Hospital discharge guidelines for suspect or confirmed COVID-19 patient

**Key contacts**

- **Public Health Notification** – ncovcontact@health.wa.gov.au Phone 1300 316 555 (8am-5pm, Mon- Sun)
- **Unable to discharge patient to usual accommodation** – State Welfare Incident Control Centre – Phone 13 COVID, select option 3 followed by option 1. (7am-8pm, Mon-Sun)
- **Patients under direction to quarantine in supervised facility engaged by SHICC** – State Health Incident Coordination Centre (SHICC) – SHICC.covidoperations@health.wa.gov.au Phone 9222 2017 (24/7)
- **Transport** (Centre Directions only) – State Health Incident Coordination Centre (SHICC) – SHICC.covidoperations@health.wa.gov.au Phone 9222 2017 (24/7)
- **Release from isolation** – Information for clinicians

1. **Purpose**

The purpose of this guideline is to communicate specific requirements for the discharge of a suspect or confirmed COVID-19 patient to support clinical discharge planning.

2. **Clinical criteria for discharge**

In addition to usual discharge, several factors should be considered discharging a suspect or confirmed COVID-19 patient.

- The existing capacity of the healthcare system
- The current epidemiological situation
- Availability of services for any further care in the community.

3. **Clinical discharge planning**

Discharge planning should focus on ensuring that patients are discharged to an appropriate setting with the necessary medical information and goals of care. The hospital must assess the patient’s needs for post-hospital services, and the availability of such services.

For patients with COVID-19, all necessary medical information must be communicated to the receiving service provider and/or healthcare transport personnel prior to discharge/transfer.

The hospital should arrange dedicated discharge staff to support and manage the discharge of suspected and confirmed patients with COVID-19. Refer to Appendix 1 for key considerations for clinical discharge planning.

3.1 **Public Health Notification**

The hospital and discharge team **MUST** notify Public Health when a patient with COVID-19 is discharged from hospital and inform them of accommodation arrangements, i.e. home, hotel/other private accommodation, or a residential facility (includes disability, hostels or aged care facilities). This notification is a requirement for contact tracing and to clear the patient from isolation.
Notification of discharge:

- Discharge email: ncovcontact@health.wa.gov.au
- Urgent call: 1300 316 555 (8am-5pm)

Information required

- Name and DOB
- COVID clearance status (i.e. if already cleared during admission, if handing over to be completed in the community, discharged against medical advice)
- Issues during admission, including ICU stays
- Projected discharge destination
- Support status on discharge (can they reply to SMS, is there a next of kin better placed to reply, are they elderly and alone and need to receive a phone call?)
- Known contact details
- Symptomatic or asymptomatic on day of discharge (to inform clearance)

4. Patient Requirements

The decision to discharge a patient with COVID-19 to home, hotel/other private accommodation, or to a residential facility should be made in consultation with the patient's consultant and Multidisciplinary Team (MDT). Refer to Release from isolation – information for clinicians for further details.

4.1 Discharge home

Section 4.5 Discharge pathway outlines the decision process to discharge a patient with COVID-19 home. Should the considerations outlined in section 4.5 not be met, then the patient may be suitable for discharge to a hotel/other private accommodation (see section 4.2).

4.2 Discharge to a hotel/other private accommodation

Patients will be discharged to a hotel/private accommodation if they are unable to be discharged to their usual accommodation. Section 4.5 outlines this decision process.

The discharge team must contact State Welfare Incident Control Centre on 13 COVID (7am-8pm, Mon-Sun), selecting option 3 followed by option 1.

4.3 Discharge for someone under a direction to quarantine in a supervised facility engaged by SHICC

If a suspect or confirmed COVID-19 patient is under a ‘Centre Direction’ to quarantine in a supervised facility engaged by SHICC (e.g. returned traveler staying in a hotel), or they are under a ‘Hospital Direction’ and proceeded to hospital direct from an inbound flight (e.g. returned traveler directed to hospital from Perth airport) the State Health Incident Coordination Centre must be contacted on SHICC.covidoperations@health.wa.gov.au or 9222 2017 (24/7) to be informed of the discharge and to organise transport.

Patients should only be discharged if they are well enough to take care of themselves independently in a hotel room where the patient will be in quarantine alone. Discharge clinicians should provide relevant ward and contact details so the onsite medical team can be contact for handover.

4.4 Discharge to a residential facility

The decision to discharge a patient back to a residential facility must be discussed with the consultant and the residential facility to ensure the facility is equipped to manage the patient.

If the residential facility is unable to provide the level of care required for discharge the patient should remain as a sub-acute patient in hospital. The Department of Health is currently considering further temporary accommodation options for the COVID-19 residential facility patient. Section 4.5 outlines the decision process to ensure the facility is equipped to manage the patient.

Please follow link to guideline on discharging an older person back to a residential facility for more information.
4.5 Discharge pathway

**Patient clinically well to be discharged?**

- **Yes**
  - Assess if patient is capable to be discharged to:
    - Home
    - Hotel/other private accommodation
    - Residential facility
  - Notify Public Health on patient’s discharge

- **No**
  - Patient to remain in hospital until clinically well

**Home**
- Patient is medically stable to receive care at home
- The patient is able to adhere to home isolation recommendations (e.g., no contact with family members unless using PPE)
- Appropriate caregivers are available at home
- There is a separate single bedroom with good ventilation where the patient can recover without sharing immediate space with others
- Resources for access to food and other necessities are available
- Patient and other household members have access to recommended PPE equipment
- There are no household members at risk of complications from COVID-19 infection (e.g., older people and people with severe chronic health condition, such as heart disease, lung disease and diabetes).

- Organise follow-up measures (GP care)
- Isolation measures
- HITH/RITH/Silver Chain
- Transport
- Investigations and results

**Hotel/other private facility**
- Patient is medically stable to receive care outside of hospital
- Patient does not have accommodation
- Patient is under hospital direction or centre direction from WA Police
- Patient’s home is not equipped for patient isolation
- Patient does not have appropriate caregivers at home
- Patient does not have the resources for access to food and other necessities
- Household members may be at increased risk of complications from COVID-19 infection
- Patient is at an increased risk of further spread of COVID-19 into the community

- Organise follow-up measures (GP care)
- HITH/RITH/Silver Chain
- Transport
- Investigations and results

**Residential facility**
- Patient medically stable to receive care in the facility
- Facility has the facilities to enable patient to maintain in isolation
- Facility can provide clinical and follow-up care required
- Facility is capable of adhering to precautions recommended as part of home care of isolation

- Organise follow-up measures – notify GP
- Transport
- Investigations and results
- Discuss with facility
5. Transport

5.1 General transport

The first choice of transport for discharging a patient with COVID-19, who are not under ‘Centre Direction’, is a private vehicle (patient’s own car or a lift from a household member). The patient should wear a surgical mask provided by the hospital.

If a taxi or ride share is required, the driver and patient should adhere to Department of Health guidelines.

Refer to Infection prevention and control information for public and private transport.

When a private vehicle cannot be used, the transport of a patient to a hotel/other private accommodation MUST be organised by the hospital who will pay for that transport.

Patients requiring a patient transport service to return to an accommodation (eg residential aged care facility, hostel) the standard hospital process apply in making sure the service provider is notified in advance that the patient is either a suspect or confirmed COVID case. This will allow the service providers to plan accordingly.

5.2 Transport request for patients under Centre Directions

SHICC COVID operations must be engaged to organise transport for patients under ‘Centre Direction’, see section 4.3.

It is preferred (where possible) to request the booking information in writing to SHICC.covidoperations@health.wa.gov.au

5.3 Patient Assisted Transport Scheme (PATS)

PATS assistance may be available for a patient with COVID-19 on discharge to a hotel and returning home following self-isolation of 14 days. Refer to Hospital Policy on PATS.

Further information www.wacountry.health.wa.gov.au/index.php?id=pats&tx_ttnews%5Btt_news%5D=414&cHash=5180a7c496809f1445f0478c7b5fa336

6. Travel restrictions

Travel restrictions are subjected to change. Please refer to current government travel advice for further information.
7. Post hospital services – home visits

As part of current discharge planning it is imperative to understand the capability and capacity of services in the community. Any service providing home visits to COVID-19 patients who have not yet been cleared will need to be using the appropriate PPE. Refer to Appendix 2.

8. Important considerations

Duties under the Mental Health Act 2014 still apply. If a person is suspected to lack the relevant mental capacity to make decisions about their ongoing care and treatment, a capacity assessment should be carried out before a decision is made about their discharge. Where the person is assessed to lack this relevant mental capacity, there must be a decision made in their best interests for their ongoing care in line with usual processes, involving guardians or other decision makers (e.g. family) in keeping with the Guardianship and Administration Act 1990 and Department of Health policies under the Mental Health policy framework.

9. End-of-life

For COVID-19 patients identified as being in the last days or weeks of life, the Hospital or Community Palliative Care teams will work with the patient and their carer/family to coordinate and facilitate discharge to home or Hospice as appropriate, in line with the patient’s wishes and any existing advanced care plan directives and goals of patient care. Hospitals must ensure that all appropriate information regarding safe care is supplied to the care/family/hospice to avoid further spread or transmission of COVID-19.

Appendix 1: Clinical Discharge Planning

The decision to discharge should include:

- Assessment of the patient’s self-isolation measures
- Assessment of the patient and family needs, home care needs and patients home environment
- Review of discharge destination – home, hotel/other private accommodation, or residential facility
- Identification of post-hospital services/community resources and their availability – e.g. referral to home visiting services such as HITH/RITH/Silver Chain etc
- Medications upon discharge
- Arrangements for:
  - Follow-up measures and advice
  - Further investigations and results
  - Clinical advice
  - Ensuring palliative care teams are notified where applicable
  - Co-ordination with transport providers.

Appendix 2: Considerations of community services

- Hospital in the Home (HITH) – hospital-level patient centred care that can be delivered at home to keep COVID-19 patients out of hospital
- Rehabilitation in the Home (RITH) – to enable COVID-19 patients to commence rehabilitation and recovery at home
- Silver Chain
- Post-Acute Care
- Home Discharge Support Service (allied health and non-clinical in home support)
- Interim Home Packages non-clinical support
- Aboriginal Health Programs (e.g. Arche Health Care, 360).

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<th>Last updated:</th>
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<tr>
<td>21 Dec 2020</td>
<td>Section 4.4 and 5.1</td>
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Referral is required to:

- Metropolitan Palliative Care Consultancy Service (MPaCCs) – Residential Care, Correctional Services, Disability and Mental Health. Contact 9217 1777 (no after hours)
- Silver Chain – Community services. Contact 9242 0119 (24/7)