

Hospital to Post-Acute Care Facility Transfer – COVID-19 Assessment

INSTRUCTIONS: In planning for transfer of a patient to a post-acute care facility, hospitals are required to test patients for COVID-19 within approximately 48 hours, prior to transfer to a post-acute care facility, including nursing homes, assisted living, intermediate care, developmentally disabled and group home facilities.

Hospitals are prohibited from discharging any resident who has tested positive for COVID-19 or is exhibiting symptoms consistent with COVID-19 to any long term care facility until the resident has been cleared for discharge using either a test-based strategy or a symptom-based strategy. Patient's with positive or pending COVID-19 tests may be discharged to facilities who have the ability to isolate the resident in accordance with CDC guidance.

This assessment format facilitates documentation of compliance of the transferring hospital with Agency for Health Care Administration (AHCA) and has been updated with Emergency Rule 59AER20-6 that was issued July 16, 2020.

A list of COVID-19 dedicated post-acute care isolation centers is available on the AHCA website. https://ahca.myflorida.com/covid-19_inf.shtml

Patient Name: _____ Accepting Facility: _____

Transferring Hospital: _____

Hospital Contact Name/Phone: _____

Check the appropriate box to indicate this patient's current COVID-19 test status:

This patient has tested NEGATIVE for COVID-19 during this admission and is NOT suspected of having COVID-19. Date of test: _____

This patient may be admitted to a long term care facility. Isolation, per CDC guidance, for 14 days is not required but they should be monitored.

This patient's COVID-19 test result is pending. The patient is NOT suspected of having COVID-19.

This patient may be admitted to a long-term care facility while awaiting test results as long as they are isolated until a negative test result is received. Date test submitted: _____

Testing lab: _____

This patient has tested POSITIVE for COVID-19 and meets the following required criteria to be CLEARED FOR DISCHARGE:

This patient meets all of the following **SYMPTOM-BASED** strategy requirements for discharge:

- At least 72 hours have passed since resolution of fever without the use of fever-reducing medications.
- Improvement in respiratory symptoms.
- At least 10 days have passed since symptoms first appeared.

This patient meets all of the following **TEST-BASED** strategy requirements for discharge:

- Resolution of fever without the use of fever-reducing medications.
- Improvement in respiratory symptoms.
- Two consecutive negative COVID-19 tests results, separated by 24 hours.
 - » The first test by an FDA Emergency Use Authorized COVID-19 molecular assay RT-PCR test.
 - » The second test by either an FDA Emergency Use Authorized COVID-19 molecular assay RT-PCR test or an FDA Emergency Use Authorized COVID-19 antigen test.

Clinical Assessment Completed by (signature) _____

Date/Time _____

Reported to (name of facility staff) _____

Date/Time _____

