As you are aware, Western Washington is experiencing a COVID-19 outbreak that is predominantly focused in King County. Although it is very early in the outbreak, we are seeing many individuals with acute and critical illnesses requiring hospitalization. Right now, the most ill are coming from skilled nursing facilities.

The purpose of this document is to share information on COVID-19 and what UW Medicine hospitals and clinics are doing to respond. We recognize that the network of care for patients throughout the healthcare system must be maintained even in the middle of an outbreak, and by working together we will be able to continue to deliver the high level of care that each of our sites provides.

What is COVID-19?

COVID-19 is a respiratory infection caused by SARS-CoV-2. This is one of a family of zoonotic (can be found in animals and humans) coronavirus.

COVID-19 is an influenza-like illness that presents with a variety of symptoms including sore throat, cough, fever, shortness of breath, and body aches. Some cases progress to severe acute respiratory failure requiring intubation. We have seen a handful of deaths in the last week as well. Isolated rhinorrhea or sneezing without these symptoms has generally not been associated with COVID-19.

How are patients being screened for COVID-19 in hospitals?

Within UW Medicine hospitals (UWMC-Montlake, UWMC-Northwest, Harborview Medical Center, and Valley Medical Center) all patients with symptoms or signs consistent with COVID-19 and who are admitted are being tested for SARS-CoV-2 in addition to influenza A/B and RSV. Patients who live in congregate settings who require testing but do not otherwise meet medical admission criteria will be admitted to prevent potential transmission within those facilities. All patients with pending or positive tests are placed in strict precautions per our UW Medicine COVID-19 PPE Protocols.

Why not screen all hospitalized patients at discharge?

By screening all hospitalized patients with consistent respiratory syndromes and by taking extensive infection prevention measures starting at the time of admission we believe that the risk of hospital-acquired COVID-19 is very low. That risk is even lower in persons without symptoms. Importantly, a negative test does not preclude future disease. Testing all patients without symptoms would further burden our system and be unlikely to uncover additional cases. UW Medicine hospitals will not perform COVID-19 testing on patients ready for discharge unless they develop new respiratory infection symptoms, in which case the patient is not likely to be ready for discharge.
UW Medicine Protocols for Discharge from Hospital to Congregate Facility (e.g., SNF, ALF, LTAC)

Protocols for the discharge of patients with COVID-19 to congregant facilities are being developed and all discharge planning will be done in partnership with the receiving facility. Per standard practices, no patients with progressing respiratory infections will be discharged from the hospital until stable and ready.

- **Category 1: Patients with no clinical concern for COVID-19:** Acceptable for transfer to congregate facility for discharge (no change in standard process)
- **Category 2: Patients investigated for possible COVID-19, but negative testing:** If patient has negative testing, negative influenza testing, and meeting usual clinical criteria for discharge, then acceptable for transfer to congregate facility
- **Category 3: Patients under investigation for COVID-19, but test results pending:** Will NOT be transferred to congregate facility until test results completed.
- **Category 4: Patients positive for COVID-19 testing:** Criteria for discharge to congregate facility as follows.
  - The patient has been afebrile for 72 hours or 7 days after diagnosis, whichever is longer
  - Public Health Department has released patient for discharge to congregate facility

### Why is this important?

Unless acute care hospitals can safely discharge patients to AFHs, LTACs, and SNFs and other congregant facilities, we will not be able to keep doing the work we need to do. To be ready to admit patients from the community and from your facilities, we must also discharge patients from UW Medicine hospitals when they are safely ready to do so. We will continue to partner with you as the outbreak evolves and the discussion progresses.

Thank you,

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