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
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 residents 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

- 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 adherence
  - Isolation practice adherence
Sample Facility Risk Assessment - Refer to Handout

<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>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Likely</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Maybe</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Rare</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>0</td>
<td>1</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>
</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
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

Symptomatic UTI Monthly Rates 2018

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
Monitor Adherence to Care Practices

Hand Hygiene 2018

% Adherence

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

Unit A  Unit B  Unit C
## Adherence Monitoring Tool - Hand Hygiene

<table>
<thead>
<tr>
<th>Discipline</th>
<th>What type of HH opportunity was observed?</th>
<th>Successful</th>
<th>Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ✔ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>N</td>
<td>✔ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ☐ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>CNA</td>
<td>☐ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ✔ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>CNA</td>
<td>✔ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ☐ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>CNA</td>
<td>✔ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ☐ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>CNA</td>
<td>☐ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ✔ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>MD</td>
<td>✔ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ☐ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>MD</td>
<td>✔ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ☐ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>N</td>
<td>✔ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ☐ leaving room</td>
<td>✔</td>
</tr>
<tr>
<td>N</td>
<td>✔ entering room*</td>
<td>☐ before task ☐ after body fluids ☐ after care* ☐ leaving room</td>
<td>✔</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](cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)
CDPH Adherence Monitoring

Contact Precautions Adherence
164 Skilled Nursing Facilities, 2016-2018

- PPE available at room entry: 97%
- Contact precautions sign clear and visible: 81%
- Hand hygiene before entering room: 69%
- Gown, gloves removed and hand hygiene before leaving room: 83%

# Observations
0 50 100 150 200 250 300
### 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  
- **#Observed**: 14  
- **Total #Yes/Total #Observed = % Adherence**: 79%
# Healthcare-Associated Infections Program

## 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>Yes</td>
</tr>
<tr>
<td>Solution remains in wet contact with surfaces according to manufacturer’s instructions.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</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>Yes</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>Yes</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>Yes</td>
</tr>
</tbody>
</table>

CDPH Adherence Monitoring tools

(cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)
Adherence Monitoring - Environmental Cleaning

Environmental Cleaning Adherence
302 Skilled Nursing Facilities, 2016-2018

- Solution mixed per manufacturer instructions: 93% successful, 4% missed
- Contact time per manufacturer instructions: 42% successful, 58% missed
- New, clean, saturated cloth used in each room: 83% successful, 17% missed
- High touch surfaces cleaned daily with EPA registered disinfectant: 61% successful, 39% missed
Feedback

Provide feedback 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!
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?

Institute for Healthcare Improvement (www.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 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
(www.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>□</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
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<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Resident WITHOUT indwelling catheter**
- **Criteria are met if one of the three are selected**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**OR**

**3. No fever, but two or more**
- □ □ urgency
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
(www.cdc.gov/vitalsigns/protect-patients/index.html)
Inter-facility Communication

- 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
Communication is critical to provide safe, coordinated health care.
Interfacility Communication Transfer Tool – Page 2

**Check yes to any that currently apply**:  
- Cough/uncontrolled respiratory secretions
- Incontinence of urine
- Vomiting
- Acute diarrhea or incontinent of stool
- Draining wounds
- Other uncontrolled body fluid/drainage
- Concerning rash (e.g., vesicular)

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

---

**PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS**

- **ANY YES**
- **ALL NO**

Person completing form:  
Role:  
Date:  

---

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

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Dose, Frequency</th>
<th>Treatment for</th>
<th>Start date</th>
<th>Stop date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Other MDRO Risk Factors**

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

If yes, specify:  
Date(s):  

Version 2016-03-14
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

• 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)

• Smith, P.W., Bennett, G., Bradley, S., Drinka, P., Lautenbach, E., Marx, J.,
Mody, L., Nicolle, L., Stevenson, K. SHEA/APIC Guideline: Infection
prevention and control in the long-term care facility. ICHE, 29(9), 785-
814, July 2008

• Stone ND, Ashraf MS, Calder J et. Al. CDC/SHEA Surveillance Definitions
for Infection in Long-term Care Facilities: Revisiting the McGeer Criteria,
2012 (www.jstor.org/stable/10.1086/667743#metadata_info_tab_contents)
<table>
<thead>
<tr>
<th>Questions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For more information, please contact</td>
</tr>
<tr>
<td><a href="mailto:HAIProgram@cdph.ca.gov">HAIProgram@cdph.ca.gov</a></td>
</tr>
<tr>
<td>Include “SNF IP Basics Class” in the subject line</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now that you have completed this module,</td>
</tr>
<tr>
<td>Click on the “Post Test” link when it pops up</td>
</tr>
<tr>
<td>To Return to Learning Stream and take the post test</td>
</tr>
<tr>
<td><em>If the Post Test link does not pop up, you will be sent a link via e-mail</em></td>
</tr>
</tbody>
</table>