MISSISSIPPI STATE DEPARTMENT OF HEALTH

FY 2022

Mississippi COVID-19 System of Care Plan

Developed by the:

Bureau of Acute Care Systems

Mississippi State Department of Health

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Introduction

Legal Authority and Purpose

Section § 41-3-15 of the Mississippi Code 1972 Annotated, as amended, provides the general powers, duties and authority of the State Board of Health and certain powers of the Mississippi State Department of Health. Included in this is the State Board of Health's powers and duties to formulate the policy of the State Department of Health regarding public health matters within the jurisdiction of the department; to adopt, modify, repeal and promulgate, after due notice and hearing, and enforce rules and regulations implementing or effectuating the powers and duties of the department under any and all statutes within the department's jurisdiction, and as the board may deem necessary; to apply for, receive, accept and expend any federal or state funds or contributions, gifts, trusts, devises, bequests, grants, endowments or funds from any other source or transfers of property of any kind; and to enter into, and to authorize the executive officer to execute contracts, grants and cooperative agreements with any federal or state agency or subdivision thereof, or any public or private institution located inside or outside the State of Mississippi, or any person, corporation or association in connection with carrying out the provisions of this chapter, if it finds those actions to be in the public interest and the contracts or agreements do not have a financial cost that exceeds the amounts appropriated for those purposes by the Legislature. The State Board of Health shall have the authority, in its discretion, to establish programs to promote the public health, to be administered by the State Department of Health. Specifically, those programs may include, but shall not be limited to, programs in the areas of chronic disease and other such public health programs and services as may be assigned to the State Board of Health by the Legislature or by executive order.

The system of care approach to public health provides a functional framework for making use of resources to optimize the care of patients. The intent is to address conditions, which have a significant impact on mortality and morbidity. This functional framework generally includes hospitals designated based on resources for the care of particular types of patients, destination guidelines for the transport of patients to the appropriate hospital via Emergency Medical Service (EMS), criteria for activation and/or the utilization of hospital resources, transfers to inpatient hospice, transfers to nursing home facilities, transfers to convalescing centers, data collection and data use for improving system performance. In terms of patient care, the system of care framework promotes best practices for caring for patients.

System Introduction

SARS-CoV-2 is a novel (a new) coronavirus, which causes the disease called COVID-19. The disease, first identified in Wuhan, China on December 30, 2019, quickly spread outside China and became an international pandemic in less than three months. The disease spread exponentially, and public health officials raised concerns about the potential worldwide effects of the disease. Within the first three months, 1,000,000 people had been infected and 50,000 had died ("COVID-19, MERS and SARS," 2020). The World Health Organization (WHO) declared the outbreak a "public health emergency of international concern" on January 30, 2020, and public health officials in the United States identified the first human to human transmission case of the disease on the same day (WHO: Statement on the second meeting of the International Health Regulations Emergency Committee,"

2020). The following day Health and Human Services Secretary (HHS), Alex M. Azar, II declared a public health emergency for the United States. ("Secretary Azar Declares Public Health Emergency for United States for 2019 Novel Coronavirus," 2020). President Trump declared a national emergency on March 13, 2020. As provided for by law, the HHS Secretary subsequently issued 1135 waivers to aid in supporting the healthcare response to COVID-19. Meanwhile, in Mississippi Governor Tate Reeves signed Executive Order No. 1457 on March 4, 2020, which designated MSDH as the lead state agency to coordinate emergency response activities related to COVID-19 and established the Mississippi Coronavirus (COVID-19) Preparedness and Response Steering Committee. On March 14, 2020, Governor Reeves declared a State of Emergency to provide for the coordinated response of all levels of government and provide health officials with the necessary resources and guidance to effectively combat the spread of COVID-19. The same day the Mississippi State Board of Health issued a proclamation, which stated, in part: "the State Health Officer, upon the documentation of the need for the waiver or amendment may, in writing, waive or amend any rule or regulation promulgated by the Mississippi State Board of Health."

Currently, government at all levels, public health officials and healthcare providers throughout the United States are working together to reduce the incidence of COVID-19 and care for those affected. The country is in the acceleration phase of the pandemic. There are varied levels of activity and acuity throughout the country. Illness from the disease ranges from mild to severe; however, older persons and those with comorbidities are at a higher risk for bad outcomes, including death. The disease, a respiratory virus, has the potential to cause severe respiratory presentations and injure the lungs. Since the outbreak began significant numbers of COVID-19 positive patients have required supplemental oxygen and/or ventilators to support breathing. When death occurs, it is usually the result of respiratory pathology, which resembles Acute Respiratory Distress Syndrome, renal failure or multiple system organ failure. However, it may also be associated with exacerbation of comorbidities, i.e. cardiovascular disease, etc.

Mississippi State Department of Health (MSDH) functions as the lead agency in coordinating the emergency response to COVID-19. MSDH is working with other state agencies and community partners to slow the spread of the disease through monitoring, testing and providing guidance related to COVID-19. MSDH is working with other state agencies and community partners in support of the healthcare system to ensure preparedness and address issues related to capacity and resources. However, due to the varieties of activity and acuity characteristics of this disease, the task group appointed by Governor Reeves also recommended the development and implementation of a statewide system of care, which may function to ensure the most efficient use of all Mississippi hospitals' inpatient hospital resources for COVID-19 patients who require admission during the COVID-19 crisis. Accordingly, the COVID-19 System of Care will provide a framework for efficient use of resources to optimize the care of COVID-19 patients. This is facilitated by the designation of hospitals based on their ability to care for COVID-19 patients, the use of EMS guidelines for the care and transport of patients, guidelines for the immediate transfer of patients to a higher level of care when indicated, guidelines for the transfer of less acute patients to a lower level of care when a higher-level facility is not indicated (to decompress higher level facilities) and telemedicine consultation services. Telemedicine provides consultation services between physicians and/or mid-level providers, when immediate transfer is not indicated as per the guidelines for immediate transfer, but consultation may otherwise offer a benefit in the management of the patient or in decisions to transfer patients to a lower level of care (as provided for in this document).

However, this plan calls for automatic acceptance of acute COVID-19 patients when immediate transfer to a higher-level facility is indicated. All Level I and II COVID-19 centers will offer telemedicine services and publish a direct access contact number for said services. The University of Mississippi Medical Center (UMMC), an Emergency Support Function – 8 (ESF-8) primary agency in the Governor's Comprehensive Emergency Management Plan (CEMP), will support MSDH by coordinating acute medical services within Mississippi. In accordance with the CEMP, Mississippi MED-COM, a service of UMMC will coordinate and in some cases facilitate the movement of all COVID-19 patients, including those transferred for higher level care, those transferred to a lower-level facility, those transferred to inpatient hospice, those transferred to licensed nursing home facilities, and those transferred for convalescence. Transfers to a higher level of care will be to the closest appropriate facility based on bed and resource availability. When possible, transfers to a lower-level facility will be to facilities within reasonable proximity so as not to unduly stress EMS operations. UMMC offers clinical trials specifically associated with COVID-19. Patients can be transferred to UMMC for advanced therapeutics.

Mississippi's experience with systems of care, i.e. trauma, ST-Elevation Myocardial Infarction (STEMI) and stroke care systems, continues to yield improved outcomes for patients with specific types of conditions by matching respective patients with the most appropriate hospitals, based on acuity and clinical criteria. Mississippi's Trauma Care System is the oldest such system in the state. Established in 1998, the Trauma Care System consists of 86 designated trauma centers which offer various levels of trauma care and expeditious transfer of patients to higher level facilities when more advanced services are needed. Conversely, the Trauma Care System provides for repatriating patients back to local community hospitals when patients no longer require high-level care. Similarly, the COVID-19 System of Care provides a mechanism to decompress higher level facilities. Patients no longer requiring high level care will be transferred to lower-level facilities following guidance from telemedicine. Transfers to lower-level facilities, inpatient hospice, licensed nursing home facilities and for convalescing or respite care will be an important part of the COVID-19 System of Care and will also facilitate the decompression of higher-level facilities.

This process of matching patients with resources offers the best possible opportunities for best outcomes, and over the course of their development the State Board of Health has adopted rules and regulations for the systems of care to ensure participant hospitals meet minimum prescribed standards. In the case of the Trauma Care System statute mandates hospital participation in the system, and the rules and regulations apply to all licensed hospitals. In the case of the STEMI and Stroke care systems, hospitals voluntarily apply to become designated centers, but designated centers must comply with the rules and regulations recommended by their respective advisory committees and must be approved by the State Board of Health. As the older established systems of care matured, each recognized the need for minimum standards for participant hospitals. Similarly, as conditions develop with the COVID-19 pandemic, capacity issues may necessitate the need for a mandatory COVID-19 System of Care.

Moreover, as experience also shows, the systems of care depend on the support of EMS, who care for and transport the patient to the right hospital the first time, which reduces the time from the onset of illness to definitive care. Recently, EMS operators have noted excessive "wall times" (the time to transfer a patient after arrival at the hospital). Moreover, it has been noted that excessive wall times are counterintuitive within the system of care framework, because the acute, time sensitive

conditions should receive priority attention at receiving facilities. Wall times must be minimized in the case of COVID-19 patients. Expeditious transfers of care and appropriate isolation measures are an important part of COVID-19 care.

Chronology of COVID-19 Care in Mississippi

COVID-19 is a new disease, as noted above. Clinically, the disease presents as an influenza like illness (ILI). As the disease began to spread in the United States, clinicians began testing patients presenting with ILI, new onset cough and chest pain for COVID-19. MSDH began partnering with UMMC and community partners to offer virtual screenings and drive-up COVID-19 testing sites. Clinicians and healthcare facilities began providing care based on the patient's presentation while making efforts to ensure appropriate personal protective measures for staff. However, the disease is resource heavy, and while improvements have been made, statewide there is limited supply of personal protective equipment. There are concerns to ensure sufficient numbers of critical care resources and ventilators. Measures have been taken to secure additional ventilators, which may be dispensed based on need. If ventilator resources become insufficient in facilities, allocation and re-allocation of ventilators may be required.

However, as noted above, due to the varieties of activity and acuity characteristics of this disease the Governor's Task Force recommended the development and implementation of a statewide system of care, which may function to ensure the efficient use of all Mississippi healthcare resources for COVID-19 patients. The intent is to improve on outcomes and improve on efficiency in the care of COVID-19 patients. The time to act is now so as to ensure all Mississippians who become infected receive the best possible opportunities for care. Moreover, recent capacity issues warrant increased visibility and data reporting of all Mississippi licensed hospitals. Participation in the COVID-19 System of Care is currently voluntary but all Mississippi licensed hospitals are required to report COVID-19 patient transfers (from ER or inpatient) to Mississippi MED-COM at (601) 984-4367 and through the Statewide Acute Care Capacity Status System (SACCSS) at a frequency provided by the department.

Mississippi COVID-19 System of Care Plan

Mississippi COVID-19 System of Care Plan

This Plan outlines the statewide COVID-19 system. The Plan provides for a system, which is efficient and inclusive, matching appropriate resources to the needs of COVID-19 patients from initial infection detection through convalescence.

Vision

The Mississippi COVID-19 System of Care Plan when fully implemented throughout Mississippi will result in a more efficient use of all Mississippi hospitals' inpatient hospital beds and other resources for COVID-19 patients who require admission during COVID-19 crisis to achieve the best possible outcomes in terms of patient care for COVID-19 patients.

Plan Goals

- To develop and promote awareness of the Mississippi COVID-19 System of Care
- To designate Mississippi-licensed acute care hospitals as COVID-19 Centers at the appropriate level based on resources
- To ensure patients presenting with COVID-19 symptoms are transported to the most appropriate COVID-19 Center by EMS from the field
- To ensure coordinated COVID-19 patient movement to appropriate destinations, which includes transfers to higher levels of care, transfers to lower-level facilities, transfers to inpatient hospice facilities, transfers to nursing home facilities and transfers to convalescence facilities
- To ensure Level I and II COVID-19 Centers offer telemedicine for consultation with physicians and mid-level providers for the management of COVID-19 patients
- To coordinate with other systems of care and inter-agency emergency preparedness programs as it relates to COVID-19 services

COVID-19 System Design

The COVID-19 System of Care is comprised of a number of separate components:

- Emergency Medical Services (Pre-hospital)
    - Licensed EMS Service participation in the Mississippi COVID-19 System is mandatory "through the duration of the COVID-19 pandemic as provided for by Executive Order".
    - EMS is a critical part of the COVID-19 System.

- EMS providers should have a basic knowledge and awareness of system elements and function. Specific knowledge includes:
  - COVID-19 EMS Response and Treatment Guidelines
    - For the latest version of these guidelines refer to EMS COVID-19 Guidelines from the State EMS Medical Director.
  - Communication procedures
    - When dispatched by local authorities during an emergency response, the EMS provider will follow local communications procedures.
    - When dispatched by Mississippi MED-COM for transfer services, the EMS provider will follow the process for communications with Mississippi MED-COM prescribed in this document.
  - On-line and off-line medical control physicians will be aware of system elements, functions and expected outcomes.
- MSDH Bureau of EMS will provide guidelines specific to EMS providers as part of the Mississippi COVID-19 System of Care (see MSDH Website).
    - COVID-19 EMS Guidelines will assist EMS providers in the decision-making process regarding hospital destination selection and clinical decision-making under difficult conditions.
    - These guidelines are intended to guide EMS administrators and medical directors in developing alternate standards of care for EMS services during a COVID 19 pandemic.
    - They are intended for use only during a declared state of emergency during which time an EMS system or service is overwhelmed.
    - These guidelines may be implemented, all or in part, by the local EMS medical director with approval of the MSDH EMS Medical Director and, once implemented, will remain in effect until such time as resources allow for the transition back to conventional standards of care.

- Hospital Component
  - Hospital participation in the COVID-19 System of Care is currently voluntary but all Mississippi licensed hospitals are required to report COVID-19 patient transfers (from ER or inpatient) to Mississippi MED-COM at (601) 984-4367 and through the Statewide Acute Care Capacity Status System (SACCSS) at a frequency provided by the department. All Mississippi acute care hospitals will provide a 24/7 point of contact for the movement of COVID-19 patients. All hospitals must complete the Self-Assessment Survey and indicate whether they agree to participate at the assessed capability. MSDH may provide on-site reviews to validate resources.

- All participating Mississippi hospitals and healthcare facilities will be classified based on their capabilities to provide clinical management for COVID-19 patients.
- The Mississippi State Department of Health designates participating hospitals at one of four levels (and provides a fifth level of convalescing facilities and a sixth level for LTAC and Skilled Nursing Facilities):
    - **Level I COVID-19 Center:**
        - Level I COVID-19 Centers act as tertiary/quaternary care facilities at the hub of the COVID-19 system of care.
        - A Level I COVID-19 center must have adequate depth and availability of both resources and personnel.
        - These centers also have the responsibility of providing leadership in education, COVID-19 research and system planning.
        - These centers may provide telemedicine services for consultation with physicians and advanced practice providers at lower-level facilities for the management of COVID-19 patients.
        - When clinically appropriate, these centers may transfer COVID-19 patients to Level II, Level III, Level IV, Level V, inpatient hospice facilities, nursing home facilities, or convalescing centers.
        - Required components include:
            - Dedicated COVID-19 Negative Pressure Intensive Care Unit (ICU)
            - Dedicated COVID-19 negative pressure hospital beds
            - Pulmonologist
            - Intensivist
            - Infectious Diseases
            - Emergency Medicine
            - Anesthesia
            - Continuous Renal Replacement Therapy (CRRT)

- Hospital-based critical care transport teams for COVID-19 patient transfers
- Telemedicine consultation for COVID-19
- Rapid turn-around-time testing (<12 hours)
- Active, in-patient COVID-19 clinical trials

- **Level II COVID-19 Center:**
  - Level II COVID-19 Centers are acute care facilities with the commitment, resources and specialty training necessary to provide sophisticated COVID-19 care.
  - Level II COVID-19 Centers should transfer COVID-19 patients to Level I centers for advanced therapeutics and/or participation in clinical trials.
  - During periods of limited resources these centers may transfer appropriate COVID-19 patients to other Level II COVID-19 centers.
  - When clinically appropriate, these centers may transfer appropriate COVID-19 patients to Level III, Level IV, Level V, inpatient hospice facilities, nursing home facilities, or convalescing centers.
  - Required components include Intensive Care Unit (ICU)
    - Negative Pressure Hospital Beds
    - Board Certified or Eligible Critical Care Physician
    - Pulmonologist and/or Intensivist
    - Infectious Diseases/or Telemedicine Infectious Disease
    - Emergency Medicine
    - Anesthesia
    - Full inpatient renal dialysis treatment to include Continuous Renal Replacement Therapy (CRRT)

- Telemedicine consultation for COVID-19 preferred

- **Level III COVID-19 Center:**
  - Level III COVID-19 centers are acute care facilities with the commitment, medical staff, personnel and specialty training necessary to provide initial care of the COVID-19 patient.
  - Level III COVID-19 centers are expected to provide isolation and stabilization of the COVID-19 patient and will transfer COVID-19 patients to the appropriate higher level based on clinical needs.
  - The decision to transfer a patient to a higher level of care rests with the physician attending the COVID-19 patient.
  - All Level III COVID-19 centers will work collaboratively with other COVID-19 facilities under the Mississippi COVID-19 System of Care.
  - These centers may receive patients from Level I and II centers when clinically appropriate.
  - These centers must have an Intensive Care Unit (ICU) with ventilator management.
- **Level IV COVID-19 Center:**
  - Level IV COVID-19 Centers are facilities with a commitment to the care of the COVID-19 patient.
  - These facilities are typically staffed by a physician, or an advanced practice provider.
  - The principal role of Level IV COVID-19 centers will be to provide isolation and stabilization of COVID-19 patients and transfer these patients to the appropriate higher level of care based on the clinical presentation of the patient.
  - These centers may receive patients from Level I, II and III centers when clinically appropriate.
- **Level V COVID-19 Center:**
  - Level V centers will be locations utilized as Alternate Care Sites (ACS) in buildings of opportunity for receiving convalescing COVID-19 patients from higher level centers.

        - These facilities will be managed by the State of Mississippi for the purpose of convalescing COVID-19 patients.
        - Through agreements with MSDH, Level II, III and IV Centers may also receive convalescing COVID-19 patients.
    - **Level VI COVID-19 Center:**
        - Level VI centers are LTAC facilities with a commitment to the rehabilitation of COVID-19 patients.
        - Required resources include negative pressure care rooms and ventilator management.

- Licensed Nursing Home Facility Component
    - Licensed Nursing Home Facility participation in the Mississippi COVID-19 System is voluntary.
    - All participating Licensed Nursing Home Facilities will provide a 24/7 point of contact for the movement of COVID-19 patients. Patients will be discharged from Hospitals consistent with the most current MSDH Guidance for Discontinuation of Isolation and Transmission-Based Precautions in Patients with COVID-19 and Discharge Guidance for Suspected or Confirmed COVID-19 Patients. If a patient still requires transmission-based precautions at time of discharge, the receiving facility will continue isolation and use of appropriate PPE until 14 days have passed since onset of symptoms and the patient has been fever-free for at least 72 hours.
- Inpatient Hospice Component
    - Inpatient Hospice facilities may support the COVID-19 System of Care as needed.
    - Participating Inpatient Hospice Facilities will provide a 24/7 point of contact for the movement of COVID-19 patients.
- Communication Component
    - Communications are critical to the function of the COVID-19 System.
    - Communications provide:
        - essential knowledge of the overall status of pre-hospital activities and hospital and other healthcare resource availability on a continual basis;
        - access to system organization and function protocols whenever such information is requested by pre-hospital or hospital-based personnel; and
        - collection of uniform system-wide data for Performance Improvement (PI) activities.

- Performance Improvement and Patient Safety Component
    - This component is essential for evaluating and improving system performance and safety considerations.
    - Each Mississippi licensed acute care hospital, licensed nursing home facility, and licensed inpatient hospice facility will submit bed availability and other data as requested by MSDH and in a format and frequency defined by MSDH. Data collection for MSDH may be performed in part by Mississippi MED-COM for the transfer of patients.

System Operations

Virtual Consultation
All Levels of COVID-19 centers will provide logistics and operational support to ensure the following capabilities:

- Virtual consultations may be accomplished with audio/visual conferencing or traditional telephonic conferencing.
- Level I and II centers will provide contact numbers for telemedicine resources to MSDH for posting to the COVID-19 System of Care Webpage.
- The following specialists will be available for telemedicine consultation at Level I and II COVID-19 centers and will be available for consultations:
    - Pulmonologist and/or Intensivist
    - Infectious Disease Specialists
    - Internists
    - Others as needed
- Duties and responsibilities of specialists at Level I and II COVID-19 centers:
    - Provide consultation, advice and guidance to the best of their abilities, given the capabilities of the requesting center, including advice on transfer to a higher level of care, transfer to a lower-level center and transfer to convalescent or respite care, as needed
    - Accurate and complete documentation of consultations, notes and communications on patients after interactions with requesting physicians
- Work cooperatively with requesting physicians with on-going patient care needs related to COVID-19 (e.g. reassessments, follow-up consultations, etc.).
- Duties of physicians or advanced practice providers at Level III, IV, V, and VI COVID-19 centers:
    - Has sole responsibility for the care of the patient, including all orders, etc.
    - Accurate and complete documentation of the patient's condition, progress, plans, etc., not less than daily
    - Work cooperatively with Level I or II telemedicine physicians
- Liability Coverage for Level I and II physicians providing virtual consultations
    - Executive Order 1471 confers immunities related to COVID-19 care

Transfer and Transport – Criteria

The Mississippi COVID-19 System of Care Plan provides a process for bidirectional patient movement to the most appropriate level of care for the individual patient while adjudicating available hospital capacity and capability.

Patient Escalation

Moving patients to **higher**-level centers for required services to effectively manage COVID-19.

- Utilized when lower-level centers lack clinical resources (both capacity and specialists)
- Higher-level centers must have consultant specialists available (e.g., nephrology, hematology) available within 30 minutes of request.
- Patients in cardiac arrest or post-cardiac arrest should not be transferred without discussion.
- Consideration should be given to patient demographics and comorbid disease state.
    - Asthma
    - Chronic kidney disease being treated with dialysis
    - Chronic lung disease
    - Diabetes
    - Hemoglobin disorders
    - Immunocompromised
    - Liver disease
    - People aged 65 years and older
    - People in nursing homes or long-term care facilities
    - Serious heart conditions
    - Severe obesity

Patient De-escalation

Moving patients from higher-level centers to **lower**-level centers in order to maximize available COVID-19 capacity and resources for the acutely ill.

- Ventilated patients with only respiratory failure (move to lower-level ICU)
- Patients with $SpO_2 \geq 88\%$ on $\leq 6L$ O_2 with stable respiratory status (move to lower-level med/surg)
- Convalescing patients that are unable to perform ADL's, (would need med/surg bed and resources, e.g., OT, PT, Social Work)
- Qualifying convalescing patients that are able to perform ADL's are eligible to be discharged to the existing Convalescent Centers around Mississippi.
- Long term care patients, nursing home placement patients
- Hospice patients

Additional considerations for COVID-19 transfers.

- Patients with active malignancies
- Patients with devastating neurological events
- End of life discussions at the day of admission/transfer (e.g. POST Form)

If/when the hospitals and health systems of Mississippi reach a point where they can no longer accommodate patient demands, Mississippi ESF-8 will enact a COVID-19 rotation. This rotation

will be managed by Mississippi MED-COM and will direct patients to destinations on a rotating basis based on patient request, geography and resource availability.

Transfer and Transport - Process

All Mississippi licensed hospitals are required to report COVID-19 patient transfers (from ER or inpatient) to Mississippi MED-COM at (601) 984-4367 and through the Statewide Acute Care Capacity Status System (SACCSS) at a frequency provided by the department. An interfacility transfer of a suspected or known COVID-19 patient to a higher or lower level of care may be coordinated through Mississippi MED-COM as part of the Mississippi COVID-19 System of Care.

- Sending COVID-19 facility should call Mississippi MED-COM at **(601) 815-3709**
- Sending facility should provide:
    - Name of sending center
    - Name of sending provider
    - Patient name, DOB, vital signs, chief complaint, interventions performed/in place
    - Level being requested
- Mississippi MED-COM will locate the closest appropriate level facility.
    - Mississippi MED-COM will contact the accepting center and inform them of the transfer request/rotation.
    - All patients accepted by higher or lower-level facilities will be accepted by the accepting physician at the receiving facility.
    - These transfers should be automatically accepted as a transfer to the appropriate level center or as part of the COVID-19 rotation.
- Mississippi MED-COM will not perform COBRA, EMTALA, insurance screenings or similar patient financial data collection.
- Mississippi MED-COM will monitor hospital capacity and capability related to providing care to patients with COVID-19.
- Transport ambulance will give radio report to the receiving facility as per normal process but not later than when they are 5 – 10 minutes out.
- Patient should be taken directly to assigned inpatient room, when applicable.
- Any refusal or deviation from the COVID-19 System of Care will be investigated by MSDH.

Focused ICU Section - Process

Overview

This section of the COVID-19 System of Care Plan may be activated by Health Office Order when due to a wave of COVID there is limited availability of ICU beds in the state of Mississippi. This Focused ICU section will allow the most critically ill patients to be transferred for definitive care, while not burdening any one hospital. Request for transfer to an ICU bed would be made through Mississippi MED-COM where appropriate patients for transfer will be triaged and those meeting criteria will be transferred on a rotational basis.

Key Points

- A specific and limited list of critical medical conditions will define what is appropriate for transfer in this Focused ICU section.
- This process would be subject to protocols established for the Mississippi MED-COM Communications Specialists but those patients that do not match the triage criteria exactly will be reviewed by a physician.
- Rotation would be maintained by Mississippi MED-COM.
- Hospitals may still choose to transfer within their own network or directly however, if the accepting facility would like "credit" for that transfer they will need to notify MED-COM of the acceptance. They would then be moved appropriately in the rotation list.
- Mississippi MED-COM will make best efforts to follow the rotation however, in instances when following the rotation would potentially cause harm to the patient due to a time sensitive emergency Mississippi MED-COM may select the most appropriate facility based on service line and geography. When this happens, that facility will receive credit for the transfer and be adjusted in the rotation.
- Due to the lack of beds across the state, not every request will meet the criteria. Sending hospitals will not be allowed transfer patients because they don't have beds.
- The timing of a transfer may be triaged based on available resources.
- This focused system of care will utilize bidirectional patient flow allowing high-level centers to transfer patient to lower-level centers to create additional capacity. Additionally, hospitals requesting the use of the system of care for transfers must accept the patient back once the critical condition has been resolved or stabilized.

General Clinical Criteria for entry into the Focused ICU section

- STEMI
- CVA within an interventional window, post tPA candidates.
- Multisystem or complex trauma.
- Intracranial hemorrhages requiring immediate neurosurgical intervention or SAH, SDH/EDH with any shift or GCS <15. (SOC physician to review)
- Transplant patients with complications related to their transplant or that put their transplant at risk.
- Ventilated patients at a hospital without an ICU or respiratory therapy or a ventilator.

Mississippi COVID-19 Advisory Committee

The Mississippi Coronavirus (COVID-19) Task Force will advise the Mississippi State Department of Health on the continued development of the COVID-19 System.

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