

## **Specialized Care Centre --Expanded Eligibility Criteria – Isolation Equivalency for LTCH Residents – NEW PROTOCOLS**

### **1. Specialized Care Centre**

The purpose of the Specialized Care Centre (SCC) is to provide emergency surge capacity by allowing long-term care homes (LTCH) in the GTA who are high risk sites for COVID-19 to temporarily decant long term care home residents to the SCC until the LTCH stabilizes operations.

Effective March 1, 2021 the SCC role is being expanded whereby the SCC will serve to fulfil isolation equivalency requirements of LTCH under Directive 3 for Long Term Care Homes under the *Long Term Care Homes Act, 2007* issued by the Chief Medical Officer of Health (CMOH) related to residents who need repatriation to their LTCH or new admissions to LTCH where the individual/patient has been matched to an available bed at a specific LTCH.

The SCC is run by The Salvation Army Toronto Grace Health Centre (TGHC), a well-known hospital in Toronto who specializes in the care of seniors.

The SCC is an alternate health facility under the *Public Hospital Act* and a hospital site of the TGHC. It has 90 beds that are fully staffed and in operation. The SCC is located at 650 Dixon Road, Etobicoke.

#### **Medical & Staffing Model at SCC:**

Medical Director: Dr. John Ruth (Geriatrician); Hospitalist: Dr. Karen Arcot

IPAC Practitioner: Dr. Michael Gardam; IPAC Manager: Jennifer Tea

Chief Nurse Executive: Patricia Skol, Geriatric Nurse Specialist

Patient Care Managers: Maria De Leon, Dan Clydesdale

Clinical Staff: Registered Nurse, Registered Practical Nurse, Personal Support Workers

Rehabilitation Staff: Occupational Therapy /Physiotherapy team, OT Assistant/PT Assistant, Rehab Support Worker

Allied Health Practitioners: Registered Dietitian, In-house Pharmacist, Registered Respiratory Therapists, Chaplaincy

Other services: Lab services, laundry services, individual shower room, housekeeping, food services

### **Vaccination of Residents/ Patients and Staff:**

The SCC, working with TGHC, UHN and Toronto Public Health will ensure that all patients/residents on a voluntary basis and who have not yet received the COVID-19 vaccine, will be vaccinated.

The SCC, working with UHN, will ensure that all staff on a voluntary basis will be vaccinated, to reach 100% of staff at the SCC with vaccination.

## **2. Expanded Eligibility Criteria for SCC**

As LTCHs become more stable, and with increasing vaccination rates in LTCH, the available bed capacity at SCC is high. This allows for an expanded role for SCC to assist the LTCH to increase admissions and accept return of residents from acute care hospitals. LTCH can find isolation requirements as per Directive 3 for newly admitted and transferred residents difficult to staff, and this can result in few admissions of LTCH residents per week and low fill rates.

**Effective March 1, 2021, eligibility criteria for SCC now include admission of select individuals/ patients to SCC in order to fulfil the 14 day isolation requirement as per Directive 3 for admissions and transfers to LTCH. Once the 14 day isolation requirement is fulfilled at the SCC, then the resident would not need to have an additional 14 day isolation at the LTCH.**

Any individual from the community, patient from referring hospital, (or their substitute decision maker (SDM)) must consent to admission or transfer to the Specialized Care Centre.

The following additional groups are now included in the eligibility criteria for SCC:

- **Repatriated Long Term Care Home residents with existing bed holding** who are in hospital, and would be discharged to the SCC in order to fulfill the required 14 day isolation requirement as part of their transfer back to the LTCH.
- **New long term care home admissions** who would be temporarily admitted to SCC to fulfill the required 14 day isolation requirement. These would be individuals/ patients who have been **accepted by the LTCH and for whom a bed has been matched and is available**. Admissions to LTCH can be admissions from Community, Crisis 1A or hospital.

The SCC will accept individuals/ patients from the above two groups and will:

1. Follow Directive 3 related to isolation requirements under droplet/ contact precautions for new admissions to the SCC.

2. Cohort COVID-19 positive patients in separate areas at the SCC from COVID negative patients. Staff will be designated to certain pods and will not be shared between pods.
3. Patient PCR COVID-19 testing at SCC will occur as follows:
  - ✓ Within 24 hours of admission. (For patients transferred from hospital who already have been tested with a PCR COVID 19 test within 24 hours, repeat testing at SCC on admission is not required)
  - ✓ At any time between admission to SCC and discharge if patient becomes symptomatic, and
  - ✓ At the end stay, at 14 days or prior to transfer back to long term care home.
4. SCC criteria to return resident to LTCH will include that the LTCH is not in outbreak and that a LTCH bed is currently being held for them.

In order to ensure continuity of care and flow of SCC patients to their LTCH, strict isolation requirements at the SCC are based on protocols set out in this document as necessary to fulfill the 14 day isolation equivalency requirements for LTCH. This protocol will allow *Transfers of Patients from the Specialized Care Centre to a LTCH safely and without further requirement for 14 day isolation at the LTCH.*

### **3.Long Term Care Home Bed Matching Requirements**

In order to meet legislative requirements, once a hospital patient/ individual is “matched” to a vacant bed with their selected LTCH by the LHIN long term care placement coordinator, the hospital patient/ individual will be transferred / admitted to the SCC to complete their required 14 day isolation period.

On day 10 of the isolation period at the SCC, the LHIN long term care placement coordinator will complete the “bed offer” to the long term care home applicant (or their SDM).

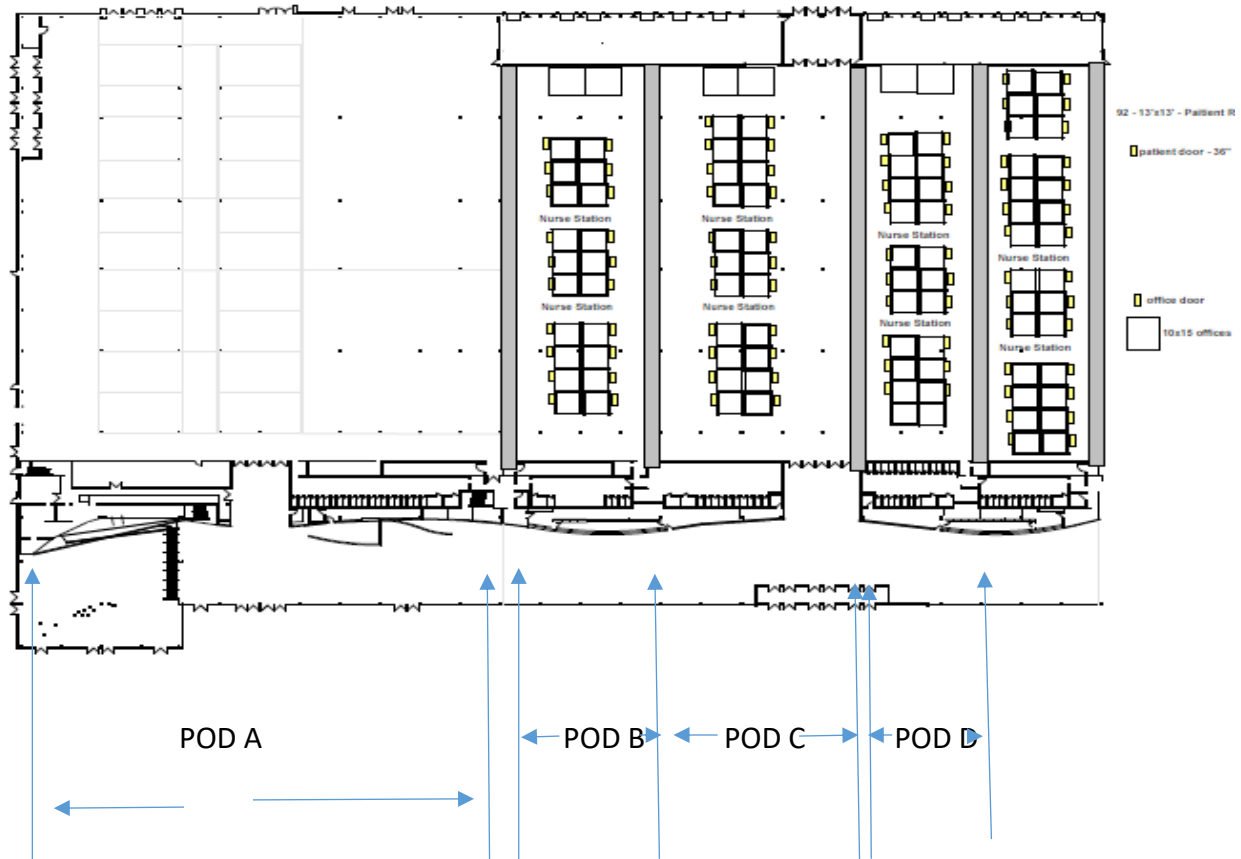
The move-in date to the long term care home bed must be within 5 days of the bed offer in accordance with the *Long Term Care Homes Act* (O.Reg.79/10 s. 185 (1)(f)(i)).

Where a SCC patient cannot be transferred to the LTCH on day 15 per above, the placement coordinator should work with the patient (or their SDM if applicable) and the LTCH directly. Subsection 167(2) of O.Reg.79/10 provides that the placement co-ordinator is not required to remove an applicant from every waiting list if the conditions in that subsection are met.

Note that O. Reg. 95/20 under the *Reopening Ontario Act* permits licensees to use flexible processes for the admission, transfer and discharge of persons.

## 4.SCC Physical Design - 4 distinct clinical areas

There are 4 Distinct patient care areas—called PODS--- at the SCC: Pod A, Pod B, Pod C and Pod D.

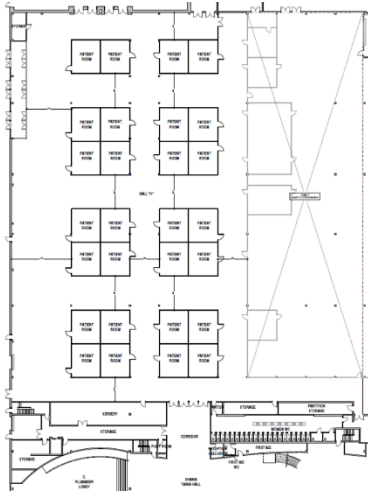


### 4.1. POD A – COVID Positive Unit – Hall H

Within the North building of Hall H, Pod A has a maximum of 28 individual rooms. Each room is built with an independent ventilation system and lighting options. Based on the 28-bed design, the rooms have the capacity to isolate patients appropriately.

The *ventilation capacity in Pod A* is as follows:

Each room is individually serviced by a 5 ton Roof-Top Unit (RTU). Each room achieves an Air-Exchange Per Hour (ACH) of 3.9. This is based on having to reduce the fresh air to 50% at peak seasons of winter and summer. This ensures manageable temperatures and bringing 100% fresh air. We are able to achieve an ACH of 7.8 in each room.



Pod A-28 beds with distinct ventilation system

The SCC in POD A has the ability for each living space to have the following features:

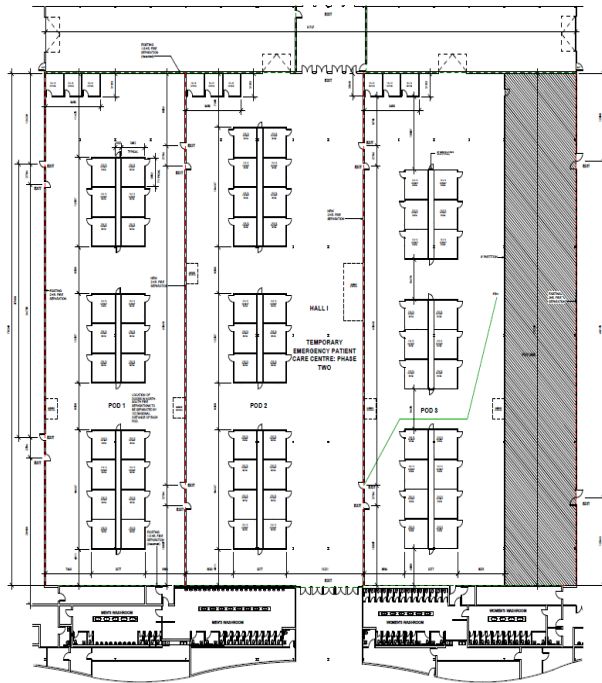
- Space for a hospital grade bed
- Independent dimmable lighting
- Climate control
- Commode chair
- Recliner (non-fabric)
- 3-draw dressing cabinet
- 32-inch TV connected to internet and cable
- iPad, allowing for internet connection and face-time.

#### 4.2 Recovered COVID patients (POD B and POD C) and COVID negative patients (POD D)- Hall I

All three of these pods (POD B, C, D) are separated with physical walls in Hall I. The three pods are separated by fire-rated walls from floor to ceiling providing three distinct pods. Each pod has its own independent and specific ventilation systems with HEPA filter as filtration.

*Ventilation in each of Pod B, Pod C, and Pod D is as follows:*

Within the open space of Hall I, we divided it further into 3 pods (Pods B, Pod C, and Pod D). These areas are serviced by 12 X 25-ton RTUs. The average ACH in these pods is 4.63. Each pod is able to achieve ACH as high as 7.03.

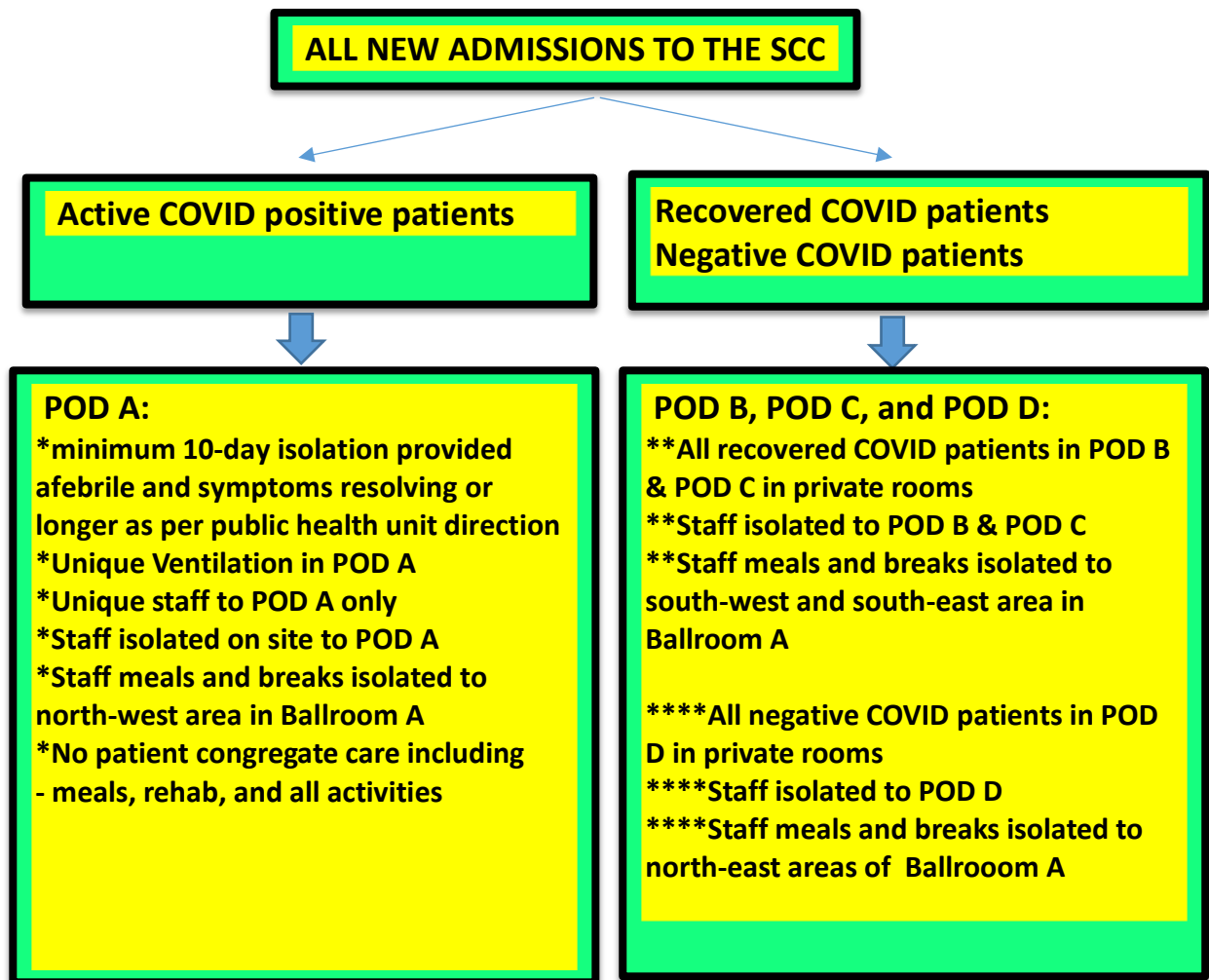


NOTE: If patients in POD B, C and D develop COVID symptoms they will be moved to POD A immediately.

The SCC in POD B, POD C and POD D has the ability for each living space to have the following features:

- Private room with a hospital grade bed or a LTC grade bed
- Independent dimmable lighting
- Commode chair
- Transfer devices (ie. Hoyer lifts, transfer disk, wheelchair, walker, Broda chair)
- Recliner (non-fabric)
- 3-drawer dressing cabinet
- 32-inch TV connected to Internet and cable
- iPad, allowing for Internet connection and face-time
- Call bell devices
- Wireless vital signs monitoring.

## 5. Admission Process to SCC



### **NEW ADMISSION from LTCHs or Acute Care:**

- Place patient under Droplet/Contact Isolation Precautions and monitor patient completing the “**Symptom Assessment**” form **X 14-days**
- If patient has not had COVID-19 swab done 24-48 hrs prior to arriving on unit, obtain order from MD to swab patient

### **NEW ADMISSION from Community:**

- Place patient under Droplet/Contact Isolation Precautions and monitor patient completing the “**Symptom Assessment**” form **X 14-days**
- Obtain MD order to do COVID-19 swab immediately upon admission
- Keep patient on isolation X 14-days even if swab comes back negative

## **6. New Admissions to SCC for Isolation Equivalency**

All new admissions to SCC of

- repatriated LTCH residents currently in hospital with bed holding or
- new admissions to LTCH from hospital or community of individuals who have a matched bed in a long term care home

can occur provided the following conditions are met:

1. Admissions may take place during an outbreak only if:
  - i. Approved by the local public health unit; and
  - ii. There is concurrence between the SCC, LTCH, and public health and the referring facility.
2. The individual/patient has been:
  - i. Tested for COVID-19 using PCR testing within 24 hours of admission to SCC;
  - ii. Is transferred to the SCC within 24 hours of receiving the result, OR confirmed infected and recovered of COVID-19. Individuals/patients being admitted to the SCC in POD B and C who have recovered from COVID-19 do not need to be re-tested or undergo 14-days of self-isolation.
3. The SCC has sufficient staffing, and will
  - i. Ensure the individual/patient being admitted to SCC can complete 14-days of self-isolation, under Droplet and Contact Isolation Precautions; and
  - ii. Patient admitted to SCC is tested (COVID swab-PCR) upon admission, at any time during their stay if symptomatic, and again at the end of self-isolation:
    - a. If the result is negative, the patient can be transferred to the LTCH,
    - b. If the result is positive, the patient will be transferred to Pod A until they complete the isolation requirements as per public health direction.
4. Individuals who have previously had lab-confirmed COVID-19 infection and have since recovered, are exempted from isolation when admitted to the SCC. They will be admitted to either POD B or POD C. LTCH bed matching and placement requirements outlined above will be followed.
5. A negative result does not rule out the potential for incubating illness therefore all new residents who have not been previously cleared of COVID-19 must remain in isolation in a private room under Droplet Contact Isolation Precautions for a 14-day period following arrival to the SCC.
6. The SCC must be able to maintain and have a plan in place for isolation of new admissions directly.



## **7. Transfer Protocol to LTCH Upon Completion of Isolation Requirements**

As the resident has been isolated at the SCC for 14-days as above with 2 negative COVID swabs (on admission and at day 14 where the negative test result must be known prior to transfer), then the LTCH isolation requirements as required by Directive 3 will have been fulfilled at the SCC.

The patient/resident can then be transferred back to the LTCH bed awaiting them without further need for 14 day isolation at the LTCH.

The following are triggers that the LTCH is ready to accept the resident following completion of the 14 day isolation at SCC:

- Resolved COVID-19 transmission or outbreaks
- Resolved staffing shortages
- Effective implementation of staff/resident cohorting
- IPAC protocols and requirements are in place
- MD staffing available
- Facility infrastructure issues resolved if applicable.

At day 12 or so, and as the isolation period at SCC is ending, the SCC and LTCH will discuss proposed date for transfer residents back to the LTCH.

Once the final COVID swab at day 14 comes back negative, SCC operation team will communicate with LTCH operation team to finalize the transfer of the resident back to the LTCH. The following will be discussed:

- COVID-19 results
- IPAC protocols in place at LTCH
- HHR in place at LTCH
  - IPAC personnel
  - Nursing infrastructure
  - PSW/HCA
  - Physicians
  - PPE supplies
- Number of residents to be transferred back to the home each day
- Check in process to ensure ongoing stability of the home prior to further repatriation
- Transportation arrangements

The SCC will provide the following documents to the LTCH:

- 2 negative COVID swabs using PCR ( if COVID- 19 negative) or confirmation that the resident has been cleared using time-based criteria ( if COVID-19 positive) as per the Quick Reference Public Health Guidance on Testing and Clearance [https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_testing\\_clearing\\_cases\\_guidance.pdf](https://health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf)
- Discharge orders from SCC (MD Discharge order)
- Administrator at SCC to confirm discharge order
- Discharge notes as applicable from interprofessional team
- Pharmacy and Medication Administration Record (MAR)
- SCC scheduled date & time for pick-up and transfer, including estimated arrival time at LTCH
- Communication post discharge.

## **8. Residents returned/ admitted to LTCH from SCC**

In consideration of the rigour of the 14-day isolation at the SCC, an additional 14-day isolation is not required when the LTCH resident is transferred from the Specialized Care Centre to their LTCH.

It is recommended that patients returning from SCC be placed on heightened surveillance with body temperature monitoring every 8 hours for 14 days at the LTCH.

Admissions and transfers from the SCC to their LTCH may take place during an outbreak at LTHC only if approved by the local public health unit in consultation with IPAC, and there is concurrence between the LTCH, local public health unit, and the SCC, as per Directive 3 (effective December 9, 2020).

Individuals returning from SCC to their LTCH may be placed in a room with no more than one (1) other resident. At any time, there should not be more than two (2) residents placed per room, including 3 or 4 bed ward rooms.

In the event that the resident is returning to the LTCH from the SCC and was in a 4 or 3 bedded-room in the LTCH prior to their move to SCC, then the LTCH may return the resident to their 4 or 3 bedded-room so long as isolation requirements outlined for the SCC is followed.

If the resident was not in a 4 or 3 bedded-room at the LTCH prior to their move to the SCC, they may not be placed in a 4 or 3 bedded-room upon return to the LTCH.

March 1, 2021—FINAL--- Approved by SCC