

Guidance on Patients being Discharged to Skilled Nursing or Long-term Care Facilities

References: Centers for Disease Control, Centers for Medicare and Medicaid Services, Maryland & Washington D.C. Departments of Health <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

For patients without a diagnosis of COVID-19 during the hospital stay, a negative test should be obtained within 3 days of discharge.

The decision to discontinue [Transmission-Based Precautions](#) for patients with confirmed SARS-CoV-2 infection should be made using a **symptom-based strategy** as described below. The time period used depends on the patient's severity of illness and if they are severely immunocompromised.

Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.

A test-based strategy is no longer recommended (except as noted below)

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions

Patients with [mild to moderate](#) illness who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

For patients who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with [severe to critical illness](#) or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- *Consider consultation with infection control experts*

For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Test-Based Strategy for Discontinuing Transmission-Based Precautions

In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. However, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered

for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the patient being infectious for more than 20 days.

The criteria for the test-based strategy are:

Patients who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Patients who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Recommendation for MedStar Case Management Departments

- 1) Escalate to Physician Advisor for cases with facilities not acting in accordance with CDC guidelines listed above
- 2) Physician Advisor to alert the Ambassador if no resolution with possibility of the Ambassador reporting to the DOH for intervention
 - **Dr. George Taler** (For all Washington DC MedStar hospitals & Southern Md. hospitals)
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- 3) For those patients who could receive proper treatment in a SNF, but no bed is available in a participating SNF, a physician may certify or recertify the need for continued hospitalization and Medicare will pay the DRG rate and any cost outliers for the entire stay until the Medicare patient can be moved to an appropriate facility.