Government of Western Australia
Department of Health

COVID-19 Guidelines for hospital discharge and interhospital transfer

Purpose

This guideline outlines requirements to be considered by hospital staff when discharging a patient from a public hospital or transferring a patient between hospitals who is COVID-19 positive, a close contact or a person who has COVID-19 like symptoms (symptomatic).

Hospital Discharge

Discharge considerations for COVID-19

In addition to usual discharge protocols and processes, having a suitable discharge plan that takes into account isolation and transport requirements for a patient who is COVID-19 positive, a close contact or symptomatic is critical to minimising the risk of transmission of COVID-19. When planning to discharge a patient who is COVID-19 positive, a close contact or symptomatic consideration should be given to:

- The ongoing health care needs of the patient resulting from their admission, pre-existing conditions and COVID-19 status. Noting that patients should not remain in hospital if not clinically required, solely because they are COVID-19 positive, a close contact or symptomatic.
- The current hospital alert and response level and associated guidance outlined in the WA Health COVID-19 Framework for System Alert and Response.
- Availability and capacity of services to provide care in the community. If required, referral to home-visiting services and/or telehealth outpatient appointments should be provided to ensure health care needs are met after discharge.
- The suitability of the discharge destination for isolation, if required.
- The psycho-social care requirements for the patient e.g. emotional support, carer support, home care and welfare assistance.
- The patient's ability to access ongoing outpatient and community-based health care and medications from their discharge location.
- Please refer to current government travel advice for further information.
- If release from isolation criteria have been met. Refer to the Release from isolation – information for clinicians fact sheet for further details.

Immunocompromised patients
When discharging patients who are clinically assessed as being significantly immunocompromised (including those receiving renal dialysis) further consideration will need to be given to their isolation period which may be longer than 7 days and release from isolation requirements which may require exit testing in some high-risk clinical settings.

Isolation requirements and accommodation needs at the time of discharge should be agreed with the Infectious Disease's physician, Clinical Microbiologist or the patient's specialist prior to discharge. The CDNA has published a Series of National Guidelines (SoNGs) to provide nationally consistent advice including Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units. These guidelines provide clearance from isolation criteria for significantly immunocompromised cases in high-risk settings. The COVID-19 Guidelines for Renal Dialysis provides specific clearance advice for people receiving renal dialysis.

Registration of positive Rapid Antigen Tests (RATs)
Hospital clinicians must notify Public Health authorities of all notifiable diseases including COVID-19. Registering a positive RAT result meets this Public Health requirement. When a patient is required to have a RAT as part of the hospital discharge process, it is the clinicians responsibility to ensure any positive result is registered online at Rapid antigen test (RAT) (healthywa.wa.gov.au). The clinician can instruct the patient on how to do this or can register the result on the patient's behalf, noting that the responsibility lies with the clinician to ensure the result is reported.

Discharge coordinators
The hospital should have dedicated discharge coordinators (or equivalent) and/or plans to support and manage the discharge of patients who are COVID-19 positive, a close contact or symptomatic.

Goals of patient care
Discharge planning should focus on ensuring patients are discharged to an appropriate setting with the necessary medical information that aligns to their Goals of Patient Care following local policy and procedure.

Infection prevention and control
The Infection Prevention and Control in Western Australian Healthcare Facilities guideline provides further information on precautions and personal protection equipment (PPE) that should be used for patient transports and discharges.

Mental Health
Duties under the Mental Health Act 2014 still apply. If a person is suspected to lack the relevant mental capacity to make decisions about their ongoing care and treatment, a capacity assessment should be carried out before a decision is made about their discharge. Where the person is assessed to lack mental capacity, there must be a decision made in their best interests for their ongoing care that involves guardians or other decision makers (e.g. family) in keeping with the Guardianship and Administration Act 1990, Department of Health policies under the Mental Health Policy Framework (e.g. the Consent to Treatment Policy), and the Chief Psychiatrist's Good Practice Guide: Providing mental health care when there is community transmission of COVID-19.

Further information regarding specific requirements for mental health discharges from public hospital Emergency Departments can be found in the Mental Health Emergency and Follow Up Information on Discharge from Hospital Emergency Departments Policy.

End-of-life

The hospital or community palliative care teams should continue to work with COVID-19 positive, close contacts or symptomatic patients who have been identified as being in the last days or weeks of life and their carers/family to coordinate and facilitate discharge to home or hospice as appropriate, in line with the patient's wishes and any existing Advanced Care Plan, Advanced Health Directive and Goals of Patient Care the patient may have in place.

Hospitals must ensure that all appropriate information regarding safe COVID-19 care is supplied to the carer/family/hospice to avoid further transmission of COVID-19.

If palliative care or end-of-life care is required, the patient should be referred to the following home service providers:

- Metropolitan Palliative Care Consultancy Service (MPaCCs)
- Silver Chain
- WA Country Health Service Regional Palliative Care

Contact information is provided in Appendix 2.

Discharge destinations

The discharge destination for a patient who is COVID-19 positive, a close contact or symptomatic should be decided in consultation with the patient's Medical Practitioner and Multidisciplinary Team (MDT) and may include the patient's home, a hotel, private accommodation, accommodation arranged by the State Welfare Incident Coordination Centre (SWICC), residential facility or a vessel.

The Discharge pathway (Appendix 1) outlines the decision pathway to discharge a patient with COVID-19 to the most suitable accommodation.

Discharge to home or other private accommodation

Wherever possible a patient who is COVID-19 positive, a close contact or symptomatic should be discharged to their home or appropriate private accommodation. If the patient's usual residence is suitable but the patient does not wish to return to their usual residence, they are to arrange appropriate alternative accommodation at their own expense.

Discharge to a residential facility

The decision to discharge a patient back to a residential facility must be agreed with the inpatient treating medical team and the receiving residential facility to ensure the facility is equipped to manage the patient. Residential facilities may include Aged Care, Disability, Mental Health, group homes etc.

If the residential facility is unable to provide the level of care required for discharge, the patient should remain as a sub-acute patient in hospital. Appendix 1 outlines the decision process to ensure the facility is equipped to manage the patient.

Patients being discharged to a Residential Aged Care Facility must be tested for COVID-19 using a RAT in the 24 hours prior to discharge. The results of this test and all other usual discharge information must be communicated to patient transport personnel and to the receiving residential facility.

Any resident currently in isolation for COVID-19 or who is a recent case who has been released from isolation within the previous 4 weeks does not require testing prior to transfer.

For further information and a discharge checklist for discharge to a Residential Aged Care Facility refer to the COVID-19 Guidelines for Western Australian Residential Aged Care Facilities: Resident transfer to and from hospital.

Discharge to SWICC Accommodation

If the positive COVID-19 patient cannot be discharged home or to private accommodation due to unsuitable premises for isolation or difficult social or behavioural situations at the home or private accommodation, alternative accommodation in the metropolitan area may be arranged by SWICC.

SWICC accommodation includes meals and provision of limited personal supplies for the patient while they complete their isolation. Regular phone calls to check on a person's social and emotional wellbeing are conducted however ongoing support, face to face services, health care or assistance with activities of daily living (ADLs) is not provided.

Patients must be assessed and deemed able to safely and independently care for themselves and their affairs in a medically unsupported accommodation facility for the duration of the isolation period.

The treating team, social worker or case manager can refer a COVID positive patient to SWICC. When referring a patient, the referring clinician must be able to handover the patients recent COVID-19 test history including testing method (PCR or RAT), date and time of positive result and date of any previous positive test result (if known).

Patients being referred to SWICC accommodation must:

- be ready for discharge with no ongoing inpatient requirements
- have no suitable short-term accommodation option available
- be able to independently care for themselves in a room alone (i.e. patient needs to be self-sufficient with wound care, blood glucose monitoring, medication administration, mobility etc or do so with assistance from a carer who will stay with them)
- be capable of following emergency procedures

SWICC accommodation is not suitable for patients who:

- require ongoing inpatient care
- pose a risk to themselves, others or the accommodation property
- present a risk for alcohol or substance abuse
- have ongoing mental health complexities
- are likely to have behavioural issues during their stay.

If the patient is accepted by SWICC the following is to be provided prior to hospital discharge:

- Sufficient quantity of the patient's regular medication for their isolation period, including Nicotine Replacement Therapy.
- Education on the requirements to isolate, and what this means.
- Sufficient RAT kits to allow pre-attendance testing for any specialist services such as outpatient renal dialysis that may exist, prior to the patients next scheduled hospital visit.

- Transport bookings for medical appointments (e.g. outpatient renal dialysis) while the patient is in isolation
- Notice to the patients regular GP and/or medical specialist

Patients who require ongoing monitoring for their COVID-19 symptoms should also be registered with the WA COVID Care at Home program prior to discharge.

Patients who have complex social welfare needs and require psycho-social support should also be referred to the COVID Care Assistance Team.

It is recognised that there will be patients who will be deemed fit for medical discharge to alternative accommodation, should the full complement of support services be in place. However, isolation requirements (no face-to-face contact) may mean that, on occasion, the delivery of support services in the alternative accommodation cannot be accomplished. In these circumstances, to ensure patient-centred care, the hospital remains the safest place for the patient during their isolation period and/or until the required support services can be effectively delivered.

Contact information is provided in Appendix 2.

Discharge supports

WA COVID Care at Home

Patients who are COVID-19 positive and are requiring ongoing monitoring for their COVID-19 symptoms after being discharged from hospital should enrol online with the WA COVID Care at Home program. If the patient is unable to self-register, others including clinical staff, are able to assist with the registration process. Once registered, the patient will be assessed for eligibility for the program and if deemed eligible, WA COVID Care at Home will provide ongoing COVID-19 monitoring and GP support.

To participate in WA COVID Care at Home a patient must have access to a telephone and an appropriate level of internet data.

The WA COVID Care at Home team may send the patient some equipment and instructions to assist the patient keep track of their pulse and oxygen levels at home. A carer or support person can assist the patient with these measurements if needed. WA COVID Care at Home can offer translation and national relay services if required.

When a patient who is already under the care of the WA COVID Care at Home team is discharged from hospital, a discharge summary should be sent to the WA COVID Care at Home team.

Contact information is provided in Appendix 2.

Social welfare and support

The COVID Care Assistance Team (CCAT) is able to provide psycho-social support to COVID-19 positive patients who have complex social welfare needs and who are required to isolate in their home, private accommodation (metropolitan, regional, and remote) or in SWICC accommodation.

The CCAT service is not available for those residing in a Residential Aged Care Facility or

detained in a correctional facility.
When a patient is being discharged to their home or private accommodation the discharging clinician/social worker can contact CCAT directly by phone to discuss specific social welfare needs. Referrals can be made by the discharging clinician/social worker by phone or email.

If CCAT can provide social welfare support for the period of isolation the following information should be provided:

- Patient's full name
- Date of birth
- Residential address
- Phone number
- Email address
- Brief summary of the patient's situation and ongoing needs for support

When a patient is being discharged to SWICC accommodation and requires psycho-social support the request for psycho-social support will be made by SWICC.

In a few instances, patients being discharged to SWICC accommodation who require psycho-social support may receive support from the SHICC Health and Wellbeing team (instead of CCAT). This is determined and arranged by SWICC.

Contact information is provided in Appendix 2.

Discharge transport

Private vehicle

The first choice of transport for discharging a patient who is COVID-19 positive, a close contact or symptomatic is the patient's private vehicle or that belonging to their household member.

It is recommended that the patient wear a clean surgical mask provided by the hospital. Other people in the vehicle wear a mask, comply with current public health and social measures as able and ensure a safe physical distance wherever possible.

Taxi and rideshare

If a private vehicle isn't available a taxi or rideshare may be used. The patient or clinician is to book the transport and ensure the driver and patient are aware of Department of Health guidelines and precautions that include hand hygiene, mask wearing, sitting away from the driver, opening windows and contactless payment.

For taxi and rideshare drivers refer to Taxi and rideshare drivers – stay COVID safe advice. For taxi and rideshare passengers refer to Passengers - Stay COVID safe on your ride advice.

The patient or clinician must ensure the ride-share operator has been notified in advance that the patient is COVID-19 positive, a close contact or symptomatic.

The expense of private transport is to be paid by the patient, or financial assistance is to be provided by the hospital as per usual hospital discharge processes.

Ambulance

Ambulances should be used in emergencies only and are not to be used to transport people home.

Patient transport service (including community transport services)
For patients requiring a patient transport service to return to an accommodation facility (e.g. residential aged care facility, hostel), the standard hospital processes apply with an additional requirement to ensure the service provider is notified in advance that the patient is either COVID-19 positive, a close contact or symptomatic. This will allow the service provider to prepare accordingly.

Public transport
Patients who are COVID-19 positive, close contacts or symptomatic are not to be discharged from hospital by public transport.

Patient Assisted Transport Scheme
Patient Assisted Travel Scheme (PATS) assistance may be available to transport a patient who has met clearance from isolation criteria after testing positive for COVID-19. Refer to the Release from isolation – information for clinicians fact sheet for further information on clearance criteria and to WA Country Health Service PATS webpage for further information on PATS.

Inter-hospital transfers

Decision to transfer
The decision to transfer a patient to another hospital should be made on a case-by-case basis by the treating and receiving teams and should follow existing processes used by public and private hospitals.

All public hospitals are required to care for patients who are COVID-19 positive, a close contact or symptomatic and as such the transfer of these patients should not be based on their COVID-19 status and only occur if medically required. This may include situations when the required clinical care for the primary diagnosis is not available, when care can be provided closer to home to free up an acute care bed, or if acute or intensive care facilities are required and are not available at the current site.

Transfer of a patient between hospitals in a very high COVID-19 caseload environment should be via the hospital Patient Flow Coordinator who if necessary will liaise with the Department of Health's Patient Flow Command Centre if it has been operationalised in response to system capacity issues.

The Infection Prevention and Control in Western Australian Healthcare Facilities guideline can be referred to for further information on interhospital transfers.

Type of transport
A patient's COVID-19 status should not influence the decision on the type of transport used. Instead, the type of transport selected should reflect the clinical needs of the patient.

Ambulance
Ambulance transfer should be used if clinically required. Ambulance staff should be informed of the patients COVID-19 status along with other clinically relevant information.

Subject to current testing advice, if clinically appropriate, St John Ambulance may require a RAT test be conducted on close contacts or people with COVID-19 like symptoms prior to transfer and will hand over the COVID-19 status of the patient to the receiving health care facility. If a

RAT is required then it is the hospital clinicians responsibility to ensure the positive result is registered online at Rapid antigen test (RAT) (healthywa.wa.gov.au).

Patients are to wear a surgical mask, and if on oxygen therapy transitioned to nasal prongs if their condition allows.

Newborn Emergency Transport Service Western Australia

For the transfer of an unwell neonate who is COVID-19 positive, a close contact or symptomatic and needs increased care not available at the current hospital the Newborn Emergency Transport Service Western Australia (NETS WA) should be contacted to transfer the neonate.

For further information on organising and undertaking a NETS retrieval please refer to the NETS WA guidelines for Retrieval of Neonate with Suspected or Confirmed COVID-19.

Non-Emergency Planned Patient Transport Services

Patients who are COVID-19 positive, a close contact or symptomatic and do not require a time critical transfer can be transported by one of the Non-Emergency Planned Patient Transport Service (NEPPTS) providers. This service is for low and medium acuity patients who require clinical monitoring and/or supervision during transport.

Royal Flying Doctor Service

Patients who are COVID-19 positive, a close contact or symptomatic and require clinical care and time sensitive transport to/from a regional location can be transported using Royal Flying Doctor Service (RFDS). If RFDS is being used to transport close contacts or a patient who is symptomatic the patient is to have a RAT within 24 hours of discharge. All patients are to wear a surgical mask as tolerated.

Other transport

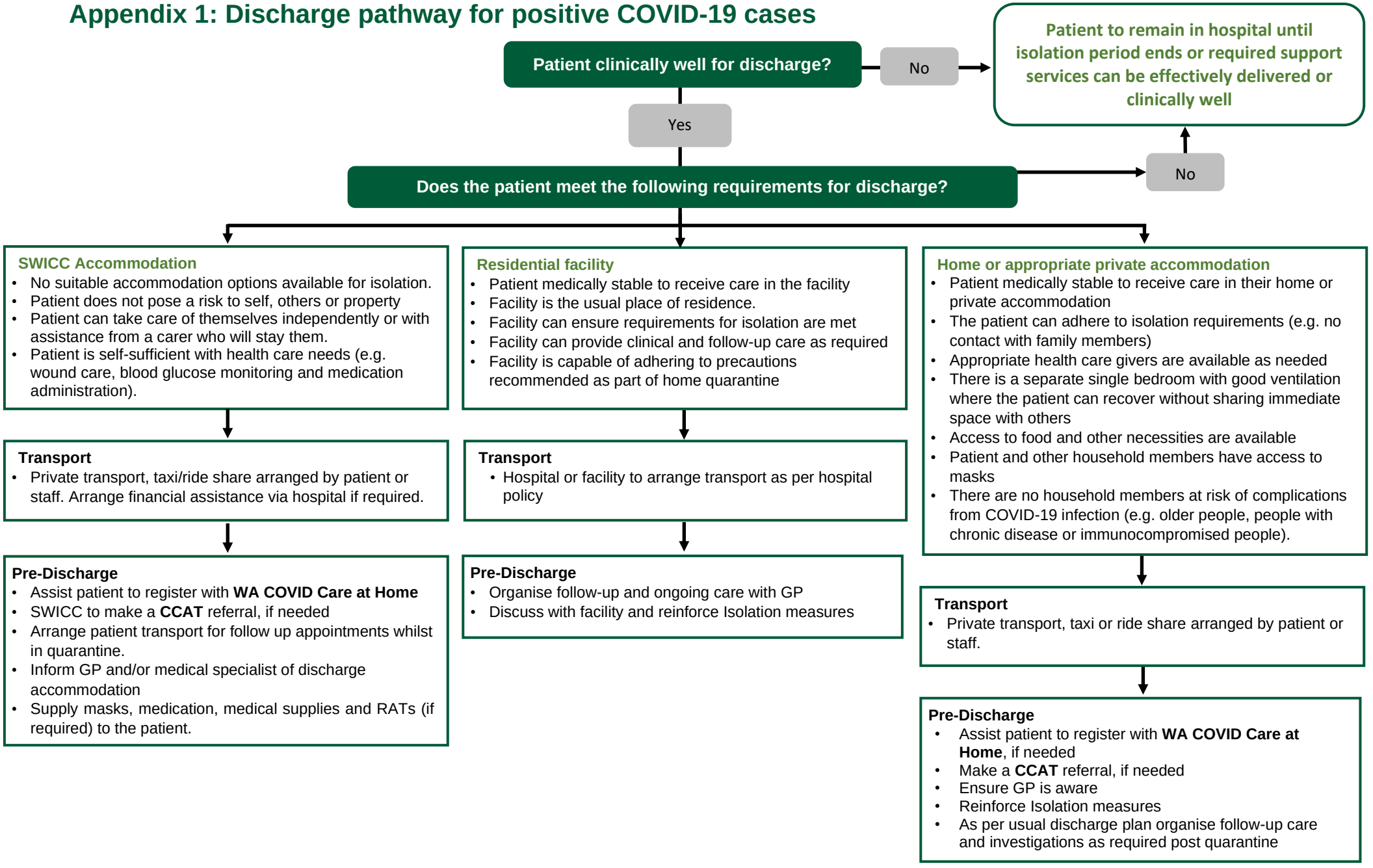
If clinically supported or supervised transport is not required, then private vehicle, taxi, rideshare or a patient transport service (community transport) should be used.

Subject to current testing advice and if clinically appropriate, a RAT test may be required for patients who are close contacts or who are symptomatic prior to patient transfer and the result included in the hand over of the patient to the receiving health care facility. A decision to test should be made in conjunction with the local Infection and Prevention Control team.

Useful resources

- Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units
- COVID-19 Guidelines for Western Australian Residential Aged Care Facilities: Resident transfer to and from hospital
- COVID-19 Infection Prevention and Control (IPC) in Western Australian Healthcare facilities
- HealthyWA Register a positive RAT test
- Newborn Emergency Transport Service
- Passengers - Stay COVID safe on your ride
- Non-Emergency Planned Patient Transport Services (NEPPTS) Patient transport services
- Release from isolation – information for clinicians
- Taxi and rideshare drivers – stay COVID safe
- WA Country Health Service Palliative Care
- WA Country Health Service PATS
- WA COVID Care at Home program
- WA Health COVID-19 Framework for System Alert and Response

Appendix 1: Discharge pathway for positive COVID-19 cases



Government of Western Australia
Department of Health

Appendix 2: Contact and referral information

COVID Care Assistance Team

For patients requiring psycho-social support on discharge to home or private accommodation email covidcat@health.wa.gov.au or phone 0428 326 722

Metropolitan Palliative Care Consultancy Service (MPaCCs)

For palliative care in the home phone 9217 1777 (closed after hours)

Patient Assisted Travel Scheme (PATS)

For financial assistance with travel phone 6383 1878

State Welfare Incident Coordination Centre (SWICC) accommodation

For patients who are unable to be discharged to usual accommodation phone the COVID Hotline 13 26483, select option 4, followed by option 2, then option 1 (8.00am- 6.00pm, Mon-Sun)

Silver Chain – Community services

For palliative care at home in the metropolitan area phone 9242 0119 (24 hours a day, Mon-Sun)

WACHS Palliative Care Outreach Service

For palliative care advice call the Combined Palliative Care Outreach Service telephone advisory service 1300 55 86 55 (24 hours a day, Mon-Sun)

WA COVID Care at Home

Patients requiring ongoing care for COVID-19 should enrol online at WA COVID Care at Home (healthywa.wa.gov.au)
For existing patients, notification of patient discharge and provision of a discharge summary should be sent via email to escalations@covidcareathome.com.au

Version control

Version	Date	Revised by	Changes
1.0	21/12/2020	SHICC Health Operations	Section 4.4 and 5.1
1.1	17/06/2021	SHICC Health Operations	Purpose: for hospital staff
2.0	22/10/2021	SHICC Health Operations	Updated contact details and discharge pathway
2.1	25/01/2022	SHICC Planning & Health Operations	Updated contact details
3.0	22/03/2022	SHICC Health Operations & Cell Lead, Hotel Quarantine	Addition of COVID Care at Home, interhospital transport information, RAT testing, SWICC accommodation and formatting of document
3.1	23/03/2022	H.Ops Cell Lead, SHICC IC	Updates to accommodation & SWICC response
3.2	24/03/2022	H.Ops Cell Lead	Minor wording changes and updates
3.3	28/03/2022	SHICC IC, PHOPS Lead	Social Welfare Support section added – CCAT scope and role
3.4	29/0302022	SHICC IC, PHOPS Lead, CCAT, HSP CE COVID Lead	Formatting Appendix 1, suggested changes for CCAT & Accommodation
3.5	07/04/2022	IC, CCAT, Hotel Quarantine	Wording changes for CCAT & alternative accommodation
3.6	03/05/2022	SHICC Health Operations	SWICC requirement of COVID-19 status added
4.1	05/05/2022	SHICC Health Operations, SHICC IC	Changes in wording of suspect and positive COVID-19 Case, and title change. Approved by Incident Controller
5.0	17/06/2022	WA COVID Care at Home, Patient Flow Command Centre, SHICC IPC, SHICC Planning, SHICC H.Ops, SHICC PHAB, WACHS, St John Ambulance , PHOPs, CCAT	Updated title, formatting, case definitions, link to OCP document, SWICC referral process, removal of hotel quarantine, addition of RFDS and NEPPTS
5.1	3/08/2022	SHICC Health Operations	Release from isolation testing requirement updated to 4 weeks

This document can be made available in alternative formats on request for a person with disability.