



BOB WILSON
DIRECTOR

LILLY SIMMERING
ASSISTANT DIRECTOR

STEVE THRONSON
DEPUTY AGENCY DIRECTOR
REGULATORY/MEDICAL SERVICES

TAMMI McCONNELL MSN, RN
EMS DIRECTOR
EMERGENCY MEDICAL SERVICES

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701
TELEPHONE: 714- 834-2791
FAX: 714- 834-3125

REGULATORY/ MEDICAL HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

DATE: April 21, 2020

TO: EMS DISTRIBUTION

FROM: TAMMI McCONNELL, MSN, RN, PH
ORANGE COUNTY EMS DIRECTOR

SUBJECT: ADMISSIONS GUIDANCE AND TRANSFER PROCESS TO FAIRVIEW
ALTERNATE CARE SITE DURING COVID-19 PANDEMIC

Attached is an admissions guidance document for the Fairview Alternate Care Site (FACS) in Costa Mesa. California State agencies and Federal partners along with State Emergency Operations Personnel are operating this site. FACS is a regional resource for hospitals and congregate living facilities such as skilled nursing facilities, assisted living or residential care congregate living sites.

As stated in the document, Fairview is available for low-acuity patients who are COVID-19 positive. Indications for transfer to FACS may include:

- Patients with no safe place to stay or quarantine
- Patients requiring low-acuity clinical care
- Patients requiring extended observation due to high-risk comorbidities, inadequate home support

The Los Angeles County Medical Alert Center (MAC) will be coordinating transfers in to Fairview from the region. Callers requesting transfer will be asked to answer screening questions, which are listed in the admissions guidance document. If the patient is accepted, MAC will arrange transportation from your facility to FACS.

In addition, sending hospitals will be asked to complete the attached Patient Information Sheet, which will go with the patient to FACS along with copies of the patient's medical record. *Transferring hospitals will also agree to assist with coordination of discharge planning or repatriation when the patient is ready for discharged from FACS*

Questions may be directed to the following between the hours of 8am – 5pm:

- MAC: 866-940-4401
- FACS: 714-957-5000

EM:tm#3736
Attachment

**FAIRVIEW ALTERNATE CARE SITE
TRANSFER PACKET**

Admissions Guidance to Fairview Alternate Care Site During COVID-19 Pandemic

Purpose

The purpose of this document is to provide guidance to hospitals and skilled nursing facilities (SNFs) for patient transfer to the Fairview Alternate Care Site (FACS) facility for low acuity, nursing home level care for COVID positive patients.

Background

The COVID-19 virus disproportionately impacts the elderly, with mortality increasing with age. Those over the age of 80 with chronic disease have the highest mortality. Given the recent spread of COVID-19 among congregate living sites such as assisted living and skilled nursing facilities, there is an emerging need for alternate care sites to accommodate COVID-19 positive residents.

Overview of Services at the FACS

CA State agencies, Federal Partners and private contractors, in coordination with State Emergency Operations authorities, have established a temporary alternate care site facility at the Fairview Developmental Center in order to provide local hospitals and skilled nursing facilities with care options and improve regional capacity in support of California's COVID-19 response.

An **Alternate Care Site** is a nontraditional care site that provides care for low-acuity, semi-ambulatory patients when hospitals are at or past capacity. Indications may include:

- Patients with no safe place to stay or quarantine
- Patients requiring low-acuity clinical care (≤ 2 L NC)
- Patients requiring extended observation due to high risk comorbidities, inadequate home support and/or barriers to returning to the ER or calling 911

The FACS has the following characteristics: (1) staffing that includes physicians, nurse practitioners, physician assistants, nurses, personal care attendants, respiratory therapists, behavioral health workers, pharmacists, supportive medical care providers (CNAs, EMTs, Navy Corpsmen, MAs), and social workers; (2) basic laboratory testing and x-ray capabilities; and (3) limited ability to provide IV fluids and low-flow oxygen; and (4) personal protective equipment and limited nebulizer treatments and suctioning.

Transfers to the FACS

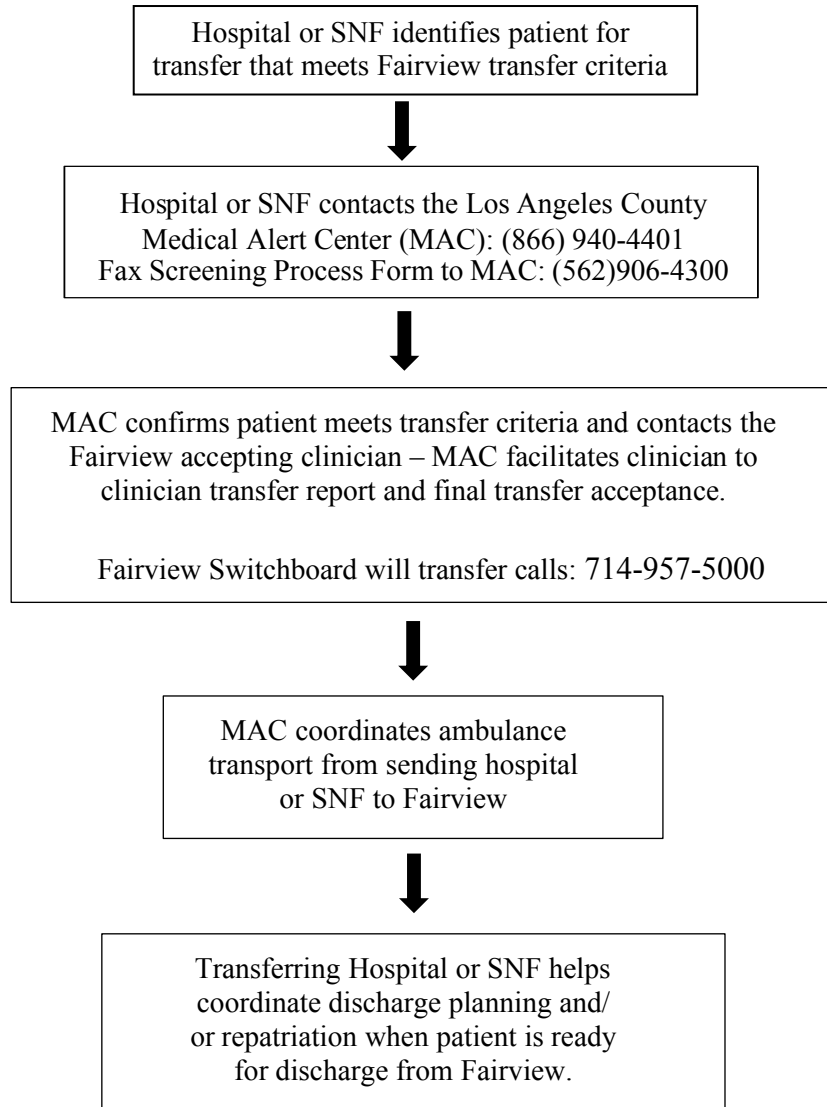
Hospitals and congregate living settings, such as SNFs, are eligible to transfer patients to the FACS. Hospitals may transfer patients who have stabilized and have lower-acuity needs, but who still require medical monitoring, to make room for those with more acute needs related to COVID-19 or other illnesses. Congregate living sites such as assisted living, residential care for the elderly, and skilled nursing facilities may also transfer individuals who meet the admission criteria for the FACS. If sent from a congregate living site, arrangements must be made to repatriate these patients once they are COVID negative on two consecutive tests, 24 hours apart, or the originating facility has the capacity to accept them back.

Transfers from FACS to the Hospital

The FACS cannot offer the same breadth of services as a hospital and is intended to serve as a SNF for COVID positive patients. If a patient's condition deteriorates they may have to be transferred to a hospital, typically via the 911 system, for worsening of their condition. A patient may also be transferred to a hospital if a provider determines they require medical care beyond the level available at the FACS for an acute medical issue.

Fairview Alternate Care Site Transfer Process

All transfers to Fairview will be coordinated by the Los Angeles County Medical Alert Center (MAC)
Fairview will be opening 4/20/2020 at noon and remain open 8am-5pm, 7 days a week



Points of Contact (8am-5pm):

MAC: (866) 940-4401

FACS: (714) 957-5000

Fairview Alternate Care Site Screening Process:

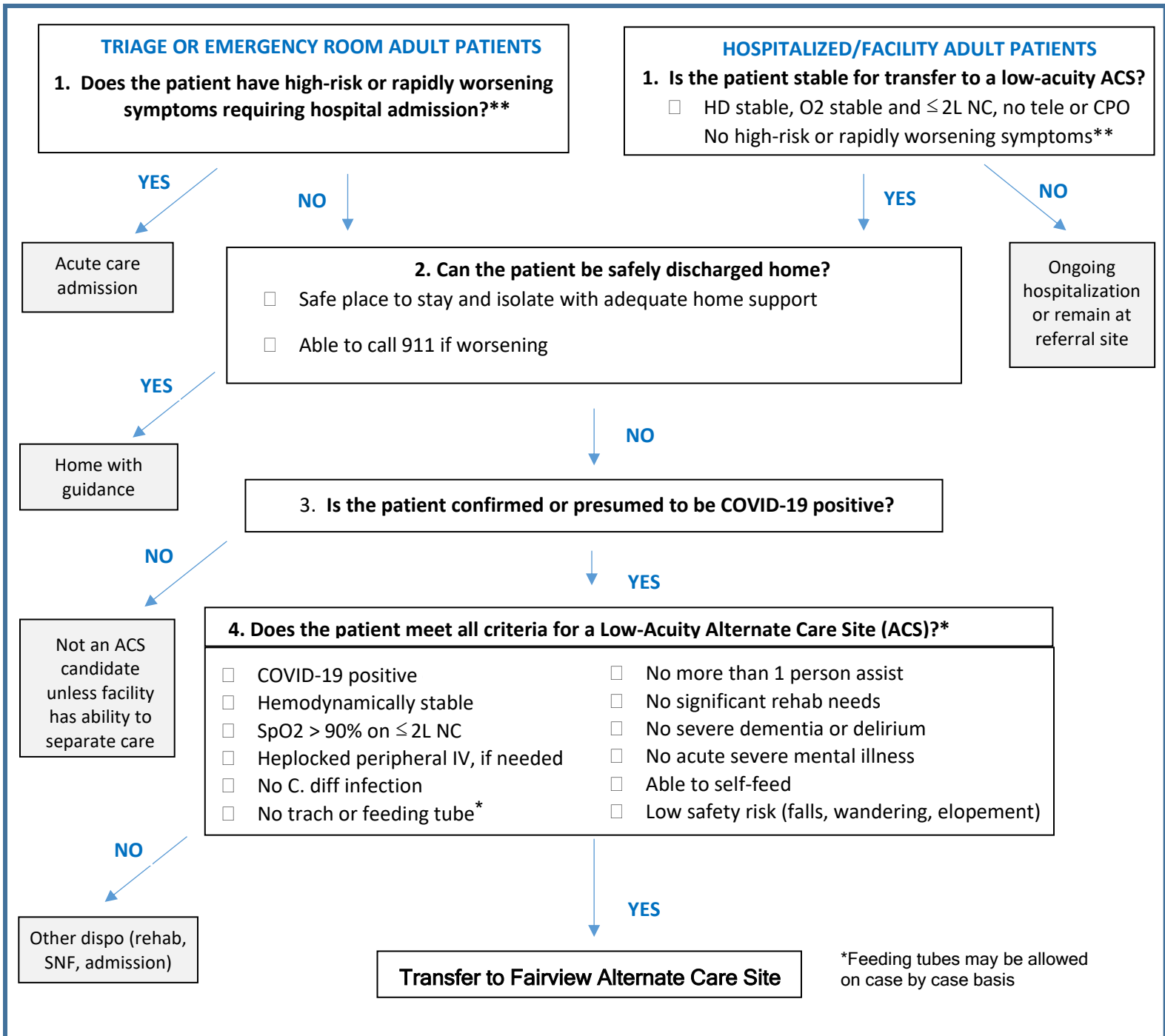
Answers with an asterisk (*) are a potential contraindication for admission. Only patients ≥ 18 yo are eligible for transfer.

- | | | |
|---|------|-----|
| 1. Does the patient have high-risk** or rapidly worsening symptoms requiring hospital admission? | Yes* | No |
| 2. Is the patient stable for transfer to a low acuity alternate care site? | Yes | No* |
| 3. Can the patient be safely discharged home? | Yes* | No |
| 4. Does the patient require continuous IV fluids or medications (if intermittent or only once a day, select 'No') | Yes* | No |
| 5. Is the patient confirmed COVID-19 positive | Yes | No* |
| 6. Does the patient meet the following criteria: | | |
| a. Hemodynamically Stable | Yes | No* |
| b. SpO ₂ \geq 90% on \leq 2L NC | Yes | No* |
| c. Hepllocked peripheral IV in place as needed | Yes | No* |
| d. Able to self-feed | Yes | No* |
| e. Low safety risk (falls, wandering elopement) | Yes | No* |
| 7. Does the patient have any of the following medical conditions: | | |
| a. <i>C. difficile</i> infection | Yes* | No |
| b. Tracheostomy or feeding tube (case-by-case basis) | Yes* | No |
| c. More than 1 person assist required | Yes* | No |
| d. Severe dementia, psychiatric illness or delirium | Yes* | No |
| e. Acute, severe mental illness | Yes* | No |
| 8. Has the patient or patient's next of kin consented to the transfer | Yes | No* |

**High risk clinical features may include, but are not limited to:

- Escalating O2 needs, HR >100, hypotension, or cardiac arrhythmia
- Asthma, COPD, or other lung disease requiring ongoing respiratory therapy
- Decompensated heart failure or other cardiovascular condition
- Immunocompromised (HIV, high-dose steroids, TNF-alpha, etc.)
- Current solid organ or hematologic malignancy
- End-stage renal disease or end-stage liver disease
- Active alcohol use disorder with prior withdrawal, DTs, or seizures
- Other concerning or undifferentiated symptoms

**GUIDELINES FOR ACCEPTANCE TO FAIRVIEW ALTERATE CARE SITE FROM
TRIAGE, EMERGENCY DEPARTMENT, POST-HOSPITAL DISCHARGE, OR OTHER REFERRAL SITES**



Fairview Alternate Care Site Patient Information Sheet

2501 Harbor Blvd
Costa Mesa, CA 92626

If the patient meets criteria, please fill in the information below:

Name: _____ DOB: _____

Address: _____ Phone: _____

Gender: _____ Emergency Contact (Name, Relationship): _____

Emergency Contact Phone #: _____

Insurance Provider (if applicable): _____

Current Treatment Provider: (Name) _____ (Phone) _____

Allergies: _____

Admitting Diagnosis: _____

Primary Language: _____ Translation service needed? Yes No

Height (inches): _____ Weight (kg): _____

Special Dietary Needs (if any): _____

(Updated 21 Apr 2020)

Problem List/Past Medical History:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

Current Medications:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Comments: _____

DISCHARGE NOTICE TO REFERRING FACILITY:

If a patient is admitted to the Fairview Alternate Care Site (FACS) and then meets criteria for discharge from the FACS, the sending facility agrees to coordinate discharge planning or repatriation to the original sending facility.

Social Worker/Case Manager Name:

Phone Number:

SENDING FACILITY INFORMATION:

Sending Facility Name:

Sending Facility Address:

Facility Point of Contact:

Facility Point of Contact Phone Number: