COVID-19 Congregate Care PLAYBOOK

PLAY 7
Implement Care Transition Practices

12/3/2020

GOAL:
Develop Practices that Allow for Safe Care Transitions

PLAY STRATEGY

COVID-19 poses a significant transmission risk at congregate living facilities, for residents, staff, and visitors. How can congregate living facilities minimize transmission risk when transitioning residents to and from hospitals or other residences? How can "resident care zones" support the safe intake of new residents who are COVID+ or PUI (patient under investigation)?

HOW TO RUN THE PLAY

A. Leadership establishes a clear policy on how to transfer COVID+ residents to hospital. The policy should include the following provisions:

- Care team ensures that each resident's advance care directives are up to date and are clearly communicated to the EMS team and the receiving hospital at time of transfer.
- Congregate living facility staff consistently report the facility's outbreak status and the resident's COVID+ status when requesting EMS transfer, in advance of EMS team's arrival to the facility.
- Care team ensures that resident is wearing face mask, if they are able to do so, prior to EMS arrival. When a resident's cognitive state precludes mask-wearing (e.g., not understanding the request, becoming agitated, and/or repeatedly removing mask), care team communicates to the EMS team that the resident is COVID+ and unable to wear a mask. For more on this scenario, see "Special Considerations for People with Dementia and/or in Memory Care Units" below.
- Leadership ensures that residents are never transferred to hospital (or other residence) by rideshare, taxi, or public transport.

B. Care team consistently assesses residents' vital signs to quickly observe and respond to any degradation in status.

- Leadership updates policy on assessing vital signs in response to COVID-19. Policy includes: 1. Frequency of vital sign assessment across the different resident care zones (e.g., every X hours in green zone, every Y hours in red and yellow zones); 2. Indication of when the care

team is required to administer fluids to support hydration; 3. Guidance specific to COVID regarding the clinical decision to transfer resident to hospital.

- Care teams use vital sign checks to prompt swift transfer of residents in declining health when needed in accordance with their advance care plan and when onsite care options have been exhausted.

C. Leadership establishes clear policies on admitting new residents (across all COVID statuses) and strictly adhering to resident care zones. See Play 8 for detail on implementing resident care zones.

- Leadership allows admittance of new residents who are PUI in private rooms in yellow zone.
- Leadership allows admittance of new residents who are COVID+ into red zone, preferably in private rooms.
- Leadership determines required isolation period to include days resident spent in isolation in hospital, instead of restarting isolation clock on day of admittance to congregate living facility.

D. Leadership establishes open lines of communication between congregate living facility and local hospital acute care units.

- Care team member (e.g., shift supervisor, infection preventionist) or designated staff liaison to hospital speaks directly with hospital leadership to learn about each patient transferring to the congregate living facility, including duration of isolation, testing dates, patient notes, and symptoms or lack thereof.

TIPS AND TRICKS

Leader or another staff member skilled in strategic partnership develops a relationship with a few key staff members at local hospitals (e.g., those who work in acute care unit or on discharge) who can serve as ongoing liaisons to the congregate living facility staff.

SPECIAL CONSIDERATIONS FOR PEOPLE WITH DEMENTIA AND/OR IN MEMORY CARE UNITS

- Care team develops individualized care plans for residents for whom vital signs assessments are difficult (e.g., confusing, alarming, uncomfortable, agitating), determining the minimum frequency necessary.
- Staff recognize that people with dementia and/or in memory care units (MCUs) may not be able to process, understand, or retain information around wearing masks, physical distancing, and other safety measures.
- Facilities should develop customized strategies that work for each resident with dementia and/or in an MCU and keep others safe. For example, a person with dementia may not be able to wear (or continue wearing) a mask without becoming agitated. The facility can work to keep others safe by ensuring that others engage in infection prevention behaviors (mask-wearing,-physical distancing, etc.) as the resident moves throughout the facility.
- Staff should check to see if individual residents can hear, understand, and retain this information. In cases where the resident cannot understand or retain this information, the care team develops a customized plan to provide appropriate care to the resident while keeping other residents and staff safe.

ADDITIONAL RESOURCES

- Contra Costa Health Services facility outbreak checklist (bit.ly/33CpQSu)
- CDC COVID-19 Guidance for shared or congregate housing (bit.ly/2JAhBPH)
- Contra Costa Health Services Guidance on movement of patients between hospitals and long-term care facilities (bit.ly/3mum4BY)

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