



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

August 13, 2020

Heidi Steinecker
Deputy Director
Center for Health Care Quality
California Department of Public Health

Dear Heidi:

As the COVID-19 pandemic continues, hospitals must be able to quickly maximize capacity to respond to surges in demand. Hospitals seek the ability to timely transfer medically stable patients to post-acute care settings, including skilled nursing facilities (SNFs). However, SNFs continue to be limited in their ability to accept new admissions and to re-admit current residents following hospitalization. The resulting delays and barriers to SNF access affect all patients, including COVID-19-negative patients as well as patients with confirmed or suspected COVID-19.

The California Hospital Association (CHA) recognizes the work of the California Department of Public Health (CDPH) to provide additional guidance and support to SNFs, including increased oversight and training activity and a robust program of regular webinars and provider conference calls. We especially appreciate CDPH's recent work to provide additional information and clarification on testing and isolation for new admissions and re-admissions, as discussed in All Facilities Letter (AFL) 20-53.2.

Despite these worthy efforts, CHA's member hospitals continue to face significant challenges when seeking to discharge patients to SNFs. Timely access to a post-hospital SNF is critical to ensuring that California's hospitals can admit and care for the acutely ill in response to the current public health emergency. Equally important is the need to ensure that all patients can receive the most appropriate level of care in the setting most appropriate to their needs.

Clinicians are just beginning to understand the long-term clinical and functional status impacts of COVID-19, and it is probable that a significant number of post-COVID-19 patients will require specialized care to address medical conditions, physical debilitation, and residual cognitive deficits. As the pandemic continues, many more individuals will require access to post-hospital SNF care for either short-term transitional care, long-term residential care, or both.

It is essential that the state's planning efforts include the ability of SNFs to safely admit and treat new residents both now and in the future.

RECOMMENDED ACTIONS

CHA makes the following recommendations to support meaningful collaboration between hospitals and SNFs. These recommendations are interdependent and complementary and will be most effective if implemented in a coordinated manner. Also, critical will be ongoing input and support from all key stakeholders, including hospitals, SNFs and local health departments.

1. **Develop and issue statewide guidance on SNF admission practices and policy, in the form of an AFL.** This guidance would be focused on providing direction and support to encourage the safe admission and re-admission of individuals to SNFs from hospital settings. Specifically, we

suggest that CDPH express an expectation that SNFs will make reasonable efforts to admit new and returning residents, in coordination with their local public health department.

Pre-admission testing and isolation

The comprehensive AFL would consolidate existing CDPH guidance on pre-admission testing and quarantine of new admissions as well as procedures for safe re-admission of residents who have left the facility for short periods. The AFL should also identify and prohibit specific admission practices that are not clinically indicated, such as:

- Requiring that test results be obtained prior to patient transfer
- Requiring two or more negative tests prior to admission, for patients with no COVID-19 history or exposure
- Requiring that patients be cared for in isolation at the hospital for extended days prior to transfer

Admissions holds

The AFL should also address what circumstances would lead to a “freeze” or hold on admissions or re-admissions to the SNF. This guidance should include discussion of the specific circumstance when routine testing reveals a single or small number of positive tests and whether admissions should be halted if adequate infection prevention practice is in place. Decisions to halt admissions should be made in coordination with the local health department.

Mitigation plans

SNFs should be required to update their mitigation plans to include admission policies and requirements, subject to review and approval by CDPH.

Coordination with local health departments

Every effort should be made to harmonize CDPH guidance with local public health departments. In instances of continued significant lack of access to post-hospital SNF services, the local health department will convene a regional workgroup to include representatives of hospitals, SNFs, and CDPH.

2. Require SNFs to submit admissions and capacity data as part of their daily reporting. This would include:

- Number of new admissions, including COVID-19 infection status.
- Daily census, including census in (1) COVID-19 unit (if applicable)
- Number of beds available for COVID-19-positive patients
- Number of beds available for non-COVID-19 or unknown patients.

The addition of these data elements will allow CDPH and local health departments to accurately assess regional SNF capacity and to provide meaningful support to hospital and SNF leaders to facilitate access to care.

3. Develop a SNF Access Task Force, with the goal of assessing barriers to SNF access and identifying potential strategies to resolve. This task force should include physician

representatives from acute care as well as long-term care medicine, and additional clinical and operational personnel from hospitals and SNFs.

The immediate goal of this group would be to develop sound clinical guidelines to support safe admissions and re-admissions to SNFs, including specific policies and practices that would enable facilities to admit patients in need of SNF care while protecting current residents. The guidelines would then form the basis for additional training programs, such as the ongoing "Wednesday Webinar."

Planning efforts should differentiate between, and address access for, two distinct types of SNF care: 1) post-acute transitional care , providing short term medical and rehabilitative care and 2) long-term residential care (LTC), for individuals with chronic medical conditions or disabilities. Both levels of care will need to be available to individuals who are confirmed or suspected for COVID-19 as well as for non-COVID-19 patients. Finally, ongoing plans to facilitate SNF admissions and re-admissions must also consider the needs of current SNF residents and avoid detrimental transfers.

Timely access to SNFs has emerged as a critical issue in on California's ability to respond to the current public health emergency. We believe that urgent action is necessary to ensure that California's hospitals and other health care providers will be able to continue to meet the needs of their communities. As a first step, we encourage CDPH to convene a forum with key representatives of hospitals and SNFs, to review these recommendations and solicit input on future action.

Thank you for your attention and consideration, and for the opportunity to provide this input.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Blaisdell".

Patricia Blaisdell
Vice President, Continuum of Care