



INTERFACILITY TRANSFER COMMUNICATIONS GUIDE

Introduction

Proper interfacility communication ensures quality care as a patient/resident moves through the healthcare continuum. More importantly, communication of the patient's/resident's colonization or infection status prevents the spread of organisms to other facilities. Too often, healthcare facilities (HCF) receive patients/residents that are infected or colonized without knowledge of the patients/resident's status. It may be days before the appropriate infection control precautions are implemented, at which time the organism may have already spread to other patients/residents in the facility or into the community.

To prevent the spread of organisms to other HCF that you share patients/residents with, Los Angeles County Department of Public Health (LACDPH) has compiled information and resources into this guide that your facility may use when transferring patients/residents.

Using an Inter-Facility Transfer Form

When your facility transfers a patient/resident that is colonized or infected to another HCF, you must provide the receiving facility with the patient's/resident's colonization or infection status so that appropriate infection control measures can be implemented immediately upon arrival. You should also include information about the patient/resident's care plan, e.g. list of medications, allergies, devices, etc. Many regulatory and accrediting organizations have rules regarding discharge/transfer summaries, including the California Code of Regulations (CCR) §70753 and §72519; Centers for Medicare Service (CMS) rules §483.12(c)(2), §484.110, and §484.58(b); and the Joint Commission (TJC) Standard IM.6.10, EP7.

An inter-facility transfer form can help standardize and clarify the type of information that is communicated during a patient/resident's transfer to a new facility. Staff responsible for the discharge process should identify how the form can be incorporated into current patient/resident transfer procedures. If ambulance transfer is required, ambulance personnel should be notified in advance of any infection risk. Once the patient/resident is sent, document that all necessary information was both communicated and received.

If your facility currently does not have an inter-facility transfer form, LACDPH has a form available that you may adapt for your own use. The LACDPH Healthcare Facility Transfer Form focuses on communication of infection prevention, which may be important when a facility is experiencing an outbreak or has a high number of patients/residents with multi-drug resistant organisms (MDROs). The form is attached, and can also be found here:

<http://publichealth.lacounty.gov/acd/docs/FacilityTransferForm.pdf>.

Developing Points of Contact

Accepting HCF often have questions about the patient's/resident's previous care at your facility, e.g. tests were that were done or medications that were given during hospitalization. Furthermore, if microbiology or other test results are pending at the time of transfer, your facility must communicate all final results to the current HCF. It is helpful to both provide contact information to and obtain it from the receiving HCF so that your facilities can share clinically and/or epidemiologically important information in a timely manner.

If your facility currently does not maintain contact information from HCF that you share patients with, LACDPH has a form available that you may adapt for your own use. The Healthcare Facility Transfer Contact Information Form is attached, and can be found here:

<http://publichealth.lacounty.gov/acd/docs/ContactInfoForm.pdf>

Providing Recommendations

Per the 2010 California Department of Public Health All Facility Letter 10-27, HCF cannot refuse admission or re-admission of a patient/resident based on colonization or infection status alone. Sometimes, a facility may hesitate to accept a patient/resident because they do not have the resources to take care of the patient/resident, and/or contain the spread of an organism within their facility. You may work with your facility's infection preventionist (IP) to provide infection control recommendations to the transferring facility or refer them to the Healthcare Outreach Unit for additional guidance and/or resources.

Resources

LACDPH patient/resident-focused materials: <http://publichealth.lacounty.gov/acd/HealthEd.htm>

Resources for skilled nursing facilities: <http://publichealth.lacounty.gov/acd/SNF.htm>

Resources for acute care facilities: <http://publichealth.lacounty.gov/acd/HOU.htm>

Questions?

If you have any questions about communicating patient/resident status upon transfer to another facility, or about using any of the forms, please email hai@ph.lacounty.gov.

Los Angeles County Department of Public Health
Infectious Organism Transfer Form

Use this form for all patient transfers between facilities.
 This form is not intended to be used as criteria for admission. On transfer, please include all positive lab results that pertain to this form.






Patient Label Here

Patient Name:		
DOB:	MRN:	Transfer Date:
Receiving Facility (RF):		
RF Contact Name:	RF Contact Phone:	
Sending Facility (SF):		
SF Contact Name:	SF Contact Phone:	

Precautions

Check all appropriate Isolation Precautions: Airborne Contact Droplet Standard

Personal protective equipment (PPE) recommended:

				
<input type="checkbox"/> Gown	<input type="checkbox"/> Mask	<input type="checkbox"/> N-95/PAPR	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Gloves

Organisms NONE IDENTIFIED

Organism(s) Identified	Specimen Source	Collection Date	Status: Colonization, History, Infection, Rule-Out
<input type="checkbox"/> C. auris (<i>Candida auris</i>)			
<input type="checkbox"/> C. diff (<i>Clostridioides difficile</i>)			
<input type="checkbox"/> CRE (Carbapenem-resistant Enterobacterales)			
<input type="checkbox"/> MDR Gram negatives: (e.g. Acinetobacter, Pseudomonas)			
<input type="checkbox"/> MRSA (methicillin-resistant <i>Staphylococcus aureus</i>)			
<input type="checkbox"/> VRE (vancomycin-resistant Enterococcus)			
<input type="checkbox"/> Other, specify: (e.g. COVID-19, flu, lice, norovirus, scabies, TB, VRSA, etc.)			





LOS ANGELES COUNTY HEALTHCARE FACILITY TRANSFER CONTACT INFORMATION FORM

The purpose of this form is to help identify those involved with the patient transfer process within a facility. This information will then be used to optimize communication and coordination of care during patient/resident transfers.

Facility Name	
Facility Address	
Primary Contact for Patient/Resident Transfers	
Name	
Phone Number(s)	
Email	
Role(s)	
Secondary Contact for Patient/Resident Transfers (if available)	
Name	
Phone Number(s) (include extension)	
Email	
Role(s)	
Infection Preventionist/s	
Name	
Phone Number(s) (include extension)	
Email	
If your facility uses the LA County Facility Transfer Form, please answer the following:	
Who is responsible for completing the form?	
How does your facility use the information?	
Other Notes	

Available at <http://www.ph.lacounty.gov/acd/HCPmaterials.htm>

Finalized and approved by the Los Angeles County Healthcare-Associated Infections and Antimicrobial Resistance Committee on 12-13-16.