

HOSPITALIZATION DISCHARGE PROTOCOL FOR PEOPLE WHO LIVE IN RESIDENTIAL PROGRAMS CERTIFIED BY NYS OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

In order to ensure the health and safety of patients with intellectual and developmental disabilities (I/DD), this guidance outlines the responsibilities of both the residential provider and the hospital in the collaboration necessary when a hospital seeks to discharge a patient who lives in an OPWDD certified residence. Fundamental to a successful transition is clear and substantial communication between the hospital discharge team and the residential program staff regarding the condition of the patient and the resources available within the residence to support the patient upon return home.

For patients who have been admitted to a hospital for treatment of COVID-19 or have tested positive for COVID-19 or who are presumed COVID-19 positive based upon the presence of COVID-19 symptoms, the following discharge protocol shall apply:

- Upon admission to the hospital, the hospital will identify a key contact from their hospital discharge team and the residential provider will identify an appropriate member of its staff to ensure adequate communication and development of a discharge plan that meets the patient's needs and the residential providers' resources/abilities.
- Residential Program's Key Contact shall provide the hospital discharge planning team:
 - Identification of environmental concerns of the patient's home, including limits/ability to quarantine patient.
 - Inventory and report availability of PPE in the patient's home.
 - Assessment of clinical staffing/access to clinical staffing in the patient's home.
 - Behavioral concerns and long-term treatment issues for non-COVID-19 diagnoses that must be supported in the home.
 - Identify access to alternate residential programs, such as emergency intensive respite beds for potential discharge sites/planning.
 - Clearly outline the Residential Program's quarantine protocols for incorporation in the discharge planning process.
- The Hospital Discharge Planning team shall provide along with the customary discharge plan documents:
 - A copy of a full set of vitals including oxygen saturation level with time and date noted,

- Pertinent lab and diagnostic test reports,
 - Copy of the medical records of the patient's hospitalization including the patient's definitive COVID-19 status and, when results are available, ensure residence is notified of COVID-19 test results if they were pending at time of discharge,
 - Identification and contact information of vendor/lab where COVID-19 testing was sent for direct follow up by residential provider,
 - Any patient or staff-specific PPE required,
 - Any special equipment required (e.g., oxygen),
 - Frequency of monitoring of vital signs required,
 - Specific instructions regarding when to seek emergency care,
 - Reconciled medication list and medication prescriptions,
 - If isolation is required after discharge, necessary isolation protocols.
- Once the above exchange of information is conducted, the hospital discharge team shall:
 - Work with the residential program contact to ensure all necessary components of the discharge plan are in place before patient is discharged. This should include:
 - Identifying sources of/supplying PPE for the residence.
 - Ensuring that if it is necessary to isolate or quarantine a patient, that the provider has the capability to do so. Patients will not be discharged to residential providers who do not have adequate isolation or quarantine capabilities to keep staff and other residents safe.
 - Work with the residential program to ensure the safety of patients and take into account the quarantine protocols of the residential program in determining a discharge plan. This includes:
 - Patients who are admitted for COVID-19 illness and (i) have been tested and determined to be COVID-19 negative or (ii) were tested positive or presumed positive based upon presence of COVID-19 symptoms, but have met applicable CDC guidelines for determination that the patient is no longer symptomatic or infectious and does not require isolation or quarantine upon discharge, and advise the residential provider that the patient is ready for discharge.
 - Patients who remain COVID-19 positive or are presumed to continue to be COVID-19 positive and nevertheless, the hospital determines that discharge is appropriate under the circumstances of the COVID-19 emergency, the hospital should inform the OPWDD residential provider that the patient requires isolation and the minimum period of such isolation under CDC guidelines.
- With regard to patients who were admitted to the hospital for reasons other than COVID-19 and are determined to be ready for discharge applying usual and customary standards for determining readiness for discharge applicable to their medical condition, the provider shall contact the residential provider to arrange for discharge. If the patient has been tested positive for COVID-19 or is presumed positive based upon the appearance of COVID-19 symptoms during the hospital stay, the hospital shall notify the residential provider and follow the COVID-19 discharge planning protocol.