



## **Guidance for Assisted Living Residences and Hospitals Relative to Return from Hospitals for Assisted Living Residents Related to COVID-19 (June 8, 2020)**

This guidance was developed to assist Massachusetts hospitals and assisted living residences in determining which circumstances should be taken into account when planning discharge of patients back to their assisted living residences or to alternate facilities. It was reviewed and edited by stakeholders across the care continuum, including assisted living and hospital representatives. The Massachusetts Health and Hospital Association's Post-Acute Care Transitions Working Group was instrumental in the creation of the guidance.

The Assisted Living Residence (ALR) is the resident's home and the expectation is that he or she will return upon discharge if it is safe to do so. For residents of an Assisted Living Residence (ALR) who are planning to be discharged, the hospital and ALR should work together to ensure that the resident is capable of returning in a safe manner or whether alternate arrangements should be made to provide needed care for the resident until he/she is able to return safely.

Discharge planning should consider the different capabilities of the ALR to understand how and whether a resident's needs can be met before being discharged. When caring for residents it is important to understand the specific ALR's capabilities before discharge of the resident to an ALR. Most ALRs do not have access to O2 monitoring, IVs and other similar clinical services that may be necessary for individuals returning from the hospital and recovering from COVID-19.

### **Return to ALR for a resident who has been treated for COVID-19 from a hospital**

An ALR resident who has been in the hospital for treatment of COVID-19 and is still under Transmission Based Precautions (as described by the CDC) can safely return to the ALR under the following conditions:

- The ALR has available PPE and staffing to be able to follow CDC infection prevention and control guidance when providing necessary care to the resident.
- The resident is able to follow instructions regarding self-isolation, can self-isolate in a private room or apartment, and can adhere to use of a mask.
- Additional services are arranged before discharge for the care of the patient on an intermittent and or continuous basis as needed. This may include order for a Medicare certified home health agency to monitor and provide necessary nursing care.
- The resident is not in any immediate distress (next 24hrs) which would require continuous monitoring.
- The resident upon return is masked before entering the building and the ALR has been sufficiently notified.

- The hospital has arranged or coordinated continued care by the patient's primary care physician.
- The patient is suitable for returning to a residential environment where they would be safe behind a closed door, as ALRs are not staffed in a way that would allow frequent supervision.
- The ALR is advised of where the resident is in the Transmission-Based Precautions Interim Guidance from the CDC (fever, no fever without medication, improvement or no improvement in symptoms for at least 10 days) and COVID-19 testing status, if relevant. This will be the basis for the ALR to determine when the resident can discontinue isolation.
- The ALR receives any hospice or other instructions, including any physician orders for changes in medication upon discharge so the resident's service plan may be updated.
- If requested, it would be helpful but not required that a patient be provided PPE by the hospital upon discharge to help ensure they return to a safe environment.

### **Consideration of alternative placements or continued stay in the hospital**

If any of the following circumstances exist, the hospital should seek temporary alternate care settings or consider delay in discharge.

- Inability to separate resident from other residents in separate unit or dedicated space for residents with COVID.
- Resident has cognitive or other impairments that will preclude resident from following quarantine/isolation orders or appropriate use of PPE.
- Frequent monitoring of O2 and other skilled nursing needs are required and ALR does not have 24 hour nurse staffing available.
- ALR does not have sufficient PPE and dedicated staffing to adhere to appropriate infection control precautions.
- The residence the patient would be returning to does not have other positive cases of COVID-19.

### **Discharge without a COVID diagnosis**

- Recommend 14-day quarantine of all residents.
- Residents who have cognitive or other impairments that will preclude resident from following quarantine/isolation orders and appropriate use of PPE should not be discharged back to the ALR without a negative COVID test.