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## **Milwaukee Alternate Care Facility (ACF) At State Fair Park Process and Protocol Guide**

Please find the following guides for patient admission to the Alternate Care Facility

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### **Overview of Alternate Care Facility Intake Request Process**

**Alternate Care Facility Discharge Criteria** Wisconsin hospitals seeking to transfer patients to the Alternate Care Facility must meet the criteria for admission described in section II and III. The Alternate Care Facility (ACF) Intake Form on page 5-7 must be completed to be verbally reviewed during the patient transfer request call. The information recorded on the Intake Form will be discussed during the transfer call to determine acceptance to the ACF.

**To initiate the patient transfer assessment process, the Hospital Discharge Planning Liaison or designee will contact the ACF Admission Coordinator at the ACF's Command Center by phone. Telephone calls must be placed between 9:00 am-Noon daily **THE DAY BEFORE** the patient transfer from the hospital to the ACF is anticipated.**

**The ACF's Command Center telephone number is **414-374-6639**.**

**The patient transfer must be approved by the ACF's Chief Medical Officer.**

**The ACF Admission Coordinator will contact the ambulance team to arrange transport to the ACF. The ambulance team will contact the hospital and clarify the time for transfer.**

**The ACF will receive patients between 9:00 am-5:00 pm the next day when the patient transfer is approved.** The ACF Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) are responsible for reviewing the admission criteria in consultation with Hospitalist and Critical Care/Pulmonology experts. The CMO or his physician designee will personally review and approve all intake requests. The goal of the intake process is to assure safe care within the ACF, and admit those patients having the highest likelihood of successful discharge from the ACF to their pre-hospital environment.

The ACF will be utilizing a nurse/patient staffing ratio of about 1 RN to 7 patients. The ACF will open on October 14, 2020 with 50 staffed beds and can increase bed availability based on need.

The ACF reserves the right to refuse admission of a patient during the intake process if the ACF clinical assessment indicates an unacceptably high risk of clinical condition and transfer to the patient.

**PLEASE NOTE:** All patients are required to have an identified post-discharge primary care clinician and follow-up plan in place to be communicated to the ACF intake staff at the time of transfer request. The ACF will also need to have a contact at the transferring hospital to notify when the patient is being discharged from the hospital.

**PLEASE LET PATIENTS AND FAMILIES KNOW:** For the health of friends and loved ones, as well as the safety of our patients, visitors will not be allowed at the ACF. The ACF is considered a Covid-19 positive environment.

### Alternate Care Facility Inclusion Criteria

- Approximately 4-24 hours of hospitalization, including potential admission from the Emergency Department. Transfers will be evaluated on a one-by-one basis within the context of other ACF admission criteria. Transfer timing will be based on ACF capabilities and may require the patient to be held in the Emergency Department until the patient can be transferred.
  - COVID-19 patients eligible to be transferred directly from an Emergency Department to the ACF must meet the following criteria:
    - Patient has stayed a minimum of 4hrs in the Emergency Department
    - qCSI score 9 or less
    - An adequate work-up has been done to rule out any other emergent medical conditions
      - Stable chronic medical conditions can be managed safely and appropriately at the ACF; however, if a COVID-19 patient at an Emergency Department is shown to have new, active medical problems (i.e. pulmonary embolus, sepsis syndrome, severe dehydration, etc.) or worsening chronic medical conditions requiring acute intervention or escalation in treatment (i.e. acute CHF, acute on chronic renal failure, etc.) these patients are not appropriate for transfer to the ACF at that time.
      - Should an emergent medical condition stabilize, a patient could potentially transfer to the ACF pending a one-on-one discussion with the ACF clinical team to ensure the patient's health needs could be appropriately supported at the facility.
    - Oxygenation flow rate is 6 L/min or less
      - This flow rate is applicable for patients transferring directly from the Emergency Department and NOT from general admissions. The eligibility criteria for general admission transfer patients is outlined in the ACF reference guide, which is attached.
- The ACF will accept patients on REMDESIVIR. The ACF can initiate or continue the patient's course of treatment. **PLEASE NOTE: The ACF requires notification by noon the day before admission if patient is requiring REMDESIVIR during their stay at the ACF.**
- COVID-19 positive (meets confirmed or probable case definition).
- Age 18-70 years old. Those over 70 years old may be evaluated on a case by case basis in consultation with the ACF's Chief Medical Officer..

- May require up to 6 liters/minute of oxygen therapy (if coming from the ED)
- May require up to 15 liters/minute of oxygen therapy (if coming from a floor bed).
- Able to maintain oxygen saturation greater than 90%.
- May require continuous pulse oximetry monitoring.
- May require metered dose inhaler bronchodilator therapy
- Ambulatory and able to perform activities of daily living (ADLs) with limited (one person) assistance.
- May require IV fluids for hydration and/or limited medications.
- Stable vital signs previous 24 hours.
- Stable pulmonary gas exchange data previous 24 hours (if applicable).
- Inflammatory markers within normal range/trending down previous 24 hours.
- Normal Mental Status Evaluation.
- Able to tolerate PO.
- PSI/PORT Score of 130 or less (evaluated on a case by case basis).
- Diabetic patients able to self-monitor glucose.
- Patients have all needed home medical supplies or devices in hand (including diabetes monitoring, ostomy, self-catheterization, and ambulatory assistive devices) and can manage own care in their use during this stay.
- Will be discharging back to an independent living situation and setting.
- Any homeless patient will require a specific discharge plan, facility assignment and contact person PRIOR to acceptance to the ACF.
- Transferring hospital/clinician provides list of home medications and schedule along with a minimum 3-day supply, and e-prescribes new medications or DME anticipated at discharge.
- Clearly defined care management follow up strategy, with a Primary Care Clinician/Clinic identified to support the ongoing plan of care.
- Any payor status (including uninsured).

### Alternate Care Facility Exclusion Criteria

- COVID negative diagnosis.
- Skilled nursing care or assisted living residents.
- BMI > 40 (evaluated on case by case basis).
- Diagnosis of sepsis previous 24 hours.
- Requirement of significant nursing care (e.g. more than one-person assist, assisted catheterization, complex wound care).
- Requirement of dialysis.
- CIWA score >8
- Acute mental health issues.
- Patient is pregnant.
- Severely immunocompromised (as defined by discharge attending of record such that the patient is at high risk of decompensation with COVID-19; including pregnancy, neutropenia, diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% or CD4 count <200 lymphocytes/mm<sup>3</sup>, primary immunodeficiency, patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; post-solid organ transplant on anything beyond a maintenance dose of immunosuppressive medications).
- On contact precautions for acute diarrheal illness.
- Known active MRSA, C. Difficile, TB, active XDRO, MDRO, known Candida auris colonization or infection.
- No concealed carry weapons allowed.
- 7 days or more from symptom onset AND 3 days or more afebrile without antipyretics and improved symptoms, whichever is longer.
- Room air pulse oximeter > 88% and no shortness of breath with ambulation.
- Adequate support services available at discharge location.
- Cleared for discharge by physician or clinician on site.

- ACF Placement /Transport Coordinator will coordinate with the family and patient, transportation to a mutually agreed upon location in the city where the patient lives.

### **Alternate Care Facility Discharge Criteria**

- 7 days or more from symptom onset AND 3 days or more afebrile without antipyretics and improved symptoms, whichever is longer.
- Room air pulse oximeter > 88% and no shortness of breath with ambulation.
- Adequate support services available at discharge location.
- Cleared for discharge by physician or clinician on site.
- ACF Placement /Transport Coordinator will coordinate with the family and patient, transportation to a mutually agreed upon location in the city where the patient lives.

## Milwaukee Alternate Care Facility Admission Form

**Please complete and send this form prior to calling 414-374-6639 with transfer request.**

Please send this form to:

[patricia.schroeder1@wisconsin.gov](mailto:patricia.schroeder1@wisconsin.gov) and [cory.wilson@wisconsin.gov](mailto:cory.wilson@wisconsin.gov)

This information will also be reviewed verbally during transfer call.

Date

Hospital Requesting Transfer

Hospital Address

City

Patient Name

Date of Birth

Patient Social Security Number

Patient Address

Patient Phone Number

Family Contact

Family Contact Phone

Transferring Physician

Phone Number

Discharge Planner/Care Management Name

Phone Number

### **Assessment from Acute Care Site**

Date of onset of symptoms

Date of positive COVID test

Date of Hospitalization and clinical course

Oxygen Requirement in past 24 hours \_\_\_\_\_

Vital Signs – BP \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_ SPO2 \_\_\_\_\_

Allergies \_\_\_\_\_

Past clinical history and chronic illness

Current Diet

Current Medications

Current Code Status

**The patient meets the following admission criteria:**

- Minimum of 4 to 24-hour hospitalization (includes time in ED)
- COVID Positive/PUI
- Age 18-70
- We will evaluate patients above the age of 70 on a case by case basis in consultation with Chief Medical Officer
- From ED: maintains O2 saturation greater than 90% on 6 LPM or less
- From Floor: maintains O2 saturation greater than 90% on 15 LPM or less
- Ambulatory and able to perform ADLs with limited assist of one person
- Stable vital signs for previous 24 hours
- Stable pulmonary gas exchange data for previous 24 hours (if available)
- Inflammatory markers with normal range/trending down previous 24 hours (if available)
- Normal mental status evaluation
- Diabetic patients able to self-monitor glucose
- Able to manage any other chronic illness expectations (e.g. ostomy, assistive devices, etc.)
- Will be returning to an independent living situation and setting

- Any homeless patient requires a specific discharge plan, including facility assignment and contact person
- Has clearly defined care management follow- up strategy with primary care clinician/clinic

- **The patient does NOT meet the exclusion criteria:**

- COVID negative
- Skilled nursing or assisted living resident
- BMI > 40 (evaluated on case by case basis)
- Diagnosis of sepsis previous 24 hours
- Requires significant nursing care
- Requires dialysis
- CIWA score >8
- Acute mental health issues
- Pregnant
- Severely immunocompromised
- Contact precautions for acute diarrhea
- Known active MRSA, C Difficile, TB, Active XDRO, MDRO, known Candida auris
- No concealed weapons
- Other Information
- PORT Score (if calculated)
- Quick Covid Severity Index (if calculated in ED)
- Most recent lab/X-ray results
- **Expected Date and Time of Patient Arrival** \_\_\_\_\_