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Care Transitions COVID-19 Resurgence Planning Model

- In response to the COVID-19 public health emergency, it is important that acute care hospitals take steps to enhance regional communication and collaboration among their acute behavioral health and post-acute care partners to support patient transitions and achieve patient care goals.
- These recommendations are informed by the work of MHA's Post-Acute Transitions of Care & Emergency Preparedness (PATCEP) Workgroup and Case Management Workgroup.
- These recommendations are independent of and intended to complement the existing regional planning processes described in the **DPH COVID-19 Resurgence Planning and Response Guidance for Acute Care Hospitals.**

Recommendations*:

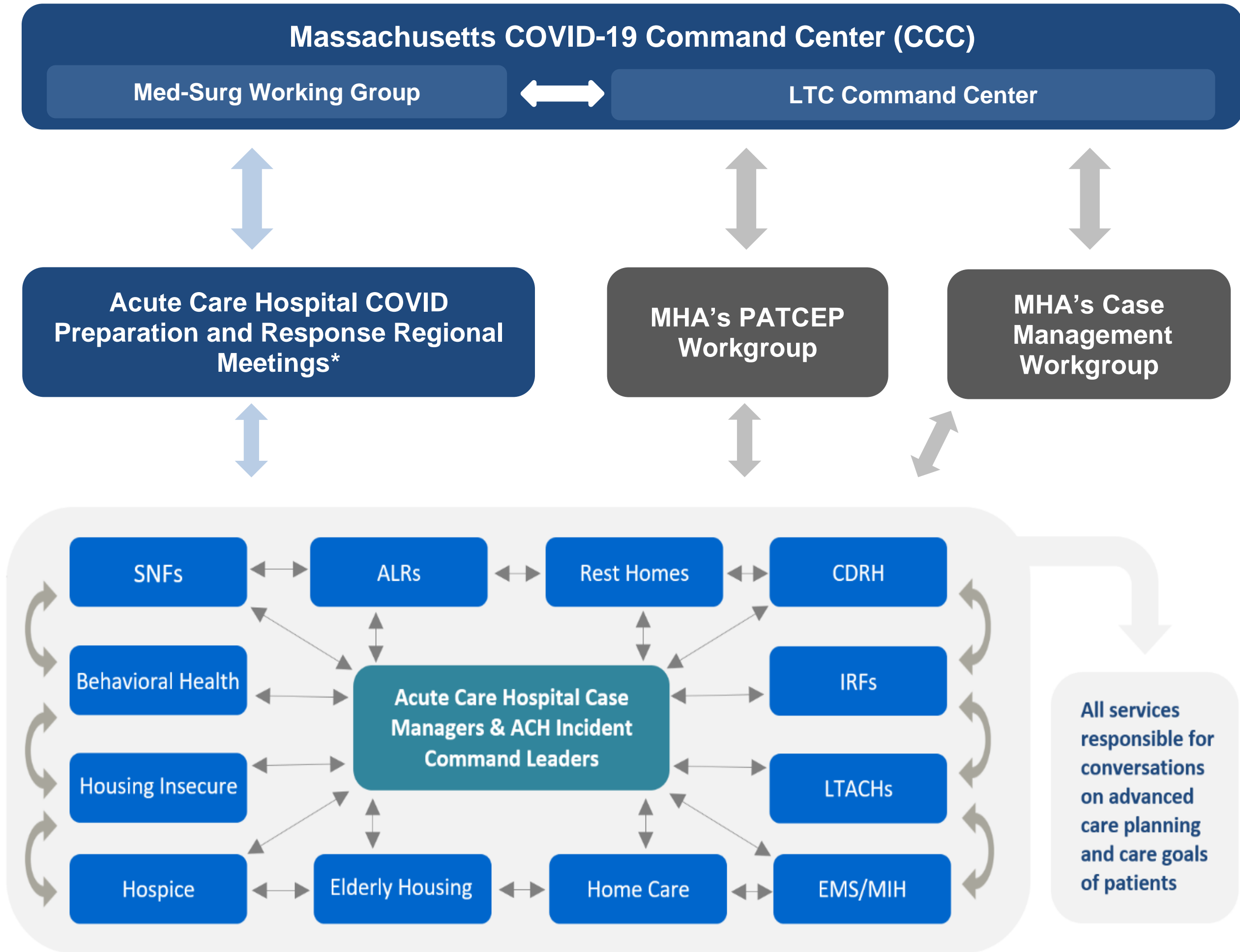
1. **Acute care hospitals proceeding into Tiers 3 & 4 of their Tiered Resurgence plans have a method in place, working with their post-acute care partners in addition to acute psychiatric facilities**, to convene and share information.** Such method may be set up by an acute care hospital, hospitals, or through another convening organization.
   A. Information may include, but not be limited to supplies of personal protective and testing equipment; testing capacity and process; operations and service reductions; bed/service capacity; admissions freezes; staffing; and any other bottlenecks that impede the ability to transition patients to their next level of care.
2. **Acute care hospitals designate a point-of-contact(s) within each hospital, group of hospitals, or other convening organization; and all acute psychiatric facilities** and post-acute care providers designate their own points of contact(s) for their facilities. This/these point(s) of contact will be used to provide bi-directional sharing of information and assisting providers regarding emerging or urgent issues that may affect transitions of care.** Such shared information may include, but not be limited to, information listed in Recommendation 1 above.
3. **Acute care hospitals work in partnership with stakeholders representing post-acute care facilities and services, and acute psychiatric facilities** and community-based behavioral health services/programs through MHA's Post-Acute Transitions of Care & Emergency Preparedness Workgroup, in addition to MHA's Case Management Workgroup to:**
   A. identify statewide challenges and elevate concerns affecting care transitions from acute care hospitals to post-acute care and acute and community-based behavioral health services/programs and facilities identified by hospital-convened information-sharing methods; and
   B. develop and promote recommendations to improve care transitions and long-term emergency preparedness.
4. **Both the PATCEP & Case Management workgroups coordinate with the state's COVID-19 Long-Term Care Command Center.**

*These recommendations do not serve as official state guidance.

**Acute psychiatric facilities include psychiatric units in acute care hospitals and freestanding psychiatric hospitals.

March 8, 2021

Care Transitions COVID-19 Resurgence Planning Model Graphic



* Acute Care Hospital COVID Preparation and Response Regional meetings are convened by the Health & Medical Coordinating Coalitions (HMCC).