Utah's Interfacility Infection Control Transfer Form

Sherry Varley RN, CIC
Healthcare Associated Infections
Program Coordinator
Utah Department of Health
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Utah's Concern

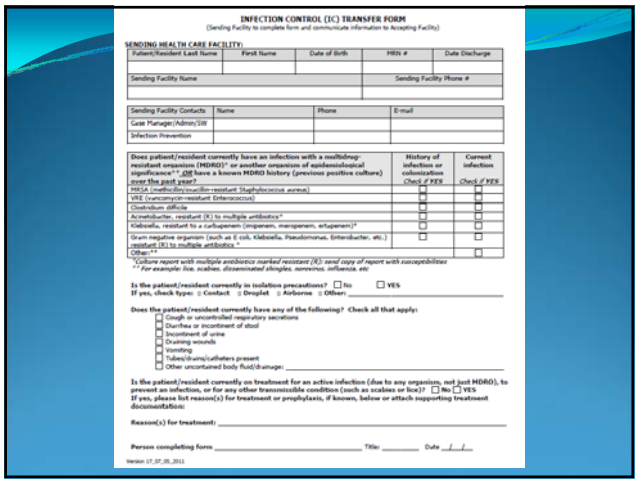
- 2010: An increase in the number of multi-drug resistant Acinetobacter infections were detected by Infection Preventionist (IPs) at various metro hospitals
  - Reported to the UDOH
  - A proportion of reported cases came from long-term care facilities
  - UDOH convened call with CDC to identify containment measures
  - Recognized **poor communication** between facilities with transfers as a major contributor to ongoing transmission

Identified challenges

- Need to work together to care for patients across the state
- 2010 Joint Commission requirement
  - Notify transferring facilities of MDROs
- Recognized a need to create a state Interfacility Infection Control Transfer Form

Next Steps

- A statewide committee took on challenge to develop a communication form to help ALL facilities report patient specific infection Control information
- Process involved multiple revisions
- Solicited input from stakeholders to create final draft
- Developed Utah's Inter-facility Infection Control Transfer Form
- Form found on UDOH Website http://health.utah.gov/epi/HAI/



INFECTION CONTROL (IC) TRANSFER FORM

(Sending Facility to complete form and communicate information to Accepting Facility)

SENDING HEALTH CARE FACILITY:

Patient/Resident Last Name	First Name	Date of Birth	MRN #	Date Discharge

Sending Facility Name	Sending Facility Phone #

Sending Facility Contacts	Name	Phone	E-mail
Case Manager/Admin/SW			
Infection Prevention			

Does patient/resident currently have an infection with a multidrug-resistant organism (MDRO)* or another organism of epidemiological significance** OR have a known MDRO history (previous positive culture) over the past year?	History of infection or colonization *Check if YES*	Current infection *Check if YES*
MRSA (methicillin/oxacillin-resistant Staphylococcus aureus)	☐	☐
VRE (vancomycin-resistant Enterococcus)	☐	☐
Clostridium difficile	☐	☐
Acinetobacter, resistant (R) to multiple antibiotics*	☐	☐
Klebsiella, resistant to a carbapenem (imipenem, meropenem, ertapenem)*	☐	☐
Gram-negative organism (such as E coli, Klebsiella, Pseudomonas, Enterobacter, etc.) resistant (R) to multiple antibiotics *	☐	☐
Other:**		☐

*Culture report with multiple antibiotics marked resistant (R): send copy of report with susceptibilities
** For example: lice, scabies, disseminated shingles, norovirus, influenza, etc

Is the patient/resident currently in isolation precautions? ☐ No ☐ YES
If yes, check type: ☐ Contact ☐ Droplet ☐ Airborne ☐ Other: _____

Does the patient/resident currently have any of the following? Check all that apply:
- ☐ Cough or uncontrolled respiratory secretions
- ☐ Diarrhea or incontinent of stool
- ☐ Incontinent of urine
- ☐ Draining wounds
- ☐ Vomiting
- ☐ Tubes/drains/catheters present
- ☐ Other uncontained body fluid/drainage: _____

Is the patient/resident currently on treatment for an active infection (due to any organism, not just MDRO), to prevent an infection, or for any other transmissible condition (such as scabies or lice)? ☐ No ☐ YES
If yes, please list reason(s) for treatment or prophylaxis, if known, below or attach supporting treatment documentation:

Reason(s) for treatment: _____

Person completing form: _____ Title: _____ Date: ___/___/___

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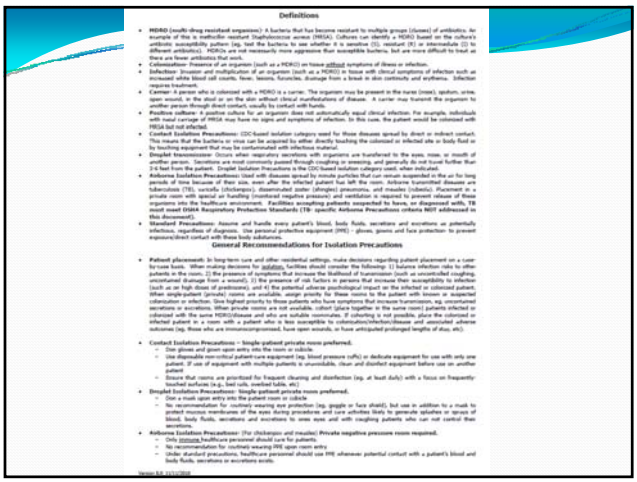


Definitions

- **MDRO** (multi-drug resistant organism): A bacteria that has become resistant to multiple groups (classes) of antibiotics. An example of this is methicillin-resistant Staphylococcus aureus (MRSA). Cultures can identify a MDRO based on the culture's antibiotic susceptibility pattern (eg, test the bacteria to see whether it is sensitive (S), resistant (R) or intermediate (I) to different antibiotics). MDROs are not necessarily more aggressive than susceptible bacteria, but are more difficult to treat as there are fewer antibiotics that work.
- **Colonization**- Presence of an organism (such as a MDRO) on tissue without symptoms of illness or infection.
- **Infection**- Invasion and multiplication of an organism (such as a MDRO) in tissue with clinical symptoms of infection such as increased white blood cell counts, fever, lesions, furuncles, drainage from a break in skin continuity and erythema. Infection requires treatment.
- **Carrier**- A person who is colonized with a MDRO is a carrier. The organism may be present in the nares (nose), sputum, urine, open wound, in the stool or on the skin without clinical manifestations of disease. A carrier may transmit the organism to another person through direct contact, usually by contact with hands.
- **Positive culture**- A positive culture for an organism does not automatically equal clinical infection. For example, individuals with nasal carriage of MRSA may have no signs and symptoms of infection. In this case, the patient would be colonized with MRSA but not infected.
- **Contact Isolation Precautions:** CDC-based isolation category used for those diseases spread by direct or indirect contact. This means that the bacteria or virus can be acquired by either directly touching the colonized or infected site or body fluid or by touching equipment that may be contaminated with infectious material.
- **Droplet transmission**- Occurs when respiratory secretions with organisms are transferred to the eyes, nose, or mouth of another person. Secretions are most commonly passed through coughing or sneezing, and generally do not travel further than 3-6 feet from the patient. Droplet Isolation Precautions is the CDC-based isolation category used, when indicated.
- **Airborne Isolation Precautions:** Used with diseases spread by minute particles that can remain suspended in the air for long periods of time because of their size, even after the infected patient has left the room. Airborne transmitted diseases are tuberculosis (TB), varicella (chickenpox), disseminated zoster (shingles) pneumonia, and measles (rubeola). Placement in a private room with special air handling (monitored negative pressure) and ventilation is required to prevent release of these organisms into the healthcare environment. Facilities accepting patients suspected to have, or diagnosed with, TB must meet OSHA Respiratory Protection Standards (TB- specific Airborne Precautions criteria NOT addressed in this document).
- **Standard Precautions:** Assume and handle every patient's blood, body fluids, secretions and excretions as potentially infectious, regardless of diagnosis. Use personal protective equipment (PPE) - gloves, gowns and face protection- to prevent exposure/direct contact with these body substances.

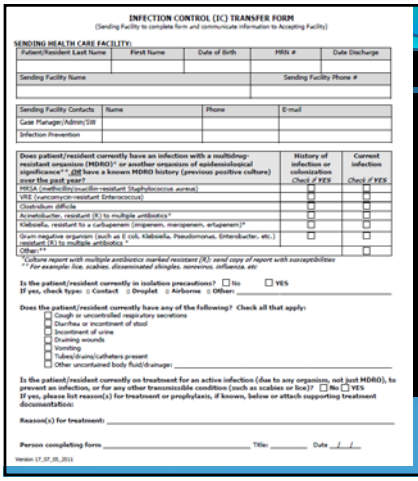
General Recommendations for Isolation Precautions

- **Patient placement:** In long-term care and other residential settings, make decisions regarding patient placement on a case-by-case basis. When making decisions for isolation, facilities should consider the following: 1) balance infection risks to other patients in the room; 2) the presence of symptoms that increase the likelihood of transmission (such as uncontrolled coughing, uncontained drainage from a wound); 3) the presence of risk factors in persons that increase their susceptibility to infection (such as on high doses of prednisone); and 4) the potential adverse psychological impact on the infected or colonized patient. When single-patient (private) rooms are available, assign priority for these rooms to the patient with known or suspected colonization or infection. Give highest priority to those patients who have symptoms that increase transmission, eg, uncontained secretions or excretions. When private rooms are not available, cohort (place together in the same room) patients infected or colonized with the same MDRO/disease and who are suitable roommates. If cohorting is not possible, place the colonized or infected patient in a room with a patient who is less susceptible to colonization/infection/disease and associated adverse outcomes (eg, those who are immunocompromised, have open wounds, or have anticipated prolonged lengths of stay, etc).
- **Contact Isolation Precautions – Single-patient private room preferred.**
  - Don gloves and gown upon entry into the room or cubicle.
  - Use disposable non-critical patient-care equipment (eg, blood pressure cuffs) or dedicate equipment for use with only one patient. If use of equipment with multiple patients is unavoidable, clean and disinfect equipment before use on another patient.
  - Ensure that rooms are prioritized for frequent cleaning and disinfection (eg, at least daily) with a focus on frequently-touched surfaces (e.g., bed rails, overbed table, etc)
- **Droplet Isolation Precautions- Single-patient private room preferred.**
  - Don a mask upon entry into the patient room or cubicle.
  - No recommendation for routinely wearing eye protection (eg, goggle or face shield), but use in addition to a mask to protect mucous membranes of the eyes during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions and excretions to ones eyes and with coughing patients who can not control their secretions.
- **Airborne Isolation Precautions:** (for chickenpox and measles) **Private negative pressure room required.**
  - Only immune healthcare personnel should care for patients.
  - No recommendation for routinely wearing PPE upon room entry
  - Under standard precautions, healthcare personnel should use PPE whenever potential contact with a patient's blood and body fluids, secretions or excretions exists.

Version 8.0 12/17/2008

Implementation of Form Usage

- Form piloted in urban and rural settings
- Trainings conducted across state involving IPs and representatives from Assisted Living Facilities, Rehabilitation Centers, local county jails, local health department staff, and retirement centers
- Created opportunity for facilities to meet transferring facility representatives
- Education very comprehensive to addressing definitions and completing form
- PowerPoint education created for facilities to use to train internally



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Sending Facility Name	Sending Facility Phone #

Sending Facility Contacts	Name	Phone	E-mail
Case Manager/Admin/SW			
Infection Prevention			

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Clostridium difficile	☐	☐
Acinetobacter, resistant (R) to multiple antibiotics*	☐	☐
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Gram-negative organism (such as E coli, Klebsiella, Pseudomonas, Enterobacter, etc.) resistant (R) to multiple antibiotics *	☐	☐
Other:**		☐

*Culture report with multiple antibiotics marked resistant (R): send copy of report with susceptibilities
** For example: lice, scabies, disseminated shingles, norovirus, influenza, etc

Is the patient/resident currently in isolation precautions? ☐ No ☐ YES
If yes, check type: ☐ Contact ☐ Droplet ☐ Airborne ☐ Other: _____

Does the patient/resident currently have any of the following? Check all that apply:
- ☐ Cough or uncontrolled respiratory secretions
- ☐ Diarrhea or incontinent of stool
- ☐ Incontinent of urine
- ☐ Draining wounds
- ☐ Vomiting
- ☐ Tubes/drains/catheters present
- ☐ Other uncontained body fluid/drainage: _____

Is the patient/resident currently on treatment for an active infection (due to any organism, not just MDRO), to prevent an infection, or for any other transmissible condition (such as scabies or lice)? ☐ No ☐ YES
If yes, please list reason(s) for treatment or prophylaxis, if known, below or attach supporting treatment documentation:

Reason(s) for treatment: _____

Person completing form: _____ Title: _____ Date: ___/___/___

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Action Steps

1. **Fill out form.**
2. **Fax the form to the receiving facility prior to the transfer.**
3. **Notify the transporter.**

INTER-FACILITY INFECTION CONTROL TRANSFER FORM
(Sending Facility to complete form and communicate information to Accepting Facility)

SENDING HEALTH CARE FACILITY:

Patient/Resident **Last** Name	**First** Name	Date of Birth	MRN #	Date Discharge
Sending Facility Name			Sending Facility Phone #	
Sending Facility Contacts	Name	Phone	E-mail	
Case Manager/Admin/SW				
Infection Prevention				

Infection Control Specifics

Does patient/resident currently have an infection with a multidrug-resistant organism (MDRO)* or another organism of epidemiological significance** *OR* have a known MDRO history (previous positive culture) over the past year?	History of infection or colonization *Check if YES*	Current infection *Check if YES*
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Other:**		☐

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** For example: lice, scabies, disseminated shingles, norovirus, influenza, etc

Infection Control Specifics

Is the patient/resident currently in isolation precautions? ☐ No ☐ YES
If yes, check type: ☐ Contact ☐ Droplet ☐ Airborne ☐ Other: _____

Does the patient/resident currently have any of the following? Check all that apply:

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STEP 4

Is the patient/resident currently on treatment for an active infection (due to any organism, not just MDRO), to prevent an infection, or for any other transmissible condition (such as scabies or lice)? No YES

If yes, please list reason(s) for treatment or prophylaxis, if known, below or attach supporting treatment documentation:
Reason(s) for treatment:

_____
_____

Person completing form

_____ Title: _____ Date
__/__/__

Training also Covered:

- Review of Definitions
- Infection Control Precautions Overview
- Multi-Drug Resistant Organisms
- Other Organisms of Epidemiological Significance
- Infection vs. Colonization
- Patient Placement in the real world of LTCFs


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  - Ensure that rooms are prioritized for frequent cleaning and disinfection (eg, at least daily) with a focus on frequently-touched surfaces (e.g., bed rails, overbed table, etc)
- **Droplet Isolation Precautions- Single-patient private room preferred.**
  - Don a mask upon entry into the patient room or cubicle
  - No recommendation for *routinely* wearing eye protection (eg, goggle or face shield), but use in addition to a mask to protect mucous membranes of the eyes during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions and excretions to one's eyes and with coughing patients who cannot control their secretions.
- **Airborne Isolation Precautions-** [illegible] **Private negative pressure room required.**
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FYI – Terminology

Definitions and Recommendations

Including Types of Isolation Precautions

Suggested Isolation Precautions

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Challenges

- Form usage is voluntary
- Must have support at each facility
- Need for more education within each facility
- Many facilities want to wait till form is electronic

The Efforts Continue!

- Contact information: svarley@utah.gov

Questions?