



UCLA Health communication for community partners: acute rehabilitation units, long-term acute care hospitals and skilled nursing facilities, congregate living facilities

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The purpose of this document is to share information on COVID-19 and what UCLA Health Hospitals and clinics are doing to respond. We recognize that the network of care for patients throughout the health care system must be maintained even in the middle of emergency such, as COVID-19, and by working together we will be able to continue to deliver the high level of care that each of our sites provides.

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

Within UCLA hospitals -- Ronald Reagan UCLA Medical Center, UCLA Mattel Children's Hospital and UCLA Medical Center, Santa Monica -- all patients with symptoms or signs consistent with COVID-19 who are admitted are being tested.

Why not screen all hospitalized patients at discharge?

By screening all hospitalized patients with consistent respiratory syndromes and by taking extensive infection prevention measures starting at the time of admission we believe that the risk of hospital acquired COVID-19 is very low. That risk is even lower in persons without symptoms. Importantly, a negative test does not preclude future disease. Testing all patients without symptoms would further burden our system and be unlikely to uncover additional cases. UCLA hospitals will not perform COVID-19 testing on patients ready for discharge unless they develop new respiratory infection symptoms, in which case the patient is not likely to be ready for discharge.

UCLA Protocols for Discharge from Hospital to Post Acute Facilities (e.g., SNF, ALF, LTAC)

Protocols for the discharge of patients with COVID-19 to congregate facilities are being developed and 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 a Post-Acute Facilities for discharge. (no change in standard process)
- Category 2: Patients investigated for possible COVID-19, but negative testing: If patient has negative testing, negative influenza testing, and meeting usual clinical criteria for discharge, then acceptable for transfer to a Post-Acute Facility
- Category 3: Patients under investigation for COVID-19, but test results pending: Will NOT be transferred to a Post-Acute Facility until test results completed.
- Category 4: Patients positive for COVID-19 testing: Criteria for discharge to a Post-Acute Facility as follows. The patient has been afebrile for 72 hours or 14 days after diagnosis, whichever is longer and Public Health Department has been notified of the positive COVID -19 testing patient and discharge to a Post-Acute Facility

Why is this important?

Unless acute care hospitals can safely discharge patients to AFHs, LTACs, and SNFs and other congregant facilities, we will not be able to keep doing the work we need to do. To be ready to admit patients from the community and from your facilities, we must also discharge patients from UCLA hospitals when they are safely ready to do so. We will continue to partner with you as this situation evolves and the discussion progresses.

Development of discharge protocols

UCLA Health specialists agree that seven to 10 days is reasonable to develop protocols for discharge to facility for patients were under investigation and deemed negative for COVID-19 as well as those patients who test positive for the illness.

New LACDPH guideline for clearing patients

Persons diagnosed with Covid-19 are considered cleared after 14 days from symptom onset or three days after resolution of fever and improvement of other symptoms, whichever is longer. Read more: <http://publichealth.lacounty.gov/acd/ncorona2019/>

Thank you,

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