

# Respiratory Season Surge Guidance For Admissions From Hospitals To Long-Term Care Facilities (12/20/2022)

## Purpose:

The purpose of this document is to detail the policies and best practices for admissions/readmissions to long-term care facilities (LTCF) from hospitals during the current surge of respiratory illnesses across the state. The ability to discharge hospitalized patients to an appropriate level of care is crucial to maintaining hospital bed capacity for those who require acute care. For guidance within this document, **LTCFs include assisted living, residential care and nursing facilities, or other care settings, such as adult foster homes.**

## Guidance for Long-Term Care Facilities:

### Admissions/Readmissions

Facilities **can accept** a resident with symptoms of a respiratory disease, including those diagnosed with COVID-19, RSV or influenza, if the facility can follow CDC guidance for [Transmission-Based Precautions](#). Detailed guidance is found in OHA's [Best practices for COVID-19 related admissions from hospitals to long-term care facilities](#)

### Key Points:

- LTCF residents evaluated in a hospital for symptoms unrelated to COVID-19 have the right to return to their home facility without a negative COVID-19 test.
- Discontinuation of Transmission-Based Precautions and/or negative COVID-19 test results are **not required** prior to hospital discharge.
- Patients with respiratory infections, such as COVID-19, RSV, or influenza who require [Transmission-Based Precautions](#) can be transferred to a LTCF (including facilities with no active cases) if the facility is able to provide care under the appropriate Transmission-Based Precautions.

- LTCFs are not required to notify or obtain approval from SOQ to accept patients with respiratory infections as long as the facility is able to follow CDC guidance for Transmission-Based Precautions.
- LTCFs are required to notify the receiving facility when the person they are transferring to a hospital, or another facility requires Transmission-Based Precautions under [OAR 333-019-0052](#).

### **Recommendations for Discharge to Facilities with Active Outbreaks:**

The ability to admit residents from hospitals to LTCF must be maintained to ensure adequate hospital capacity and continuity of care for residents. Hospital inpatients with no symptoms of influenza, RSV, or COVID-19 who are medically ready for discharge may transfer to a facility with a known outbreak if the patient or appropriate guardian or health proxy has provided consent. If the receiving facility has an active influenza outbreak, the patient should be discharged with a plan to start preventive antiviral treatment oseltamivir (Tamiflu®) on arrival, as supply allows. For further guidance, review the [Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir](#). Facilities can lessen transmission with preventive antiviral treatment for staff and residents or patients. Beds on facility units or wards without active spread should be filled first before admitting to units with an outbreak. Further guidance can be found using the [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#).

### **Transmission-Based Precautions in addition to Standard Precautions:**

Non-COVID respiratory infections require the use of contact and droplet precautions. Confirmed or suspected COVID-19 infections (including coinfections with COVID-19 and other pathogens) require contact precautions, higher-level respiratory protection (i.e., N95 respirator), and eye protection.

### **Oregon Masking Requirement:**

Masking is currently required in long-term care facilities in accordance with [OAR 333-019-1011](#) and [OAR 411-050-0720\(14\)](#) for Adult Foster Homes.

### **Admission and Re-admission testing for COVID-19:**

Testing is strongly recommended upon admission to long-term care facilities in counties where [CDC Community Transmission](#) is high. Facilities have discretion to test upon admission at lower levels.

- Serial testing is recommended (e.g., upon admission and if negative, again 48 hours after first negative test and if negative, again 48 hours after second negative test). Testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days.
- Residents who leave facility for 24 hours or longer should be managed as a new admission.

### **Clinical Supports for Admissions & Discharge Incentives:**

Nurse Crisis Team: Facilities can request clinical support through the Nurse Crisis Team (NCT) to support admissions in adherence to CDC guidance for isolation. Please use the [Nurse Crisis Team Staffing Support Request](#) to request staffing support for facilities experiencing staffing shortage crises that impact resident safety, a COVID-19 outbreak, or in a capacity-building function. **This resource is available through March 31, 2023.**

Discharge Incentive Payment Program: Incentive for Adult Foster Homes (AFH), Residential Care Facility (RCF), In-Home Care Agencies (IHCA), and ODDS Intellectual/Developmental Disabilities (I/DD) residential group homes that accept discharged patients from hospitals or (Skilled) Nursing Facility (SNF/NF). Incentive payments are independent of the provider's regular rate, whether Medicaid or private pay. Incentive criteria do apply.

### **Guidance for Health Systems & Hospital Discharge Planners:**

#### **Key Points:**

- Hospitals should offer vaccination and encourage patients who are not up to date with COVID-19 and influenza vaccines.
- Hospitals are required under [OAR 333-019-0052](#) to provide advanced notice to a receiving LTCF for any transfer of a patient with RSV,

influenza, or COVID- 19 if the patient still requires Transmission-Based Precautions.

- It is a best practice that discharge planners, under [Transmission-Based Precautions](#) for COVID-19, follow a tiered approach for discharge of LTCF residents with confirmed COVID-19. The order of preference of discharge is as follows:
  1. Transfer LTCF residents to a receiving facility with a separate area dedicated to COVID-19 patients, including dedicated staff and PPE.
  2. Transfer LTCF residents to a receiving facility that has private rooms with private bathrooms.

### **Adult Foster Home (AFH) Admissions/Readmissions:**

Per Oregon Administrative Rule, AFH are required to conduct screening before being able to admit or readmit a resident into their AFH. [OAR 411-051-0110\(1\)](#) discusses pre-admission screening and [OAR 411-051-0110\(3\)](#) discusses screening related to AFH readmission.

It is critical that hospital discharge planners coordinate with AFH operators prior to discharge to ensure the provider is able to meet the care needs of the individual being assessed without compromising the care of those currently in the AFH.

### **Additional pathways for hospitals to navigate discharge to LTCFs**

The following is information to assist hospitals in overcoming barriers to discharge to long-term care facilities.

APD offices and some Area Agencies on Aging (AAA) offices statewide provide Medicaid eligibility assessments and case management services for individuals who receive Medicaid long-term services and supports. Staff in APD and AAA [local offices](#) are often the best contacts for resolving issues. Establishing and cultivating relationships between hospital staff and staff in APD/AAA offices is critical to the ongoing success of the discharge process to long-term care facilities. Ongoing meetings and case

consultations have been shown to increase efficiencies, reduce frustrations and facilitate timely discharges.

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or [COVID19.LanguageAccess@dhsoha.state.or.us](mailto:COVID19.LanguageAccess@dhsoha.state.or.us).