

UPDATED: 10/10/2020

Milwaukee Alternate Care Facility (ACF)

At State Fair Park

Process and Protocol Guide

Please find the following guides for patient admission to the Alternate Care Facility

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Overview of Alternate Care Facility Intake Request Process

Wisconsin hospitals seeking to transfer patients to the Alternate Care Facility must meet the criteria for admission described in section II and III. The Alternate Care Facility (ACF) Intake Form on page must be completed to be verbally reviewed during the patient transfer request call. The information recorded on the Intake Form will be discussed during the transfer call to determine acceptance to the ACF.

To initiate the patient transfer assessment process, the Hospital Discharge Planning Liaison or designee will contact the ACF Placement/Transport Coordinator at the ACF's Command Center by phone. Telephone calls must be placed between 9:00 am-Noon daily **THE DAY BEFORE the patient transfer from the hospital to the ACF is anticipated.**

The ACF's Command Center telephone number is **414-374-6639.**

When the patient transfer is approved by the ACF's Chief Medical Officer, the ACF will contact the Hospital Discharge Planning Liaison or designee as to the time and place the ACF's ambulance team will arrive to transport the patient to the ACF.

The ACF will receive patients between 9:00 am-5:00 pm the next day when the patient transfer is approved.

The ACF Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) are responsible for reviewing the admission criteria in consultation with Hospitalist and Critical Care/Pulmonology experts. The CMO or his physician designee will personally review and approve all intake requests. The goal of the intake process is to assure safe care within the ACF, and admit those patients having the highest likelihood of successful discharge from the ACF to their pre-hospital environment.

The ACF will be utilizing a nurse/patient staffing ratio of about 1 RN to 7 patients. The ACF will open on October 14, 2020 with 50 staffed beds and can increase bed availability based on need.

The ACF reserves the right to refuse admission of a patient during the intake process if the ACF clinical assessment indicates an unacceptably high risk of clinical condition and transfer to the patient.

PLEASE NOTE: All patients are required to have an identified post-discharge primary care clinician and follow-up plan in place to be communicated to the ACF intake staff at the time of transfer request. The ACF will also need to have a contact at the transferring hospital to notify when the patient is being discharged from the hospital.

Alternate Care Facility Inclusion Criteria

- Minimum 48 hours hospitalization
- COVID-19 positive (meets confirmed or probable case definition)
- Age 18-70 years old (those over 70 years old evaluated on a case by case basis)
- May require up to 15 liters/minute oxygen therapy
- Able to maintain oxygen saturation greater than 90%
- May require continuous pulse oximetry monitoring
- May require intermittent nebulized bronchodilator and/or metered dose inhaler therapy
- Ambulatory and able to perform activities of daily living (ADLs) with limited (one person) assistance
- May require IV fluids for hydration and/or limited medications
- Stable vital signs previous 24 hours
- Stable pulmonary gas exchange data previous 24 hours (if applicable)
- Inflammatory markers within normal range/trending down previous 24 hours
- Normal Mental Status Evaluation
- Able to tolerate PO
- PSI/PORT Score of 130 or less (evaluated on a case by case basis)
- Diabetic patients able to self-monitor glucose
- Patients have all needed home medical supplies or devices in hand (including diabetes monitoring, ostomy, self-catheterization, and ambulatory assistive devices) and can manage own care in their use during this stay
- Will be discharging back to an independent living situation and setting
- Any homeless patient will require a specific discharge plan, facility assignment and contact person PRIOR to acceptance to the ACF

- Transferring hospital/clinician provides list of home medications and schedule along with a minimum 3-day supply, and e-prescribes new medications or DME anticipated at discharge
- Clearly defined care management follow up strategy, with a Primary Care Clinician/Clinic identified to support the ongoing plan of care
- Any payor status (including uninsured)

Alternate Care Facility Exclusion Criteria

- COVID negative diagnosis
- Skilled nursing care or assisted living residents
- BMI > 40 (evaluated on case by case basis)
- Diagnosis of sepsis previous 24 hours
- Requirement of significant nursing care (e.g. more than one-person assist, assisted catheterization, complex wound care)
- Requirement of dialysis
- CIWA score >8
- Acute mental health issues
- Severely immunocompromised (as defined by discharge attending of record such that the patient is at high risk of decompensation with COVID-19; including pregnancy, neutropenia, diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% or CD4 count <200 lymphocytes/mm³, primary immunodeficiency, patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; post-solid organ transplant on anything beyond a maintenance dose of immunosuppressive medications)
- On contact precautions for acute diarrheal illness
- Known active MRSA, C. Difficile, TB, active XDRO, MDRO, known Candida auris colonization or infection
- No concealed carry weapons allowed

Alternate Care Facility Discharge Criteria

- 7 days or more from symptom onset AND 3 days or more afebrile without antipyretics and improved symptoms, whichever is longer
- Room air pulse oximeter > 88% and no shortness of breath with ambulation
- Adequate support services available at discharge location
- Cleared for discharge by physician or clinician on site
- ACF Placement /Transport Coordinator will coordinate with the family and patient, transportation to a mutually agreed upon location in the city where the patient lives.

Alternate Care Facility Admission Form

This form will be reviewed verbally during transfer call

Date

Time

Hospital Requesting Transfer

Hospital Address

City

Patient Name

Date of Birth

Patient Phone Number

Transferring Physician

Contact Phone Number

Discharge Planner Name and Contact Phone Number

Name and Contact Number of Family Member

Assessment from Acute Care Site

Vital Signs – BP _____ P _____ RR _____ Temp _____ SPO2 _____

Allergies _____

Oxygen requirements in past 24 hours _____

Current PORT Total _____ Criteria will be reviewed verbally with Chief Medical Officer

Current Bresscia Total _____ Criteria is total of 1--wheezing or unable to speak in full sentences while at rest or minimal effort; 2-- respiratory rate >22; 3-- PaO2 <65 mmHg or SpO2 <90

Current Symptomatology and Clinical Status

Patient Background and History of Hospital Stay

Current living situation to which patient will return

Current Treatments/Medications

Current Code Status

The patient meets the following admission criteria:

Minimum of 48-hour hospitalization

COVID Positive

Age 18-70

Maintains O2 saturation greater than 90% on 6 LPM or less

Ambulatory and able to perform ADLs with limited assist of one person

Stable vital signs for previous 24 hours

Stable pulmonary gas exchange data for previous 24 hours

Inflammatory markers with normal range/trending down previous 24 hours

Normal mental status evaluation

Diabetic patients able to self-monitor glucose

Able to manage any other chronic illness expectations (e.g. ostomy, assistive devices, etc)

Will be returning to an independent living situation and setting.

Any homeless patient requires a specific discharge plan, including facility assignment and contact person

Has clearly defined care management follow up strategy with primary care clinician/clinic

The patient does NOT meet the exclusion criteria:

COVID negative

Skilled nursing or assisted living residents

BMI > 40

Diagnosis of sepsis previous 24 hours

Requires significant nursing care

Requires dialysis

CIWA score >8

Acute mental health issues

Severely immunocompromised

Contact precautions for acute diarrhea

Known active MRSA, C Difficile, TB, Active XDRO, MDRO, known Candida auris

No concealed weapons

Other Information

Expected Date and Time of Patient Arrival _____