

Boston Medical Center will now be accepting referrals for patients to the East Newton campus.

Appropriate patients are:

- Those experiencing homelessness
 - *And* are confirmed COVID+
 - *And* are clinically stable (*see full admission criteria in referral on next page*)
 - Do not need hospital level of care
 - Are independent with their ADLs and able to self-administer their medication
 - Do not have ongoing clinical needs (e.g., HD, CPAP/BiPAP, O2 requirement)
- We will be able to accept patients on methadone or buprenorphine with prior notification and set-up
 - Patients taking methadone must be a client of either HCRC Boston (23 Bradston Street) or Habit OPCO Boston (99 Topeka Street) to be admitted
 - It is also acceptable if the patient is a client at another methadone clinic if guest-dosing has been arranged at either HCRC Boston or Habit OPCO Boston

Workflow:

- If you have an appropriate patient for East Newton, please follow the below:
 - Call 617-638-7650 to speak with the East Newton admitting team; registration hours are 7am-7pm daily.
 - Please have patient name, date of birth, and gender
 - Please fill out the below form and fax to 617-414-3880
 - If the answer to any of the clinical questions is “yes” – please explain for patient to be considered for admission
 - If you do not have access to a fax machine, you will be asked these questions over the phone
 - Admitting team will validate patient and bed availability
 - Expect call back within 20 minutes
 - If patient is accepted:
 - Please text or call Daniel Iger @ 646-779-7797 with passenger and destination locations to book a cab ride
 - Address of East Newton:
 - 88 E Newton St Boston, MA 02118
 - The patient will not be billed for this ride
 - When patient transportation is confirmed, call for clinical hand-off and report
 - Call 617-638-7650, ask to speak with accepting clinical team

Last Name: _____

First Name: _____

Sex: _____

Date of Birth: _____

Social Security # (optional): _____

Contact Phone # _____

Mailing Address: _____ Street _____ City _____ Zip Code _____

Marital Status Single Married Divorced

Language: _____

Emergency Contact: Name: _____ Phone: _____ Relationship: _____

Logistics questionnaire

Where are you calling from? BMC (specify unit) / BMC ED / External facility: _____

What is the patient's COVID status? Positive / Negative / Pending

What is patient's housing status? Stays in shelter? Housed, but unable to return home due to risk of infecting co-habitants?

Is patient on Methadone for the treatment of opioid use disorder? Yes / No If yes, what clinic do they attend? _____

Patient clinical status questionnaire
If answer to any question is "YES" – please provide explanation for patient to be considered

Has patient had a temperature of higher than 102.5F / 39C in the last 24h?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Has patient had an O2 Sat of less than 90 without supplemental oxygen in the last 24h?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 24h unknown (in the ED), does patient have an O2 Sat of less than 93 without supplemental oxygen?
Does patient have respiratory distress?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is patient's heart rate greater than 105?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is patient unable to ambulate, ADL, and self-medicate independently? (Wheel-chair bound OK if independent)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is patient being concurrently treated for any other acute transmissible infectious illness (e.g., C Diff, norovirus, influenza)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Signature: _____

Contact #: _____