

Supplementary Online Content

Fuchs JD, Carter HC, Evans J, et al. Assessment of a hotel-based COVID-19 isolation and quarantine strategy for persons experiencing homelessness. *JAMA Netw Open*. 2021;4(3):e210490. doi:10.1001/jamanetworkopen.2021.0490

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This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Characteristics of Individuals Admitted to Isolation and Quarantine (I/Q) Hotels by Match to Administrative Records

	Matched		Unmatched		P value
	N	%	N	%	
Total	907	89.9	102	10.1	
Premature discontinuation of I/Q					
No	697	81.3	79	80.6	0.86
Yes	160	18.7	19	19.4	
Age					
<40	324	35.7	72	70.6	<0.001
40-49	239	26.4	10	9.8	
50 - 59	206	22.7	10	9.8	
>=60	138	15.2	10	9.8	
Gender					
Male	689	76.0	67	65.7	0.01*
Female	208	22.9	31	30.4	
Transgender	6	0.7	4	3.9	
Other/Unknown	4	0.4	0	0.0	
Race/Ethnicity					
White	232	25.6	3	2.9	<0.001*
Black	164	18.1	23	22.5	
Latinx	405	44.7	49	48.0	
Asian/Pacific Islander	68	7.5	10	9.8	
Native American	8	0.9	5	4.9	
Multi-Ethnic	14	1.5	7	6.9	
Refused/Unknown	16	1.8	5	4.9	
Living Situation					
Home/Apartment/RV/Trailer	246	27.1	36	35.3	<0.001*
Sheltered Homeless	274	30.2	21	20.6	
Unsheltered Homeless	197	21.7	9	8.8	
Single Room Occupancy Hotel	123	13.6	10	9.8	
Congregate Living Setting	9	1.0	3	2.9	
Other/Unknown	58	6.4	23	22.5	
Referral Source					
Outpatient	89	9.8	12	11.8	<0.001
Hospital	336	37.0	31	30.4	
Homeless Service Provider/Shelter	160	17.6	9	8.8	
Surveillance/Field Testing	96	10.6	10	9.8	
Other	141	15.5	12	11.8	

Missing	85	9.4	28	27.5	
COVID Status					
COVID-19 Diagnosis	420	46.3	43	42.2	0.20*
PUI	344	37.9	35	34.3	
Close Contact	124	13.7	22	21.6	
None of the above	4	0.4	1	1.0	
Missing	15	1.7	1	1.0	

*Fisher's exact *P*-value

Compared to individuals who were not matched to the CCMS database, matched individuals were significantly older (median [IQR]: 45 years [35-55] vs. 27 [13-44], $p < 0.01$), more likely to be referred from a hospital or homeless service provider (37% vs. 30% and 18% vs. 9% respectively, $p < 0.01$), to be homeless (52% vs. 29%, $p < 0.01$), more likely to be White compared to other race/ethnicities (26% vs. 3%, $p < 0.01$), and more likely to be male (76% vs. 66%, $p < 0.01$). There were no differences in COVID status or in the proportion who prematurely discontinued isolation and quarantine.

Abbreviations: RV- Recreational Vehicle; PUI- Person Under Investigation

eTable 2. Factors Associated With Premature Discontinuation of Isolation and Quarantine (I/Q), Modeled With Interaction Term (N=954)

Factor	AOR (95% CI), P value¹
Age, years	
>=60	1 [Reference]
50-59	1.8 (0.9 - 3.6), .08
40-49	1.8 (0.9 - 3.5), .09
<40	2.6 (1.4 - 4.9), .004
Gender	
Male	1 [Reference]
Female	1.8 (1.2 - 2.7), .006
Transgender/Other	0.4 (0.1 - 2.2), .30
Race/Ethnicity	
Non-Black	1 [Reference]
Black	1.5 (0.3 - 7.4), .65
Living Situation	
Home/Apartment/RV/Trailer	1 [Reference]
Sheltered Homeless	1.4 (0.7 - 2.8), .37
Unsheltered Homeless	5.0 (2.6 - 9.5), <.001
Congregate Living Setting/SRO	1.5 (0.7 - 3.1), .26
Other/Unknown	1.2 (0.5 - 3.1), .63
Race/Ethnicity (Black) * Living Situation²	
Race/Ethnicity (Black) * Home/Apartment/RV/Trailer ³	—
Race/Ethnicity (Black) * Sheltered Homeless	2.1 (0.4 - 12.2), .41
Race/Ethnicity (Black) * Unsheltered Homeless	0.9 (0.2 - 5.3), .91
Race/Ethnicity (Black) * Congregate Living Setting/SRO	0.3 (0.02 - 4.9), .42
Race/Ethnicity (Black) * Other/Unknown	1 [Reference]
Referral Source	
Outpatient	1 [Reference]
Hospital	1.1 (0.6 - 1.9), .86
Homeless Service Provider/Shelter	0.5 (0.2 - 1.1), .07
Surveillance/Field Testing	0.7 (0.3 - 1.6), .37
Other	0.6 (0.3 - 1.2), .14
Missing	0.5 (0.2 - 1.1), .09
COVID Status	
COVID-19 Diagnosis	1 [Reference]
PUI	1.5 (0.9 - 2.5), .08
Close Contact	2.7 (1.5 - 4.6), .001
None of the Above	3.6 (0.5 - 25.5), .20

Missing	5.0 (1.0 - 23.9), .05
Elixhauser medical condition	
No	1 [Reference]
Yes	1.4 (0.9 - 2.3), .14
Elixhauser mental health disorder	
No	1 [Reference]
Yes	0.9 (0.6 - 1.5), .76
Elixhauser substance use disorder	
No	1 [Reference]
Yes	0.9 (0.5 - 1.5), .56
Jail stay in past year	
No	1 [Reference]
Yes	1.2 (0.7 - 2.2), .49

¹ Model adjusted for calendar week of referral

² *P*-value for interaction = 0.20

³ Category omitted due to zero cell

Abbreviations: AOR: Adjusted Odds Ratio; CI: Confidence Interval; RV- Recreational Vehicle; SRO- Single Room Occupancy Hotel; PUI- Person Under Investigation

eTable 3. Sensitivity Analysis Exploring Factors Associated With Premature Discontinuation of Isolation and Quarantine (I/Q), Limited to Patients With CCMS Administrative Data (N=857)

Factor	AOR (95% CI), P value[^]
Age, years	
>=60	1 [Reference]
50-59	2.5 (1.1 - 5.2), .02
40-49	2.5 (1.2 - 5.2), .02
<40	3.9 (1.8 - 8.2), <.001
Gender	
Male	1 [Reference]
Female	1.9 (1.2 - 3.0), .003
Transgender/Other	0.2 (0.01 - 1.8), .13
Race/Ethnicity	
White	1 [Reference]
Black	1.7 (1.0 - 2.9), .07
Latinx	0.9 (0.5 - 1.6), .80
Asian/Pacific Islander	0.6 (0.2 - 1.6), .32
Multi-Ethnic/Other/Unknown	1.4 (0.6 - 3.5), .48
Living Situation	
Home/Apartment/RV/Trailer	1 [Reference]
Sheltered Homeless	1.4 (0.7 - 2.9), .35
Unsheltered Homeless	3.7 (1.9 - 7.4), <.001
Congregate Living Setting/SRO	1.2 (0.5 - 2.5), .67
Other/Unknown	1.0 (0.3 - 3.3), .94
Referral Source	
Outpatient	1 [Reference]
Hospital	1.2 (0.6 - 2.4), .62
Homeless Service Provider/Shelter	0.5 (0.2 - 1.2), .13
Surveillance/Field Testing	0.7 (0.3 - 1.7), .41
Other	0.6 (0.3 - 1.2), .14
Missing	0.4 (0.2 - 1.1), .07
COVID Status	
COVID-19 Diagnosis	1 [Reference]
PUI	1.5 (0.9 - 2.6), .10
Close Contact	2.7 (1.5 - 5.0), .001
None of the above	9.0 (1.0 - 85.1), .05
Missing	3.7 (0.6 - 21.2), .14
Elixhauser medical condition	

No	1 [Reference]
Yes	1.4 (0.9 - 2.2), .20
Elixhauser mental health disorder	
No	1 [Reference]
Yes	0.9 (0.6 - 1.6), .80
Elixhauser substance use disorder	
No	1 [Reference]
Yes	0.8 (0.5 - 1.4), .41
Jail stay in past year	
No	1 [Reference]
Yes	1.2 (0.7 - 2.2), .50
Years homeless, per year	
	1.0 (1.0 – 1.1), .18

^ Model adjusted for calendar week of referral.

Abbreviations: AOR: Adjusted Odds Ratio; CI: Confidence Interval; RV- Recreational Vehicle; SRO- Single Room Occupancy Hotel; PUI- Person Under Investigation

eMethods. GetCare Online Isolation and Quarantine Hotel Referral Form



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

The City and County of San Francisco has secured hotel rooms and other spaces to help individuals exposed to or living with COVID-19 isolate themselves and prevent transmission to others. Please complete the following intake form to determine if these rooms and spaces can meet the needs of your clients and patients.

If you are having difficulties using or submitting this form, please contact our Intake Hotline at 628-652-2820.

Referring Party Information:

I. WHO ARE YOU?

STAFF NAME:
First Name: * Last Name: *

Staff Role (Case Manager, Physician, etc.): *

Program Type Category: *

DIRECT CONTACT INFO: *
Phone Type:

Phone:

Email Type:

Email:

Which method should we use to contact you?: *

Demographic Information on the Person Being Referred:

II. WHO ARE YOU REFERRING?

Client First Name: * Client Middle Name:

Client Last Name: * Nickname/Alias:

Date of Birth: * Full Social Security Number:

Client Cell Phone Number: *

If the client doesn't have access to a cell phone, describe how client can be contacted

Preferred contact method:

Preferred Language: *

Sexual orientation/gender identity, race/ethnicity, living situation, and medical record number:

What is the client's gender? (select one that best describes their current gender identity.) * Preferred Gender Pronouns:

What was the client's sex at birth?:

How does the client describe their sexual orientation or sexual identity?:

What is the client's race/ethnicity?: *

MRN (San Francisco Health Network): MRN (Other):

How would the client describe their living situation?:*

Symptom and Testing Information:

III. ARE THEY UNWELL?

Tell us about your client's symptoms. *

Fever (above 100.4 F) Cough Fatigue Malaise GI Sore Throat Shortness of Breath None

Other, Please describe:

If no current fever, any fever in last 7 days?:

Date of first symptoms: *

COVID Status: *

COVID-19 Positive (person has tested positive for COVID-19)

Asymptomatic Confirmed Contact (ACC; person has confirmed contact with a COVID-19 positive individual and has no current symptoms)

Person Under Investigation (PUI); symptomatic patient needing testing or awaiting test results; do NOT select if patient is asymptomatic

None of the Above

Needs Testing Yes No Unsure

Date of Test: Location of Test:

Is this a testing event?

Test Outcome: Test Outcome Date:

Relevant Medical History/Co-Morbidities:

Relevant Medical History:

Does your client have any pre-existing medical conditions? Check all that apply:

Chronic lung disease (asthma/emphysema/COPD) Diabetes Mellitus Cardiovascular disease, including congestive heart failure

Chronic renal disease Chronic liver disease Immunocompromised (cancer, HIV, bone marrow or organ transplant, or other immune weakening conditions)

Current smoker Former smoker Neurological/neurodevelopmental

Severe Obesity (BMI >40) Hypertension

Other chronic disease:

Pregnant Yes No Unk/NA

Does the patient have any medication allergies? *

Current Medications: How many days' supply do they have?:

Reason they need help isolating:

IV. DO THEY NEED US FOR PLACEMENT IN AN ISOLATION AND QUARANTINE SITE? *

Person experiencing sheltered homeless (inhabiting shelter, Shelter in Place hotel site, etc.)

Person experiencing unsheltered homelessness (encampment, tent, etc.)

Person living in a shared space and unable to stay >6 feet away from others

Person sharing a bathroom and person unable to maintain appropriate hygiene (wash hands, wipe down surfaces after use, etc.)

None of the above apply.

Making sure they can manage safely in the hotel room:

V. CAN THEY MANAGE AT A CITY SPONSORED COVID-19 CONTAINMENT SITE?

Hotel rooms are for clinically and behaviorally stable patients who can answer daily questions about their symptoms.

Is the client able to care for their own hygiene, toileting, medication management and check their own temperature? A Homebridge/IHSS referral may be coordinated for the patient if assistance is needed in some IALDs/ALDs. *

Has the client demonstrated any impulse or behavioral control issues during a recent hospital stay or participation in a program? *

Does the client have symptoms that may need acute medical care or hospitalization? *

Please inform the patient that they will be staying in a hotel room or congregate setting for up to 7-14 days. They will be expected to stay inside the room or at the congregate site the entire time. Meals will be delivered three times a day, but they cannot order room service, etc. Nurses and other support staff will be available to assist with medical needs and questions. Has the client agreed to stay in a City sponsored room or congregate site for the remainder of their care? *

Do you think client would do better at or would prefer a congregate setting, with more ability to go outside and interact with others, over an individual hotel room? *

Determining the best site placement:

VI. HELP US PLACE THEM IN THE RIGHT PLACE

Does the client have any ADA needs? For example, do they need a wheelchair accessible building? *

Will the client bring a partner or a family member with them? *

Does the client have a companion animal that they would need to bring with them? *

Does the client have a bicycle that they would need to bring with them? *

Providing support while they're in the hotel:

VII. HELP US SUPPORT THEM WHILE IN OUR CARE

Does the client have any chronic medical needs that would require Nursing support? *

Does the client use any drugs, including alcohol or cigarettes, regularly? *

Does the client take methadone/suboxone? *

Does the patient receive mental health services? *

Does the patient take any psychiatric medication? *

Does the patient have a serious mental health diagnosis? *

Does the patient receive Intensive Case Management (ICM) services? *

Does the patient have any food sensitivities or dietary restrictions?

Discharge Plan and Notes:

VIII. WHAT IS THE DISCHARGE PLAN?
Anticipated Discharge Location <input type="text"/>
Can the client return to their current location/program once COVID-19 care course is completed? <input type="text"/>
Does the patient have a case manager or social support contact? <input type="text"/>
Do they have a medical provider (e.g., MD, NP, PA)? <input type="text"/>
IX. ANYTHING ELSE TO ADD?
<input type="text"/>