April 24, 2020

The Boston Hope Medical Center is an open ward, field “hospital” for COVID positive patients. We were built upon the exhibit hall floor of the Boston Convention and Exhibition Center in this time of crisis to decompress the medical system in Eastern Massachusetts as COVID-19 surges. Initially our mission was to assist the acute care hospitals by accepting patients after hospitalization. To further help those in need, we would like to expand our mission to care for appropriate patients in SNFs (Skilled Nursing Facilities), Emergency Departments and from the outpatient setting. At this point, Boston Hope is not accepting Nursing Home Residents.

Admission Criteria:

All other Boston Hope Medical Center admission criteria (at end of document) will apply unless otherwise specified below.

For Emergency Department patients:

In addition to the existing admission criteria, the following criteria must be met:

1. Patient does NOT meet criteria for admission to the acute care hospital.
2. Clinical provider (MD, APP) must speak to the Boston Hope admitting MD and assure the patient is accepted at Boston Hope prior to transfer. The Boston Hope admission team will connect to the MD on call.
3. The patient MUST be tested and COVID Positive (NO “rule outs”, “at risk” or presumed).
4. The patient must have stable symptom pattern (not worsening).
5. Vital signs: HR <125 and RR <24 and O2 sat >93%.
6. No oxygen and ambulatory saturation stable > 92%.
7. If CXR is done, it must be normal or improving as related to COVID.
8. It is OK if the patient is enrolled in an outpatient research study.
9. Clear documentation is provided about why the patient is not being admitted or is not eligible for treatment protocol.
10. Meets all other requirements of Boston Hope (including 3-day medical supply).

For patients coming from the outpatient setting:

- Criteria as above for the Emergency Department must be met.
- The patient must have a same-day clinical evaluation performed by (or reviewed by) the referring MD or APP, who must speak to the Boston Hope admitting MD and assure patient is accepted at Boston Hope prior to patient arrival. The Boston Hope admission team will connect to the MD on call.
**For SNF patients:**

Patients need to be/have:

1. COVID positive.
2. Discussions about code status must be documented for short term SNF patients. Long term SNF patients must be documented as having a DNR/DNI code status.
3. An active Health Care Proxy.
4. Assurance from the transferring SNF that the patient will be accepted back once they have recovered sufficiently and the receiving facility is ready to accept repatriated patients.
5. Short term (3 day) supply of medication.
6. The patient must have a same-day clinical evaluation performed by (or reviewed by) the referring MD or APP, who must speak to the Boston Hope admitting MD and assure patient is accepted at Boston Hope prior to patient arrival. The Boston Hope admission team will connect to the MD on call.

Given the limitations of this open field hospital and to maintain patient safety, we **will not be able to** accept patients with the following issues/requirements:

1. Severe dementia (i.e. Patients on dementia units)
2. Dependent (requiring more than moderate assist times one)
3. Bedbound patients (requiring lifts)
4. Stage 3/4 pressure ulcers
5. Tracheostomies
6. Fecal Incontinence
7. Active C. diff
8. Level 3 sex offenders
9. Disruptive behavior not conducive to an open ward
10. Suicidal or at risk to self or others.
11. Nebulizers, aerosolized medications or CPAP/BiPAP.
12. Restraints or bed alarms
13. One to one feeding
14. Dialysis
15. IV pumps

To expand our mission, the initial assessment for needs for the facility will require:

- Reliable PPE sourcing
- Appropriate hospital beds
- Additional handicapped baths/showers
- Wheelchairs/walkers
- Geri Chairs
- Two Hoyer lifts (to handle possible falls)

Other issues necessary to expand the mission:

- Licensing of the facility.
- Pharmacy regulations.
- State assurance to cover the expenses of expanding the mission.
- Assurance of discharge to same level of care.
- Review of current eCare modules by Mass General Brigham eCare team to ensure they are suitable for this level of care.

### Patient Admission Criteria

**Inclusion Criteria:**
Must be COVID positive; no presumptive patients.

- **GENERAL NOTE:** plan to keep criteria straightforward, with plan to leverage ongoing potential to scale-up care.

**All patients**
- Anticipated or active clinical trajectory improvement.
- O2 saturation ≥ 92% on no more than 2L Oxygen at rest with plan for gradual O2 weaning
- Code status must be specified prior to admission

**Level 1 Specifications**
- Patients who would ordinarily be discharged home, but cannot safely or effectively self quarantine
- Patients perceived at higher risk for COVID-19 complications, who require monitoring, but do not need hospitalization

**Level 2 Specifications**
- Medical and/or rehab needs for recovery that cannot be met at home
- Anticipated or active clinical trajectory improvement.
- Stable completing mild activities and ADLs
- No O2 Sat drop < 88%, on baseline O2.
- Ability to pass basic cognitive test and have decision-making capacity

**In-Scope**
- Medical and Psychiatric comorbidities that are stable on medication.
- PT and chest PT, immobility issues, high risk for falls with no/limited family support.
- Patients on stable methadone or Suboxone (*pending DPH approval*).
- SQ and IV medication needs.
- Colostomy, Foley’s and minor wound care (Stage I and II)

**Exclusion Criteria – Week 1 (may evolve)**
- Desaturation < 98% with Mild Activities
- Non-invasive CPAP/BiPAP
- Nebulized medications
- IV medication requiring IV pump (intermittent IV meds OK)
- Artificial nutrition (tube feeds and TPN)
- Patients requiring suctioning
- Active behavioral health issues or severe cognitive impairment
- Imminent death
- ESRD on HD
- Imminent need for blood transfusion, invasive procedures or treatments (e.g. Paracentesis, thoracentesis, etc.)
- Active malignancy on chemotherapy (patients on other immunosuppressants can be considered on a case-by-case basis)
- Complex wound care (excluding Stage III and IV decubitus ulcers)
- Active substance use dependence, including alcohol use disorder, with high risk for withdrawal