

CORONAVIRUS DISEASE 2019 (COVID-19)

Guidance For Acute Care Discharges to Post-Acute Facilities Requesting Personal Protective Equipment



Audience: Logistics Section Chiefs; Discharge Planners; Care Coordinators

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Guidance For Acute Care Discharges to Post-Acute Facilities Requesting Personal Protective Equipment (PPE)

Background

Though required to provide PPE to protect caregivers and patients or residents, many non-Trinity Health post-acute care providers are unable to secure adequate supply due to the world-wide shortage of product. For this reason, some of these facilities are refusing to accept discharged patients from Trinity Health without also receiving a supply of PPE. The following guidance provides a process to be followed in those instances.

Process

If a post-acute organization refuses to accept a discharge without a supply of PPE, the discharge planner or care coordinator should first search for an alternative post-acute provider. If an alternative is not available, the situation must be escalated to the Logistics Section Chief (LSC) for resolution.

The LSC should question the facility to determine if they are aware of and have exhausted all possible sources of PPE. Questions should include:

1. Are they aware of their requirement to provide PPE?
2. From which sources have they attempted to purchase PPE?
 - a. Distributors (should be on an allocation list)
 - b. Manufacturers directly
 - c. Group Purchasing Organization(s)
 - d. Retail market
 - e. Non-traditional market for alternative products
3. Have they petitioned the state and federal stockpile for supply? If so, how often?
4. If the facility is a nursing home, it should be getting its PPE from FEMA: <https://www.fema.gov/news-release/2020/04/30/personal-protective-equipment-medicare-and-medicaid-nursing-homes>

If it appears that we cannot assist the facility by directing them to a source of PPE, the LSC in partnership with clinical operations, must ensure that the facility is aware of and compliant with Centers for Disease Control and Prevention (CDC) guidelines on PPE conservation. The facility should also be questioned as to the appropriate use of PPE and asked if they cohort COVID-19 patients.

If it is determined that the facility has exhausted all possible means to acquire PPE and they have adequate PPE conservation practices in place, the following steps can be taken to consider providing PPE with the discharged patient.

The LSC should engage their supply chain leader to determine if the Trinity Health facility has adequate supply and if there is a specific supply suitable for the request. Oftentimes, the pandemic supply managed by supply chain contains small lots of masks or other PPE that are well suited for these smaller one-time donations.

If there is a supply available, the LSC should engage local legal counsel to support developing appropriate documentation, including liability waivers and engage clinical operations leadership to assist in determining a reasonable amount of PPE to accompany the patient.

Guidance

First allow the post-acute facility to express their request for PPE item(s). If their request is clearly below what would be required, per CDC guidance, to care for the discharged patient and the supply is available, the request can be granted.

If the request seems excessive, the following table provides guidance as to the criteria to determine and negotiate a reasonable amount of PPE. The guidance assumes a minimum 14-day stay and that Covid-19 patients are cohorted in the post-acute facility (source: Manor Care's requirements for a 14-day length of stay).

	Covid-19 Positive	Covid-19 Recovered	Non-Covid-19
N-95 or KN-95 Mask	0	0	0
Ear Loop or Tie Mask	10	10	0
Iso Gown - Reusable*	30	0	0
Iso Gown - Disposable*	140	0	0
Face Shields - Disposable	10	0	0

* Provide one or the other, not both. If reusable is provided, consider getting back after patient is discharged.