DATE: April 21, 2020
TO: EMS DISTRIBUTION
FROM: TAMMI McCONNELL, MSN, RN
ORANGE COUNTY EMS DIRECTOR
SUBJECT: ADMISSIONS GUIDANCE AND TRANSFER PROCESS TO FAIRVIEW ALTERNATE CARE SITE DURING COVID-19 PANDEMIC

Attached is an admissions guidance document for the Fairview Alternate Care Site (FACS) in Costa Mesa. California State agencies and Federal partners along with State Emergency Operations Personnel are operating this site. FACS is a regional resource for hospitals and congregate living facilities such as skilled nursing facilities, assisted living or residential care congregate living sites.

As stated in the document, Fairview is available for low-acuity patients who are COVID-19 positive. Indications for transfer to FACS may include:

- Patients with no safe place to stay or quarantine
- Patients requiring low-acuity clinical care
- Patients requiring extended observation due to high-risk comorbidities, inadequate home support

The Los Angeles County Medical Alert Center (MAC) will be coordinating transfers in to Fairview from the region. Callers requesting transfer will be asked to answer screening questions, which are listed in the admissions guidance document. If the patient is accepted, MAC will arrange transportation from your facility to FACS.

In addition, sending hospitals will be asked to complete the attached Patient Information Sheet, which will go with the patient to FACS along with copies of the patient’s medical record. Transferring hospitals will also agree to assist with coordination of discharge planning or repatriation when the patient is ready for discharged from FACS.

Questions may be directed to the following between the hours of 8am – 5pm:
- MAC: 866-940-4401
- FACS: 714-957-5000
FAIRVIEW ALTERNATE CARE SITE
TRANSFER PACKET
Admissions Guidance to Fairview Alternate Care Site During COVID-19 Pandemic

Purpose
The purpose of this document is to provide guidance to hospitals and skilled nursing facilities (SNFs) for patient transfer to the Fairview Alternate Care Site (FACS) facility for low acuity, nursing home level care for COVID positive patients.

Background
The COVID-19 virus disproportionately impacts the elderly, with mortality increasing with age. Those over the age of 80 with chronic disease have the highest mortality. Given the recent spread of COVID-19 among congregate living sites such as assisted living and skilled nursing facilities, there is an emerging need for alternate care sites to accommodate COVID-19 positive residents.

Overview of Services at the FACS
CA State agencies, Federal Partners and private contractors, in coordination with State Emergency Operations authorities, have established a temporary alternate care site facility at the Fairview Developmental Center in order to provide local hospitals and skilled nursing facilities with care options and improve regional capacity in support of California’s COVID-19 response.

An Alternate Care Site is a nontraditional care site that provides care for low-acuity, semi-ambulatory patients when hospitals are at or past capacity. Indications may include:
- Patients with no safe place to stay or quarantine
- Patients requiring low-acuity clinical care (≤2 L NC)
- Patients requiring extended observation due to high risk comorbidities, inadequate home support and/or barriers to returning to the ER or calling 911

The FACS has the following characteristics: (1) staffing that includes physicians, nurse practitioners, physician assistants, nurses, personal care attendants, respiratory therapists, behavioral health workers, pharmacists, supportive medical care providers (CNAs, EMTs, Navy Corpsmen, MAs), and social workers; (2) basic laboratory testing and x-ray capabilities; and (3) limited ability to provide IV fluids and low-flow oxygen; and (4) personal protective equipment and limited nebulizer treatments and suctioning.

Transfers to the FACS
Hospitals and congregate living settings, such as SNFs, are eligible to transfer patients to the FACS. Hospitals may transfer patients who have stabilized and have lower-acuity needs, but who still require medical monitoring, to make room for those with more acute needs related to COVID-19 or other illnesses. Congregate living sites such as assisted living, residential care for the elderly, and skilled nursing facilities may also transfer individuals who meet the admission criteria for the FACS. If sent from a congregate living site, arrangements must be made to repatriate these patients once they are COVID negative on two consecutive tests, 24 hours apart, or the originating facility has the capacity to accept them back.

Transfers from FACS to the Hospital
The FACS cannot offer the same breadth of services as a hospital and is intended to serve as a SNF for COVID positive patients. If a patient’s condition deteriorates they may have to be transferred to a hospital, typically via the 911 system, for worsening of their condition. A patient may also be transferred to a hospital if a provider determines they require medical care beyond the level available at the FACS for an acute medical issue.
Fairview Alternate Care Site Transfer Process

All transfers to Fairview will be coordinated by the Los Angeles County Medical Alert Center (MAC)
Fairview will be opening 4/20/2020 at noon and remain open 8am-5pm, 7 days a week

Hospital or SNF identifies patient for transfer that meets Fairview transfer criteria

Hospital or SNF contacts the Los Angeles County Medical Alert Center (MAC): (866) 940-4401
Fax Screening Process Form to MAC: (562)906-4300

MAC confirms patient meets transfer criteria and contacts the Fairview accepting clinician – MAC facilitates clinician to clinician transfer report and final transfer acceptance.

Fairview Switchboard will transfer calls: 714-957-5000

MAC coordinates ambulance transport from sending hospital or SNF to Fairview

Transferring Hospital or SNF helps coordinate discharge planning and/or repatriation when patient is ready for discharge from Fairview.

Points of Contact (8am-5pm):
MAC: (866) 940-4401
FACS: (714) 957-5000
Fairview Alternate Care Site Screening Process:
Answers with an asterisk (*) are a potential contraindication for admission. Only patients ≥18 yo are eligible for transfer.

1. Does the patient have high-risk** or rapidly worsening symptoms requiring hospital admission?  
   Yes* No

2. Is the patient stable for transfer to a low acuity alternate care site?  
   Yes No*

3. Can the patient be safely discharged home?  
   Yes* No

4. Does the patient require continuous IV fluids or medications (if intermittent or only once a day, select ‘No’)?  
   Yes* No

5. Is the patient confirmed COVID-19 positive  
   Yes No*

6. Does the patient meet the following criteria:
   a. Hemodynamically Stable  
      Yes No*
   b. SpO₂ ≥ 90% on ≤ 2L NC  
      Yes No*
   c. Heplocked peripheral IV in place as needed  
      Yes No*
   d. Able to self-feed  
      Yes No*
   e. Low safety risk (falls, wandering elopement)  
      Yes No*

7. Does the patient have any of the following medical conditions:
   a. *C. difficile* infection  
      Yes* No
   b. Tracheostomy or feeding tube (case-by-case basis)  
      Yes* No
   c. More than 1 person assist required  
      Yes* No
   d. Severe dementia, psychiatric illness or delirium  
      Yes* No
   e. Acute, severe mental illness  
      Yes* No

8. Has the patient or patient’s next of kin consented to the transfer  
   Yes No*

**High risk clinical features may include, but are not limited to:**
- Escalating O2 needs, HR >100, hypotension, or cardiac arrhythmia
- Asthma, COPD, or other lung disease requiring ongoing respiratory therapy
- Decompensated heart failure or other cardiovascular condition
- Immunocompromised (HIV, high-dose steroids, TNF-alpha, etc.)
- Current solid organ or hematologic malignancy
- End-stage renal disease or end-stage liver disease
- Active alcohol use disorder with prior withdrawal, DTS, or seizures
- Other concerning or undifferentiated symptoms
GUIDELINES FOR ACCEPTANCE TO FAIRVIEW ALTERNATE CARE SITE FROM TRIAGE, EMERGENCY DEPARTMENT, POST-HOSPITAL DISCHARGE, OR OTHER REFERRAL SITES

**TRIAGE OR EMERGENCY ROOM ADULT PATIENTS**
1. Does the patient have high-risk or rapidly worsening symptoms requiring hospital admission?**
   - YES
   - NO

   - Acute care admission

   - Home with guidance

   - Not an ACS candidate unless facility has ability to separate care

2. Can the patient be safely discharged home?
   - Safe place to stay and isolate with adequate home support
   - Able to call 911 if worsening

   - YES
   - NO

3. Is the patient confirmed or presumed to be COVID-19 positive?
   - YES
   - NO

4. Does the patient meet all criteria for a Low-Acuity Alternate Care Site (ACS)?*
   - COVID-19 positive
   - Hemodynamically stable
   - SpO2 > 90% on ≤ 2L NC
   - Heplocked peripheral IV, if needed
   - No C. diff infection
   - No trach or feeding tube*
   - No more than 1 person assist
   - No significant rehab needs
   - No severe dementia or delirium
   - No acute severe mental illness
   - Able to self-feed
   - Low safety risk (falls, wandering, elopement)

   - YES
   - NO

   - Other dispo (rehab, SNF, admission)

   - Transfer to Fairview Alternate Care Site

**HOSPITALIZED/FACILITY ADULT PATIENTS**
1. Is the patient stable for transfer to a low-acuity ACS?
   - YES
   - NO

   - HD stable, O2 stable and ≤ 2L NC, no tele or CPO
   - No high-risk or rapidly worsening symptoms**

   - Ongoing hospitalization or remain at referral site
If the patient meets criteria, please fill in the information below:

Name:______________________________DOB:____________________

Address:___________________________Phone:_________________

Gender:______________Emergency Contact (Name, Relationship): ________________

Emergency Contact Phone #: ______________________________

Insurance Provider (if applicable): ________________________________

Current Treatment Provider: (Name)__________________ (Phone)____________

Allergies: ______________________________________________________

Admitting Diagnosis:_____________________________________________

Primary Language: ________________Translation service needed? Yes  No

Height (inches): ______________________Weight (kg): ________________

Special Dietary Needs (if any): __________________________________

_____________________________________________________________
Problem List/Past Medical History:

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Current Medications:

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Comments: ____________________________________________________________

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DISCHARGE NOTICE TO REFERRING FACILITY:

If a patient is admitted to the Fairview Alternate Care Site (FACS) and then meets criteria for discharge from the FACS, the sending facility agrees to coordinate discharge planning or repatriation to the original sending facility.

Social Worker/Case Manager Name:
Phone Number:

SENDING FACILITY INFORMATION:

Sending Facility Name:
Sending Facility Address:
Facility Point of Contact:
Facility Point of Contact Phone Number: