

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 PALTCF.

BACKGROUND: Coronavirus disease 2019 (COVID-19) is capable of causing widespread transmission once introduced into congregative settings such as post-acute and long-term care facilities (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 buildings/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.

~~**PURPOSE:** To provide recommendations for the role and performance of COVID-19 testing on hospitalized patients being considered for transfer to a PALTCF.~~

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:

- Test results in hospitals that lack access to rapid COVID-19 test platforms may take up to a week to result/return. Routinely requiring COVID-19 testing prior to transfer in this

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>

setting will prolong hospitalization which, in turn, may ~~increase risk of hospital diversions jeopardize bed availability and unnecessarily expose patients exposure~~ to hospital-related adverse events.

- 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.
- ~~COVID-19 may be introduced into a PALTCF a number of ways, including by facility employees and visitors. Universal testing of hospital transfers is but one action PALTCFs should be taking to prevent COVID-19 introduction into their buildings.~~

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 be transferred until the results are available.
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 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.

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

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/qso-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>

Sub-Committee Member Feedback (Received by 12:00 on 04/23/2020):

- Ron Schreiber noted that the wording in the first bullet under Guiding Principles lacked some clarity around hospital diversions.
- Sheila Goethel recommended edits to PG1 (change “buildings” to “settings”) and bullet 1 under guiding principles (replace “increase risk of hospital diversions” to “jeopardize bed availability” and modify the wording around patient exposure to hospital-related adverse events (“unnecessarily expose patients to ...”).
- Elizabeth Chapman was comfortable with the document in its current form.
- Otis Woods recommended that PURPOSE be moved to the beginning of the document as well as some minor edits in other parts of the document.
- Maria Brenny-Fitzpatrick was comfortable with the document in its current format.
- Joey Pettis did not recommend any changes or edits to the document.
- John Vander Meer and Brian Purtell provided several comments that potentially change the scope of the guidance document as well as the intent/meaning of several statements included in the document. I have not incorporated those changes into the current draft but will summarize these comments/suggestions as follows:
 - “As I indicated during the call, I do not believe that this document should be submitted without the inclusion of the necessary mitigating factors of the availability of PPE, staff, the necessary space and building configurations. It is also worth noting that while reimbursement is beyond the scope of this group, it bears mentioning that no additional reimbursement has been made available for COVID-19 positive patients and residents through the Medicaid program. With LTC facilities experiencing unprecedented cost increases due to increased PPE utilization and workforce issues, I feel compelled to note the systemic risks associated to all providers acute, post-acute, and long-term care providers.”
 - In reference to the frequency of asymptomatic infection, John made the following statement: “I believe that there is CMS guidance on this issue that should be referenced. I will follow-up with additional information on this.”
 - Proposed language: 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.⁴ As a result of the above guidance, and associated concerns due to the prevalence of asymptomatic individuals, some Wisconsin PALTCFs now require hospitals 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,

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Commented [JVM1]: I believe that there is CMS guidance on this issue that should be referenced. I will follow-up with additional information on this.

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⁴ 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>

particularly in rural areas of the State, still lack access to these testing platforms.

- o John recommended changing the wording in the 3rd line of the Guiding Principles paragraph from “... prior to transfer may mitigate this risk.” to “... prior to transfer **does** mitigate this risk.”

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- Proposed language: **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 does mitigate this risk. Nevertheless, the potential benefit of a pre-transfer COVID-19 testing is counter-balanced by the following:

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- o Brian recommended the following changes to the first bullet under the Guiding Principles section:

- Remove the language that prolongation of hospitalization exposes the patient to adverse hospital-related events
- Add language the prolonging hospitalization will increase the risk of hospital diversions only under surge conditions.
- Proposed language: Test results in hospitals that lack access to rapid COVID-19 test platforms may take up to a week to result. Routinely requiring COVID-19 testing prior to transfer in this setting will prolong hospitalization which, in turn, may increase risk of hospital diversions in the event of a patient surge.

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- o Brian recommended the addition of the words “if possible” between “recommend” and “PALTCFs” in the second bullet of this section.

- o Brian recommended that the third bullet be removed in its entirety.

- Proposed language: Existing guidance from CMS⁵ and the Centers for Disease Control and Prevention (CDC)⁶ recommend that if possible PALTCFs dedicate a unit/wing exclusively for residents coming or returning from the hospital, regardless of COVID-19 test results.

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- o Brian recommended moving the 5th recommendation to the 1st recommendation (recommendation related to hospitals that have capacity to perform rapid testing should do so).

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- o Brian recommended that the third recommendation should include specific language related to what type of screening should be performed as well as a comment that patients with chronic symptoms would be considered as screening positive

- Proposed language: Hospitalized patients that exhibit signs and/or symptoms of COVID-19, including but not limited to [Insert current

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Commented [BP2]: Should not be limited to cough, fever, SOB, given emerging information about GI issues, headaches, delirium, as symptoms

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⁵ 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/qso-20-14-nh-revised.pdf>.

⁶ 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>

- recognized symptoms], should be tested prior to transfer. Existence of a pre-existing condition, e.g. COPD, should not preclude testing expectation.
- Additional comments: Should not be limited to cough, fever, SOB, given emerging information about GI issues, headaches, delirium, as symptoms
 - Brian recommended modifying the 4th recommendation to include an additional criterion reflecting the capability of the receiving facility:
 - Proposed language: 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 is able to dedicate a unit/wing exclusively for residents coming or returning from the hospital, and
 - d. The referring hospital lacks the ability to perform rapid COVID-19 testing
 - John recommending adding language to the last paragraph:
 - Proposed language: The above recommendations should be re-evaluated at such time rapid COVID-19 testing becomes widely available in most Wisconsin hospitals. Further, the above recommendations do not mandate PALTC providers accept any patient/residents as such admission decisions are multifactorial.
 - John Sauer also had several suggestions that may change the intent/meaning of the document which are summarized as follows:
 - J. Sauer recommending the following language change in the 2nd paragraph of the Background section:
 - 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.⁷ As a result, some Wisconsin PALTCFs now require hospitals to perform COVID-19 testing on all patients being considered for transfer, particularly since reports have shown that a significant number of COVID-19 positive persons were asymptomatic.⁸ 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

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Commented [BP3]: How are PALTCs supposed to know as to a hospital's ability to perform rapid test. How about we quantify this issue by identification of those hospitals that currently cannot test.

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⁷ 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>

⁸ *Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility* — King County, Washington, March 2020, *Weekly* / April 3, 2020 / 69(13):377–381, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm>

transfer. However, many Wisconsin hospitals, particularly in rural areas of the State, still lack access to these testing platforms.

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- This would also include an additional reference: Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020, *Weekly / April 3, 2020 / 69(13);377–381*, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm>

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- Recommended the following language change to the 1st paragraph of the Guiding Principles section: **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 mitigates this risk. Nevertheless, the benefit of a pre-transfer COVID-19 testing may be counter-balanced by the current realities;

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- Recommended the following language change to the 2nd bullet of the Guiding Principles sections:

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- Existing guidance from CMS⁹ and the Centers for Disease Control and Prevention (CDC)¹⁰ recommend 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-19.¹¹

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- This includes the addition of a reference (although it seems to be the same reference that is already cited):¹ Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, CDC, Coronavirus Disease 2019 (COVID-19), https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

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- Recommended that an additional recommendation (#7) be added to the list of recommendations:

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- Nursing home residents and new admissions who are COVID-19 positive should be sequestered in a dedicated unit or facility, separate from a facility's observation unit for all other new admissions.

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⁹ 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/qso-20-14-nh-revised.pdf>.

¹⁰ 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>

¹¹ Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, CDC, Coronavirus Disease 2019 (COVID-19), https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

Comments received after 12:00 deadline:

Silvia Munoz-Price was comfortable with the document in its current format

Laura Rose had the following comments/questions for consideration:

- Isn't it possible for a COVID suspected patient with test results pending to be transferred to a adequately prepared facility while a waiting test results? A COVID positive patient could be transferred to a a dequately prepared facility; why not a COVID suspected patient?
- Re: #4: The guidance document should contain a clear statement that COVID testing is not required for a symptomatic patients. Suggestions:
 - - o 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 a dmission to the facility and
 - c. The referring hospital lacks the ability to perform rapid COVID-19 testing
 - o 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
 - - o Those hospitals who are capable of rapid testing are doing it. The statements above presume hospitals won't test asymptomatic patients, even if they have the capacity to do so.
 - - o The current situation is causing problems for hospitals. Despite what my LTC association friends have said, our hospitals report many PALTCFs who are requiring one or more tests for an asymptomatic patients, resulting avoidable hospital days and frustration for the patient and discharge planners who have to contact multiple facilities to find a discharge location.
 - o Regarding the statement: "Routinely requiring COVID-19 testing prior to transfer in this setting will prolong hospitalization which, in turn, may increase risk of hospital diversions and patient exposure to hospital-related adverse events":
 - - o Diversions and hospital-related adverse events are a poor rationale for why transition to SNF is advisable. Patients should receive care in the setting most suited to the patient's needs. SNFs and other post-acute care providers have Conditions of Participation, which should be the first reference for making sure that they have infection control protocols that meet those standards.

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