

JHH and JHBMC | Discharge Guidelines for COVID Positive Patients Still on COVID Isolation

JHSOM Dept Med, JHH/JHBMC Ambulatory Incident Command, JHH/JHBMC HEIC

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Most patients can be discharged while still on COVID isolation. This document provides guidance for the patient categories listed below. These guidelines may be updated frequently. Please refer to the Hospital Epidemiology and Infection Control (HEIC) website for the most recent version.

Patients Discharging to a Private Residence

Repeat inpatient or outpatient COVID testing is **not needed** for patients who are being discharged to a private residence

1. Patients who have a PCP with whom they can readily follow-up

- a. Instruct them to follow-up with their PCP (likely by phone or video) within 2-5 days.
- b. In the **After Visit Summary, include the following documents:**
 - i. Krames Coronavirus Disease 2019 (COVID-19): Caring for Yourself and Others: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60078>
 - ii. Coronavirus Disease 2019 (COVID-19): Prevention: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60077>
- c. Uncomplicated patients* can discontinue self-isolation when ALL THREE of the clinical criteria below are met. **We recommend including these three criteria in the After Visit Summary as well.** (See section 3 regarding criteria for complicated patients who need to return *in person* for medical care.)
 - i. Afebrile for 24 hours without the use of fever-reducing medications
 - ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath)
 - iii. At least 10 days have passed since the first positive COVID-19 test was obtained.

If an uncomplicated patient* did not have symptoms, they can discontinue self-isolation 10 days after the first positive COVID-19 test was obtained if they remain asymptomatic.

See guidance for Complicated patients* below.

- d. Please note that some patients eligible for discontinuing outpatient COVID-19 isolation by the above criteria may achieve these criteria *while still an inpatient*. If this is the case, they do not need any special

| * Definitions | |
|--|--|
| Complicated Patients or Group Care Settings | Patients who required ICU care during their hospitalization, are severely immunocompromised ¹ or are pregnant or less than 2 weeks post-partum. Patients who do not meet these criteria are considered uncomplicated patient cases. Group care settings include inpatient rehabilitation, psychiatry facilities or are receiving dialysis. |
| Uncomplicated Patients | Patients that do not fall into any of the groups above. |
| ¹ Severely immunocompromised patients: The degree of immunocompromise for the patient is ultimately determined by the treating provider. Conditions include but are not limited to active chemotherapy, active hematologic malignancy, solid organ or bone marrow transplant recipient, untreated HIV infection with CD4 T lymphocyte count < 200, primary or acquired severe immunodeficiency disorder, treatment with high-dose prednisone or the equivalent, or treatment with other immunocompromising agents. For a list of high-risk immunosuppression medications, click here . | |

isolation at the time of discharge (will not need the isolation and quarantine instructions in 1b.) and should simply return to the standard social distancing polices relevant to the general population when they leave the hospital.

- e. Suggest patients ask their PCP to discuss when they meet the three criteria in c. above.
- f. PCPs should be the ordering providers for **home health needs** (e.g. oxygen, durable medical equipment, nursing visits), and patients in **established ambulatory substance abuse programs** should plan to continue in those programs. (Please make every effort to work with case managers to ensure these links are confirmed prior to discharge).

2. Patients who do NOT have a PCP with whom they can readily follow-up

- a. The discharging case manager should attempt to establish a new primary care visit via JHCP (1-833-438-5427) or via the JHM Patient Referral website: <https://www.hopkinsmedicine.org/profiles/>
- b. If unable to establish care, the discharging team may request a patient visit with a CART or After Care Clinic provider. The discharging team should message the Access Service scheduling team via Epic using the pool, P CV-19 PAS with the patient name and history number and date to schedule follow-up. Alternatively, the discharging team can call 443-997-9537. .
- c. In the **After Visit Summary, include the following documents:**
 - i. Krames Coronavirus Disease 2019 (COVID-19): Caring for Yourself and Others: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60078>
 - ii. Coronavirus Disease 2019 (COVID-19): Prevention: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60077>
- d. Uncomplicated patients* can discontinue self-isolation when ALL THREE of the clinical criteria below are met. **We recommend including these three criteria in the After Visit Summary as well.** (See section 3 regarding criteria for complicated patients who need to return *in person* for medical care.)
 - i. Afebrile for 24 hours without the use of fever-reducing medications
 - ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath)
 - iii. At least 10 days have passed since the first positive COVID-19 test was obtained.
- e. If an uncomplicated patient* did not have symptoms they can discontinue self-isolation 10 days after the first positive COVID-19 test was drawn.
- f. See guidance for Complicated patients* below.
- g. Please note that some patients eligible for discontinuing outpatient COVID-19 isolation by the above criteria may achieve these criteria *while still an inpatient*. If this is the case, they do not need any special

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isolation at the time of discharge (will not need the isolation and quarantine instructions in 1b.) and should simply return to the standard social distancing polices relevant to the general population when they leave the hospital. Points h – i below will not apply in these cases.

h. FOR JHH ONLY:

- i. If the patient has **home health needs** (e.g. oxygen, durable medical equipment, nursing visits), ask your case manager to contact the After Care Clinic (410-955-0545 or AfterCareClinic@exchange.johnshopkins.edu) where staff will serve as the ordering providers.
- ii. If the patient needs to **start opioid replacement therapy**, refer them for initial management by the After Care Clinic as outlined in the JHH COVID-19 Inpatient/Emergency Office Based Opioid Treatment Algorithm (see **Appendix**) and plan to provide a 7 day supply of buprenorphine as described therein.

i. FOR BAYVIEW ONLY:

- i. If the patient has **home health needs** (e.g. oxygen, durable medical equipment, nursing visits), ask your case manager to contact **Heather Agee** via Staff Message with the patient's information.
- ii. If the patient needs to **start opioid replacement therapy**, contact the **BV301 practice triage nurse at 0-1483 or 0-1429** where Heather Agee or another provider can provide suboxone via telemedicine.

3. Complicated patients* who are also expected to return for in-person hospital or clinic appointments, procedures, or tests

Complicated patients* may shed COVID beyond 10 days from the first positive test. After 20 or more days since the first positive COVID-19 test, complicated patients who have no new symptoms suggestive of COVID-19 infection can discontinue self-isolation. At that time, those who require in-person visits/procedures/tests that cannot be performed through telemedicine or home care can be seen in regular clinic space under the same precautions as non-COVID-19 infected patients.

Prior to 20 days since first positive COVID-19 test, complicated patients* who require in-person visits/procedures/tests that cannot be performed through telemedicine or home care, **need to be seen in an area that accommodates COVID-19 positive patients** (see criteria under "Patients Discharging to Institutional Settings" below). They do not require re-testing. A positive or negative result will not alter this protocol. The visit(s) should be coordinated with HEIC by calling the relevant [Infection Prevention department](#). Complicated patients* who do NOT need to return in-person within 20 days should follow the guidelines in 1c. above however, continue home isolation for 20 days rather than 10.

Patients Experiencing Homelessness Who are Being Discharged to the Outpatient Setting

Note that patients who do have a home should return there. The services below cannot be used for people who have a home but wish to stay away for fear of transmitting COVID or other reasons

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| Uncomplicated Patients | Patients that do not fall into any of the groups above. |
| ¹ Severely immunocompromised patients: The degree of immunocompromise for the patient is ultimately determined by the treating provider. Conditions include but are not limited to active chemotherapy, active hematologic malignancy, solid organ or bone marrow transplant recipient, untreated HIV infection with CD4 T lymphocyte count < 200, primary or acquired severe immunodeficiency disorder, treatment with high-dose prednisone or the equivalent, or treatment with other immunocompromising agents. For a list of high-risk immunosuppression medications, click here . | |

1. **Patients actively engaged in care at Baltimore Healthcare for the Homeless** (this can be determined by asking patients, but **must be confirmed by calling Healthcare for the Homeless** at 443-703-1295, staffed M-F 8a – 4:30p).
 - a. Ask your case manager to call the Baltimore Health Department to arrange housing (likely in a hotel) and transportation for a patient on COVID isolation.
 - b. Ask your case manager to establish follow-up with Healthcare for the Homeless who will provide post-discharge care including any home care services and/or buprenorphine.
 - c. If possible, reach out to the Healthcare for the Homeless provider to convey case details including when the patient may be projected to come off COVID isolation (see f. below)
 - d. **If there is a delay** in housing or in confirming with Healthcare for the Homeless, or **if the patient is a complicated patient***, please discuss with discharge coordinator as to requirements from Healthcare for the Homeless, **in conjunction with the relevant [Infection Prevention department](#)**, (see section below for patients discharging to institutional settings).
 - e. Note that which home health services are available in the hotel setting may vary by the hotel and by patient circumstances (e.g. is the patient or his/her partner able to administer IV antibiotics, physical therapy, etc.). Plans will have to be individualized for each patient in discussions with case management and Healthcare for the Homeless.
 - f. **In the After Visit Summary**, include
 - i. The follow-up plan that has been worked out with Healthcare for the Homeless
 - ii. The following documents
 1. Krames Coronavirus Disease 2019 (COVID-19): Caring for Yourself and Others: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60078>
 2. Coronavirus Disease 2019 (COVID-19): Prevention: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60077>
 3. **Uncomplicated patients*** Use these three criteria to discontinue COVID-19 isolation for uncomplicated patients*:
 - a. Afebrile for 24 hours without the use of fever-reducing medications
 - b. Improvement in respiratory symptoms (e.g., cough, shortness of breath)
 - c. At least 10 days have passed *since* the first positive COVID-19 test was obtained.
 4. **Complicated patients*** may shed COVID beyond 10 days from the first positive test. After 20 or more days since the first positive COVID-19 test, complicated patients who have no new symptoms suggestive of COVID-19 infection can discontinue self-isolation.

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| Uncomplicated Patients | Patients that do not fall into any of the groups above. |
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2. Patients **not actively engaged in care** at Baltimore Healthcare for the Homeless.
 - a. Ask your case manager to call the **Baltimore Health Department** to arrange housing (likely in a hotel) and transportation for a patient on COVID isolation.
 - b. This housing need will continue until they meet requirements for discontinuation from COVID-19 isolation precautions.
 - i. Uncomplicated patients* can discontinue self-isolation when ALL THREE of the following clinical criteria are met. (See below regarding criteria for complicated patients who need to return *in person* for medical care.) **We recommend including these three criteria in the After Visit Summary as well.**
 1. Afebrile for 24 hours without the use of fever-reducing medications
 2. Improvement in respiratory symptoms (e.g., cough, shortness of breath)
 3. At least 10 days have passed since first positive COVID-19 test was obtained.
 4. If an uncomplicated patient* did not have symptoms they can discontinue self-isolation 10 days since the first positive COVID-19 test was drawn.
 - ii. **Complicated patients*** can discontinue self-isolation 20 days after the first positive COVID-19 viral test was drawn. Retesting is not recommended. This is the same for those who had and did not have symptoms at time of first positive COVID-19 test was drawn.
 - c. The discharging team should message the Access Service scheduling team via Epic using the pool, P CV-19 PAS with the patient name and history number and date to schedule follow-up. Alternatively, the discharging team can call 443-997-9537 and indicate that it will be in conjunction with Johns Hopkins Homecare. This follow-up may be arranged with the JHH After Care Clinic or CART provider.
 - d. Johns Hopkins Homecare will coordinate **home health needs** (e.g. oxygen, durable medical equipment). If an ordering provider is needed, see the processes (JHH-specific and JHBMC-specific) in the section for patients without a PCP who are discharging to a private residence.
 - e. It may be possible to initiate suboxone therapy. See the processes (JHH-specific and JHBMC-specific) in the section for patients without a PCP who are discharging to a private residence.
 - f. **In the AVS**, include
 - i. Krames Coronavirus Disease 2019 (COVID-19): Caring for Yourself and Others: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60078>
 - ii. Coronavirus Disease 2019 (COVID-19): Prevention: <http://johnshopkinsibportal.staywellsolutionsonline.com/Search/3,60077>
 - iii. Criteria to remove COVID isolation:
 - iv. **Uncomplicated patient*** cases can discontinue self-isolation when ALL THREE of the following clinical criteria are met.
 1. Afebrile for 24 hours without the use of fever-reducing medications for at least 24 hours
 2. Improvement in respiratory symptoms (e.g., cough, shortness of breath)

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| Uncomplicated Patients | Patients that do not fall into any of the groups above. |
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3. At least 10 days have passed since first positive COVID-19 test was obtained.
- v. **Complicated patients***, with no **new** symptoms suggestive of COVID-19 infection, can be removed from COVID isolation **after 20 days since first positive COVID-19 test was obtained**.

Patients Discharging to Institutional Settings

Relevant patients include those who will be returning to long-term care and assisted living facilities, patients who originated from a private residence but need to discharge to a skilled nursing facility setting, and patients discharging to inpatient rehabilitation facilities, skilled nursing facilities for short-term needs (i.e. parenteral antibiotics), group homes, inpatient substance abuse centers, or other institutional settings.

Requirements for these patients vary depending on the receiving institution, and are subject to change. The most important clinical guidance is to work closely with your unit's case manager (and physical/occupational therapists as relevant) starting early in the hospitalization to identify the likely destination and what the requirements will be.

1. **Institutions that can accept patients who are still on COVID-19 isolation (as identified by the case manager)**
 - a. This should include most patients who were previously residing in a long-term care or assisted living facility and will be returning to that facility and may include other facilities and patients on a case by case basis.
2. **Institutions that CANNOT accept patients who are still on COVID-19 isolation (as identified by the case manager). Discuss with case manager and infection control the requirements for transferring institution.**

Patients Who Will Attend Ambulatory Hemodialysis Centers

1. **Many COVID-19 positive hemodialysis patients can receive outpatient dialysis in COVID-19 positive dialysis centers in the Baltimore area.**
 - a. The **inpatient nephrology team, together with the social workers**, will arrange for slots in an appropriate COVID-19 positive center and will ensure patients have transport arrangements from their homes to the dialysis center.
 - b. **If there are anticipated delays**, please discuss with nephrology and infection control whether to institute the test-based strategy (see above regarding patients discharging to institutional settings) to attempt to remove from COVID-19 isolation prior to discharge. This may depend on the outpatient dialysis center's guidelines for discontinuing COVID-19 isolation, which may be different than our strategy.

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2. **For patients that nephrology and social work determine cannot receive outpatient dialysis in a COVID-19 positive center** (because live outside the Baltimore area or other reasons), discuss with nephrology and with the relevant [Infection Prevention department](#) on a case by case basis whether they can transfer to a new center and/or what strategy is required to make them safe for their dialysis center.
3. Depending on whether patients discharge to a private residence, to a city-sponsored housing facility (for persons experiencing homelessness), or to an institutional facility, **the guidelines for their place of residence (see categories above) will still apply irrespective of their hemodialysis isolation status.**

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Appendix: Johns Hopkins Hospital after Care Clinic Algorithm for COVID Patients on Opioid Therapy

