Boston Hope
Boston Hope is a Field Medical Facility that occupies the Boston Convention and Exhibition Center. There are two main components:

- A Post-Acute Medical Facility ("Field Hospital") for 500 COVID-19 + positive patients
- A Low-Acute Housing Facility of 500 Beds for COVID19+ unhoused people of greater Boston.
Site Overview

Level 2
Patient Area B
250 Patient Beds
5 Main Nursing Stations

Level 1
Patient Area B
250 Patient Beds
5 Main Nursing Stations

“Undomiciled” Patient Area C
500 Patient Beds
14 Nursing Stations

Staff Areas
- Access to stairs to second floor
- Staff entryways

Check in desks
Patient Entrance
Patient Drop-off Lane

Emergency Pick-up

Toilets
Laundry 30’ x 60’
Front Desk
HVAC

Urgent Care Area

Acute / XRay

Toilets
Laundry 30’ x 60’

Pharmacy

Staff Tent
PPE
Staff Entrance
Staff Showers & Restrooms

Rehab Area 75’ x 75’

Chapel

Patient Rec Area 100’ x 100’
Staff Tent

Patient Rec Area 100’ x 100’
Staff Tent

Staff Showers & Restrooms

"Undomiciled" Patient Area C

Staff Areas
- Access to stairs to second floor
- Staff entryways

Check in desks
Patient Entrance
Patient Drop-off Lane

Emergency Pick-up

Toilets
Laundry 30’ x 60’
Front Desk
HVAC

Urgent Care Area

Acute / XRay

Toilets
Laundry 30’ x 60’

Pharmacy

Staff Tent
PPE
Staff Entrance
Staff Showers & Restrooms

Rehab Area 75’ x 75’

Chapel

Patient Rec Area 100’ x 100’
Staff Tent

Patient Rec Area 100’ x 100’
Staff Tent

Staff Showers & Restrooms

"Undomiciled" Patient Area C

Staff Areas
- Access to stairs to second floor
- Staff entryways

Check in desks
Patient Entrance
Patient Drop-off Lane

Emergency Pick-up

Toilets
Laundry 30’ x 60’
Front Desk
HVAC

Urgent Care Area

Acute / XRay

Toilets
Laundry 30’ x 60’

Pharmacy

Staff Tent
PPE
Staff Entrance
Staff Showers & Restrooms

Rehab Area 75’ x 75’

Chapel

Patient Rec Area 100’ x 100’
Staff Tent

Patient Rec Area 100’ x 100’
Staff Tent

Staff Showers & Restrooms

"Undomiciled" Patient Area C

Staff Areas
- Access to stairs to second floor
- Staff entryways

Check in desks
Patient Entrance
Patient Drop-off Lane

Emergency Pick-up

Toilets
Laundry 30’ x 60’
Front Desk
HVAC

Urgent Care Area

Acute / XRay

Toilets
Laundry 30’ x 60’

Pharmacy

Staff Tent
PPE
Staff Entrance
Staff Showers & Restrooms

Rehab Area 75’ x 75’

Chapel

Patient Rec Area 100’ x 100’
Staff Tent

Patient Rec Area 100’ x 100’
Staff Tent

Staff Showers & Restrooms
Within the field hospital, there are the following components:

- 6 Acute Care Rooms (resuscitation rooms)
- X-Ray
- 100 beds with piped Oxygen capabilities
- Private Mental health consultation room
- Rehab area with rehab equipment
- Patient recreation areas
BCEC 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.

**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 IM medication needs.
- Colostomy, Foley's and minor wound care (Stage I and II)

**Exclusion Criteria – Week 1 (may evolve)**

- Desaturation < 88% 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

All patients

- Anticipated or active clinical trajectory improvement.
- O2 saturation \(\geq 92\%\) on no more than 2L Oxygen at rest with plan for gradual O2 weaning
- Code status must be specified prior to admission
BCEC Patient Levels

Level 1
- Non-SNF Patients with:
  - Mild clinical acuity and/or;
  - Low medical comorbidity and/or;
  - Low functional compromise
→ “Convalescent Care” section of Convention Center (mild medical need)

Level 2
- SNF-level patients with:
  - Moderate acuity and/or;
  - Moderate medical comorbidity and/or;
  - Moderate functional compromise
→ SNF-level section of Convention Center

Level 3
- SNF-level patients with:
  - Higher clinical acuity and/or;
  - High medical comorbidity and/or;
  - High functional compromise and/or;
  - Active or complex behavioral/psychiatric/cognitive issues
→ NOT for convention center

Accept Level 1 and 2 Patients at the BCEC
**Level 1 Patient**

**Non-SNF Patients with:**
- Mild clinical acuity and/or;
- Low medical comorbidity and/or;
- Low functional compromise

→ “Convalescent Care” section of Convention Center (mild medical need)

- **Patient-Type Summary:** patients who are stable enough to be at home, but cannot be due to inability to safely isolate (e.g. group home, shared living space with immunocompromised or high-risk individual, other shared or congregate living arrangement).

- **Care Entails:** daily or BID check-in, BID vital signs, assistance with medications as needed

- **Functional Capacity:**
  - **Cognitive:** Alert and oriented x3
  - **Mobility:**
    - Maximum 1-person assist (may require help with transfers or assistance with ambulation).
    - Can walk 25 feet with or without device
    - O2 saturation \( \geq 92\% \) on no more than 2L O2 at rest with plan for gradual O2 weaning.
  - **ADLs:** Mostly independent, minimal assistance.
  - Behaviorally appropriate or with minimal issues / redirectable, reassured.
45 y/o COVID+ patient, mild-moderate illness on 2L of O2 but weaning, mild type 2 diabetes otherwise well, mild deconditioning but functional no assistance needed; Spanish-speaking only; lives in Chelsea with 6 other individuals (parent who is elderly and has comorbidities, wife and sister, 3 small children) – unable to properly isolate.
Level 2 Patient

**Patient-Type Summary:** Standard SNF criteria for discharge – medical and/or rehab needs for recovery that cannot be met at home

**Care Entails:** Specific to patient - case management to obtain specific criteria.

**Functional Capacity:**
- **Cognitive:** Alert and oriented x2 (minimum)
- **Mobility:**
  - Min to Mod assistance of 1 person.
  - Can walk 10 feet with or without device.
  - No O2 Sat drop <88%, on or off O2.
- **ADLs:** needs help with most or all but not dependent.
- **Equipment needs:** may require rolling walkers, canes, standing frames, parallel bars, mini-staircase, etc.
- Behaviorally appropriate; likely need medication adjustments and ongoing monitoring/virtual consultation with psychol/psychiatry.

---

**SNF-level patients with:**
- Moderate acuity and/or;
- Moderate medical comorbidity and/or;
- Moderate functional compromise

→ SNF-level section of Convention Center
55 y/o COVID+ patient admitted to ICU initially, not intubated, high flow O2 initially weaned down to 2L, still deconditioned, eating, weak, needs help with transfers but now making a good recovery; hospital LOS 10 days; lives alone, 3rd floor, needs gradual O2 weaning

**Disposition**: Level 2 due to moderate acuity comorbidity, low medical comorbidity, moderate functional compromise; intact cognitive status, no behavioral issues; will be able to meet self-care needs at home with a few days of rehab.
Level 3 Patient

- Significant medication burden and/or inability to self-administer medications
- Functional criteria:
  - Cognitive: Alert, Oriented times 1-2, confusion moderate
  - Mobility: Maximum assistance with 2 people, (ie – sitting balance)
  - ADLs: Mainly Dependent (self-feed, bowel, bladder)
- Equipment needed
  - Hoyer lift
  - Moveo and/or Tilt table
- Active psychiatric issues requiring psychiatric evaluation and management, including moderate-to-severe cognitive impairment and active or intermittent delirium
- Patients trending toward hospice

SNF-level patients with:
- Higher clinical acuity and/or;
- High medical comorbidity and/or;
- High functional compromise and/or;
- Active or complex behavioral/psychiatric/cognitive issues

→ NOT for convention center
Level 3 Patient: Case Example

SNF-level patients with:
- Higher clinical acuity and/or;
- High medical comorbidity and/or;
- High functional compromise and/or;
- Active or complex behavioral/psychiatric/cognitive issues

→ NOT for convention center

**Level 3 Case Example (1)**

79 y/o COVID+ patient admitted to ICU initially, not intubated but required high flow O2, weaned down to 5L; highly deconditioned, NG tube in place; medical comorbidities include CHF (EF 32%), CAD, stage IV CKD, type 2 diabetes on insulin; hospital LOS 12 days; 2 person assist for transfers; intermittent delirium overnight managed with trazodone and PRN Seroquel.

**Disposition:** Level 3 based on high clinical acuity, high medical comorbidity, high functional compromise.

**Level 3 Case Example (2)**

58 y/o COVID+ patient admitted to general medicine, mild fever and O2 need but weaned; complex medical comorbidity including short gut syndrome with ileostomy, malnutrition; history of PTSD, bipolar disorder, and cognitive decline; lives at home in subsidized housing, receives significant supports from case worker, adult companions to help with ADLs; unclear if home services will be available following discharge.

**Disposition:** Level 3 based on complex behavioral/psychiatric/cognitive issues and questionable disposition home following post-acute COVID-related stay.
The Field Hospital is comprised of ten 48 Bed “Units”
- Each unit has four 12-bed “pods”
- Each Unit has a main and touchdown nursing station as well as 4 sinks.

One Unit of Level 2 Patients is staffed by:
- 1 Physician
- 3 APPs (NPs or PAs)
- 6+ Nurses with techs and students

One Unit of Level 1 Patients is staffed by:
- No assigned MD; cross-cover available
- 2 APPs will cover all Level 1 patients
- 2 Nurses per unit
- Additional techs and students
Current Referral Process

Referral Source
- Review Admissions Criteria
- Complete Referral Form
- Email to PHSBostonHope Referral@Partners.org
- Or fax to 857-238-8386

Boston Hope Screening Team
- The Screening team will reach out to you at the number provided on the Referral Form.
  - If we have more questions, we will ask to speak to the referring provider.
  - If the patient is denied, we will explain the reasoning

Accepted Referral
- Our Screening team will work with you to coordinate transfer and arrival Date / Time.
  - You will be responsible for transporting the patient to the Boston Hope Facility.
  - Fax Discharge paperwork to 857-238-8386

Please contact Dr. Regan Marsh (rmash@bwh.harvard.edu) or Dr. Rich Ehrlichman (rehrlichman@partners.org) with Admissions Criteria Questions. For any questions on referral process please contact Laura Lakin (lklakin@partners.org).
BCEC Anticipated Patient Discharge Criteria

- Patients who are hemodynamically stable seven days after onset of disease
- Patients who have been afebrile for three days
- Patients with stable airway, breathing and circulation with an O2 sat of at least 95% on room air
- Patients able to perform normal activities of daily life and have adequate mobility.
- Case managers to help coordinate home care/VNA