Communication in Acute Care Facilities

ACH IP Course, 2022

Infection Prevention Training for ACH
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

Objectives

- Describe how to develop and communicate infection prevention plans and findings to facility leaders and staff
- Discuss effective processes for internal facility communication
- Review a communication tool for sharing information with health care providers
- Illustrate how to share infection information with external facility partners

IP Communication with Facility Leaders

- **The IP communicates Infection Prevention information to facility leadership and committees**
  - Annual risk assessment
  - Infection prevention plan – based on risk assessment
  - Surveillance information
    - Healthcare-acquired infections
    - Multidrug-resistant organism (MDRO) trends
    - Influenza vaccinations

The IPs ability to communicate this information to leadership may impact resources for infection prevention activities

IP Communication with Staff and other HCP

- **Communicate adherence monitoring results**
  - Hand hygiene
  - Contact precautions
  - Environmental cleaning
  - Blood glucose monitoring
- **Communicate with physicians**
  - HAI surveillance data and infection incidence
- **Interfacility communication**
  - Transferring/receiving patients with infection or colonization

The IPs ability to communicate this information may impact HCP readiness to adhere to infection prevention practices

Facility Risk Assessment

- The IP leads the facility to perform their annual facility risk assessment
- Risk assessment needed to guide the Infection Prevention Program
  - Understand risks
  - Establish goals and strategies
  - Develop surveillance plan
- Required by CMS and other accrediting agencies

Facility Risk Assessment Elements

- Patient infection risks
- Community infection risks
- Communicable disease rates
- Invasive devices used
  - Urinary catheters
  - Central lines
  - Ventilators
- Immunizations
- Hand hygiene adherence

- Facility preparedness
  - Readiness to respond
  - Potential emergent threats
  - Outbreaks
  - Utilities disruption
- Environmental cleaning and disinfection adherence
- Isolation practice adherence

Sample Facility Risk Assessment - Refer to Handout

Potential Risks/ Problems	Probability					Risk/Impact					Facility Preparedness					Score
	Very likely	Likely	Maybe	Rare	Never	Catastrophic Loss	Serious Loss	Risk of admission to higher acuity	Moderate clinical/ financial	Minimal clinical/ financial	None	Poor	Fair	Good	Very Good	
	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
Abx Resistant Organisms																
MRSA	4							3					3			10
C.difficile	4							3				4				11
VRE				1					2				3			6
ESBL/other gram-negative bacteria				1				4				4				9
CRE				1			4							2		7
Prevention Activities																
Poor hand hygiene	4							3				4				11
Poor respiratory etiquette				1			4								1	6
Improper g																
Lacks Abx																

High score indicates higher potential risk.
Decide as a team which scores are a priority for your Infection Prevention Plan

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Facility Infection Prevention Plan - 1

- The foundation for the Infection Prevention Program
  - There is no program without a plan!
- Complete the plan after risk assessment review
  - Analyze risk assessment elements and prioritize what you will work on this year in the plan
- Surveyors will ask to see the Infection Prevention Plan

Facility Infection Prevention Plan - 2

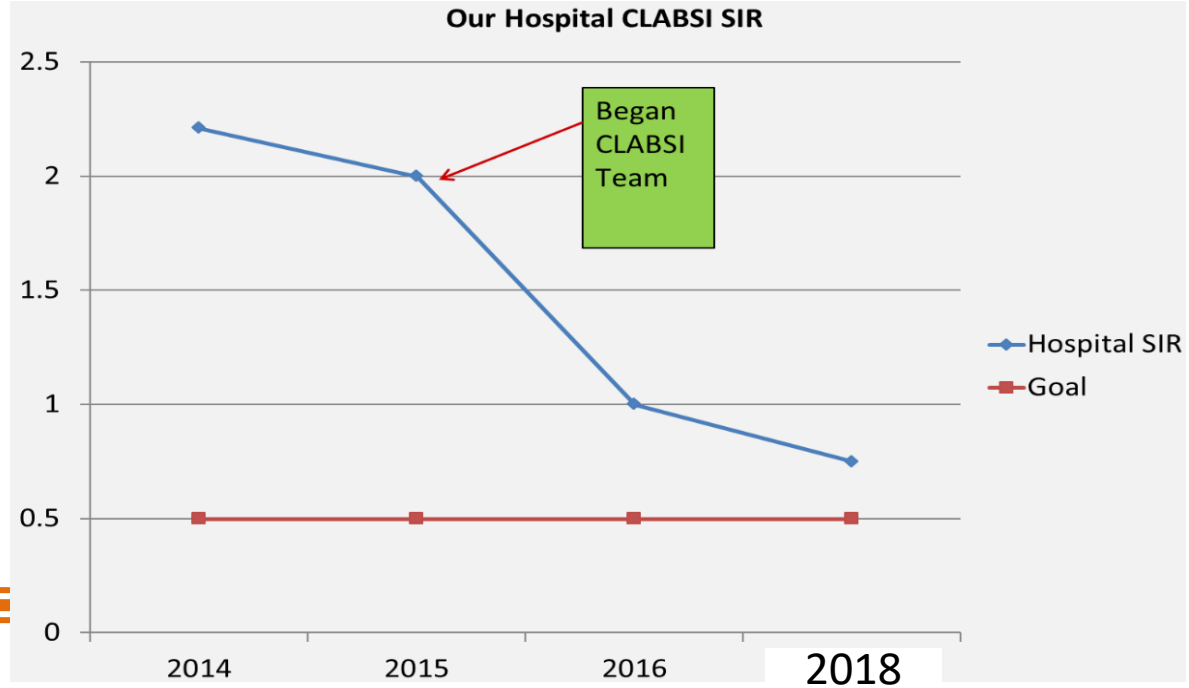
- Describe the process for reviewing and analyzing infection surveillance data
  - Use to prioritize infection prevention activities
- Include statement that plan utilizes evidence-based guidelines such as CDC, SHEA, APIC
- Describe goals, objectives & measures that will be used to analyze effectiveness of the program
- Describe patient and staff infection risks
  - Clarify how risks will be addressed or mitigated

Facility Infection Prevention Plan - 3

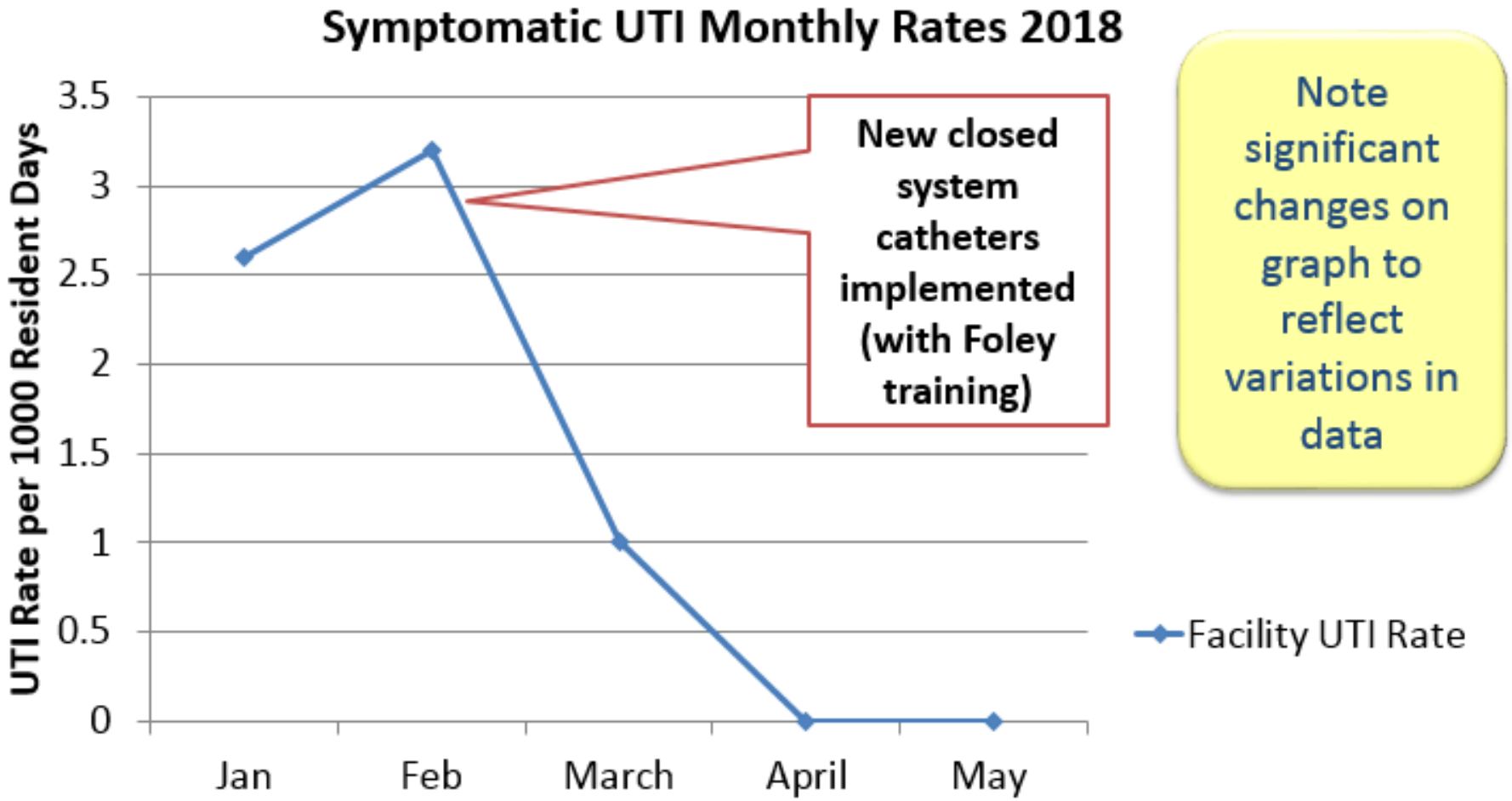
- Outline processes for reporting and communication
  - Management of infectious diseases
  - Coordination of outbreak response
  - Provide guidance for mandatory reporting to external agencies
    - Local public health
    - CDPH Licensing and Certification
- Summarize plan to address educational needs
  - Nurses and facility staff
  - Patients and family

Presenting Facility Data

- **Process:** report adherence monitoring results
- **Outcomes:** Report how many infections
- Use simple graphs and tables to tell the story

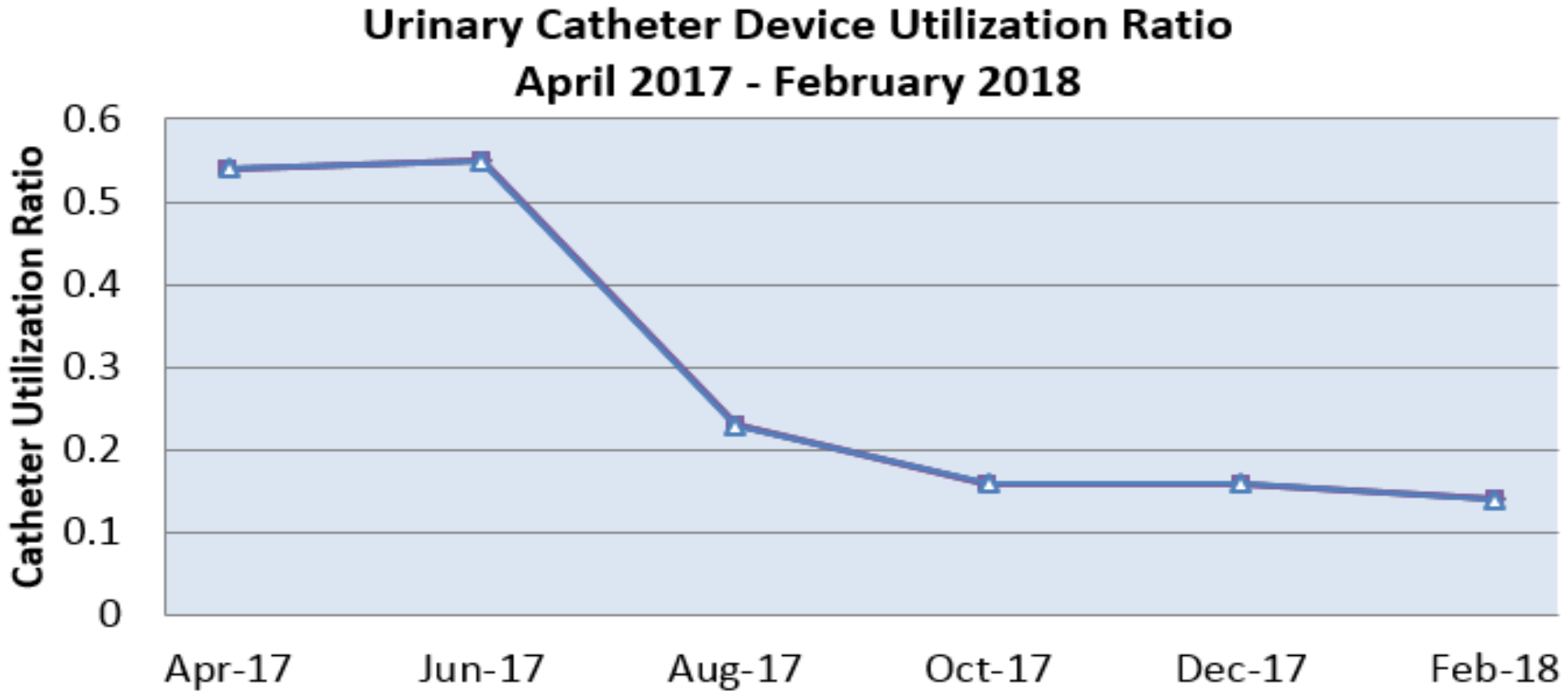


Monitor Infections over Time



Note significant changes on graph to reflect variations in data

Monitor Use of Invasive Devices



Reducing device use reduces device-related infections!
Monitor device utilization

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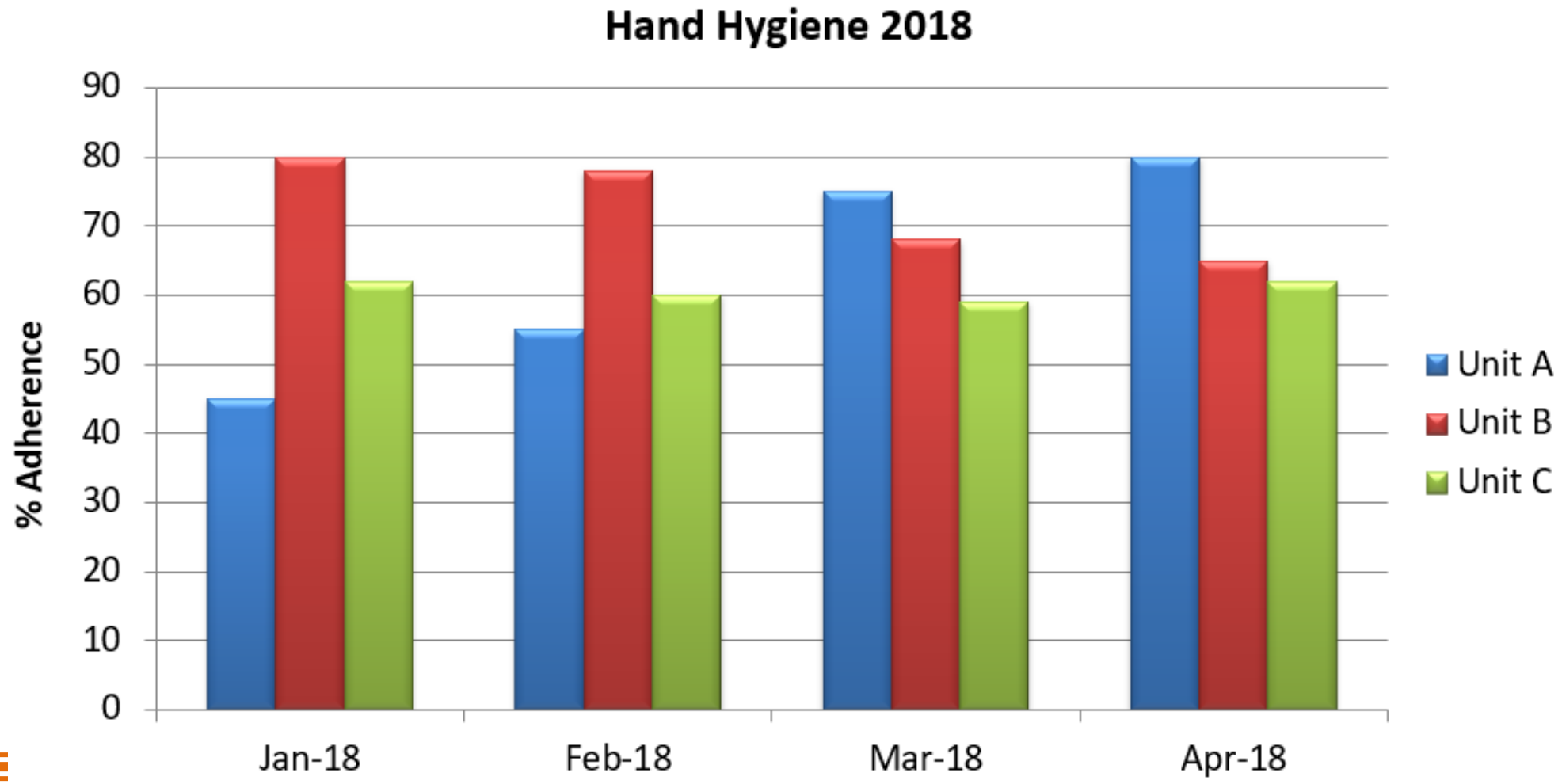
Monitor Adherence to Care Practices



Adherence Monitoring Tool - Hand Hygiene

Discip line	What type of HH opportunity was observed? (select/ ☑ 1 per line) *Remember: Hand hygiene should be performed before and after glove use	✔ Successful ⃠ Missed
N	☐ entering room* ☐ before task ☐ after body fluids ☐ after care* ☑ leaving room	✔
N	☑ entering room* ☐ before task ☐ after body fluids ☐ after care* ☐ leaving room	⃠
CNA	☐ entering room* ☐ before task ☐ after body fluids ☐ after care* ☑ leaving room	✔
CNA	☑ entering room* ☐ before task ☐ after body fluids ☐ after care* ☐ leaving room	⃠
CNA	☑ entering room* ☐ before task ☐ after body fluids ☐ after care* ☐ leaving room	⃠
CNA	☐ entering room* ☐ before task ☐ after body fluids ☐ after care* ☑ leaving room	✔
MD	☑ entering room* ☐ before task ☐ after body fluids ☐ after care* ☐ leaving room	⃠
MD	☑ entering room* ☐ before task ☐ after body fluids ☐ after care* ☐ leaving room	⃠
N	☑ entering room* ☐ before task ☐ after body fluids ☐ after care* ☐ leaving room	✔
N	☑ entering room* ☐ before task ☐ after body fluids ☐ after care* ☐ leaving room	⃠

Total # HH Successful ("# ✔ "): 4	Total # HH Opportunities Observed: 10	Adherence: __40____% (Total # HH Successful ÷Total # HH Opportunities Observed x 100)

[CDPH Adherence Monitoring tools](www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)

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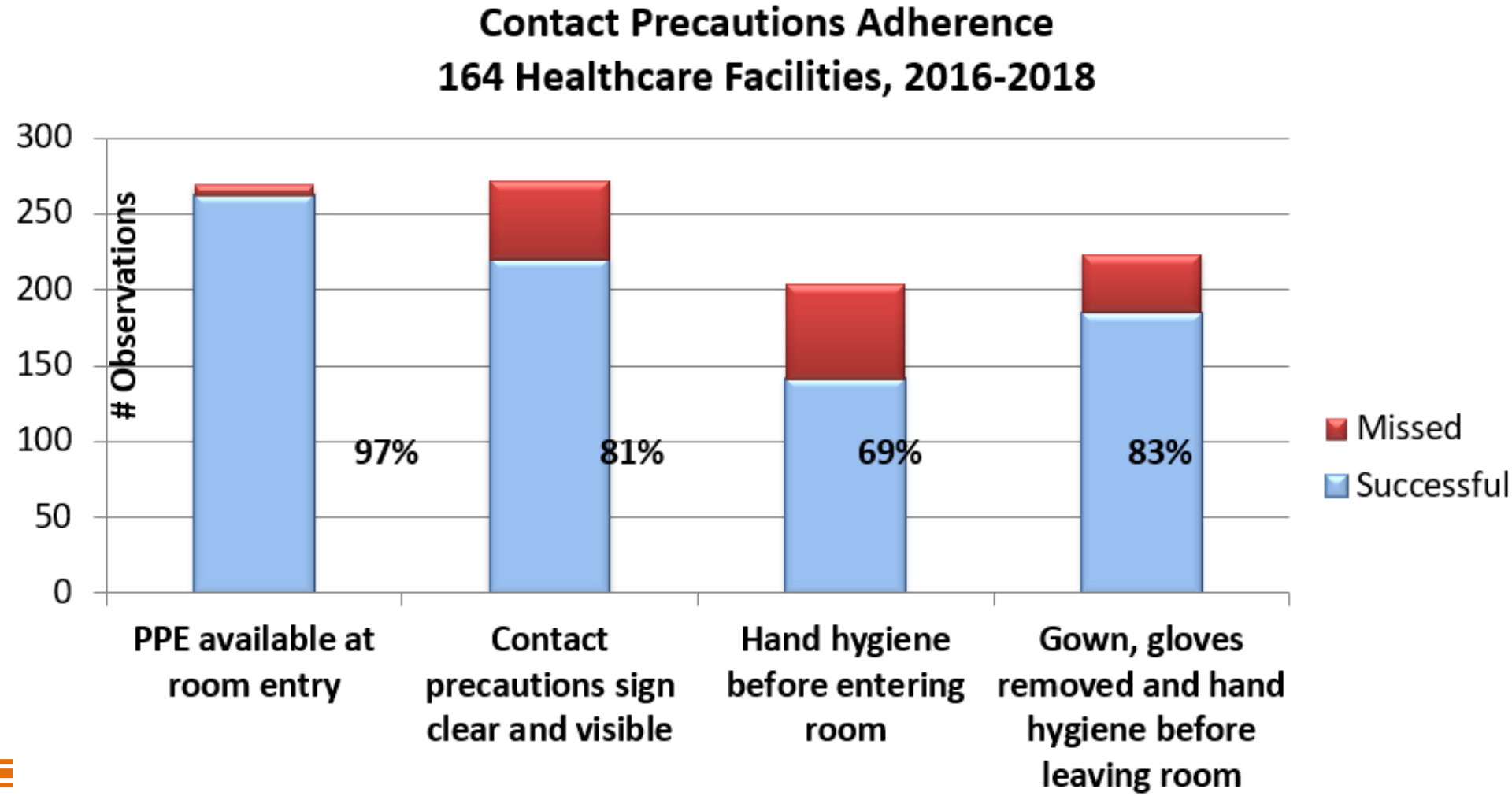
CDPH Adherence Monitoring



Adherence Monitoring Tool - Contact Precautions

Contact Precautions Practices	Pt/Res 1	Pt/Res 2	Adherence by Task	
			#Yes	#Obs
Gloves and gowns are available near point of use.	(Yes) No	(Yes) No	2	2
Signs indicating the patient/resident is on contact precautions are clear and visible.	(Yes) No	(Yes) No	2	2
The patient/resident housed in single-room or cohorted based on a clinical risk assessment.	(Yes) No	(Yes) No	2	2
Hand hygiene is performed before entering the patient/resident care environment.	(Yes) No	Yes (No)	1	2
Gloves and gowns are donned before entering the patient/resident care environment.	(Yes) No	(Yes) No	2	2
Gloves and gowns are removed and discarded, **and** hand hygiene is performed before leaving the patient/resident care environment. *Soap & water if C. difficile* infection.	Yes (No)	Yes (No)	0	2
Dedicated or disposable noncritical patient-care equipment (e.g. blood pressure cuffs) is used	(Yes) No	(Yes) No	2	2
Total #Yes **11** Total #Observed **14** Total #Yes/Total #Observed = % Adherence **79** %				

CDPH Adherence Monitoring tools

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)

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Adherence Monitoring Tool-Environmental Cleaning

Environmental Cleaning Practices	EVS Staff 1		EVS Staff 2		Adherence by Task	
					# Yes	# Obs
Detergent/disinfectant solution is mixed according to manufacturer's instructions.	Yes	No	Yes	No		
Solution remains in wet contact with surfaces according to manufacturer's instructions.	Yes	No	Yes	No		
A new clean, saturated cloth is used in each room. The cloth is also changed when visibly soiled and after cleaning the bathroom.	Yes	No	Yes	No		
Environmental Services staff use appropriate personal protective equipment (*e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the contact precautions room.*)	Yes	No	Yes	No		
Objects and environmental surfaces in patient care areas that are touched frequently* are cleaned and then disinfected when visibly contaminated or at least daily with an EPA-registered disinfectant.	Yes	No	Yes	No		
# Yes_____ # Observed _____ #Yes/#Observed = % Adherence _____%						

CDPH Adherence Monitoring tools

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)

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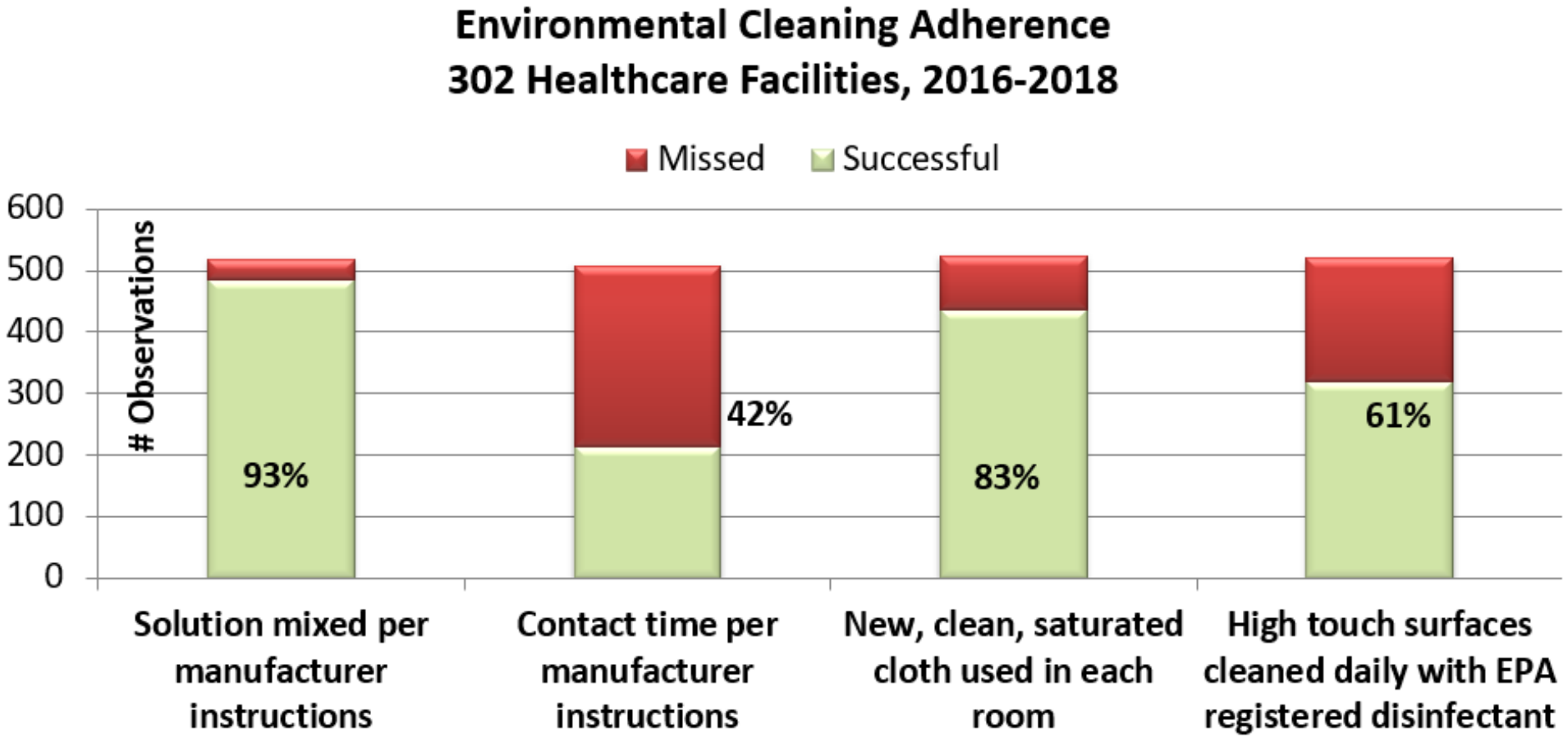
Adherence Monitoring- Environmental Cleaning



Feedback

Provide feedback to appropriate stakeholders

- **Leadership**
  - Informed leaders can plan for infection prevention resources
- **Healthcare providers**
  - Informed physicians/providers may improve adherence to prevention care practices
- **Frontline staff**
  - Informed staff members are prepared to change if they know how they are performing

Capture attention with current infection surveillance information!

Communication with Providers -SBAR

A framework for communicating a patient's condition between members of the health care team

Situation Vital signs and what is new with the patient now?

Background What other diagnosis or symptoms does the patient have?

Assessment Nursing assessment; does the patient meet infection criteria?

Request What would you like from the physician?

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(Ihi.org)

Situation

- What is the situation you are calling about?
  - Identify self, unit, patient, room number
  - Briefly state the problem, what is it, when it happened or started, and how severe

Example:

"Dr. Jones, this is A. Nurse calling from General Hospital's 3West Unit. I have Mrs. Smith in room 317, a 77-year-old patient who has fever of 101.2º, complaining of abdominal tenderness and cloudy, foul-smelling urine. The fever began this morning; the abdominal pain began last evening. There is no change in her mental status."

Background

- Pertinent background information related to the situation
- Could include the following:
  - Admitting diagnosis and date of admission
  - List of current medications, allergies, IV fluids, and labs
  - Most recent vital signs
  - Lab results (date and time test was done and results of previous tests)
  - Other clinical information

Example:

- *Mrs. Smith was admitted 4 days ago for surgery*
- *Her admitting diagnosis was need for knee replacement surgery*
- *Her urinary catheter was inserted pre-operatively and is still indwelling*
- *Her pre-op urinalysis was normal*

Assessment

- What is the nurse's assessment of the situation?

Example:

"There is pain elicited when the abdomen is palpated just above the pelvis.

With this and the other symptoms I described, I think she may have a UTI, possibly due to the urinary catheter "

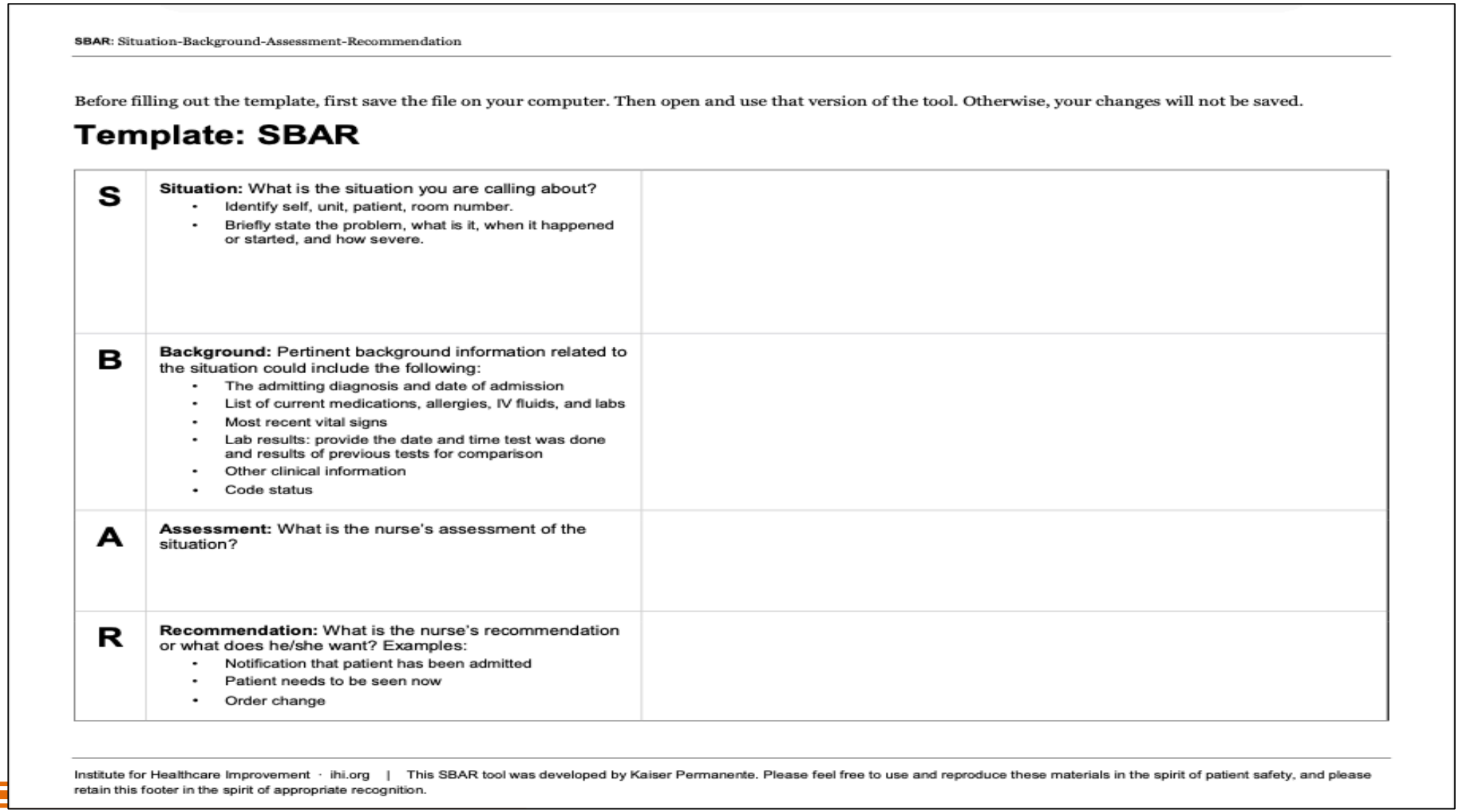
Recommendation

- What is the nurse's recommendation or what does he/she want?

Example:

- *"I'd like to get a urinalysis and possibly a urine culture if indicated.*
- *Mrs. Smith may also need acetaminophen for the fever"*

SBAR Tool Sample



SBAR: Situation-Background-Assessment-Recommendation

Before filling out the template, first save the file on your computer. Then open and use that version of the tool. Otherwise, your changes will not be saved.

Template: SBAR

S	**Situation:** What is the situation you are calling about? • Identify self, unit, patient, room number. • Briefly state the problem, what is it, when it happened or started, and how severe.	
B	**Background:** Pertinent background information related to the situation could include the following: • The admitting diagnosis and date of admission • List of current medications, allergies, IV fluids, and labs • Most recent vital signs • Lab results: provide the date and time test was done and results of previous tests for comparison • Other clinical information • Code status	
A	**Assessment:** What is the nurse's assessment of the situation?	
R	**Recommendation:** What is the nurse's recommendation or what does he/she want? Examples: • Notification that patient has been admitted • Patient needs to be seen now • Order change	

Institute for Healthcare Improvement · ihi.org | This SBAR tool was developed by Kaiser Permanente. Please feel free to use and reproduce these materials in the spirit of patient safety, and please retain this footer in the spirit of appropriate recognition.

SBAR Template (PDF)
(www.mhanet.com/mhaimages/SQI/3_IHI%20SBAR%20tool.pdf)

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Sample UTI SBAR Tool

S Situation

I am contacting you about a suspected UTI for the above resident.

Vital Signs BP _____ / _____ HR _____ Resp. rate _____ Temp. _____

B Background

Active diagnoses or other symptoms (especially, bladder, kidney/genitourinary conditions)

Specify _____

☐ No ☐ Yes The resident has an indwelling catheter

☐ No ☐ Yes Patient is on dialysis

☐ No ☐ Yes The resident is incontinent **If yes,** new/worsening? ☐ No ☐ Yes

☐ No ☐ Yes Advance directives for limiting treatment related to antibiotics and/or hospitalizations

Specify _____

_____

☐ No ☐ Yes Medication Allergies

Specify _____

_____

☐ No ☐ Yes The resident is on Warfarin (Coumadin®)

AHRQ Suspected UTI SBAR

(www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit1-suspected-uti-sbar.html)

Facilities work together to protect patients.

Common Approach *(Not enough)*

- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts *(Still not enough)*

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

Coordinated Approach *(Needed)*

- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.

[CDC Vital Signs, Making Health Care Safer](cdc.gov/vitalsigns) (cdc.gov/vitalsigns)

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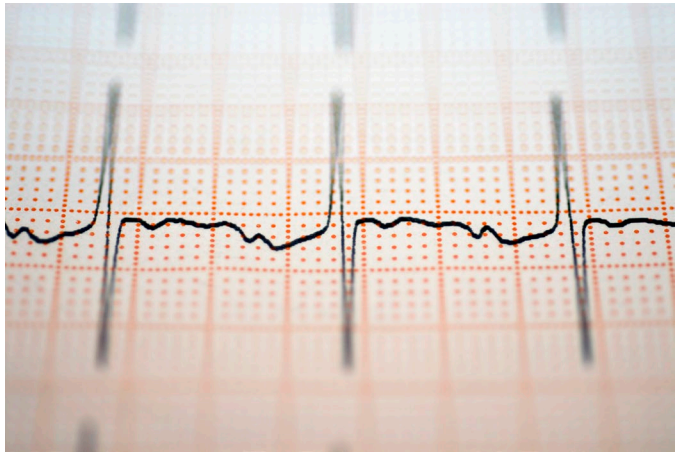
HIPAA Privacy Rule – What Can Be Disclosed



- Give information that pertains to the current situation
  - Vital signs
  - Culture positive dates and site of culture
  - Latest lab results that impact the current status
    - WBCs and date
- Eliminate information that is not necessary
  - The IP may not need to know what a social worker will need
    - "The resident had an argument with the daughter last month"

HIPAA Privacy Rule and Public Health, Guidance from CDC and U.S. DHHS, MMWR April 11, 2003
(cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm)

Inter-facility Communication

- Provides important information about a patient's current clinical status
- Gives both the transferring and receiving facility a way to share the patient's history of infection and vaccination
- Provides MDRO information to receiving facility so proper room placement or transmission precautions can be implemented
- Relays information about devices such as urinary catheters and central lines
- Ensures that a patient is safely transferred

Interfacility Communication Transfer Tool –page 1

Communication is critical to provide safe, coordinated health care.

INFECTION CONTROL TRANSFER FORM

This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix any p

Demographics

Patient/Resident *(Last Name, First Name)*:		
Date of Birth:	**MRN:**	**Transfer Date:**
Sending Facility Name:		
Contact Name:	**Contact Phone:**	
Receiving Facility Name:		

Currently in Isolation Precautions? ☐ **Yes**
If Yes, check: ☐ Contact ☐ Droplet ☐ Airborne ☐ Other:

☐ **No** isolation precautions

Organisms

Did or does have (send documentation, e.g. culture and antimicrobial susceptibility test results with applicable dates):	Current (or previous) infection or colonization, or ruling out *
MRSA	☐
VRE	☐
Acinetobacter resistant to carbapenem antibiotics	☐
E coli, *Klebsiella* or *Enterobacter* resistant to carbapenem antibiotics (CRE)	☐
E coli or *Klebsiella* resistant to expanded-spectrum cephalosporins (ESBL)	☐
C difficile	☐
Other^:	☐ **(current or ruling out*)**
^e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB, etc.	
***Additional information if known:**	

☐ **No** known MDRO or communicable diseases

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Interfacility Communication Transfer Tool – Page 2

Symptoms

Check yes to any that currently apply:**

- ☐ Cough/uncontrolled respiratory secretions
- ☐ Incontinent of urine
- ☐ Vomiting
- ☐ Acute diarrhea or incontinent of stool
- ☐ Draining wounds
- ☐ Other uncontained body fluid/drainage
- ☐ Concerning rash (e.g.; vesicular)

****NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained.**

☐ **No** symptoms / PPE not required as "contained"

PPE

PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS

☐ ☐ ☐

CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY

Answers to sections above

ANY YES

ALL NO

Person completing form:

Role: Date:

Other MDRO Risk Factors

Is the patient currently on antibiotics? ☐ **Yes** ☐ **No**

Antibiotic:	Dose, Frequency:	Treatment for:	Start date:	Stop date:

Does the patient currently have any of the following devices? ☐ **Yes** ☐ **No**

- ☐ Central line/PICC, Date inserted:
- ☐ Hemodialysis catheter
- ☐ Urinary catheter, Date inserted:
- ☐ Suprapubic catheter
- ☐ Percutaneous gastrostomy tube
- ☐ Tracheostomy
- ☐ Fecal management system

IZ

Were immunizations received at sending facility? ☐ **Yes** ☐ **No**

If yes, specify: Date(s):

Version 2016.03.14

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Summary

- Effective communication is key to preventing HAI
- Assess patient risk of infection and establish a plan with clear goals
- Regular feedback of adherence monitoring and HAI incidence data is necessary for providers and staff to improve infection prevention care practices
- Sharing information with internal and external partners will improve patient safety and prevent HAI across health care settings

References

- APIC's Infection Prevention Resources for Ambulatory Surgery Centers. apic.org/Resource_/TinyMceFileManager/Academy/ASC_101_resources/2015_Resources_and_Websites_for_ASCs.pdf
- CDC Vital Signs, Making Health Care Safer (www.cdc.gov/vitalsigns/stop-spread/index.html)
- Centers for Medicare and Medicaid Services (www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/index.html)

Questions?	Post Test
For more information, please contact HAIProgram@cdph.ca.gov Include “ACH IP Basics Class” in the subject line	Now that you have completed this module, Click on the “Post Test” link when it pops up To Return to Learning Stream and take the post test

If the Post Test link does not pop up, you will be sent a link via e-mail