LTACH Collaborative and vSNF Workgroup Joint Meeting

Antimicrobial Prescribing and Transitions of Care Communication

June 14, 2023

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

Housekeeping Reminders

This session is being recorded

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Please stay muted if you are not speaking

To comment, you can unmute or type into the Chat

Agenda

12-12:05PM	Welcome
12:05-12:35PM	Interfacility Transfer Communication and Transitions of Care in Antimicrobial Stewardship
12:35-1:05PM	Guest Speakers on Transitions of Care • Grace Hassid, San Mateo Medical Center • Philip Robinson and Jason Yamaki, Hoag Hospital
1:05-1:25PM	Group Discussion
1:25-1:30PM	Next Steps

Implicit Bias

- Describes how our unconscious attitudes or judgements can influence our thoughts, decisions, or actions
- Includes involuntary, unintentional perceptions made without awareness
- Occurs as our brains sort information and perceive data to understand our world
- Affects our decisions, contributing to societal disparities
  - Self awareness about implicit bias can promote healthcare diversity and equality
- Learn more about your own implicit bias at Project Implicit (implicit.harvard.edu/implicit/)

INTERFACILITY TRANSFER COMMUNICATION AND TRANSITION OF CARE IN ANTIMICROBIAL STEWARDSHIP

HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

Affix patient labels here.

Patient Name (Last, First):

Date of Birth:	MRN:	Transfer Date:

Receiving Facility Name: _____

Contact Name: _____ Contact Phone: _____

Sending Facility Name: _____

Contact Name: _____ Contact Phone: _____

PRECAUTIONS

Patient currently on precautions? ☐ **Yes** ☐ **No**

If yes, check all that apply: ☐ Airborne ☐ Contact ☐ Droplet ☐ Enhanced Standard*

Personal protective equipment (PPE) to consider at receiving facility*:

☐ Gloves ☐ Gown ☐ Mask ☐ N95/PAPR ☐ Eye Protection

*Long-term care facilities may implement Enhanced Standard Precautions (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf) for patients with MDRO or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact precautions in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

Patient has multidrug-resistant organism (MDRO) or other lab results requiring precautions?

☐ **Yes** (record organism(s), specimen source, collection date) ☐ **No**

☐ **Exposed to MDRO/other** (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
☐ *Candida auris* (**C. auris**)			
☐ *Clostridioides difficile* (**C. diff**)			
☐ *Acinetobacter*, multidrug-resistant (e.g., **CRAB****)			
☐ Carbapenem-resistant Enterobacterales (**CRE****)			
☐ *Pseudomonas aeruginosa*, multidrug-resistant (e.g., **CRPA****)			
☐ Extended-spectrum beta-lactamase (**ESBL**)-producer			
☐ Methicillin-resistant *Staphylococcus aureus* (**MRSA**)			
☐ Vancomycin-resistant *Enterococcus* (**VRE**)			
☐ No organism identified (e.g., molecular screening test**)			
☐ **Other, specify**: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (*Herpes zoster*), norovirus, influenza, tuberculosis)			

** Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

Affix patient labels here.

CLINICAL STATUS

Patient has any of the following symptoms or clinical status?

☐ **Yes** ☐ **No**

If yes, check all that currently apply:

- ☐ Cough/uncontrolled respiratory secretions
- ☐ Vomiting
- ☐ Acute diarrhea or incontinent stool[§]
- ☐ Incontinent of urine[§]
- ☐ Total dependence for activities of daily living[§]
- ☐ Rash consistent with an infectious process (e.g., vesicular)
- ☐ Draining wounds[§]
- ☐ Other uncontained bodily fluid / drainage

ANTIBIOTICS/ANTIFUNGALS

Patient is currently on antibiotics/systemic antifungals?

☐ **Yes** ☐ **No**

If yes, specify:

Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date

DEVICES[§]

Patient currently has any of the following devices?

☐ **Yes** ☐ **No**

If yes, check all that currently apply:

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

IMMUNIZATION STATUS

Patient received immunizations (e.g., Pneumococcal, Influenza, COVID-19) in the past 12 months? (Attach immunization record, if available.)

☐ **Yes (specify below)** ☐ **No**

Vaccine	Date(s)

[§] Risk factors for MDRO transmission per Enhanced Standard Precautions (PDF) (www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf)

ANTIBIOTICS/ANTIFUNGALS

Patient is currently on antibiotics/systemic antifungals?

☐ **Yes** ☐ **No**

If yes, specify:

Antibiotic/Antifungal	Dose	Frequency	Indication	Start Date	Stop Date

Barriers to Interfacility Transfer Communication

ELSEVIER

Research in Social and Administrative Pharmacy

Volume 15, Issue 4, April 2019, Pages 366-369

Inter-facility communication barriers delay resolving medication discrepancies during transitions of care

Mark E. Patterson [a], Janice B. Foust [b], Sandra Bollinger [c], Chandler Coleman [d], Diepngan Nguyen [d]

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https://doi.org/10.1016/j.sapharm.2018.05.124

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Poll Question 1

Which barriers have you experienced when a resident is transferred to your facility? *Select all that apply.*

- ❑ Relying on external provider/facility on accurate information that is often delayed (e.g., cultures, lab results)
- ❑ Prescribing data between your facility and the external facility not having consistent information
- ❑ Not having a standardized communication practice
- ❑ Other (Share details in the chat)

Interfacility Transfer Communication Protocol

Infection Control & Hospital Epidemiology

Article contents

Abstract

References

Interfacility transfer communication of multidrug-resistant organism colonization or infection status: Practices and barriers in the acute-care setting

Part of: SHEA Research Network Collection

Published online by Cambridge University Press: **16 April 2021**

Katherine D. Ellingson, Brie N. Noble, Genevieve L. Buser, Graham M. Snyder, Jessina C. McGregor, Clare Rock, Teena Chopra, Lona Mody, Jon P. Furuno and SHEA Research Committee

Show author details

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Poll Question 2

Does your facility have an interfacility transfer communication protocol in place? *Select one.*

a) Yes
b) No
c) No, but one is being developed
d) I am not sure

Poll Question 3

Who receives information at your facility for interfacility transfer communication when a resident is admitted?

Select all that apply.

- ❑ Director of Nursing
- ❑ Charge Nurse
- ❑ Infection Preventionist
- ❑ Nurse caring for resident
- ❑ Other (Share details in the chat)

Poll Question 4

Who provides information at your facility to another facility when a resident is transferred out? *Select all that apply.*

- ❑ Director of Nursing
- ❑ Charge Nurse
- ❑ Infection Preventionist
- ❑ Nurse caring for resident
- ❑ Other (Share details in the chat)

Poll Question 5

When do you involve your LHD? *Select all that apply.*

- ❑ When a resident with MDRO is being admitted
- ❑ When a resident with MDRO is being transferred
- ❑ When there is an outbreak of an MDRO
- ❑ Other (Share details in the chat)

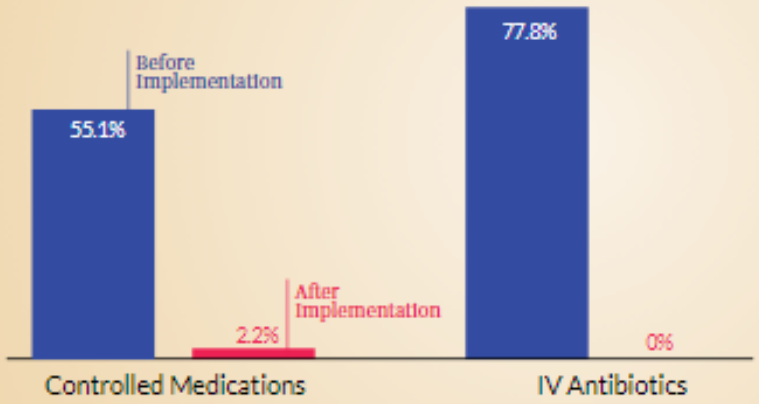
Improving Communication From Hospital to Skilled Nursing Facility Through Standardized Hand-Off: A Quality Improvement Project

When hand-off communication is inadequate, delayed patient care and medication administration occur, resulting in **threats to patient safety**.

The **application of theory**, combined with the **project leader and SNF management team's commitment and support**, played an essential role in achieving the desired results of the quality improvement project.

Hand-off tool content should be specific to the needs of the SNF.

Percentage of Medications Administered Late



Use of the communication tool was associated with a reduction in the percentage of medications administered late by 52.9% for controlled medications and 77.8% for IV antibiotics.

Baluyot, A., McNeill, C., & Wiers, S. Improving Communication From Hospital to Skilled Nursing Facility Through Standardized Hand-Off: A Quality Improvement Project . *Patient Safety*, 4(4), 18–25. https://doi.org/10.33940/med/2022.12.2

PSA PATIENT SAFETY

California Department of PublicHealth

Figure 1. Standardized Hand-Off Tool Utilized During Implementation

Date: _____ Patient's Room No.: _____

Mental Status: ☐ Alert ☐ Not alert ☐ Oriented ☐ Disoriented

Diagnosis: _____

Allergies: _____

Isolation: ☐ Contact ☐ Airborne ☐ Droplet _____

Functional Status/Mobility: ☐ Independent ☐ Assist x1 ☐ Assist x2 ☐ Full mechanical lift ☐ Sit-to-stand lift

Diet: _____ Texture: _____ Liquids: _____

Tube feeding: Formula_____ Rate_____ Water Flush rate_____ ☐ PEG ☐ JPEG ☐ NG

☐ TPN

Take medications: ☐ Whole ☐ With applesauce/pudding ☐ Crushed

Controlled Medication order/s: _____

☐ Coming in with prescription/s ☐ Need prescriptions

Date & Time prescription/s were written/called in: _____

IV antibiotics order/s: _____

☐ Coming in with prescription/s ☐ Need prescriptions

Date & Time IV order sent to pharmacy: _____

Equipment/Specific Needs:

☐ IV/PICC line/Midline: Site_____ ☐ Pacemaker ☐ CPAP/Bi-PAP ☐ Oxygen ☐ Trach

☐ Lifevest ☐ Internal defibrillator ☐ Other _____

☐ Foley Catheter ☐ Suprapubic ☐ Colostomy ☐ Urostomy

☐ Wound vac: Site_____

☐ External fixator ☐ Sling ☐ Cast ☐ Brace ☐ Amputation: Site_____ Weight bearing status_____

☐ Drain tube ☐ Chest tube Site_____

☐ Peritoneal Dialysis ☐ Chemo ☐ Radiation ☐ Hemodialysis

Sched/Time_____ Transportation_____ via ☐ Stretcher ☐ Wheelchair

Need set up? Yes No

Vital Signs: Time Taken_____ Wt_____ Ht_____ BP_____ RR_____ Pulse ox _____ on _____

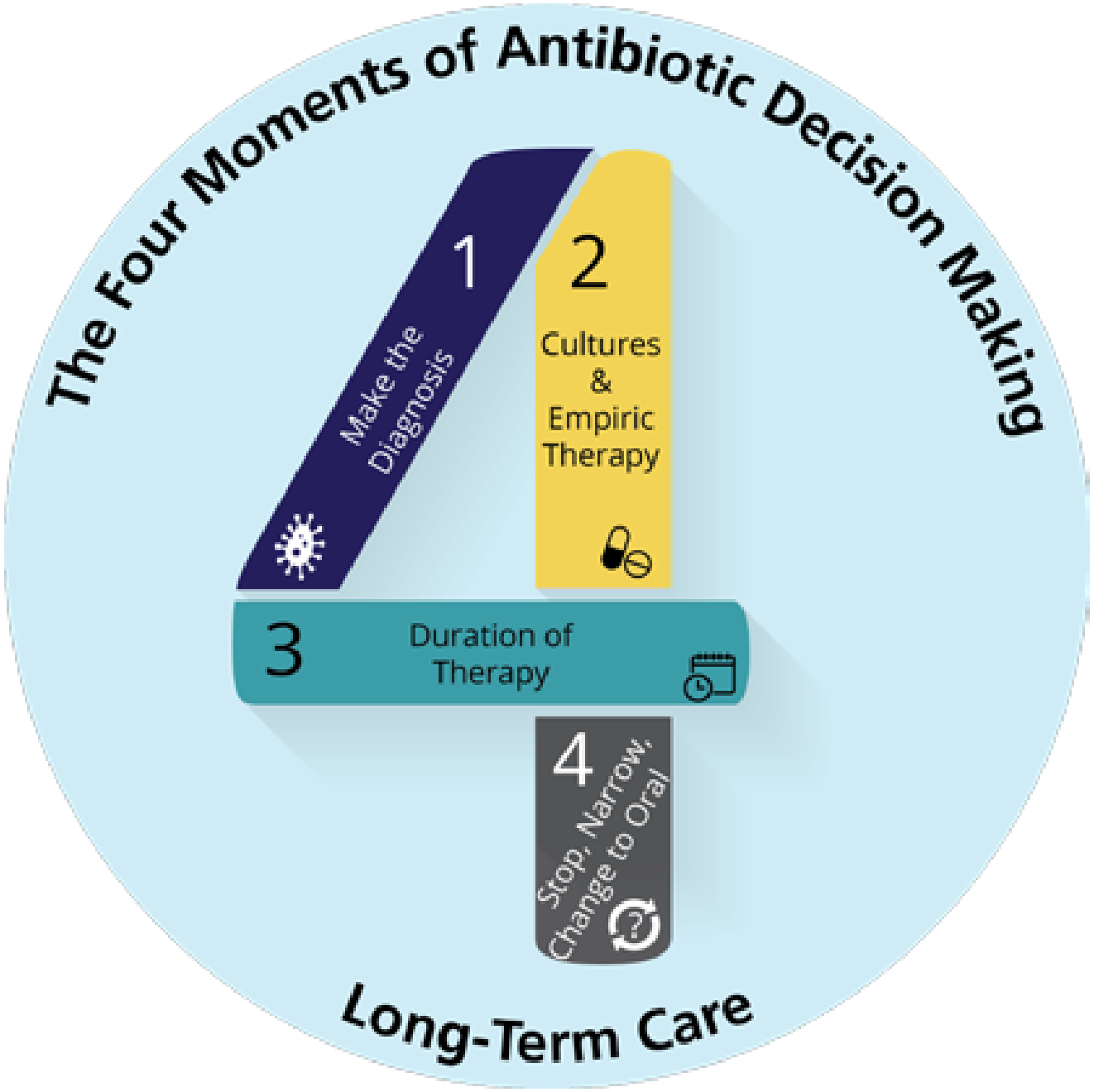
HR_____ T_____ Blood Sugar _____

Completed by (Nurse's Initials): _____ **Date/Time:** _____

Poll Question 6

Do you use a standardized form for obtaining patient/resident care information during transitions of care? *Select one.*

- ❑ Yes, always
- ❑ Yes, sometimes
- ❑ No
- ❑ Other (Share details in the chat)


The Four Moments of Antibiotic Decision Making
1
Make the Diagnosis
2
Cultures & Empiric Therapy
3
Duration of Therapy
4
Stop, Narrow, Change to Oral
Long-Term Care

MOMENT 1

DOES MY PATIENT HAVE AN INFECTION THAT REQUIRES ANTIBIOTICS?

1. Does the resident have signs or symptoms suggestive of an infection? ◯ Yes ◯ No

2. What are the signs/symptoms? (Check all that apply)

- ☐ Fever
- ☐ Increased oxygen requirements
- ☐ Increased respiratory rate
- ☐ Cough
- ☐ Painful urination
- ☐ New/worse incontinence
- ☐ Wound with gross pus or drainage
- ☐ Red, hot, or swollen skin
- ☐ Confusion
- ☐ Sleepiness
- ☐ Diarrhea
- ☐ Lack of cooperation with staff

3. Were supportive measures attempted? ◯ Yes ◯ No

4. What were they?

- ☐ Pain medications
- ☐ Reassurance
- ☐ Medication review
- ☐ Oral hydration
- ☐ Wound care
- ☐ Nebulizer treatment
- ☐ Other _____

MOMENT 2

HAVE I ORDERED APPROPRIATE CULTURES BEFORE STARTING ANTIBIOTICS?
WHAT EMPIRIC THERAPY SHOULD I INITIATE?

5. Were antibiotics started? ◯ Yes ◯ No

(If YES, keep going.) (If NO, skip to question 11.)

6. What is the role of the prescriber?

- ☐ Hospital provider
- ☐ Long-term care provider
- ☐ Emergency department provider
- ☐ Specialist not at hospital or emergency department (i.e., output clinic provider)
- ☐ Other _____

7. Antibiotic regimen and indication:

Antibiotic: _____

Indication: _____

8. Were appropriate cultures ordered before antibiotics were started? ◯ Yes ◯ No

MOMENT 3

WHAT DURATION OF ANTIBIOTIC THERAPY IS NEEDED FOR RESIDENT'S DIAGNOSIS?

9. Has a planned duration been documented in the medical record? ◯ Yes ◯ No

(If YES, keep going.) (If NO, skip to question 11.)

10. Is the planned duration consistent with local guidelines?
(See general recommendations for treatment durations below.)

DISEASE PROCESS	*DURATION OF THERAPY*
Uncomplicated cystitis	3–5 days, depending on antibiotic
Complicated urinary tract infection/ pyelonephritis	7–14 days, depending on response to therapy
Lower respiratory tract infection	5–7 days
Skin and soft tissue infections	5 days

QUESTIONS 11–14 SHOULD BE ANSWERED FOR PATIENTS ON ANTIBIOTICS > 24 HOURS, IN ADDITION TO QUESTIONS ON THE LAST PAGES.

MOMENT 4

A DAY OR MORE HAS PASSED. CAN WE STOP ANTIBIOTICS? CAN WE NARROW THERAPY?

11. Are antibiotics still needed?	○ Yes	○ No
12. If antibiotics are not needed, will you stop them today?	○ Yes	○ No
13. If antibiotics are still needed, can you narrow therapy?	○ Yes	○ No
14. If antibiotics are still needed, can you switch from intravenous to oral?	○ Yes	○ No

GUEST SPEAKERS

Introduction:
San Mateo Medical Center

- Grace Hassid
  - MD Infection Control Officer,
    SMMC Antibiotic Stewardship (AS) Committee

San Mateo Med Center (SMMC) Has 2 SNFs: Burlingame (281 beds) & 1A (32 beds) adjacent to Acute Care County Hospital

Grace Hassid, MD Infection Control Officer,
SMMC Antibiotic Stewardship (AS) Committee

CDPH California Department of PublicHealth

LTACH-vSNF Workgroup Joint Workshop

Antimicrobial Prescribing and Transitions of Care Communication

Wednesday June 14th, 2023

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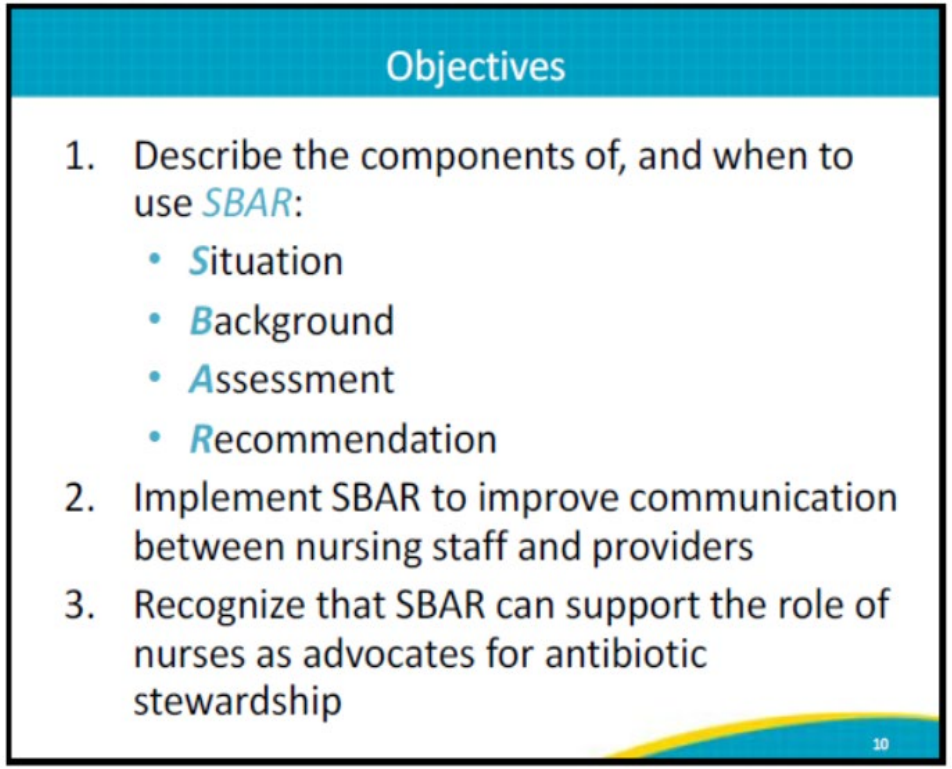
SMMC SNFs (1A & Burlingame) Have Met Quarterly for Antibiotic Stewardship (AS) SNF Meetings includes Infection Control since April 2016



- MDRO & Antibiotic Use Consistent With McGeer Criteria at AS SNF Meetings

IHI SBAR Tool
(www.ihi.org/resources/Pages/Tools/sbartoolkit.aspx)

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SBAR: Improving Communication in a Brief and Timely Manner

- **S**ituation
  - State who you are calling about and why
- **B**ackground
  - State briefly what you know about the history and the current status
- **A**ssessment
  - State what you think the problem is and how severe it is
- **R**ecommendation
  - State what you think needs to happen for the patient and also suggest a time frame

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Case 2: Fred Bollinger – Take 2

- *Situation:* Hello, I am calling about Mr. Bollinger in room 332. The lab just called to notify me that he has a resistant organism in his urine.
- *Background:* He is an 83 year old man with Parkinson's disease. He does not have a urinary catheter. He is not on antibiotics, and no one can recall why the urine culture was sent.
- *Assessment:* He has no signs or symptoms of a urinary tract infection; his vital signs are stable and he is clinically at his baseline.
- *Recommendation:* I think we should continue to carefully observe him. I placed him on isolation precautions. I don't see a need to start him on antibiotics at this time.

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June-Dec 2021
Proteus mirabilis from urine
main organism cultured

Burlingame SNF has more urinary MDROs than SMMC Hospital & Clinics

CORE ANALYTICS
LABORATORY SERVICES

Burlingame Skilled Nursing
ANTIBIOGRAM ANNUAL 2021

	Proteus mirabilis	Klebsiella oxytoca	Klebsiella pneumoniae	Klebsiella pneumoniae	Pseudomonas aeruginosa	Escherichia coli	Escherichia coli	Stetrophomonas maltophilia	Streptococcus agalactiae
# OF SPECIMENS	7	1	1	1	2	5	2	1	1
				ESBL			ESBL		
AMIKACIN	0	0	0	0	0	0	0		
AMPICILLIN	71	0	0	0		60	0		100
CEFTAZIDINE	100	100	100	0	100	100	0		
CEFTRIAXONE	100	100	100	0		100	0		
CIPROFLOXACIN	71	100	100	100	100	80	50		
GENTAMICIN	100	100	100	100	100	100	100		
IMPINEM		100	100	100	100	100	100		
LEVOFLOXACIN	86	100	100	100		80	50	100	100
NITROFURANTOIN	0	100	100	100		100	100		
PIP/TAZO	100	100	100	100	100	100	100		
TRIMETH/SULFA	29	100	100	100		100	50	100	
CEFAZOLIN	100	100	100	0		80	50		
CEFOXITIN	86	100	100	0		80	0		
CEFEPIME	100	100	100	100	100	100	50		
ERTAPENEM	100	100	100	100		100	100		
TIGECYCLINE	0	0	0	0		0	0		100
CLINDAMYCIN									0
ERYTHROMYCIN									
OXACILLIN									
TETRACYCLINE									0
VANCOMYCIN									100
BENZYLPENICILLIN									
MOXIFLOXACIN									100
LINEZOLID									100
RIFAMPICIN									
QUINU/DALFO									100
COLISTIN									

1A Antibiotic Stewardship Analysis

Aug, Sept, Oct 2022

	QAPI
PROBLEM	**McGeer ATB CRITERIA NOT MET 25%** ***(2/8 ATB Starts did not meet Criteria)***
ROOT CAUSE ANALYSIS	**All antibiotics prescribed during the month of Aug, Sept, Oct meet the criteria of McGeers except:** **Aug: Wound – 1 post skin graft. Did not meet Mcgeers criteria. No symptoms** **Sept: UTI – 1 Pt c/o frequent urination, Urine CX mixed flora. Did not meet Mcgeers Criteria Oct: - None**
GOAL	**Goal of 10% ATB Criteria Not MET** *Note:* **Goal of 100% MD Notification for ATB MET**
IMPROVEMENT PLAN	▪ **Continue to participate in quarterly ASP Meeting - *ONGOING*** ▪ ***Provide good pericare before urine collection.*** ▪ ***Continue providing feedback to MD*** ▪ ***Patients referred to ID for consult as needed***
MEASURE	**Next ASP**

BURLINGAME SKILLED NURSING

ANTIBIOTIC STEWARDSHIP PROGRAM

FINDINGS AND ACTION PLAN – QUARTERLY REVIEW

Problems	ATB CRITERIA NOT MET 10%
Root Causes	2 ATB criteria not met McGeers criteria and fall out case described: July: Blood –2 , UTI – 1, Skin – 1, LRI – 1 Aug: Skin – 7, UTI – 2, URI – 1 Sep: UTI – 6, Skin – 1, Other – 2
Goals	▪ Less than or equal to 10% ATB criteria was NOT MET for JULY and SEP 2022. ▪ Less than or equal to 10% ATB criteria was MET for AUG 2022.
Improvement Plans	▪ Continue to participate in quarterly Antibiotic Stewardship/ Infection Control meetings at San Mateo Medical Center ▪ Continue providing ASP Reports – Physician's Prescribing Patterns Log to clinicians and provide feedback monthly or quarterly
Measures	Goal(s) will be measured by the next Quality Assurance and Performance Improvement (QAPI) committee meeting.

Multidrug Resistant Organisms

- **Rising numbers in US, California and around the world**
- **Antibiotic Stewardship and Environmental Controls are crucial to prevent their development and spread**
- **Extended Standard Precautions (ESP) are helpful in the SNF setting**
- **History of being hospitalized or receiving medical care abroad increases risk**
- **Organisms may not be apparent upon admission but appear after pressure from antibiotic use**

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Antibiotic Stewardship Principles

- **Right Drug**
- **Right bug**
- **Right amount of time**
- **Communication with patient to follow the medical plan, instructions to not stop early to use antibiotic “in the future” or share with family members or friends**
- **Communication with other facility in case of transfer, use of interfacility CDPH form and phone call to inform of needed infection control parameters**

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Education Tools

- **Daily, weekly or biweekly huddles between Infection Control and SNF Staff depending upon need**
- **SNF Staff attend Infection Control Meetings for broad overview**
- **Use of TEAMS texting to request case reviews for possible transfers from Acute Care to SNF setting**
- **Direct Observations of Hand Hygiene and PPE use daily in the SNF setting by both Charge RN and "secret shoppers" when available**
- **Bivalent Vaccine Campaign to increase staff acceptance**
- **Ongoing Education of patients to perform hand hygiene regularly, helps to decrease # resistant bacteria selected out from antibiotic use**

Pearls

- **Create a culture of safety and inclusion to protect our patients, our staff and our families**
- **Administration, nursing leadership and all staff must be aligned in the importance of Antibiotic Stewardship to both heal patients and decrease the threat of untreatable infections**
- **Work closely with Environmental Services as essential members of the team for maximal cleanliness and safety**
- **Everyone must educate at every opportunity on this topic, our future depends upon it!**

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Antibiotic Stewardship Committees: SMMC Hospital/Clinics & Skilled Nursing Facilities (Burlingame & 1A SNFs)

Niloofar Zabihi, Pharm D (Pharmacy)

Victor Armendariz, Pharm D (Pharmacy)

Wan Chen, Nurse Analyst (Quality/ RN Informacist)

Michele Medrano, R.N. (Infection Control) Ambulatory RNs Involved in AS

Grace Hassid, M.D. (Infection Control Officer)

Jen Obina, R.N. (Infection Control)

Kristine Peralta, R.N. (Infection Control)

Chad Below (Lab Manager)

Suja Georgie, M.D. (Hospitalist)

Kyaw Myint, M.D. (Hospitalist)

Cecil Agdipa, R.N. (IT)

Lilly Jensen, M.D. (SNF Medical Director/ Hospitalist)

Jessica Chu (ED)

Amanda Hing Hernandez, M.D. (Ambulatory)

Roberta Larcina, R.N. (Nursing)

Raquel Villarina, R.N. (SNF Nurse Educator)

David Yang (Infection Control, Burlingame SNF)

Vivian Levy, M.D. (ID)

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QUESTIONS?

Introduction: Hoag Hospital

- Philip Robinson, MD
  - Medical Director of Infection Prevention and Hospital Epidemiology
    Principal Investigator of Infectious Disease Research
- Jason Yamaki PharmD, PhD
  - Infectious Diseases Pharmacist

Hoag + LTC/SNF Collaborative Partnership

Dr. Philip Robinson MD

Medical Director of Infection Prevention and Hospital Epidemiology

Principal Investigator of Infectious Disease Research

Jason Yamaki PharmD, PhD

Infectious Diseases Pharmacist

Disclosure: Dr. Robinson is a founder, and Dr. Yamaki is lead pharmacist for Expert Stewardship, Inc.

Approach

Top ~20 SNFs with patient exchanges with Hoag Identified

Formal letter requesting partnership sent
(10 responses)

Requested data on Infection Prevention, patient days, ABX use

Observations

- 65% of LTC residents have an MDRO
- Most common reasons for antibiotic in LTC:
  - Legacy antibiotics from the hospital (can be expensive)
  - New Pneumonia/UTI (many do not meet criteria)
  - Antibiotic courses are too long
- 30-50% of antibiotics may not be appropriate
- Most commonly used antibiotic class - fluoroquinolones
- Resistance to fluoroquinolones was very high - 40-80%
- Knowledge gap related to the side effects of fluoroquinolones (FDA) in addition to *C. diff* risk
- No guidelines for antibiotic usage

Accomplishments

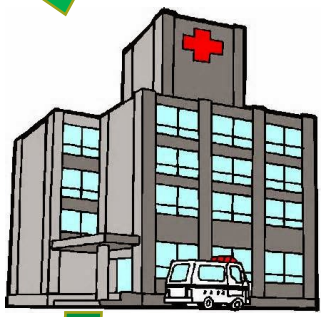
Interventions

- Antibiotic Use Guidelines
  - Choice
  - Duration
- Antibiotic Therapeutic interchanges
- Education

Outcomes

- Reduced inappropriate antibiotic use and durations
- Reduced costs
- Reduced Cdiff

Ceftriaxone Guidelines
Quinolone Education
Length of therapy education
Therapeutic substitutions*

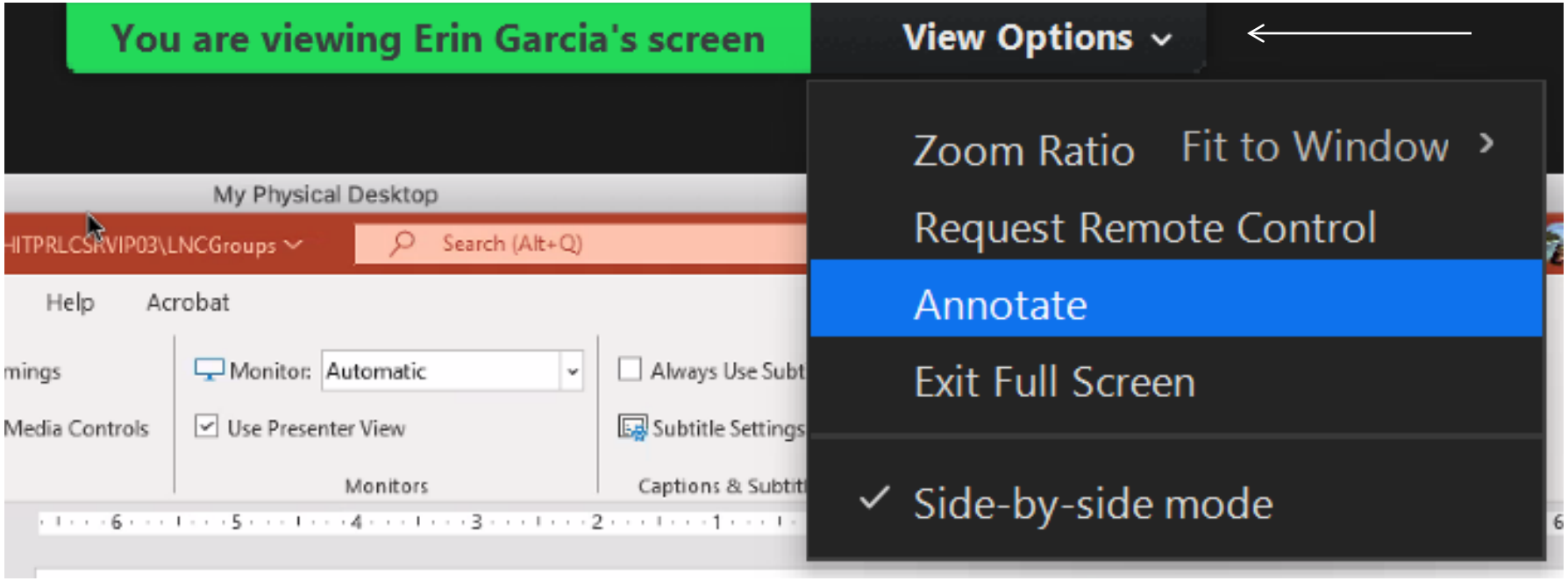


Additional Services Provided

- SNF Quarterly meetings – data shared on readmissions, ABX use trending, etc
- Availability of Hoag IP Medical Director for questions
- Hoag Microlab providing C & S
- Annual antibiogram generation

GROUP DISCUSSION: HAVE YOU ESTABLISHED OR IMPROVED YOUR PROCESS FOR INTERFACILITY TRANSFER COMMUNICATION?

ZOOM ANNOTATION FEATURE



Question 1
Who are your partners for interfacility communication?

Question 2

How have you leveraged partnerships in interfacility communications? *(e.g. How do you get prescribing information? Who do you contact?)*

Question 3

What are *challenges* when gathering antimicrobial prescribing information or microbiology results? *(e.g., with initial information gathering, follow-up)*

Question 4

What are *solutions* when gathering antimicrobial prescribing information or microbiology results? *(e.g., with initial information gathering, follow-up)*

Question 5

What is one thing you learned today that you can take back to your facility? *(e.g., share an 'aha moment')*

Next Steps

- ❑ Fill out the **course evaluation** (required for CEU)

For LTACH:

- July 11, 2023 – Cohort 3: Conducting Interim Analysis and Adjusting Using PDSA
- August 8, 2023 – Final All Cohort Meeting

For vSNF:

- ❑ Next meeting on Wednesday, September 13, 2023: **Quality Improvement Project Updates – Part 3**
- ❑ Continue to **check in monthly** with your HAI Program IP and continue **planning and implementing your QI project**
- ❑ **Access resources** on vSNF webpage (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

Questions?

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