

Best Practices When Transferring to the Hospital

Decision to transfer a resident to the hospital should be based on:

Clinical considerations

Is the resident clinically stable?

Can we provide the diagnostic tests or treatments needed to care for this resident here?

If COVID-19 is suspected, how will we isolate the resident and do staff have needed PPE?

Goals of care

Any medical orders regarding hospitalization, intubation, code status (such as POST form)?

Have goals been re-addressed in the context of COVID-19?

These communication steps should be completed during the transfer process:

1. Complete COVID-19 Hospital Transfer Cover sheet
2. Transferring provider should call the ED triage line of the hospital to describe the resident's acute needs, and whether signs/symptoms of COVID-19 are present.
3. EMS providers should be informed of any suspicion/symptoms related to COVID-19 when calling for transport.
4. Confirm with EMS hospital patient is being transferred to (some may be on diversion)

Send this information with the resident:

- Complete COVID-19 Hospital Transfer Coversheet
 - Advance directives/medical orders regarding treatment preferences (e.g. – POST form)
 - Contact information for family/POA (MUST verify before transfer)
 - Contact information for nursing home and for transferring provider
 - Reason for transfer including recent symptoms and vital signs – especially *cough, fever, shortness of breath*
 - Chronic medical issues relevant to the transfer
 - When symptoms began
 - Whether providers or other residents in the facility have COVID-19
 - Baseline cognitive and functional status
- List of current medications
- Labs, diagnostic results, and provider notes from the last 72 hours