

# COVID-19 SYSTEM OF CARE (SOC) FAQ'S

December 20, 2020

## Why is the COVID-19 System of Care now mandatory?

- Unfortunately, Mississippi has reached a point where hospitals can no longer accommodate acute clinical demands.

## How long is mandatory participation in the COVID-19 System of Care (SOC) in place?

- The current is in place through December 23, 2020.
- Depending on case numbers and continued stress to the Mississippi Healthcare System the order may be extended.

## What does my facility need to know?

- Transfers for critical care services that cannot be accommodated by the normal referral processes will be routed through Mississippi Med-Com.
- Sending facilities should call Mississippi Med-Com at (601) 984-4367.
- Mississippi Med-Com will direct patients to available critical care beds, and, when no beds are available, to hospital destinations on a rotating basis based on geography, and resource availability.
- Critical care patients in Mississippi at COVID-19 SOC Level 4 hospitals in need of a higher level of care and critical care patients at Level 2 and 3 hospitals that lack appropriate services to care for patients will be eligible for the rotational transfer process when necessary.
- All patients accepted by the higher-level facilities will be accepted by the ED physician.
- Provider to provider and nurse to nurse communications shall be maintained by the sending facility.
- Mississippi Med-Com will monitor hospital capacity and capability related to providing care to patients with COVID-19.

## Why do we report information to Med-Com?

- [Executive Order 1457](#) designates the Mississippi State Department of Health as the lead state agency to coordinate the emergency response activities related to COVID-19.
- Under the [Mississippi Comprehensive Emergency Management Plan](#), Mississippi Med-Com serves as a medical communications and coordination center for the state during declared emergencies.
- MSDH has activated Mississippi Med-Com to operate the coordination center for the COVID-19 SOC.

## How often will hospitals be required to update Med-Com on their bed availability?

- Hospitals report bed status in the [MSDH Knowledge Center Program](#) and through MSDH Licensure daily.
- Facilities do not have to report bed status to Med-Com.

- Med-Com will run rotation as it is activated or de-activated by MSDH based on the current bed reports.
- If a facility develops open beds while on rotation, they may manage their bed status as normal. But your facility will remain part of the rotation until MSDH has ended the rotation period.
- Facilities should ensure they inform Med-Com if they accept an ICU patient so it can be counted on the rotation as their turn.

**What do we need to report to Med-Com?**

- The current State Health Officer Order requires facilities to report all transfers requiring ICU level care, both COVID and Non-COVID to Mississippi Med-Com.
- If the transfer is not done through Med-Com this should be reported by the accepting facility.

**How often are hospitals required to update MSDH on their bed availability?**

- Hospitals must report bed status in the MSDH Knowledge Center Program and with MSDH Licensure daily.

**Will available beds be filled first at every institution prior to instituting the rotational acceptance of patients or will the rotation take place irrespective of how many beds may be available at any given institution?**

- That is the intent of the rotation but there may be times, while on rotation, that a facility has one or two beds that become available.
- We do not want to turn on and off the system every time a single bed comes open because it will most likely be filled.
- There may be instances when we are on rotation but there are some open beds.

**Should a hospital’s answer to other hospitals calling them directly for transfers be, “Call Med-Com and they will handle the transfers?”**

- Med-Com is assigned by MSDH to help hospitals that can’t find an ICU bed, but hospitals are welcome to conduct their transfers as normal.
- Make sure to inform Med-Com if you accept a patient so the facility can be counted in the rotation.

**Will hospitals be required to accept patients from out-of-state?**

- No, the system of care is not inclusive of patients outside of the state, individual hospitals can follow their standard transfer operations regarding patient requests from outside the state.

**When Med-Com assigns a patient to an institution, can they issue a “control number” so that the transferring institution will be required to provide this to the accepting institution so there will be verification that Med-Com has made the assignment and outlying hospitals do not just take it upon themselves to say Med-Com has made the assignment?**

- MSDH has requested that Med-Com always contact the accepting facility directly with any patient that they are trying to get acceptance. However, each patient does have a unique number that is used to assist in tracking them to their destination.
- Any follow-up conversations that are provider to provider or nurse report should go directly to the accepting facility.

**Does the COVID-19 SOC supersede other systems of care (trauma, STEMI and Stroke) transfers to appropriate facilities?**

- The ICU rotation during COVID-19 is designed to complement, not eliminate, the other Mississippi systems of care.
- When a hospital receives a patient requiring ICU-level care from a system of care, this should be reported to Med-Com to count as a patient in the rotation.
- Facilities with specialty services will be rotated with patients that need those services.

**How are psychiatric patients going to be handled?**

- This rotation is for ICU-level care. When a patient with a history of behavioral health needs ICU-level care the patient will be transferred based on the rotation.
- Once stabilized and ready to transfer out of an ICU, the patient may be transferred to a facility with appropriate services.

**I applaud the efforts to make this work. The proof will be in the execution and the available transparency to all participants. I hope we can make this as transparent as possible.**

- Thank you. MSDH will post/share the current workflow that Med-Com is utilizing to manage the rotation (this will be a dynamic document as this operation evolves).
- Additionally, we will share data – currently, this is a manual process for Med-Com and the focus is the movement of patients, so there may be a delay in getting automated reports designed for these data.

**If our ICU is completely full and we have patients in our Emergency Department needing ICU services, should we call Med-Com to see if they can be transferred? OR will we just keep them and implement our surge policy for what comes in our door as well as what may be sent here by Med-Com?**

- Facilities should activate surge processes as appropriate for your institution.
- Transfers should not be requested for “no beds” during rotation and no beds are available.
- The patient should either exceed the medical capabilities of the sending facility or require specialty care.
- Obviously, as beds become available, redistribution of patients may be possible.

**Who makes the determination of the level of care required for a patient transfer (med/surg or ICU)?**

- The sending provider makes the determination of the level of care.
- If there is disagreement between sending/receiving, MSDH has requested Med-Com facilitate provider-to-provider discussions to reach an agreement.

### **How does EMTALA apply in the COVID-19 SOC for inpatients being accepted to an Emergency Department?**

- The COVID-19 System of Care Plan along with documentation from the transferring hospital, receiving hospital, and Med-Com will be used to review any EMTALA concerns by the State Survey Agency (MSDH Licensure team) and CMS. Documentation is critical to any EMTALA review.
- EMTALA violations are determined after careful investigation, but in general:
  - Inpatient transfers to a hospital with equal or a higher level of care does not constitute an EMTALA violation.
  - Transferring an Inpatient from a licensed hospital to the Emergency Department of a receiving licensed hospital and boarded in the Emergency Department until a bed becomes available would not be an EMTALA provided that the receiving facility's Emergency Department has resources to care for anyone else who may enter their Emergency Department for care.
  - Receiving hospitals boarding critical care patients in the Emergency Department should provide the same level of care to patients as those in the ICU.
- Sending facilities, receiving facilities and Med-Com should maintain documentation on all transfers.

### **I have questions about the COVID-19 System of Care, who should I contact?**

- Questions or comments related to the COVID-19 SOC can be sent to [ICUprogram@msdh.ms.gov](mailto:ICUprogram@msdh.ms.gov).
- Questions or comments related to Mississippi Med-Com can be sent to Dr. Damon Darsey at [ddarsey1@umc.edu](mailto:ddarsey1@umc.edu) (Medical Director) or Stephen Houck (Clinical Director).
  - Please include "System of Care" in your title to help prioritize these emails.