



## COVID-19 Discharge Recommendations from Hospital to Long Term Care, Skilled Nursing or Assisted Living Facilities

### How are patients being screened for COVID-19 in hospitals?

All patients with symptoms consistent with COVID-19 who are admitted to Billings hospitals (Billings Clinic and St. Vincent Healthcare) are tested for COVID-19 in addition to influenza A/B and RSV if clinically indicated. All patients with pending or positive tests are placed in isolation with the appropriate precautions. The medical/technical team of the Unified Health Command, which is made up of representatives of Billings Clinic, St. Vincent Healthcare, and RiverStone Health, offers this guidance on COVID-19 discharge recommendations:

### Hospital Discharge Only:

All discharge planning will be done in partnership with the receiving facility. Per standard practices, no patients with progressing respiratory infections will be discharged from the hospital until stable and ready.

- **Category 1: Patients with no clinical concern for COVID-19:** Acceptable for transfer to congregate facility for discharge (no change in standard process).
- **Category 2: Patients investigated for possible COVID-19, and negative test results:** If patient tests negative for COVID-19, negative for influenza, and meets the usual clinical criteria for discharge, then acceptable for transfer to congregate living facility
- **Category 3: Patients under investigation for COVID-19, but test results pending:** If results are pending, the patient will not be transferred to a congregate living facility until test results are completed, unless the facility agrees to the discharge.
- **Category 4: Patients positive for COVID-19 testing:** Criteria for discharge to congregate living facility as follows:
  - At least 24 hours have passed since recovery which is defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath); **and**
  - At least 10 days have passed since symptoms first appeared.
  - A limited number of persons with *severe illness* may still be infectious to others beyond 10 days and may warrant extending the duration of isolation for up to 20 days after symptom onset. Please consult with a primary care provider or

RiverStone Health Public Health to assess appropriate timing for release from isolation.

- Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. A test-based strategy is not recommended to determine when to discontinue isolation.
- Patients with laboratory-confirmed COVID-19 who have ***not had any symptoms*** should remain in isolation until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

### **Why is this important?**

Unless acute care hospitals can safely discharge patients to LTCFs, SNFs, and ALFs or other congregate facilities, hospitals will not be able to appropriately care for patients. To care for and admit patients from the community, from congregate living facilities, and from the region, Billings' hospitals must also discharge patients when safely ready to be discharged. As the COVID-19 pandemic evolves, good communication is paramount to being able to successfully manage patients.

### **Why not screen all hospitalized patients at discharge?**

By consistently screening all hospitalized patients with respiratory syndromes and taking extensive infection prevention measures, starting at the time of admission, the risk of hospital-acquired COVID-19 is lowered. This risk is even lower for people without symptoms.

Importantly, a negative COVID-19 test result does not preclude future disease. Testing all patients without symptoms further burdens our healthcare system and is unlikely to uncover additional cases. Billings' hospitals will not perform COVID-19 testing on patients ready for discharge, unless the patient develops new symptoms of respiratory infection, in which case the patient is not likely to be ready for discharge.

