

## Big Picture Alternate Care Sites Proposal – DRAFT 3/24/20

### Goal

An integrated system that decreases spread of disease, protects high risk frail (severe lung disease, immunocompromised) and decompresses the hospitals.

### Definitions

1) Alternate Care Site (ACS) - Non-traditional environment where healthcare providers provide medical care during disaster. This is different from the areas created by individual hospitals to increase surge capacity in that any hospital can discharge patients to the ACS and the ACS is not run by any one of the hospitals.

2) Can't Isolate at Home - Cannot stay alone in 1 room with closed door and have someone to deliver food, supplies and check on them

3) Medically Frail in High Risk Group Setting – Pts with severe pulmonary disease or immunocompromised living in group living environments such as shelters OR living with known or suspected covid positive in the home.

### Overarching criteria for admission to any ACS

-Stable without ongoing need for laboratory or radiologic imaging

-Meets SIRS Criteria

-Not requiring O2 (except Covid Pos after d/c and people on O2 at baseline)

-Not requiring significant help with ADL prior to illness or coming with caregiver

### Target populations

-People under investigation (PUI) that can't isolate at home ie anyone who can't have a room to themselves and someone to bring them food and check on them (homeless, group homes, etc)

-High risk frail who are in group settings where they are likely to be exposed (homeless, nursing home and likely more)

-Hospitalized people who are stable for discharge to ACS by criteria

-Covid positive asymptomatic or mild disease who can't isolate at home (ie anyone who can't have a room to themselves and someone to bring them food/check on them)

### Alternate Care Sites

Stratify people in to 3 groups:

1) People Under Investigation who can't isolate at home- Could come from outpatient/ER. Asymptomatic or mild illness. Need to be isolated in own room in a facility that has airflow that will not spread virus to other rooms. Minimal nursing needs. Could give each pt a thermometer and Pulse ox and phone and have them report sx by phone to onsite nurse/provider bid

2) Presumed Covid NEG - Need to be isolated in own room in a facility that has airflow that will not spread virus to other rooms.

— Hospital discharges - will need higher level nursing care possible

Ex. Patients will need for long term IV Abx, Wound care, CHF or Liver Failure that don't have a place to recover

— Medically frail in group settings

Ex. Homeless with underlying medical conditions, someone on chemo in multi family setting with PUI

3) Known Covid Positive who Can't Isolate at Home (This will come from PUI or hospital)

— Identified in outpatient/ER as PUI-

— Post hospital for Covid