

Please note that the plan is conditional on rapid access to tests and turn around time for test results. Plan also acknowledges that as we move up the tiers that the decision making will reflect capacity in the region.

Hospitals

Hospitals should transfer patients according to category.

Category	Ability to Transfer?	Transfer Location	Rapid Response Team Notified?	Any difference in Tiers?
1- No COVID concerns	Not until testing is completed. Test is required. If positive, move to Category 4. If negative, move to Category 2.		No	No
2- Concern, but test was negative	Yes, using normal process	Home or Community; if they meet level of care can be transferred to long term care or ICF; if homeless contact Governor's Task Force Lead	No	No
3- Test pending	No, cannot transfer	If possible, cohort patients in separate units, floors, or wings.	No	No
4- Positive test, but not in need of advanced treatment	Options: 1) hospital has the bed capacity but cannot keep patient because no longer medically necessary. 2) hospital does not have bed capacity and	If option 1 or 2, patient can be discharged to: another hospital in region; Home or Community; if homeless contact Governor's Task Force Lead (Sara Stolt sarastolt@nd.gov).	Yes, if Option 2 or 3 is chosen <u>AND</u> hospital wants to discharge to long term care or ICF. This must be coordinated with the	As region moves up in tiers, it is more likely to run out of long term care beds first before running out of acute care

	<p>needs to discharge patient.</p> <p><i>NOTE: per conversation on 4.28.2020 removed the option to keep patient in hospital for observation or longer without medical necessity</i></p>	<p>Option 1 or 2: Patient meets level of care for a LTC or congregate living facility but <u>cannot be transferred to a facility with no other positive patients</u>. SRC to find a facility with positives or send to alternative site based on regional resources and clinical expertise.</p> <p>SRC will consult with Rapid Response Team about receiving <u>facility capability</u>.</p> <p>State Region Coordinator (SRC) works with hospital and receiving facility, to direct transfer decision.</p>	State Region Coordinator.	beds. This may push patients back into acute care or toward the MCF in Tier 3.
5- Positive and active, higher level treatment	No, cannot transfer	NA	No	No

Staff capacity at the receiving facility will also be considered by the State Region Coordinator.
Long Term Care Facilities and ICFs

Long term care and ICFs should transfer residents according to category.

Category	Ability to Transfer?	Transfer Location	Rapid Response Team Notified?	Any difference in Tiers?
----------	----------------------	-------------------	-------------------------------	--------------------------

1- No COVID Concerns	No, unless medically necessary.	NA		No
2- Concern, but test was negative	No, unless medically necessary	NA		No
3- Test pending	No, wait until test is completed	Cohort residents in separate units, floors, or wings.	Yes	No
4- Positive test, but not in need of advanced treatment	Options: 1) resident can stay at facility and should isolate according to CDC protocols 2) resident should be transferred because SRC/facility concerns about <u>facility capacity, facility capability, resident being high risk (i.e. on ventilator/ memory cares), or resident worsens.</u>	Rapid Response team to advise State Region Coordinator about facility capability. State Region Coordinator (SRC) works with facility(ies) to direct transfer decision. Must heed Advanced Planning Directives as appropriate.	Yes. Any transfer must be coordinated with State Region Coordinator.	As region moves up in tiers, it is more likely to run out of long term care beds first before running out of acute care beds. This may push resident back into acute care or toward the MCF in Tier 3.
5- Positive and in active, higher level treatment	Yes	Hospital as directed by State Regional Coordinator	Yes.	No