

Discharge of Suspected or Confirmed COVID-19 Patients

<p>Site:</p> <ul style="list-style-type: none"> • Environment: <ul style="list-style-type: none"> ○ Island Health acute care facilities 	<p>Scope:</p> <ul style="list-style-type: none"> • Audience: All Healthcare Professionals caring for suspected or confirmed adult COVID-19 patients. • Indications: Use this procedure and discharge checklist when preparing for the discharge of a suspected or confirmed adult COVID-19 patient from an Island Health acute care facility.
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Discharge Criteria

An adult COVID-19-positive patient meeting the following criteria can be considered for discharge:

- Able to safely self-isolate for appropriate time period if still considered infectious. Note: Additional self-isolation and monitoring for recovering individuals is to prevent further exposures in the community and/or receiving facility.
 - Ensure Medical Microbiologist has determined **infectious period**.
 - Ensure transition plan, including clinical follow up, is in place, arranged and confirmed with the following team members **PRIOR to discharge**:
 - Case and Contact Management and Surveillance Team (ContactTracers@VIHA.ca; 7 days/week 08:30-16:30)
 - Patient, family, caregivers and those who will support the person to self-isolate at home; e.g. a patient returning home to a rural/remote community
- Oxygen (O2) therapy is less than 2L per minute in clinical situations where there is demonstrated improvement and reliable follow-up is arranged.
- If returning to a long-term care facility or other congregate group home, must also meet the facility/group home requirements for returning home.
- If returning home for final days of life, sufficient family and clinical care at home arranged and confirmed prior to discharge.
- See [Appendix 1: COVID-19 Cohort Unit Discharge Checklist](#)

Persons/Groups Consulted:

- COVID-19 Cohort Unit Education & Practice Supports Working Group
- Infection Prevention and Control & Medical Microbiologist

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- Hospitalist Cohort Units
- Clinical Nurse Educator, RJH, NRGH and CVH Cohort Units
- Director, Infection Prevention and Control
- Regional Manager, Communicable Disease Program
- Community Resource Team
- Clinical Director, Virtual Care
- COVID-19 Clinical Order Set Group
- Community Resource Team (CRT)

Resources

- Alberta Health Services COVID-19 Scientific Advisory Group Rapid Response Report: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-criteria-for-safe-discharge-from-hospital-rapid-review.pdf>
- Alberta Health Services COVID-19 Provincial Pandemic Flowsheet Patient Discharge from Hospital: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-flowsheet-patient-discharge-hospital.pdf>
- COVID-19 Treatment Adult Suspected or Confirmed (Module): <https://connect.viha.ca/depts/cos-paper/Clinical%20Order%20Sets%20Library%20%20Island%20Health/1.%20NEW!%20COVID-19/COVID-19%20Treatment%20Adult%20Module.pdf>
- COVID-19 Intensive Care Admission: https://connect.viha.ca/depts/cos-paper/_layouts/15/WopiFrame2.aspx?sourcedoc=/depts/cos-paper/Clinical%20Order%20Sets%20Library%20%20Island%20Health/1.%20NEW!%20COVID-19/COVID-19%20Intensive%20Care%20Admission.pdf
- COVID-19 Palliative Care and Symptom Management (M1/M2/M3): https://connect.viha.ca/depts/cos-paper/_layouts/15/WopiFrame.aspx?sourcedoc=/depts/cos-paper/Clinical%20Order%20Sets%20Library%20%20Island%20Health/1.%20NEW!%20COVID-19/COVID-19%20Palliative%20Care%20and%20Symptom%20Management%20with%20SOB%20and%20Pain%20Mini-Sets%20M1.M2.M3.pdf
- In-patient Discharge from Acute Care: <https://intranet.viha.ca/pnp/pnpdocs/in-patient-discharge-acute-care.pdf>
- Intensive Home Monitoring: https://intranet.viha.ca/departments/hcc/hcc_index/Pages/ihm.aspx
- Island Health Interim Guidelines – Discontinuing Additional Precautions in Suspect and Confirmed COVID-19 Patients: <https://intranet.viha.ca/covid-19/Documents/discontinuing-additional-precautions-suspect-confirmed-covid-19-patients.pdf>
- Accessing Community Health Services: <https://www.islandhealth.ca/our-services/home-care-services/accessing-community-health-services>

Appendix 1: COVID-19 Discharge Checklist

Checklist	Responsible
<p>1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish readiness for discharge: <ul style="list-style-type: none"> <input type="checkbox"/> Meets discharge criteria <input type="checkbox"/> Consider factors such as frailty, advanced age, and comorbidities <input type="checkbox"/> Confirm discharge setting (home, assisted living (AL), rural/remote and/or First Nations community, independent living (IL), long-term care (LTC) facilities or congregate settings) <ul style="list-style-type: none"> ○ Contact Leadership or Operator at LTC/congregate/AL to discuss discharge ○ Contact Aboriginal Liaison if patient identifies as Indigenous <input type="checkbox"/> Anticipate care needs after discharge-ensuring patient has a safety plan in place (Please provide patient with My Safety Plan). <input type="checkbox"/> Establish ability to self-care and self-isolate after discharge <input type="checkbox"/> Consider social supports <input type="checkbox"/> Establish household contacts ability to self-isolate (if applicable) 	<p>MRP/ MRN</p>
<p>2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inform Island Health’s COVID Case and Contact Management Team at ContactTracers@VIHA.ca (7 days/week 08:30-16:30) of all COVID-19 patient discharges and include the following information: <ul style="list-style-type: none"> <input type="checkbox"/> Infectious period as determined by Medical Microbiologist <input type="checkbox"/> If patient has been referred to Intensive Home Monitoring (IHM) <input type="checkbox"/> If patient has been set up with additional services to support isolation, e.g. if patient is unhoused or living in a congregate/group, rural, remote, or indigenous community/setting <input type="checkbox"/> If you require support for complex COVID-19 patient discharges (ex. Patients needing additional Public Health Monitoring) 	<p>MRP / MRN / Liaison</p>
<p>3</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refer to Hospital Liaison Case Manager if the discharge plan is complex: <ul style="list-style-type: none"> <input type="checkbox"/> Include symptom onset date and earliest date for removing precautions <input type="checkbox"/> Personal care supports required <input type="checkbox"/> Multiple health care services required (e.g. OT, equipment, wound care) <input type="checkbox"/> Patient is previously receiving care from CHS for any of the above reasons 	<p>MRP/ MRN</p>
<p>4</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access Palliative Care Consultations to support plans for discharge home for end of life care. https://intranet.viha.ca/departments/eol/Documents/palliative-care-services-teams-across-island-health.pdf <ul style="list-style-type: none"> ○ End of Life Toolkit: https://intranet.viha.ca/departments/eol/Documents/COVID-tool-kit-client-with-COVID-through-end-of-life-at-home.docx.pdf 	<p>MRP/ MRN</p>

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5	<ul style="list-style-type: none"> <input type="checkbox"/> Refer to Community Access (Central Intake) (include symptom onset date and earliest date for removing precautions) if the patient: <ul style="list-style-type: none"> <input type="checkbox"/> Requires single professional service follow-up, either new referral or receiving single service prior to admission (i.e., Home Care Nursing, Occupational Therapy), and/or <input type="checkbox"/> Meets eligibility criteria for Intensive Home Monitoring service. <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 positive or unconfirmed and symptomatic AND <input type="checkbox"/> 19 and over years of age AND <input type="checkbox"/> Vulnerable patients at home with mild to moderate COVID-19 symptoms including ONE or MORE of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Over 60 in independent or assisted living <input type="checkbox"/> Chronic disease, including heart disease, diabetes, lung disease, hypertension <input type="checkbox"/> Consider referral to HHM if client has heart failure, diabetes or COPD once patient's immediate symptoms abate <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Frailty <input type="checkbox"/> Client's in isolation and living alone 	MRP / MRN / Liaison
6	<ul style="list-style-type: none"> <input type="checkbox"/> Arrange warm handover to Primary Care Provider (PCP) <ul style="list-style-type: none"> <input type="checkbox"/> Confirm PCP <ul style="list-style-type: none"> <input type="checkbox"/> If no PCP, try to link patient with an interim PCP to support transition <input type="checkbox"/> Ensure PCP on all requisitions/referral letters <input type="checkbox"/> Perform Medication Reconciliation <input type="checkbox"/> Write prescriptions <input type="checkbox"/> Provide copies of Discharge Note and transition plan to PCP 	MRP
7	<ul style="list-style-type: none"> <input type="checkbox"/> Notify Infection Prevention and Control (IPAC) of planned discharge by emailing both: <ul style="list-style-type: none"> <input type="checkbox"/> IPAC-Leaders@viha.ca and IPAC.enquiries@viha.ca 	MRP / MRN / Liaison
8	<ul style="list-style-type: none"> <input type="checkbox"/> If patient is enrolled in a COVID-19 research study, please contact the Clinical Research Team to notify of planned discharge at 250-213-7778. 	MRN
9	<ul style="list-style-type: none"> <input type="checkbox"/> Establish a safe travel plan. <ul style="list-style-type: none"> <input type="checkbox"/> Follow the COVID-19 Transport Contingency Plan https://intranet.viha.ca/pnp/pnpdocs/covid-19-transport-contingency-plan.pdf <input type="checkbox"/> Provide patient and escort with a medical grade mask to wear during transport home <ul style="list-style-type: none"> <input type="checkbox"/> Patients are NOT to take public transit 	MRP / MRN / Liaison
1 0	<ul style="list-style-type: none"> <input type="checkbox"/> Upon discharge, provide patient with: <ul style="list-style-type: none"> <input type="checkbox"/> Guide to self-isolation for those with symptoms http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation.pdf 	MRN

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| <ul style="list-style-type: none">○ Guide to self-isolation for caregivers of people with symptoms
http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf○ COVID-19 Recommendations For Drivers and Passengers
https://intranet.viha.ca/covid-19/Documents/covid-19-recommendations-drivers-passengers.pdf○ Prescription(s)○ Referral information (if needed)○ Discharge note and transition plan | |
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