

COVID-19 UPDATE



Approach to placement of COVID-19 positive patients on IRF units throughout the Illinois region

Intended Audience: Surge Incident Command

Situation S	There has been an increased number of COVID-19 positive patients who are in need of an inpatient acute rehab (IRF/IRP) level of care because of the neurological impact of this virus. Despite having 3 IRFs and 104 licensed beds within Central Chicagoland and South Chicagoland, access to COVID-19 positive beds has been a challenge due to the following: • The units are congregate in nature. • Hospitals with IRFs embedded are reluctant to accept COVID-19 positive patients from other Advocate Aurora sites, or are unlikely to convert medical/surgical beds to an IRF level of care due to an understandable fear of needing those beds for more acute patients. • The free-standing IRF facilities are equally challenged and have very limited COVID-19 positive bed capacity due to the high rate of positive patients in the region. The above barriers have contributed to delays in discharge for these patients. The IRF physician leadership meets weekly to align processes and practices, and to refine the surge planning process based on the patients' needs and the safety of the team members.
Background B	There is a subset of COVID-19 positive patients who will need inpatient rehabilitation to ensure a safe discharge to home. Recent article highlights: • JAMA, April 10, 2020, reports that 36.4% of patients have nervous system manifestations. • New England Journal of Medicine describes the incidence of large-vessel strokes in the under-50 age group being significantly higher than the norm. These findings have been validated with various physician-led councils at local and national levels and suggest these beds will be necessary for some time.

Assessment A	To ensure bed availability for all patients requiring IRF/IRP levels of care, the bed placement process must be revised to support the right level of care for the organization.
Recommendation R	It is recommended for the Illinois region that: • Advocate Christ Medical Center be the designated COVID-19 positive IRF unit and this would be accomplished by moving from a 37-bed unit to a 30-bed unit. This recommendation would ensure that Christ Medical Center has the appropriate bed capacity should they reach a further surge. This is an important consideration given the high COVID-19 positive volumes at Christ Medical Center. • Advocate Lutheran General Hospital be the designated COVID-19 negative IRF unit and would retain their licensed beds of 45. • Advocate Illinois Masonic Medical Center be the COVID-19 negative IRF unit to further plan to serve as the overflow for COVID-19 positive patients, should the need arise. Wisconsin COVID-19 positive volumes do not require action at this time, and support the methodology used in this process. To implement above recommendations: • The IRF teams will be consolidating admission processes to ensure ability to manage the patient transfer within the system. • The physical medicine and rehabilitation physicians will be requesting temporary privileges at the sites in the event coverage is required. • The nursing and therapy teams will be staffing accordingly and conducting PPE training. • The COVID-19 negative LVAD patients will remain at Christ Medical Center given the specialty nature of the procedure. • Target date for implementation is the week of May 11, 2020.

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