



Date: May 26, 2020

Re: Comments on Guidance on the transfer of hospitalized patients infected with COVID-19 to post-acute and long-term care facilities (PALTCF)

Dear Dr. Crnich, Subcommittee Chair and members of the State Disaster Medical Advisory Committee (SDMAC) Long-Term Care Subcommittee,

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of 70 counties (all but Dane and Milwaukee) and 11 tribes in Wisconsin. We are one of three Area Agencies on Aging in Wisconsin. We provide lead aging agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin. GWAAR is also a member of the Wisconsin Aging Advocacy Network (WAAN) a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

Thank you for this opportunity to provide comments on the Long-Term Care subcommittee's guidelines regarding the transfer of hospitalized patients infected with COVID-19 to PALTCF. The work of your subcommittee and that of the State Medical Disaster Advisory Committee remains of great interest and importance to us and the aging network at large. To date, nursing homes in 38% (20) of Wisconsin counties had/have a COVID-19 active public health investigation (meaning one or more staff or residents tested positive).¹ As of yesterday, more than 40% (214 people) of Wisconsin deaths from the virus were related to long-term care facilities (which includes nursing homes and assisted living facilities; this is an increase in total number of deaths of 45 people over the last two weeks.²

Given the vulnerability of the population(s) served by post-acute and long-term care facilities (PALTCF), we concur precautionary steps must be taken to avoid exposing facility residents and staff to a risk of infection. We appreciate the hard work of the SDMAC and the Long-Term Care subcommittee and offer the following comments regarding hospital transfer guidance:

1. We support guidance that every hospital and PALTCF should have a comprehensive plan that addresses the identification and management of patients or residents infected with COVID-19. **Further, we suggest those plans should be available for review by regulating agencies and for the public, if requested.**

2. COVID-19 patients who remain on transmission precautions can be transferred to a PALTCF with an activated COVID-19 treatment area. Ideally, a facility COVID-19 treatment area should: be physically separated from non-COVID areas; have dedicated equipment and supplies; have dedicated staff; have adequate supplies of PPE; and have specific protocols that address – proper application of transmission-based precautions, cleaning/reprocessing surfaces and reusable equipment, and management of patient requiring aerosol generating therapies. **GWAAR is concerned about the use of the words “ideally a facility COVID-19 treatment area should...” These requirements all seem necessary precautionary steps to avoid unnecessary spread of the disease. If these are not all essential requirements, then guidelines should include both essential requirements which must be met along with the requirements needed for the “ideal” COVID-19 treatment area.**
3. PALTCF’s should not accept COVID-19 infected patients who remain on transmission precautions unless they have an existing COVID-19 treatment area in place or the ability to activate one. **GWAAR supports this recommendation and would further recommend any PALTCF accepting COVID-19 infected patients must have a COVID-19 treatment area that meets defined essential requirements.**
4. Patients who have recovered from COVID-19 infection and are no longer on transmission-based precautions may be transferred to a PALTCF. **Given the vulnerability of the population served in PALTCFs and the potential risks of virus spread from asymptomatic patients (and/or recently recovered patients), GWAAR supports use of the CDC’s preferred test-based strategy for determining when to discontinue transmission-based precautions in hospitalized patients being considered for transfer to a PALTCF (versus a symptom-based strategy).** In regards to transfer of a patient who has been removed from isolation using the CDS’s symptom-based strategy being placed in a room in the PALTCF’s COVID-19 area until test-based criteria have been satisfied (two negative specimens), **while not preferred, if this should occur, GWAAR again recommends the essential requirements of a COVID-19 area must be detailed and patients (and their families if applicable) must be informed as to which of the requirements (ideal and essential) have been met in any PALTCF COVID-19 area prior to considering any transfer.** In regard to newly admitted residents, whether they have recently recovered from COVID-19 infection or not, being placed in quarantine for 14 days; **GWAAR supports this recommendation and would further recommend clear guidance be provided regarding maintaining contact and droplet precautions for the 14-day period (in addition to the single room and resident use of a mask during care activities or when out of the room).**

The Greater Wisconsin Agency on Aging Resources extends sincere appreciation to all members of the Long-Term Care subcommittee and the State Disaster Medical Advisory Committee for your efforts to develop and disseminate guidance to address the medical service and post-acute/long-term care needs of all those affected by or at risk of a COVID-19 infection.

Thank you for your consideration of these comments on this important long-term care guidance.

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¹<https://www.dhs.wisconsin.gov/covid-19/investigations.htm>

²<https://www.dhs.wisconsin.gov/covid-19/deaths.htm>

GWAAR's Mission:

Delivering innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin.