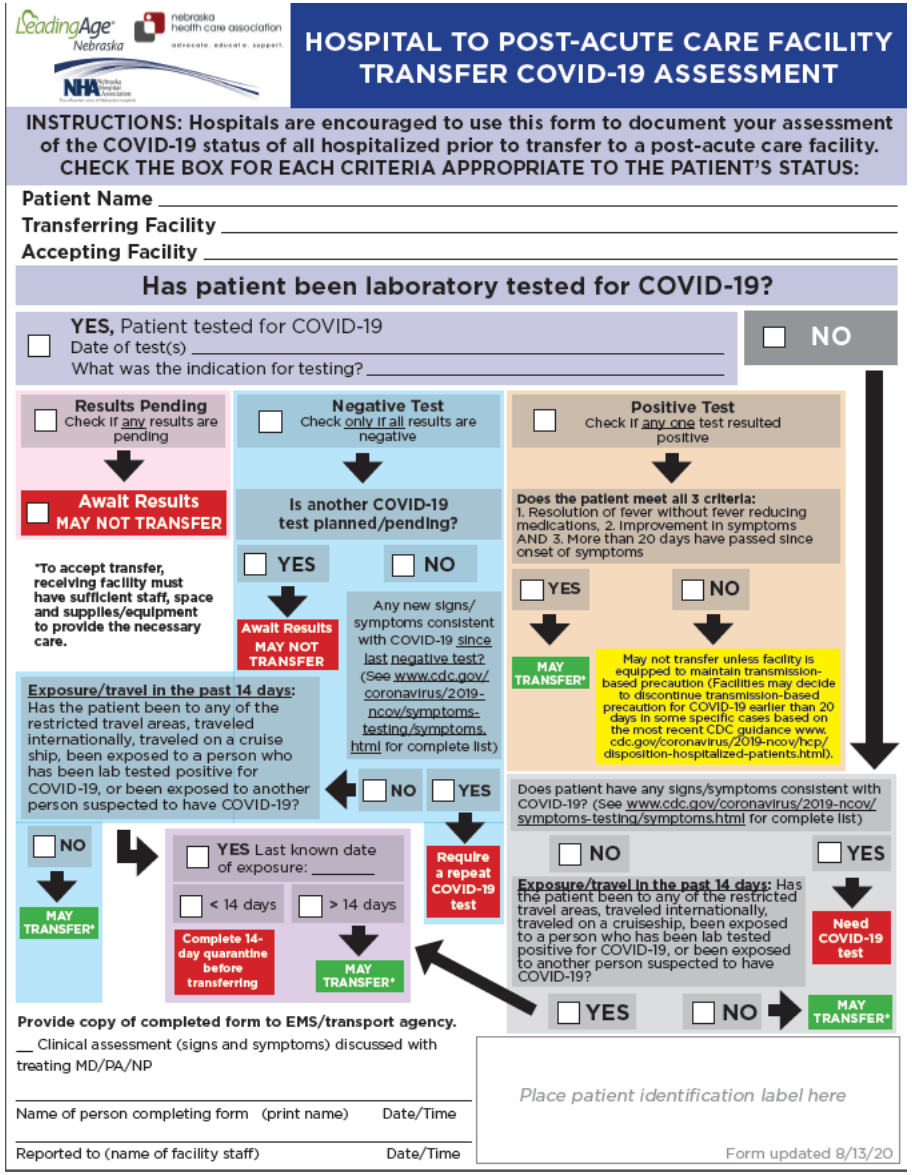
Lancaster County NF & AL Connection

August 25, 2020

Agenda

- Purpose
  - Connect on info
- Follow-up from last connection
- Hot topics
  - Outbreak support
  - Communications
  - Testing
    - Timing
    - Equipment
  - Phasing
  - PPE
  - Survey


LeadingAge Nebraska
nebraska health care association
advocate. educate. support.
NHA
HOSPITAL TO POST-ACUTE CARE FACILITY TRANSFER COVID-19 ASSESSMENT
INSTRUCTIONS: Hospitals are encouraged to use this form to document your assessment of the COVID-19 status of all hospitalized prior to transfer to a post-acute care facility. CHECK THE BOX FOR EACH CRITERIA APPROPRIATE TO THE PATIENT'S STATUS:
Patient Name
Transferring Facility
Accepting Facility
Has patient been laboratory tested for COVID-19?
YES, Patient tested for COVID-19
Date of test(s)
What was the indication for testing?
NO
Results Pending
Check if any results are pending
Await Results
MAY NOT TRANSFER
*To accept transfer, receiving facility must have sufficient staff, space and supplies/equipment to provide the necessary care.
Negative Test
Check only if all results are negative
Is another COVID-19 test planned/pending?
YES
NO
Await Results
MAY NOT TRANSFER
Any new signs/ symptoms consistent with COVID-19 since last negative test? (See www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html for complete list)
Exposure/travel in the past 14 days: Has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruise ship, been exposed to a person who has been lab tested positive for COVID-19, or been exposed to another person suspected to have COVID-19?
NO
YES
NO
MAY TRANSFER*
YES Last known date of exposure:
< 14 days
> 14 days
Complete 14-day quarantine before transferring
MAY TRANSFER*
Require a repeat COVID-19 test
Positive Test
Check if any one test resulted positive
Does the patient meet all 3 criteria: 1. Resolution of fever without fever reducing medications, 2. Improvement in symptoms AND 3. More than 20 days have passed since onset of symptoms
YES
NO
MAY TRANSFER*
May not transfer unless facility is equipped to maintain transmission-based precaution (Facilities may decide to discontinue transmission-based precaution for COVID-19 earlier than 20 days in some specific cases based on the most recent CDC guidance www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html).
Does patient have any signs/symptoms consistent with COVID-19? (See www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html for complete list)
NO
YES
Exposure/travel in the past 14 days: Has the patient been to any of the restricted travel areas, traveled internationally, traveled on a cruiseship, been exposed to a person who has been lab tested positive for COVID-19, or been exposed to another person suspected to have COVID-19?
Need COVID-19 test
YES
NO
MAY TRANSFER*
Provide copy of completed form to EMS/transport agency.
__ Clinical assessment (signs and symptoms) discussed with treating MD/PA/NP
Name of person completing form (print name) Date/Time
Reported to (name of facility staff) Date/Time
Place patient identification label here
Form updated 8/13/20

NF Infection Control Survey Deficiencies

03/15-08/04/2020

SOURCE: DHHS LTC Facility Licensure Unit

SCOPE AND SEVERITY	F880 INFECTION CONTROL	F884 NHSN REPORTING
L = Immediate Jeopardy, Widespread	6	
K = Immediate Jeopardy, Pattern	2	
J = Immediate Jeopardy, Isolated	1	
I = Actual Harm, Widespread	1	
H = Actual Harm, Pattern		
G = Actual Harm, Isolated	2	
F = Potential for Harm, Widespread		14
E = Potential for Harm, Pattern	49	
D = Potential for Harm, Isolated	11	
C = No Actual Harm, Widespread		
B = No Actual Harm, Pattern	14	
A = No Actual Harm, Isolated		