

Nursing Home Surge Plan

Facility Profile	Patient Profile	Comments
Alternate COVID Recovery Facilities		
<ul style="list-style-type: none"> • This facility has been established as a result of re-occupying a formerly closed/vacated nursing home or an alternate space that is suitable to provide health care. • This facility will remain active until such time the crisis is over. • A DPH Commissioner order will be required that permits designating the facility/space as a “satellite” of a nursing home which allows the existing Medicare provider enrollment agreement to be used for Medicare reimbursement. 	<ul style="list-style-type: none"> • Patient Is COVID-19 positive, no longer requires an acute hospital level of care, but has a need for skilled nursing care. • Patient demonstrates a likelihood for discharge back to the community. • Patient recovers, laboratory testing for COVID-19 is negative and discharge planning is completed, when applicable. • Patient will ultimately return to prior community/congregate setting. • Patient example: an elderly patient who lives with an elderly spouse who is healthy (without any symptoms), is admitted to the hospital and is diagnosed as COVID positive. When the patient is ready for discharge from the hospital, the patient remains COVID positive and has a skilled need. Rather than send the patient home with skilled home care services, to an otherwise healthy elderly spouse and risk exposure to the healthy elder, the patient is admitted to the Alternate COVID Recovery Facility until COVID negative. 	<p>This concept will provide some level of assurances that when the crisis is over, the facility will close. To the extent possible, patients would not convert to long-term care status. However, should this occur, an involuntary discharge could be issued as the facility plans to close.</p> <p>Required assurances:</p> <ul style="list-style-type: none"> • Enhanced level of infection control is provided; • Enhanced level of staffing is provided to meet the complex needs of the residents; and • Adequate supply of Personal Protective Equipment (PPE). <p>Recommendations will be made that include:</p> <ul style="list-style-type: none"> • Staff are dedicated to the nursing home and are not dually employed; and • Infection control surveillance will be ongoing. <p>Concept provides support to hospital surge plan and decompresses acute care hospital beds.</p>

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Conversion of an Existing Nursing Home to a COVID Recovery Facility		
<ul style="list-style-type: none"> • Accomplished by voluntarily transferring residents who are COVID status unknown to another nursing home. Upon admission to the receiving facility, the resident is in isolation for 14 days and monitored for symptoms of the infection. • Once transfers are completed, the facility is ready to accept patients for admissions of COVID-19 patients. • Nursing home is currently licensed and has an existing Medicare provider enrollment agreement. 	<ul style="list-style-type: none"> • Patient profile includes an individual who resided in a nursing home prior to admission to the hospital, is currently COVID positive and the previous nursing home is either unable or does not have capacity to accept the resident back. • Additional consideration would be given for admission to residents from other nursing homes that are unable or lack the capacity to care for a COVID-positive patient residing in their home, individuals who reside in Assisted Living Facilities, or facilities for individuals with developmental disabilities, are COVID positive and their needs cannot be met. • Once patient is COVID negative, they are voluntarily transferred back to their nursing home. 	<p>Required assurances:</p> <ul style="list-style-type: none"> • Enhanced level of infection control is provided; • Enhanced level of staffing is provided to meet the complex needs of the residents; and • Adequate supply of Personal Protective Equipment (PPE). <p>Recommendations will be made that include:</p> <ul style="list-style-type: none"> • Staff are dedicated to the nursing home and are not dually employed; and • Infection control surveillance will be ongoing. <p>Concept provides support to hospital surge plan and decompresses acute care hospital beds.</p> <p>An Executive Order is in the process of being developed that will provide for involuntary discharges in certain situations and would be limited to two facilities (Sharon Health Care and Northbridge).</p>

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Existing (Traditional) Nursing Homes Guidance		
		<ul style="list-style-type: none"> • Challenge: Nursing homes currently are not accepting admissions from hospitals, for both COVID positive and COVID status unknown patients. <ul style="list-style-type: none"> a. Concerns regarding exposure to their population from an individual who had been in the hospital. • Nursing homes in Connecticut should accept COVID-19 positive patients who meet criteria for discharge (testing based): <ul style="list-style-type: none"> a. Resolution of fever without the use of fever-reducing medications; b. Improvement in respiratory symptoms (e.g., cough, shortness of breath); and c. Negative results of COVID-19 RNA from at least two consecutive nasopharyngeal/oropharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). <p>Capacity for testing is improving and it is anticipated that hospitals will have the availability for testing that will facilitate throughput.</p> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Nursing homes in Connecticut should accept COVID status unknown patients who meet the criteria for discharge (testing based): <ul style="list-style-type: none"> a. No current COVID-19 symptoms; b. Negative results of COVID-19 RNA from one nasopharyngeal/oropharyngeal specimen. <p>Self-quarantine at the long-term care facility for 14 days. Retest if any COVID-19 symptoms develop.</p>