elderly, with mortality increasing with age. Those over the age of 80 with chronic disease have the highest mortality. It also appears to spread easily between people, particularly since younger people often have mild symptoms. Because of the ease of spread, COVID-19 has been widely disseminated, leading to an increase in ICU admissions. A strategy is needed to help provide care for less sick patients at alternate care sites to allow hospitals to focus their resources on those with the most acute needs. However, because the incubation period is 2-14 days, no patient can be deemed "COVID-free," as individuals admitted from the hospital may be infected but asymptomatic if they are in their incubation period. Additional information about COVID-19 can be found at: cdph.ca.gov/covid19 and https://www.cdc.gov/coronavirus/2019-ncov/index.html

Definition of Alternate Care Sites

Alternate care sites are low-acuity sites that receive adult patients post-discharge from hospitals and, if needed, from emergency departments. With local and state approval, they may also accept patients directly from the 911 system. The patients are selected to be at lower risk for decompensation and semi-ambulatory. Alternate care sites have these characteristics: (1) staffing that includes physicians, nurse practitioners, physician assistants, nurses, personal care attendants, respiratory therapists, behavioral health workers, pharmacists, supportive medical care providers, and social workers; (2) basic laboratory testing and x-ray capabilities; and (3) ability to provide IV fluids, hi-flow oxygen; and (4) if appropriate personal protective equipment (i.e. N95) and setting (single room) available, nebulizer treatments, and suctioning.

Transfer from Alternate Care Site

The alternate care sites are intended to be established quickly and cannot offer all of the services a hospital can, but can provide care for independent and semi-ambulatory adult patients. Triage centers and emergency departments may request transfer to an alternate care

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site for patients who require medical monitoring, as a substitute for low-acuity hospitalization. Hospitals will also transfer hospitalized patients who have stabilized and have lower-acuity needs, but who still require medical monitoring, to make room for those with more acute needs related to COVID-19 or other illnesses (e.g. strokes, CHF exacerbations, and emergent surgeries).

Patients being considered for transfer to alternate care sites should be carefully chosen whether being transferred from emergency departments or post-hospitalization. In both scenarios, all patients are assumed to be COVID-19 (+). The decision-making process may vary depending on the prevalence of COVID-19 in the surrounding community, as well as local hospital capacity. Public health officials may issue state or regional-specific guidance that differ from this guidance.

Transfer from Alternate Care Site to the Hospital

Alternate care sites cannot offer the same breadth of services as a hospital, and will not be able to perform the close monitoring needed if a patient's condition deteriorates. When this occurs, patients may have to be transferred to a hospital, typically via the 911 system, for worsening of their condition. A patient may also be transferred to a hospital if a provider assess they require medical care beyond the level available at the alternate care site for an acute medical issue (e.g., new onset abdominal pain, worsening respiratory status).

Healthforce Center at UCSF

The mission of the Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change.

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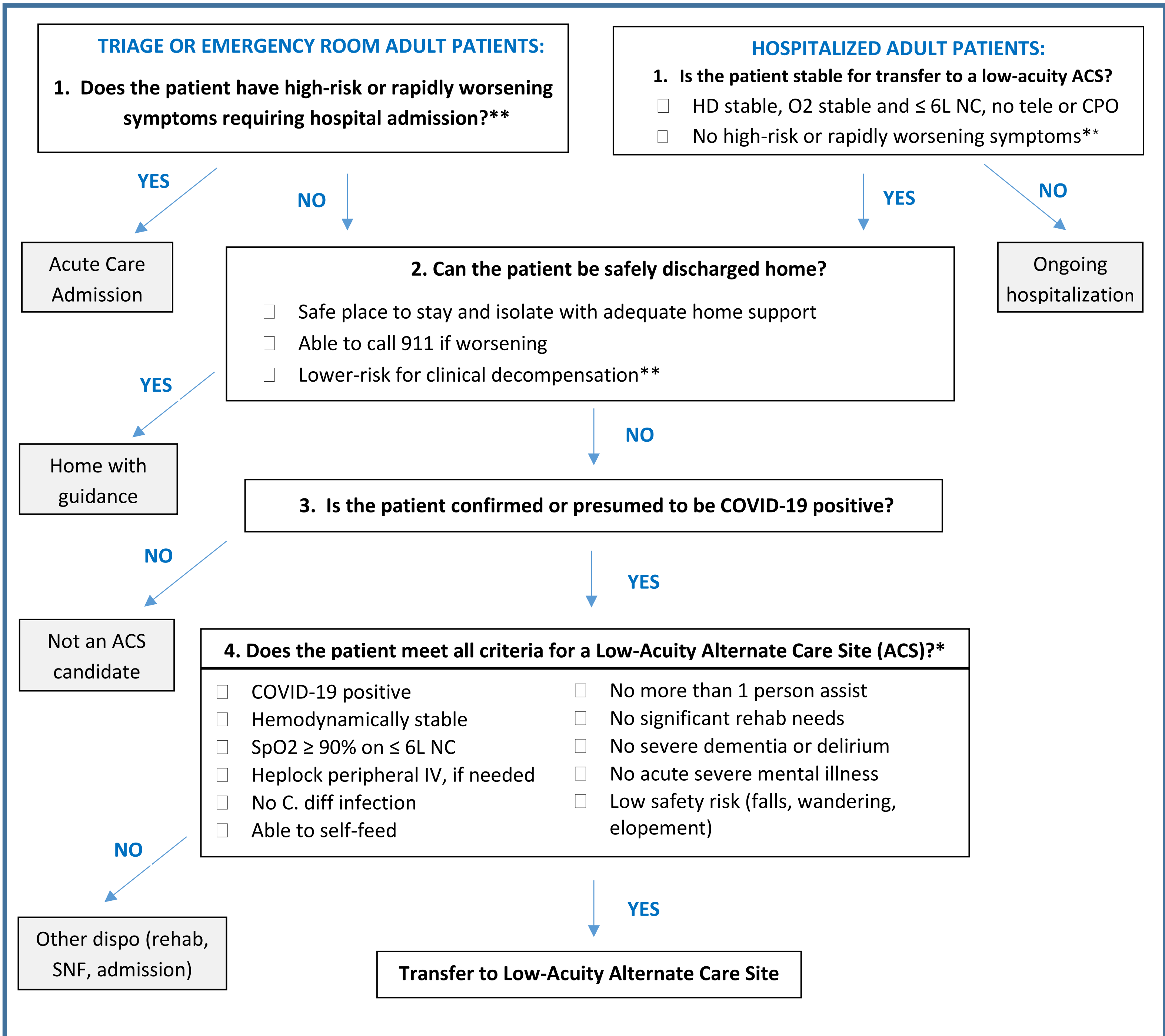
GUIDELINES FOR ACCEPTANCE TO AN ALTERNATE CARE SITE (ACS)* FROM TRIAGE EMERGENCY DEPARTMENT, OR POST-HOSPITAL DISCHARGE



*An **Alternate Care Site** is a nontraditional care site that provides care for low-acuity, semi-ambulatory COVID-19 patients when hospitals are at or past capacity.
Indications may include:

- Patients with no safe place to stay or quarantine
- Patients requiring low-acuity clinical care (≤6L NC)
- Patients requiring extended observation due to:
  - High-risk comorbidities
  - Inadequate home support
  - Barriers to returning to the ER or calling 911

****High risk clinical features may include, but are not limited to:**

- Escalating O2 needs, HR >115, BP below baseline, or arrythmia
- Age ≥ 65
- Asthma, COPD, or other lung disease
- Heart failure or other cardiovascular condition
- Immunocompromise (HIV, high-dose steroids, TNF-alpha, etc.)
- Current solid organ or hematologic malignancy
- End-stage renal disease or end-stage liver disease
- Active alcohol use disorder with prior withdrawal, DTs, or seizures
- Other concerning or undifferentiated symptoms