Communication in Skilled Nursing Facilities
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
Infection Prevention Communication -1

- Facility (leadership, committees, board) communication
  - Risk assessment
  - Infection Prevention Plan
  - Surveillance information
    - Healthcare-acquired infections
    - Multidrug-resistant organism (MDRO) trends
    - Influenza vaccinations
Infection Prevention Communication -2

• **Staff communication**
  • Adherence monitoring results
    • Hand hygiene
    • Contact precautions
  • Environmental Cleaning
  • Blood glucose monitoring

• **Health care provider communication**
  • Physicians – share resident signs and symptoms of infection
  • Other health care providers – communicate results

• **Interfacility communication**
  • Transferring/receiving residents with infection or colonization
Facility Risk Assessment

• Perform facility risk assessment annually
• Important for the development of the Infection Prevention Program
  • Understand risks
  • Establish goals and strategies
  • Develop surveillance plan
• Required by CMS and other accrediting agencies
Facility Risk Assessment Elements

- Resident 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
- Isolation practices
### Sample Facility Risk Assessment

<table>
<thead>
<tr>
<th>Potential Risks/Problems</th>
<th>Probability</th>
<th>Risk/Impact</th>
<th>Facility Preparedness</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very likely</td>
<td>Liquid Loss</td>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Likely</td>
<td>Liquid Loss</td>
<td>Poor</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Maybe</td>
<td>Liquid Loss</td>
<td>Fair</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Rare</td>
<td>Liquid Loss</td>
<td>Good</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Liquid Loss</td>
<td>Very Good</td>
<td>1</td>
</tr>
<tr>
<td>Abx Resistant Organisms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>C.difficile</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>VRE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>ESBL/other gram-negative bacteria</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>CRE</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Prevention Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor hand hygiene</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Poor respiratory etiquette</td>
<td>1</td>
<td>4</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Improper gown use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacks Abx Precautions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand hygiene compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

High score indicates higher potential risk. Decide as a team which scores are a priority for your Infection Prevention Plan.
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 resident 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 outside agencies
    • Local public health
    • CDPH Licensing and Certification
• Summarize plan to address educational needs
  • Nurses and facility staff
  • Residents and family
Infection Prevention and Control Log

- Facility record of infections
- Lists number of residents that meet HAI criteria
- Apply formal, standard definitions (McGeer criteria)
  - Respiratory infections
  - Urinary tract infections
    - With and without catheter
  - Skin and soft tissue infections
    - Includes cellulitis, wound infections, mucosal infections, eye infections, scabies and others
  - Gastrointestinal tract Infections
    - Includes norovirus, *C. difficile*
# Sample Facility Infection Log

<table>
<thead>
<tr>
<th>Infection Type</th>
<th>Number of New Infections</th>
<th>Average Census</th>
<th>Number of Days in Reporting Period</th>
<th>Number of Resident Days per Reporting Period</th>
<th>Infection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Associated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Infection Category (Sort by risk, or historical frequency, or by alphabetical order)

- **Cellulitis, Soft Tissue, or Wound Infection**
- **Central Line Bloodstream Infection (CLABSI)**
- **Conjunctivitis**
- **Fungal Infection: Oral, Perioral, or Skin**
- **Gastroenteritis**
- **Norovirus**
- **Respiratory tract infection: common cold or pharyngitis**
- **Respiratory tract infection: influenza-like illness (ILI)**

## Infection Rate per 1000 resident days

- Current
- Last Month
- Prior Year*
Sample Resident HAI Worksheet

Revised McGeer Criteria for Infection Surveillance Checklist

Patient Name: ___________________________ MRN: ___________________________ Location: ___________________________

Date of Infection: ___________________________ Date of Review: ___________________________ Reviewed by: ___________________________

UTI: □ evaluated □ criteria met

RTI: □ evaluated □ criteria met

SSTI: □ evaluated □ criteria met

GITI: □ evaluated □ criteria met

### Table 1. Constitutional Criteria for Infection

<table>
<thead>
<tr>
<th>Fever</th>
<th>Leukocytosis</th>
<th>Acute Mental Status Change</th>
<th>Acute Functional Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single oral temp &gt;37.8 °C (100 °F), OR</td>
<td>&gt;14,000 WBC / mm³, OR</td>
<td>Acute onset, AND</td>
<td>3-point increase in baseline ADL score</td>
</tr>
<tr>
<td>Repeated oral temp &gt;37.2 °C (99 °F), OR</td>
<td>&gt;6% band, OR</td>
<td>Fluctuating course, AND</td>
<td>according to the following items:</td>
</tr>
<tr>
<td>Repeated rectal temp &gt;37.5 °C (99.5 °F), OR</td>
<td>≥1,500 bands / mm³, OR</td>
<td>Inattention, AND</td>
<td>1. Bed mobility</td>
</tr>
<tr>
<td>Single temp &gt;1.1 °C (2 °F) from baseline from any site</td>
<td></td>
<td>Either disorganized thinking, OR</td>
<td>2. Transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>altered level of consciousness</td>
<td>3. Locomotion within LTCF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Dressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Toilet use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. Personal hygiene</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7. Eating</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[Each scored from 0 (independent) to</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 (total dependence)]</td>
</tr>
</tbody>
</table>

### Table 2. Urinary Tract Infection (UTI) Surveillance Definitions

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Criteria</th>
<th>Selected Comments*</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI without indwelling catheter</td>
<td>Must fulfill both 1 AND 2.</td>
<td>The following 2 comments apply to both UTI with or without catheter:</td>
</tr>
<tr>
<td></td>
<td>□ 1. At least one of the following sign or symptom</td>
<td>• UTI can be diagnosed without localizing symptoms if a blood isolate is the same as the organism isolated from urine and there is no alternate site of infection</td>
</tr>
<tr>
<td></td>
<td>□ Acute dysuria or pain, swelling, or tenderness of testes, epididymis, or prostate</td>
<td>• In the absence of a clear alternate source of infection, fever or rigors with a positive urine culture result in the non-catheterized resident or acute confusion in the catheterized resident will often be treated as UTI. However, evidence suggests that most of these episodes are likely not due to infection of a urinary source.</td>
</tr>
<tr>
<td></td>
<td>□ Fever or leukocytosis, and ≥ 1 of the following:</td>
<td>- Suprapubic pain</td>
</tr>
<tr>
<td></td>
<td>□ Acute costovertebral angle pain or tenderness</td>
<td>- Gross hematuria</td>
</tr>
<tr>
<td></td>
<td>□ Suprapubic pain</td>
<td>- New or marked increase in incontinence</td>
</tr>
<tr>
<td></td>
<td>□ Gross hematuria</td>
<td>- New or marked increase in urgency</td>
</tr>
<tr>
<td></td>
<td>□ New or marked increase in frequency</td>
<td>- New or marked increase in frequency</td>
</tr>
<tr>
<td></td>
<td>□ If no fever or leukocytosis, then ≥ 2 of the following:</td>
<td>- Suprapubic pain</td>
</tr>
<tr>
<td></td>
<td>□ Suprapubic pain</td>
<td>- Urinary urgency</td>
</tr>
</tbody>
</table>

Nebraska Department of Health and Human Services

https://asap.nebraskamed.com
HAI Surveillance Data

Give feedback of surveillance results to appropriate stakeholders

- **Leadership**
  - Informed leaders are able to 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!**
Presenting Facility Surveillance Data

• Share surveillance data with stakeholders
  • Use your Infection Prevention Plan and goals
    • Target key surveillance data
  • Use simple graphs and tables to tell the story
    • **Process:** report adherence monitoring results
    • **Outcomes:** Report how many infections
Sample Presentation of Surveillance Data

Symptomatic UTI Monthly Rates 2018

- New closed system catheters implemented (with Foley training)

Note significant changes on graph to reflect variations in data
Reducing device use reduces device-related infections!

Monitor device utilization
Staff Communication

• Give feedback to staff on adherence monitoring results
  • Share at staff meetings
  • Include infection incidence by unit if possible
• Help your staff make the connection between evidence based care practices and infection incidence
# Adherence Monitoring Tool - Hand Hygiene

<table>
<thead>
<tr>
<th>Discipline</th>
<th>What type of HH opportunity was observed? (select/✓ 1 per line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>*Remember: Hand hygiene should be performed before ___ and after glove use</td>
</tr>
<tr>
<td>N</td>
<td>✓ entering room*  □ before task  □ after body fluids  □ after care*  ✓ leaving room</td>
</tr>
<tr>
<td>N</td>
<td>□ entering room*  □ before task  □ after body fluids  □ after care*  □ leaving room</td>
</tr>
<tr>
<td>CNA</td>
<td>✓ entering room*  □ before task  □ after body fluids  □ after care*  □ leaving room</td>
</tr>
<tr>
<td>CNA</td>
<td>□ entering room*  □ before task  □ after body fluids  □ after care*  ✓ leaving room</td>
</tr>
<tr>
<td>CNA</td>
<td>✓ entering room*  □ before task  □ after body fluids  □ after care*  □ leaving room</td>
</tr>
<tr>
<td>CNA</td>
<td>□ entering room*  □ before task  □ after body fluids  □ after care*  ✓ leaving room</td>
</tr>
<tr>
<td>MD</td>
<td>✓ entering room*  □ before task  □ after body fluids  □ after care*  □ leaving room</td>
</tr>
<tr>
<td>MD</td>
<td>✓ entering room*  □ before task  □ after body fluids  □ after care*  □ leaving room</td>
</tr>
<tr>
<td>N</td>
<td>✓ entering room*  □ before task  □ after body fluids  □ after care*  □ leaving room</td>
</tr>
<tr>
<td>N</td>
<td>✓ entering room*  □ before task  □ after body fluids  □ after care*  □ leaving room</td>
</tr>
</tbody>
</table>

**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/HAI](http://www.cdph.ca.gov/HAI)
Sample Bar Chart

Hand Hygiene 2018

% Adherence

Jan-18  Feb-18  Mar-18  Apr-18

Unit A
Unit B
Unit C
## Adherence Monitoring Tool - Contact Precautions

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

Total #Yes **11**  Total #Observed **14**  Total #Yes/Total #Observed = **79**  % Adherence **79** %
CDPH Adherence Monitoring

Contact Precautions Adherence
131 Skilled Nursing Facilities, 2016

- PPE available at Contact precautions room entry: 96%
- Contact precautions sign clear and visible: 85%
- Patient in single room OR cohorted correctly: 95%
- Hand hygiene before entering Contact precautions room: 43%

[Graph showing adherence percentages for each category]
## Adherence Monitoring Tool-Environmental Cleaning

<table>
<thead>
<tr>
<th>Environmental Cleaning Practices</th>
<th>EVS Staff 1</th>
<th>EVS Staff 2</th>
<th>Adherence by Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detergent/disinfectant solution is mixed according to manufacturer’s instructions.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Solution remains in wet contact with surfaces according to manufacturer’s instructions.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A new clean, saturated cloth is used in each room. The cloth is also changed when visibly soiled and after cleaning the bathroom.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

CDPH Adherence Monitoring tools: [cdph.ca.gov/hai](http://cdph.ca.gov/hai)
Adherence Monitoring-Environmental Cleaning

## Environmental Cleaning Adherence
131 Skilled Nursing Facilities, 2016

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Successful</th>
<th>Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solution mixed per manufacturer instructions</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Contact time per manufacturer instructions</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>New clean, saturated cloth used in each room</td>
<td>84%</td>
<td></td>
</tr>
</tbody>
</table>
Adherence Monitoring-Environmental Cleaning

Environmental Cleaning Adherence
131 Skilled Nursing Facilities, 2016

- Appropriate PPE for task: 94%
- High touch objects cleaned daily with EPA-registered hospital grade disinfectant: 49%
Communication with Providers - 1

Before calling the physician, follow these steps

1. Assess the resident yourself
2. If possible, discuss with resource nurse
3. Review the chart for appropriate physician to call
4. Know the admitting diagnosis and date of admission
5. Read the most recent MD progress notes and notes from the nurse who worked the previous shift
Communication with Providers - 2

Before calling the physician, follow these steps

6. Have the following available:
   • Resident’s chart
   • List of current medications, allergies, IV fluids, labs
   • Most recent vital signs
   • Lab results: test date and time; results of previous tests for comparison
   • Code status
Communication with Providers - SBAR

A framework for communicating a resident’s condition between members of the health care team

**Situation** – Vital signs and what is new with the resident now?

**Background** – What other diagnosis or symptoms does the resident have?

**Assessment** – Nursing assessment; does the resident meet infection criteria?

**Request** – What would you like from the physician?
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 Ms. Nurse calling from XYZ SNF. I have Mrs. Smith in room 217, a 77 year old woman who has fever of 101.2°, complaining of frequency and burning with urination. The fever began this morning; the frequency and burning began last evening. There is no change in her alert 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:

- *She was admitted 2 days ago from ABC hospital*
- *Her admitting diagnosis is status post knee replacement*
- *Her urinary catheter was discontinued just before discharge*
- *Her hospital urinalysis from 4 days ago was normal*
Assessment

• What is the nurse’s assessment of the situation?

Example:

*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*

• *She may also need acetaminophen for the fever*
Sample UTI SBAR Tool

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

**Vital Signs**
BP _______ / _______
HR _______
Resp. rate _______
Temp. _______

**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
ahrq.gov/NH-ASPGuide
### Assessment Input (check all boxes that apply)

**Resident WITH indwelling catheter**

The criteria are met to initiate antibiotics if one of the below are selected.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□ 1. Fever of 100°F (38°C) or repeated temperatures of 99°F (37°C)*</td>
</tr>
<tr>
<td>□</td>
<td>□ New back or flank pain</td>
</tr>
<tr>
<td>□</td>
<td>□ Acute pain</td>
</tr>
<tr>
<td>□</td>
<td>□ Rigors / shaking chills</td>
</tr>
<tr>
<td>□</td>
<td>□ New dramatic change in mental status</td>
</tr>
<tr>
<td>□</td>
<td>□ Hypotension (significant change from baseline BP or a systolic BP &lt;90)</td>
</tr>
</tbody>
</table>

**Resident WITHOUT indwelling catheter**

Criteria are met if one of the three situations are met.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□ 1. Acute dysuria alone</td>
</tr>
<tr>
<td>□</td>
<td>□ 2. Single temperature of 100°F (38°C) and at least one new or worsening of the following:</td>
</tr>
<tr>
<td></td>
<td>□ urgency</td>
</tr>
<tr>
<td></td>
<td>□ frequency</td>
</tr>
<tr>
<td></td>
<td>□ back or flank pain</td>
</tr>
<tr>
<td></td>
<td>□ suprapubic pain</td>
</tr>
<tr>
<td></td>
<td>□ gross hematuria</td>
</tr>
<tr>
<td></td>
<td>□ urinary incontinence</td>
</tr>
<tr>
<td>□</td>
<td>□ OR</td>
</tr>
<tr>
<td>□</td>
<td>□ 3. No fever, but two or more of the following symptoms:</td>
</tr>
<tr>
<td></td>
<td>□ urgency</td>
</tr>
<tr>
<td></td>
<td>□ frequency</td>
</tr>
<tr>
<td></td>
<td>□ incontinence</td>
</tr>
<tr>
<td></td>
<td>□ suprapubic pain</td>
</tr>
<tr>
<td></td>
<td>□ gross hematuria</td>
</tr>
</tbody>
</table>

---

**Nurses:** Please check box to indicate whether or not criteria are met.

- **Nursing home protocol criteria are met.** Resident may require UA with C&S or an antibiotic.†

- **Nursing home protocol criteria are NOT met.** The resident does NOT need an immediate prescription for an antibiotic, but may need additional observation.††
Request for Physician/NP/PA Orders

Orders were provided by clinician through □ Phone □ Fax □ In Person □ Other ______________________

□ Order UA

□ Urine culture

□ Encourage ______ ounces of liquid intake ______ times daily until urine is light yellow in color.

□ Record fluid intake.

□ Assess vital signs for ______ days, including temp, every ______ hours for ______ hours.

□ Notify Physician/NP/PA if symptoms worsen or if unresolved in ______ hours.

□ Initiate the following antibiotic

Antibiotic: __________________________ Dose: ______ Route: ______ Duration: ______

□ No □ Yes Pharmacist to adjust for renal function

□ Other ____________________________

Physician/NP/PA signature ____________________________ Date/Time __________

Telephone order received by ____________________________ Date/Time __________

Family/POA notified (name) ____________________________ Date/Time __________

* For residents that regularly run a lower temperature, use a temperature of 2°F (1°C) above the baseline as a definition of a fever.
† This is according to our understanding of best practices and our facility protocols. Minimum criteria for a UTI must meet 1 of 3 criteria listed in box.
‡† This is according to our understanding of best practices and our facility protocols. The information is insufficient to indicate an active UTI infection.
Why Inter-facility Communication is Important

• Provides important information about a resident’s current clinical status
• Gives both the transferring and receiving facility a way to share the residents 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
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](http://cdc.gov/vitalsigns)
**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.

<table>
<thead>
<tr>
<th>Demographics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Resident (Last Name, First Name):</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>MRN:</td>
</tr>
<tr>
<td>Sending Facility Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Contact Phone:</td>
</tr>
<tr>
<td>Receiving Facility Name:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisms</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td></td>
</tr>
<tr>
<td>VRE</td>
<td></td>
</tr>
<tr>
<td><em>Acinetobacter</em> resistant to carbapenem antibiotics</td>
<td></td>
</tr>
<tr>
<td><em>E.coli, Klebsiella or Enterobacter</em> resistant to carbapenem antibiotics (CRE)</td>
<td></td>
</tr>
<tr>
<td><em>E.coli or Klebsiella</em> resistant to expanded-spectrum cephalosporins (ESBL)</td>
<td></td>
</tr>
<tr>
<td>C. difficile</td>
<td></td>
</tr>
<tr>
<td>Other $^a$:</td>
<td></td>
</tr>
</tbody>
</table>

$^a$: e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB, etc.

**Communication** is critical to provide safe, coordinated health care.

*Additional information if known.*
Interfacility Communication Transfer Tool -2

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.

PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS

Answer to sections above

All NO

Person completing form:
Role: [ ]
Date: [ ]

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

Were immunizations received at sending facility? [ ] Yes [ ] No

If yes, specify: __________________________ Date(s): __________________________
Summary

• Effective communication is key to preventing HAI

• Assess resident 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, Infection Preventionist Guide to Long Term Care, 2013
Questions?

For more information, please contact any HAI Program member.

Or email HAIProgram@cdph.ca.gov