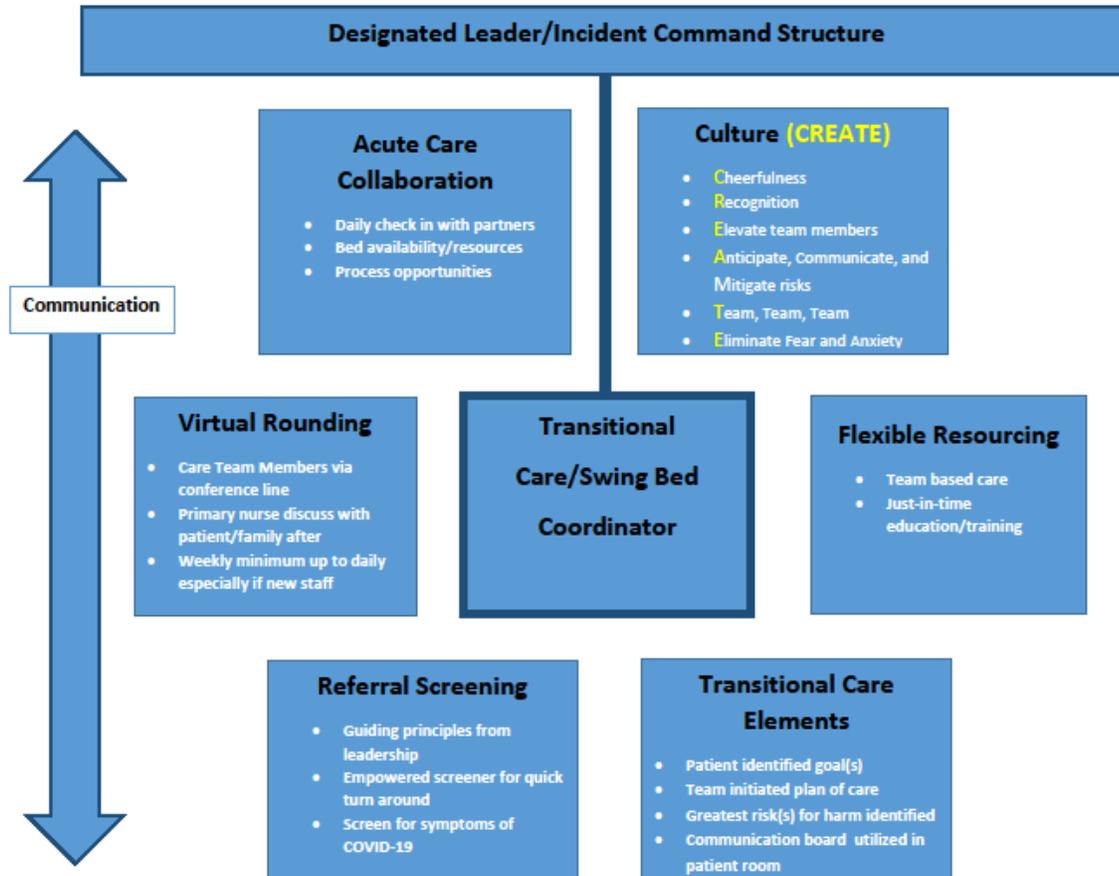


Allevant COVID-19 Transitional Care/Swing Bed Approach

A model for Transitional Care/Swing Bed (TC/SB) during Contingency/Crisis Operation

Figure 1 Allevant COVID-19 Transitional Care/Swing Bed Approach



Designated Leader

- Coordinate planning and determine Conventional, Contingency and Crisis operations. (See Figure 2)
- Implement Communication Plan and ensure all staff know when and how they can receive updates
- Perform leadership rounds to connect with staff, identify opportunities for support, and ensure current COVID-19 safety measures are in place.
- Work with TC/SB Coordinator to ensure adequate staffing. Utilize non-clinical staff for duties such as patient/equipment transport, phone calls, and administrative duties. Identify opportunities for remote support. Facilitate team-based care with just in time training and appropriate supervision.

Transitional Care/Swing Bed Coordinator

- Communicate at least daily with designated CAH leadership
- Ensure staffing supports at least daily RN assessment/oversite of each patient
- Collaborate with local leaders to ensure daily TC/SB bed availability communication with acute care hospitals
- Ensure virtual daily huddles and at least weekly virtual team rounds occur to maintain coordination of care
- Model behaviors to sustain culture of safety and staff morale

Acute Care Collaboration and Referral Screening

- Daily check-in with secondary/tertiary acute partners on bed availability, resources and process opportunities
- Utilize standardized referral screening tool and empowered screener for consistent, timely decision making

Flexible Resources

- Implement Team-based care with strategic cross-training, experienced staff supervising, delegation
- Provide just-in-time education and peer to peer coaching with supported hand-offs
- External professional support (Telehealth, Red Cross, state agencies, health departments, CDC, etc.)

Virtual Rounding

- Key disciplines round together via conference call at least weekly; focus on plan, patient goals and risks
- Nurse communicates after, in person with patient and virtually (or in person if appropriate) with family

Transitional Care Elements

- Utilize to improve teamwork, engage patients, improve communication, reduce harm and readmissions
- Elements: 1) Patient identified goal(s), 2) Team initiated plan of care, 3) Greatest risk(s) for harm identified, 4) Communication board utilized in patient room

Culture (CREATE) (See Figure 1) and Communication:

- Model behaviors for culture of safety and effective communication
- Use communication tools such as SBAR for important communication or when less experienced staff involved

Figure 2	Conventional*	Contingency*	Crisis (Austere Conditions)*
Facility Leadership	Strategic Plan; Develops inter-facility relationships, contingency plans, protocols; Ensures staffing and supplies to standard	Activates Emergency Operations Plan; Identifies services or processes that can be stopped or delayed; Reallocates staff to provide equivalent care; Communicates with staff/community; Inter-facility coordination; Government relations; Secures resources	Declares crisis standards in effect; Communicates with staff/community; Coordinates with other facilities/government; Triggers Recovery activities (revert to Contingency/Conventional care)
Transitional Care/Swing Bed Coordinator	Maintains normal team processes; Routine communication with leadership	Ensures safe referral screening; Ensures discharge planning processes with focus on minimized length of stay; Communicates with leadership daily	Follows facility direction for crisis standards
Overall Facility Space, Staff, and Supplies	Usual patient care space, staff, and supplies	Patient care areas repurposed; Adjusted staffing and work prioritization; Deferral of certain services; Conservation, adaptation, substitution, and occasional reuse of select supplies	Non-patient care areas used for patient care; Not enough trained staff even with extension techniques; Critical supplies lacking and possible reallocation of life-sustaining resources
Facility Standard of Care	Usual Care	Functionally equivalent care	Crisis standards of care
Transitional Care/Swing Bed Volume	Routine, per normal local strategic plan	Increase as much as safely possible to offload regional acute care resources	Close to Transitional Care admissions from outside facilities

*Institute of Medicine. (2012). *Crisis standards of care: A systems framework for catastrophic disaster response*. <https://www.ncbi.nlm.nih.gov/books/NBK201063/>

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