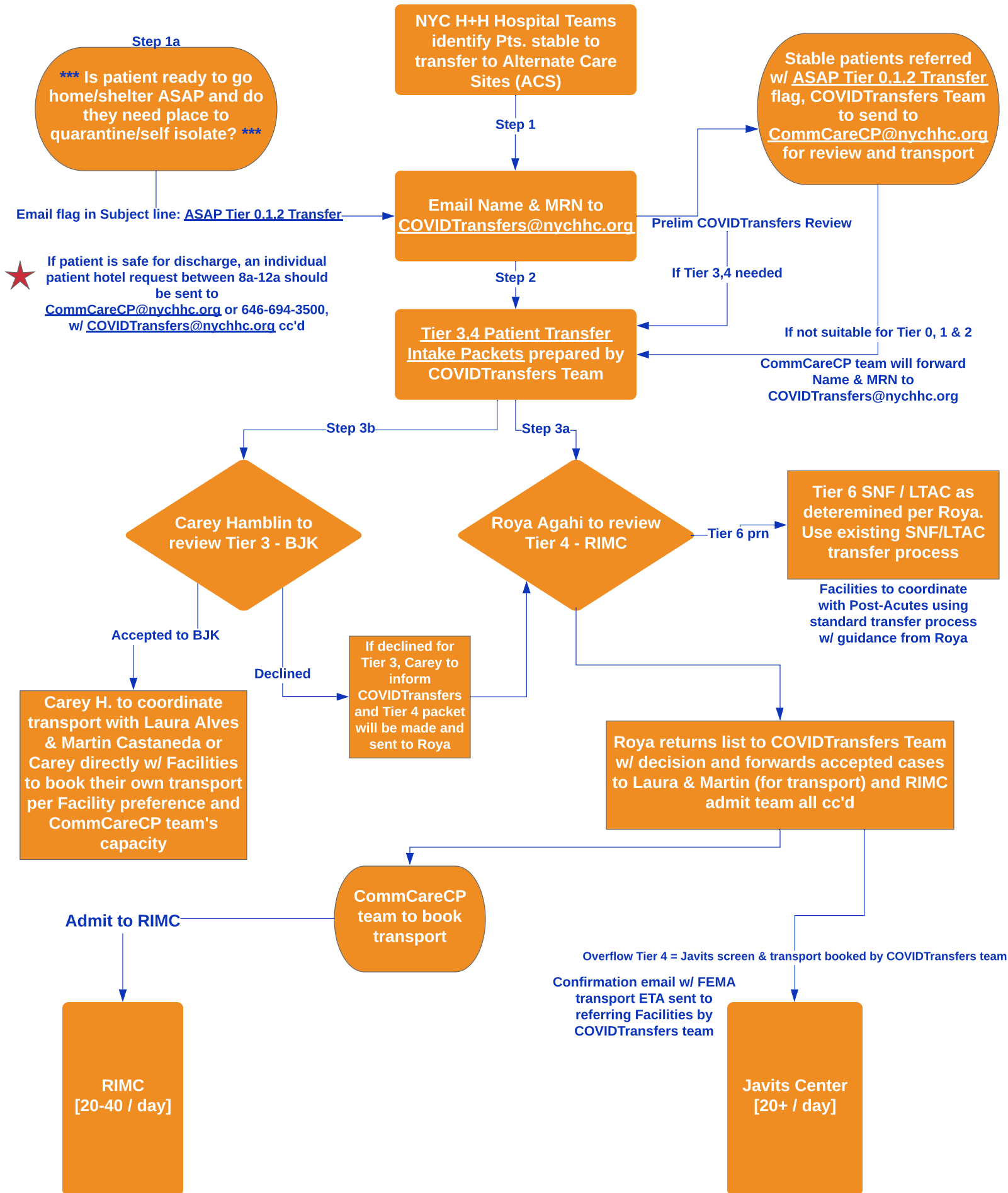


NYC H+H COVID Alternate Care Site (ACS) Transfers



COVID Alternate Care Sites (ACS) Transport Tip-Sheet

Key Contacts: COVIDTransfers@nychhc.org

Javits

Lou Hart, MD
929-237-8185
lou.Hart@nychhc.org

Madden Rowell, MD
347-541-0384
rowellm@nychhc.org

Ross Kristal, MD
347-899-0033
kristalr@nychhc.org

Roosevelt Island Medical Center (RIMC)

Roya Agahi, RN
646-596-3018
agahir@nychhc.org

BJK Tennis Center

Carey Hamblin, RN
347-203-9062
carey.Hamblin@nychhc.org

Hotels

CommCareCP@nychhc.org (Hotel/Transport)
(646) 694-3500

Laura Alves
(646) 245-6431
laura.Alves@nychhc.org

Martin Castaneda
917-324-4860
CASTANEM3@nychhc.org

Family Contact Hotlines

RIMC Family Contact: (212) 848-6000
BJK Family Contact: (321) 693-3685
Javits Family Contact: 212-542-1775

Hotel Transfers - Tier 1,2 (Stable)

**For patients needing hotel level care only - quarantine / home isolation **

Is patient ready to go home/shelter ASAP and do they need place to quarantine/self isolate?

Please write "ASAP Tier 0,1,2 Transfer" in Subject of email to:

COVIDTransfers@nychhc.org

Example Ideal Patients for review

- COVID (+) & non-COVID okay
- Resp status improving or stable w/ Sats > 90% on 6L or less
- Trach, GT/PEG, TPN, PICC, IV ABx okay
- Wound care okay (up to Stage 4)
- CPAP/BiPAP okay if machine delivered with patient
- Some surgeries (e.g. cholecystectomy and appendectomy okay) [USNS Comfort]
- Full assist with ADLs okay
- HD requires preexisting outpatient schedule
- No acute medical condition that requires acute additional medical workup
- No 1:1, severe psychiatric sx's (may be eligible for SNF though)
- No blood product transfusions
- No OR, ER, ICU/CCU, stepdown, telemetry

Transfer Checklist

RIMC:

- 3 day supply of medications
- Txn supplies (trach supplies, GT supplies, home CPAP machine, ambulation assist devices, outpatient hemodialysis schedule)
- Discharge Summary
- Name and Phone # of Referring MD/NP/PA

Javits

- 5 day supply of medications
- Last 72hrs of labs, rads reports, EKGs
- Discharge summary with medication list
- EPIC Facesheet
- Assign eFINDS number once patient accepted to Javits (site will get email requesting eFINDS number)
- Name and Phone # of Discharging MD/NP/PA
- Name and Phone # of Referring Care Team Member

BJK

- 5 day supply of medications
- EPIC Facesheet
- D/C Summary
- Name and Phone # of Discharging MD/NP/PA
- Name and Phone # of Referring Care Team Member

Hotels

- 14 day supply of medications
- EPIC Facesheet
- Discharge summary
- Medication List
- Tier 0,1,2 Discharge Checklist (attached)

HOSPITAL TO HOTEL DISCHARGE CHECKLIST – TIERS 0, 1, 2

Please complete this checklist before discharge and send with patient

Patient Name:

Epic MRN:

Facility (Hospital):

Room # (Hospital):

Discharge Date:

Dietary restrictions/allergies (please check):

Diet: Regular Vegetarian Kosher Diabetic Low Sodium High Protein

Other (please note):

Discharge Packing List			
CATEGORY/ITEMS	YES	N/A	COMMENTS
MEDICAL RECORDS			
Epic face sheet with address and emergency contact			
Epic discharge summary with medication list			
MEDICATIONS			
At least 2 weeks of medication supply			
IDENTIFICATION			
Patient photo printed out from EMR if available			
Hospital wrist ID band intact and legible on wrist			
BELONGINGS			
Eye glasses/ contact lenses			
Hearing aide			
Dentures/bridges/denture cup			
Any other device such as prosthesis			
DME such as wheelchair, walker, cane, clutches and other durable items			
Personal clothing and shoes			
Electronic devices such as cellphone, laptop, etc.			
Valuable items to be kept by patient			
Books or others			

For Hospital Staff Only:	Checklist completed by: Patient's family/caregiver notified: Yes No
For Hotel Staff Only:	Checklist received by: Assigned patient hotel room #