

Acute Care Hospital – Admission, Discharge And Transfer – Infectious Disease Workflows and Impacts

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Objectives

- Describe Admission, Discharge and Transfer (ADT) process for Acute Care Hospital (ACH)
- Discuss Impact of ADT on ACH and Skilled Nursing Facilities (SNF)
- Use of Transfer forms – MDRO/Isolation
- Discuss need for Infection Preventionist (IP) from both organizations to collaborate to improve public health safety

Nothing to disclose



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Admission Process

Involves

- Authorization from healthcare professional - the person requires specialized care and treatment
- Collection of billing information by admitting department of the health care facility
- Completion of agency's admission data base by nursing personnel
- Documentation of the client's **medical history** and findings from physical examination: advanced directives; family history; psychosocial history; history of mental illness; spiritual health; safety assessment; **lab report**, **transfer form**
 - **History of Multi Drug Resistant Organism**
 - **Need for Isolation**

Admission Process - 2

Involves

- Development of an initial nursing care plan
 - Isolation per organization policy
- Initial medical orders for treatment
- Medical authorization & responsibilities
- Admitting Department or Unit
 - Room availability
 - Supply
 - Staffing

Psychosocial Responses on Admission

- **Patient/Family member/designee**
 - Anxiety and fear
 - Decisional conflict
 - Situational low self-esteem
 - Powerlessness
 - Social Isolation – Loneliness
 - Decreased Privacy Loss of Identity
 - **Isolation** per ACH policy
 - **May conflict with SNF policy**

The Discharge Process

- Discharge Planning-Begins at admission or shortly after
 - Process that improves client outcomes by:
 - Predetermined post-discharge needs in a timely manner
 - Coordinating the use of appropriate community resources to provide continuum of care
 - **Involves a multidisciplinary team**
 - **Input from Infection Preventionist**
 - Approval paperwork to SNF
 - Communication



Some Steps in Discharge Process

- Discharge planning
 - Obtaining a written medical order
 - Completing discharge instructions (Meds, appointments, treatments, therapy & more)
 - Include lab report and transfer form
 - Notifying the business office
 - Discharging the client
 - Gathering belongings, arranging transportation, escorting the client
 - Writing a discharge summary
 - Requesting that the room be cleaned
 - Notifying admitting that the patient has left

Inter-facility Communication for proper patient placement

- When transferring a patient or resident, the transferring facility must provide information to the receiving facility so Transmission-based precautions can be implemented upon arrival
- Inter-facility communication
 - Enables appropriate room placement
 - Provides important information about a patient's current clinical status
 - Provides a way to share a patient/resident's history of infection and vaccination
 - Relays information about devices such as urinary catheters and central lines

Enhanced Barrier Precautions for California Skilled Nursing Facilities

- Developed by CDPH and the California Association of Health Facilities (CAHF), last update in 2019
- Created to simplify precautions in SNF
 - Use in addition to Standard precautions when Standard precautions may be insufficient to prevent transmission
 - Incorporates aspects of Contact, Droplet, and Airborne precautions
 - Resident centered, rather than pathogen centered

[AFL 22-21 Enhanced Standard Precautions \(PDF\)](#)
(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx)



LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Transferring Guidance for Multi-drug-resistant organisms (MDROs)

- Responsibility of both the transferring facility to communicate the patient's MDRO status
- Regulatory standards – Discharge/Transfer Summary

There are many [MDROs](#) of public health concern, including but not limited to:

- Carbapenemase-producing organisms ([CPO](#))
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- *Candida auris*

http://publichealth.lacounty.gov/acd/docs/LACDPH_TransferringGuidanceforMDROs.pdf



Interfacility Communication Transfer Tool – Example

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 patient labels here.

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? <input type="checkbox"/> Yes	<input type="checkbox"/> No isolation precautions
	If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Other: _____	

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 *	<input type="checkbox"/> No known MDRO or communicable diseases
	MRSA	<input type="checkbox"/>	
	VRE	<input type="checkbox"/>	
	<i>Acinetobacter</i> resistant to carbapenem antibiotics	<input type="checkbox"/>	
	<i>E. coli</i> , <i>Klebsiella</i> or <i>Enterobacter</i> resistant to carbapenem antibiotics (CRE)	<input type="checkbox"/>	
	<i>E. coli</i> or <i>Klebsiella</i> resistant to expanded-spectrum cephalosporins (ESBL)	<input type="checkbox"/>	
	<i>C. difficile</i>	<input type="checkbox"/>	
	Other^: _____ <i>^e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB, etc.</i>	<input type="checkbox"/> (current or ruling out*)	
*Additional information if known: _____			

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20LibrCDPH




[Interfacility Transfer Form](#) (PDF) ary/Interfacility%2

OTransfer%20Form%20061417.pdf)



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Interfacility Communication Transfer Tool – Example Page 2

Symptoms	<p>Check yes to any that <u>currently</u> apply**:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Cough/uncontrolled respiratory secretions</td> <td><input type="checkbox"/> Acute diarrhea or incontinent of stool</td> </tr> <tr> <td><input type="checkbox"/> Incontinent of urine</td> <td><input type="checkbox"/> Draining wounds</td> </tr> <tr> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Other uncontained body fluid/drainage</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Concerning rash (e.g.; vesicular)</td> </tr> </table> <p>**NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained.</p>	<input type="checkbox"/> Cough/uncontrolled respiratory secretions	<input type="checkbox"/> Acute diarrhea or incontinent of stool	<input type="checkbox"/> Incontinent of urine	<input type="checkbox"/> Draining wounds	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other uncontained body fluid/drainage		<input type="checkbox"/> Concerning rash (e.g.; vesicular)	<input type="checkbox"/> No symptoms / PPE not required as "contained"																				
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PPE	<p>PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> </div> <p>CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY</p>	Answers to sections above ANY YES ALL NO																												
Person completing form: _____ Role: _____ Date: _____																														
Other MDRO Risk Factors	<p>Is the patient <u>currently</u> on antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Antibiotic:</th> <th style="width: 25%;">Dose, Frequency:</th> <th style="width: 25%;">Treatment for:</th> <th style="width: 10%;">Start date:</th> <th style="width: 15%;">Stop date:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Does the patient <u>currently</u> have any of the following devices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Central line/PICC, Date inserted: _____</td> <td><input type="checkbox"/> Suprapubic catheter</td> </tr> <tr> <td><input type="checkbox"/> Hemodialysis catheter</td> <td><input type="checkbox"/> Percutaneous gastrostomy tube</td> </tr> <tr> <td><input type="checkbox"/> Urinary catheter, Date inserted: _____</td> <td><input type="checkbox"/> Tracheostomy</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Fecal management system</td> </tr> </table>		Antibiotic:	Dose, Frequency:	Treatment for:	Start date:	Stop date:																<input type="checkbox"/> Central line/PICC, Date inserted: _____	<input type="checkbox"/> Suprapubic catheter	<input type="checkbox"/> Hemodialysis catheter	<input type="checkbox"/> Percutaneous gastrostomy tube	<input type="checkbox"/> Urinary catheter, Date inserted: _____	<input type="checkbox"/> Tracheostomy		<input type="checkbox"/> Fecal management system
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	<input type="checkbox"/> Fecal management system																													
IZ	<p>Were immunizations received at sending facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify: _____ Date(s): _____</p>																													



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

August 19, 2010

AFL 10-21

TO: Skilled Nursing Facilities
General Acute Care Hospitals

SUBJECT: Placement of Patients with Positive *Clostridium difficile* Tests in Skilled Nursing Facilities

This is the **only** copy being sent to your facility. Please distribute copies to Infection Preventionists and Discharge Planning personnel.

This letter is being sent to provide information from the California Department of Public Health (CDPH) about *Clostridium difficile* (*C. difficile*) infection. Patients who are being discharged from General Acute Care Hospitals following the diagnosis of *C. difficile* are being denied placement in a skilled nursing facility until negative tests for *C. difficile* have been obtained (usually three consecutive negative tests), even if the patient is no longer symptomatic (e.g., no longer has diarrhea; that is, has formed stools). **CDPH advises against following this practice as it is not an appropriate approach for mitigating the impact of *C. difficile* in skilled nursing facilities.**

The following organizations recommend against this practice:

- The Centers for Disease Control and Prevention
(http://www.cdc.gov/ncidod/dhqp/id_CdiffFAQ_HCP.html)
- The Society for Healthcare Epidemiology of America (SHEA)
- Infectious Diseases Society of America (IDSA)
(<http://www.journals.uchicago.edu/doi/full/10.1086/651706>)
- The Association for Professionals in Infection Control and Epidemiology (APIC)



KAREN L. SMITH, MD, MPH
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

June 10, 2019

AFL 19-22

TO: Skilled Nursing Facilities (SNF), and General Acute Care Hospitals (GACH) with a SNF Distinct Part (DP)

SUBJECT: Enhanced Standard Precautions for Skilled Nursing Facilities, 2019

AUTHORITY: [Title 22 California Code of Regulations \(CCR\) section 72523, 72321, and 72515](#)
[Title 42 Code of Federal Regulations \(CFR\) section 483.80](#)

All Facilities Letter (AFL) Summary

This AFL supersedes AFL 10-27, and releases updated guidance on Enhanced Standard Precautions for Skilled Nursing Facilities.

This AFL supersedes AFL 10-27 and distributes the updated "Enhanced Standard Precautions for Skilled Nursing Facilities, 2019." The updated document includes guidance to SNFs for safely caring for residents with multidrug-resistant organisms (MDRO) in compliance with state and federal regulations. This guidance is intended to be an advisory only and has been developed to assist SNF infection control programs.

Title 22 CCR section [72515](#) requires SNFs, "accept and retain only those patients for whom they can provide adequate care." [Title 42 CFR section 483.80](#) requires that nursing facilities "must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections." All SNFs in compliance with state statute and federal regulations must be able to provide care for residents with MDROs.

CDPH developed the updated version of "Enhanced Standard Precautions for Skilled Nursing Facilities, 2019" in response to reports of refusals to admit or re-admit residents with MDRO. This updated document incorporates an increased understanding of MDRO in California SNFs, where a high proportion of residents are colonized with MDRO.

MDRO Case

A 89-year-old male with Trach/Vent was transferred from a SNF facility to a local general acute care hospital (GACH). The patient has history of multi-drug-resistant organisms (MDRO) that include *Candida auris*, Carbapenem Resistant Enterobacteriaceae (CRE) and Methicillin resistant *Staphylococcus aureus* (MRSA). Upon arrival to the hospital, the Registered Nurse must review the Inter-Facility Transfer form to ensure that the patient is placed in isolation appropriately. What information must be included on the Inter-Facility Transfer form?

- A. *Only the history C. auris to ensure the RN does not re-screen the patient*
- B. *All three organisms must be documented on the transfer form to ensure the safety of both the Healthcare workers and patients*
- C. *A transfer form with the list of MDROs is NOT needed since the SNF nurse has already provided SBAR over the phone*
- D. *Standard precaution is enough regardless of historical multi-drug-resistant organisms*

C. Auris Case - Need for Interfacility Transfer form

A patient with history of C .auris admitted to acute care facility from SNF. No conversation of C. auris or other MDRO during SBAR. There were more than 100 pages admission/transfer document. No Interfacility form found within the documents. Patient was admitted to semiprivate room with no isolation precautions. Per ACH protocol, patient was screened for C. auris upon admission and test resulted positive for C .auris. Further review was done on transfer package and handwritten note was found that was unreadable with possible notation to C. auris. Infection Preventionist called the SNF and confirmed the C .auris status and received a copy of the lab report.

Discussion

- *Use of standardize interfacility form*
- *access to PHD MDRO data*
- *Communication to IPs – SNF and ACH*
- *SBAR – MDRO status*

TB Case

A 76-year-old female patient transferred to a skilled nursing facility (SNF) after an eleven day stay at a general acute care hospital (GACH), with final diagnosis of COVID-19 and Septic shock. Following Title 22, the SNF attempted to initiate a PPD on the patient, however the patient ultimately refused the test. Consequently, a chest X-ray was performed with results of “Consolidation with mild opacities, TB cannot be excluded.”

Pt returned to ED on following day, per EMS transfer patient needs an X-Ray for unknown reason. ED physician assessed the patient, after multiple discussion with SNF and involvement with the ED Case Manager and the insurance Case manager patient was returned to the SNF as there was no evidence of tuberculosis.

Discuss:

- Opportunity to improve communication

TB Case -2

What are the appropriate steps to rule out TB?

- A. SNF Infection Preventionist (IP) should have called the GACH IP and discuss patient's case and obtain a copy of the latest chest X-Ray
- B. Perform an QuantiFERON blood test (also known as Interferon Gamma Release Assay-IGRA) to rule out TB if patient has history of latent TB or refuses PPD test
- C. Consult with SNF Medical Director
- D. All of the above

[https://www.cdc.gov/mmwr/preview/mmwrhtml/00001711.htm#:~:text=Therefore%2C%20a%20negative%20skin%20test,baseline%20\(11%2D13\).](https://www.cdc.gov/mmwr/preview/mmwrhtml/00001711.htm#:~:text=Therefore%2C%20a%20negative%20skin%20test,baseline%20(11%2D13).)

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/California-TB-Testing-Regulations.aspx>





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