



Fairview Alternate Care Site (FACS)

Accepting Patients 24/7

California Medical Assistance Team (CAL-MAT) is now accepting low-acuity patients with COVID-19 at its Fairview Alternative Care Site in order to decompress local hospitals.

Admission Criteria

- **COVID infection** – Active
- **Age ≥ 18**
- **SpO₂ $\geq 92\%$ while on ≤ 6 LPM O₂**
- **Stable Vital Signs**
 - SBP > 90 and <180
 - DBP > 60 and < 110
 - HR > 50 and < 120
- Communicative and cooperative
- Ambulatory with one staff support
- Labs limited to once-daily routine
- Comorbidities are okay, if stable:*
 - Simple wound care
 - Stage 1&2 wounds only
 - Dialysis
 - Sender must pre-arrange for dialysis in Fairview
 - Foley catheter
 - PT/OT for recent admission

Exclusion Criteria

- Telemetry monitoring
- CPAP or BiPAP
- High-flow nasal cannula
- Colostomies, drains, tracheostomies.
- Pregnancy beyond 20 weeks
- Blood transfusions
- Demented patients who wander or require sitters
- Communicable diseases requiring isolation (e.g. MRSA, C. difficile)
- Not diagnosed with COVID-19

*Note: certain medications or supplies will be required from the sending facility

See attached document for further details

FACS Admission Line: (916) 837-3659

Fairview Alternate Care Site (FACS) admission criteria

Version 12-15-2020

Fairview Alternate Care Site (FACS) is providing care for members of the regional community diagnosed with COVID-19 who require ongoing medical care. The aim is to decompress General Acute Care Hospitals of patients requiring a lower level of care so they may focus on patients with higher acuity.

The following are guidelines meant to ensure patient and staff safety; exceptions may be considered on a case-by-case basis in consultation with the FACS medical staff. These criteria may be adjusted depending on the level of COVID-19 surge and capabilities at the ACS.

FACS Summary Admission Criteria

- Confirmed positive COVID-19
- Hemodynamically stable
- SpO₂ ≥ 92% on ≤ 6 L/min O₂
- Saline-lock peripheral IV if needed
- Able to self-feed
- Able to maintain safety: Low risk(s) for falls, wandering, elopement
- No more than 1-person assistance for ambulation
- No C. difficile infection or other infection requiring additional isolation
- No tracheostomy, CPAP
- No gastrostomy tubes
- No major rehabilitation needs (PT may be available on site)
- No severe dementia or delirium
- No acute severe mental illness
- No active drug abuse within 1 month
- No advanced stage ulcers (Stage 1 & 2 are okay)

General criteria

- Patient is aware and consents to:** alternative care conditions and Code of Conduct
- Work up:** No specific work up is universally required aside from a positive COVID test, but a CBC, CMP, D-Dimer and CXR are recommended for patients who are hypoxemic. Concurrent life-threatening conditions (PE, ACS, etc.) must be evaluated prior to transfer, since these evaluations cannot be done at the ACS.

Inclusion criteria:

- Age:** ≥ 18

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- ❑ If pregnant, < 20 weeks, and uncomplicated pregnancy
- ❑ **Confirmed COVID positive** (within past month). NO PUIs
- ❑ Hemodynamically stable in the last 24 hours, or as approved by the ACS provider
 - SBP >90 and <180
 - DBP >60 and <110
 - SpO2 >92% on supplemental O2 up to 6 L/min via nasal prong
 - If patient was previously on chronic O2 therapy and had baseline hypoxia, SpO2 <92% may be acceptable
 - HR >50 or <120 and without new arrhythmias
 - No fevers of unknown origin
- ❑ Behavioral
 - Cooperative and oriented
 - Able to communicate with medical staff
 - Aware and agrees to ACS conditions
- ❑ Minor to moderate wound care (Stage I and II skin ulcers)
- ❑ **Medical stability:** No unstable, active medical conditions such as decompensated CHF, DKA/HHS, alcohol/drug withdrawal or other undifferentiated/potentially life-threatening signs or symptoms.
- ❑ **Dialysis:** The FACS can take a limited number of dialysis patients if transportation and outpatient dialysis can be arranged by the sending facility. Patients will be transported off-site for dialysis sessions.
- ❑ **ADLs, ambulation, and transfers:** Independent to single person assist. Patients should arrive with their own assistive devices. No significant rehabilitation needs, but basic PT services may be available.
- ❑ **Labs:** Lab work can be sent to an outside laboratory via a once daily morning transport.
- ❑ **Patients with Suspected COVID-19:** FACS is not accepting PUIs
- ❑ **All medications, DME, etc. must arrive with patient unless otherwise arranged.** Most medications and supplies (wound care supplies, Foley catheters) cannot be provided by the site or can only be provided temporarily.
- ❑ **Disposition** plan in place
 - Return to prior living situation
 - Accepting facility confirmed
- ❑ **Paperwork:** Patient must arrive with face sheet, current medication list, discharge summary.

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Exclusion Criteria

❑ No isolation

- Other than COVID, the patient cannot have any condition that requires enhanced contact precautions as we cannot further isolate these patients. If patient has other drug resistant infections (ESBL, MRSA) or infection control precautions are in place, please discuss with FACS provider.
- Patient must not be so immunocompromised as to require reverse isolation (including but not limited to active lymphoma/leukemia, neutropenia or HIV with CD4 <500)

❑ No Aerosolizing Devices: Patient cannot require use of CPAP/BiPAP, nebulized treatments or suctioning while admitted.

❑ No tracheostomy or gastrostomy tubes

❑ Behavioral

- No severe dementia, wandering, delirium or history of sundowning
- No acute mental illness
- No active substance abuse
- No smoking, vaping (nicotine replacement OK)

❑ No animals

❑ Nursing Care: No continuous monitoring

Vital signs are taken every 6 hours. If the patient requires time intensive or specialized nursing cares (continuous/frequent/multiple IV medications, wound vacs, etc), this must be discussed with the accepting provider.