



Hospital discharge guidelines for suspect or confirmed COVID-19 patient

Key contacts

- * **Public Health Notification** – ncovcontact@health.wa.gov.au Phone 08 9222 0221 (8am-5pm, Mon- Fri) or 08 9328 0553 after hours
- * **Unable to discharge patient to usual accommodation** – State Welfare Incident Control Centre (SWICC)– Phone 13 COVID, select option 3 followed by option 1. (7am- 8pm, Mon-Sun)
- * **Patients under direction to quarantine in supervised State Quarantine Facility managed 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)
- * **Western Australian Police** – for a movement order request SOCC.COVID19@police.wa.gov.au
- * **Release from isolation** – [Information for clinicians](#)

1. Purpose

This guideline is for hospital staff and outlines specific requirements for the discharge of a suspect or confirmed COVID-19 patient to support clinical discharge planning.

2. Clinical criteria for discharge

In an addition to usual discharge processes, several factors should be considered when 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 active COVID-19 is discharged from hospital and inform them of accommodation arrangements, i.e. home, hotel/other private accommodation, State Quarantine Facility managed by SHICC, or a residential facility (includes disability, hostels or aged care facilities) or vessel. 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

* Call: 08 9222 0221 (8am-5pm, Mon- Fri) or
08 9328 0553 (after hours)

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)

3.2 WA Police Notification

For Patients who are under a self-quarantine Direction the patient is to be reminded that they are to contact WA Police notifying them of their return to their self-quarantine address. This can be done either prior to their discharge OR as soon as they arrive at their discharge destination. For patients requiring assistance with this, WA Police can be notified by email on SOCC.COVID19@police.wa.gov.au

4. Patient Requirements

The decision to discharge a patient with COVID-19 to home, hotel/other private accommodation, State Quarantine Facility, to a residential facility or vessel 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. If the patient does not wish to return to their usual residence, they are to arrange private accommodation/hotel at their own expense.

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 with financial assistance (see section 4.2).

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

4.2 Discharge to appropriate private accommodation (including non SHICC managed Hotels)

Patients who are isolating/quarantining in a hotel or private accommodation that is not a state quarantine facility managed by SHICC are to follow the decision process in section 4.5.

4.3 Discharge for someone under a direction to quarantine in a state quarantine facility managed by SHICC.

If a suspect or confirmed COVID-19 patient is under a 'Centre Direction' to quarantine in a supervised facility engaged by SHICC or they are under a 'Hospital Direction' and proceeded to hospital direct from an inbound flight (e.g. returned traveller 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 contacted for handover.

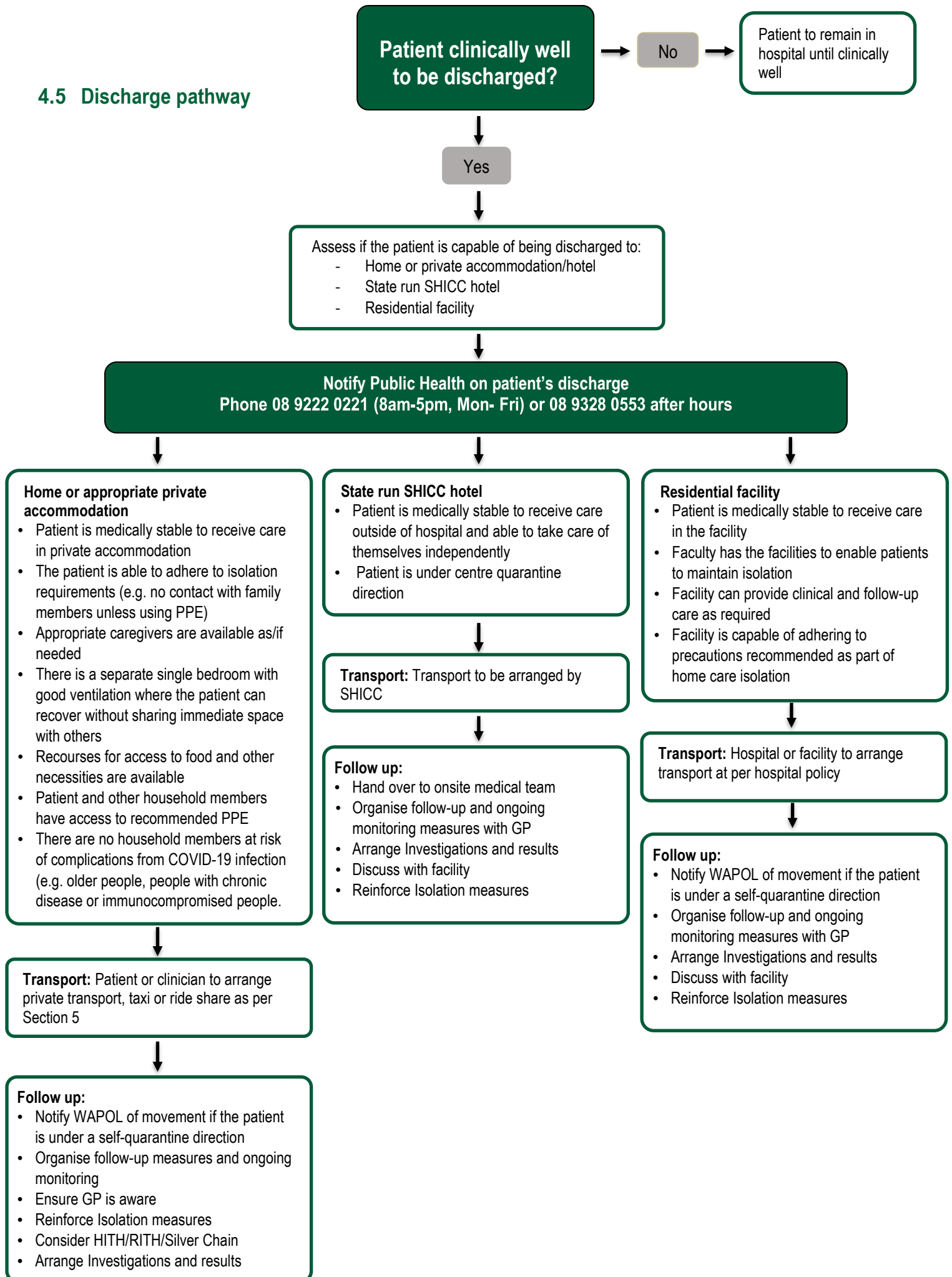
4.4 Discharge to a residential facility

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



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 clean surgical mask provided by the hospital. Other people in the vehicle should wear a mask and ensure physical distance.

If a taxi or ride share is required, the patient or clinician is to arrange ensuring the driver and patient adhere to Department of Health guidelines. Ensure the ride share operator has been notified in advance that the patient is either a suspect or confirmed case. The expense of private transport is to be paid by the patient, or financial assistance provided by the hospital as per usual Hospital discharge processes.

Refer to [Information for taxi and rideshare drivers](#).

Refer to [stay COVID safe on your ride](#) for information for taxi and ride share passengers.

For patients requiring a patient transport service to return to an accommodation (e.g. residential aged care facility, hostel), the standard hospital processes 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.

Suspected or confirmed COVID-19 patients are not permitted to use public transport

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

Hospital staff are to supply the following details to process the booking:

- * Name/s
- * Number of passengers
- * Pick up date
- * Pick up time
- * Pick up address (specific entry for hospitals)
- * Destination address

Point of contact (shift coordinator, hotel reception, etc). **Please note that this service is for the metropolitan area only.**

5.3 Patient Assisted Transport Scheme (PATS)

PATS assistance may be available for a patient with COVID-19 once the patient has been released from isolation. Refer to Hospital Policy on PATS.

Further information is available at:

www.wacountry.health.wa.gov.au/index.php?id=pats&%3Btx_ttnews%5Btt_news%5D=414&%3BcHash=5180a7c4968

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 use 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.

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)

Appendix 1: Clinical Discharge Planning

The decision to discharge should include:

- * Assessment of the patient's 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).

Version:	Last reviewed:	Changes:
1.0	21 Dec 2020	Section 4.4 and 5.1
1.1	17 Jun 2021	Purpose: for hospital staff
2.0	22 Oct 2021	Updated contact details and discharge pathway

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