

Bridging the Gap:
Improving Transitions of Care
Between
Hospitals and Nursing Homes

Illinois Campaign to Eliminate *Clostridium difficile*

Teaming Up to ICE *C. diff*

Regional Workshop

July 2012

Disclosure and Disclaimer

- Speaker* has no financial disclosures or conflict of interest related to this presentation
- The opinions, viewpoints and content presented may not represent the position of the Illinois Department of Public Health or any of its programs or Telligen

*7/12/12: Michelle Stuercke, RN, BSN, MPA, DN

*7/13/12: Judith Conway, RN, BS, CIC

*7/18/12: Deborah Burdsall, RN, MSN, RN-BC, CIC

Session Overview

- Inter-facility care transitions
- IDPH CDI data
- IDPH survey of CDI prevention practices
- Inter-Facility Communication
- Case scenario – facilitated discussion

NOTE: For simplicity, LTCF residents and hospital patients will both be referred to as “patients” during today’s session

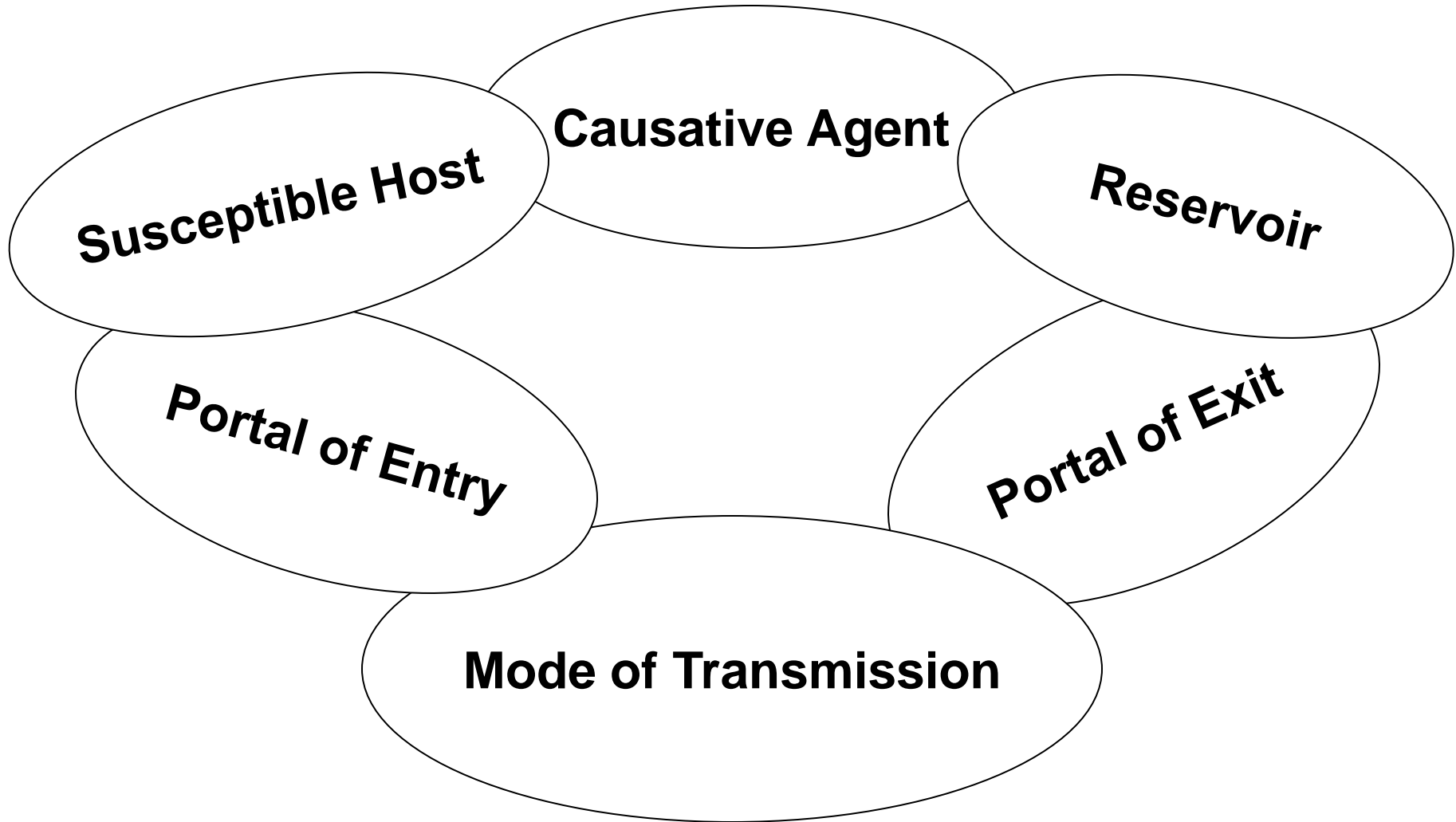
Acronyms Used in This Session

- ADL: Activities of daily living
- CDC DHQP: Centers for Disease Control and Prevention Division of Healthcare Quality Promotion
- CDC / HICPAC: Centers for Disease Control and Prevention / Healthcare Infection Control Practices Advisory Committee
- CDI: *Clostridium difficile* Infection
- ED: Emergency Department
- EMS: Emergency Medical Services
- EVS: Environmental Services

Acronyms Used in This Session

- ICD-9-CM: International Classification of Diseases, Ninth Revision, Clinical Modification
- ICE *C. diff*: Illinois Campaign to Eliminate *C. difficile*
- IDPH: Illinois Department of Public Health
- ILCS: Illinois Compiled Statutes
- LTCF: Long-term Care Facility
- SNF: Skilled Nursing Facility
- TKA: Total knee arthroplasty

Chain of Infection



Chain of Inter-Facility Communication



19th and 20th Century Inter-Facility Care Transitions

19th Century Health Care

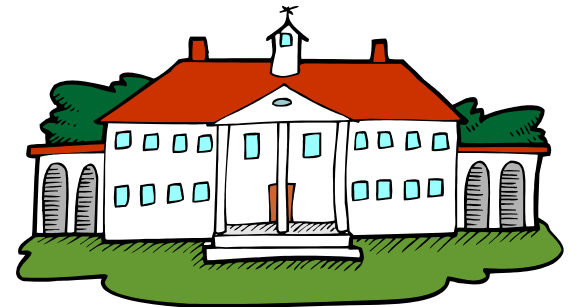


Care provided at home

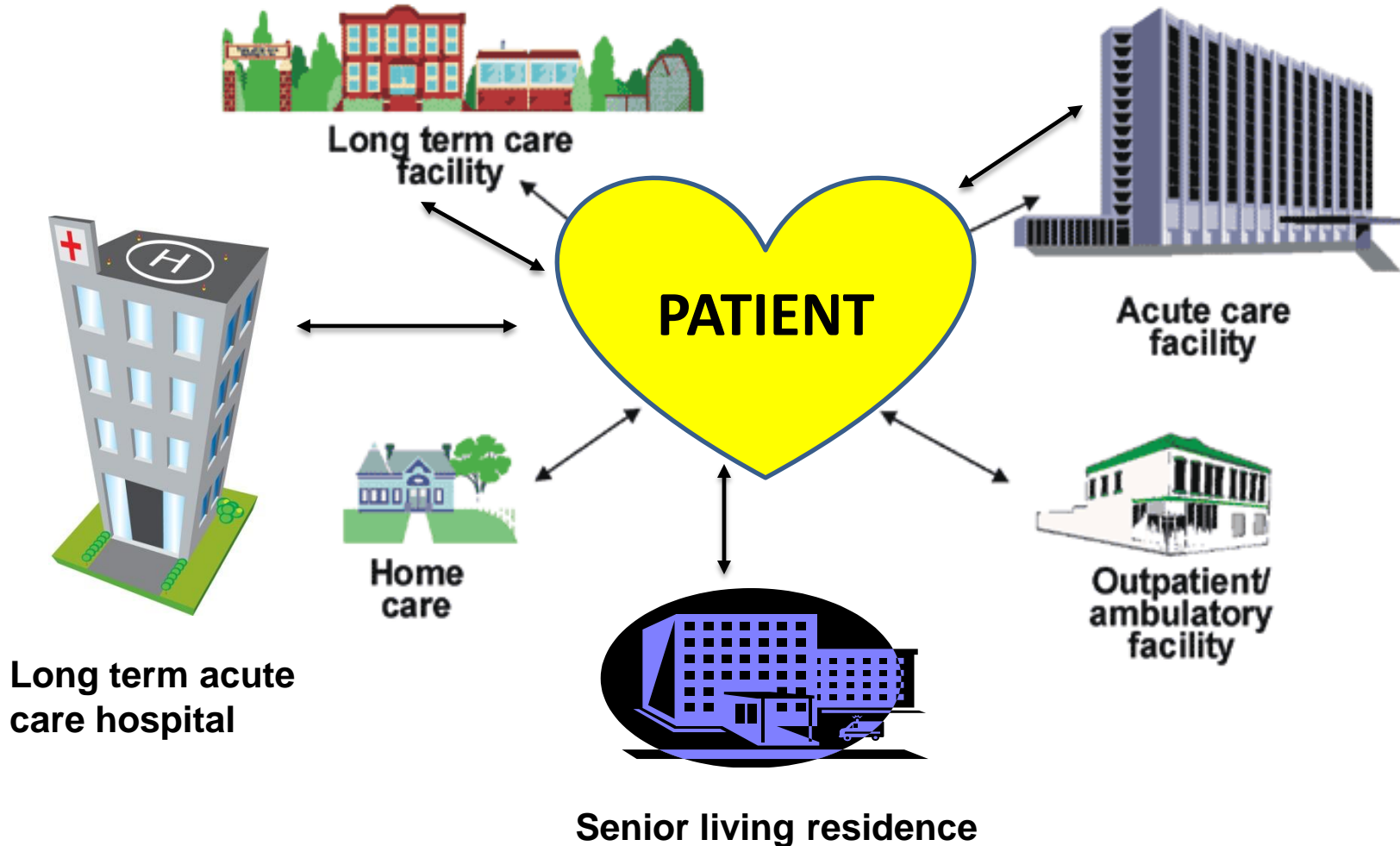
20th Century Health Care



Care provided in
hospitals and LTCFs



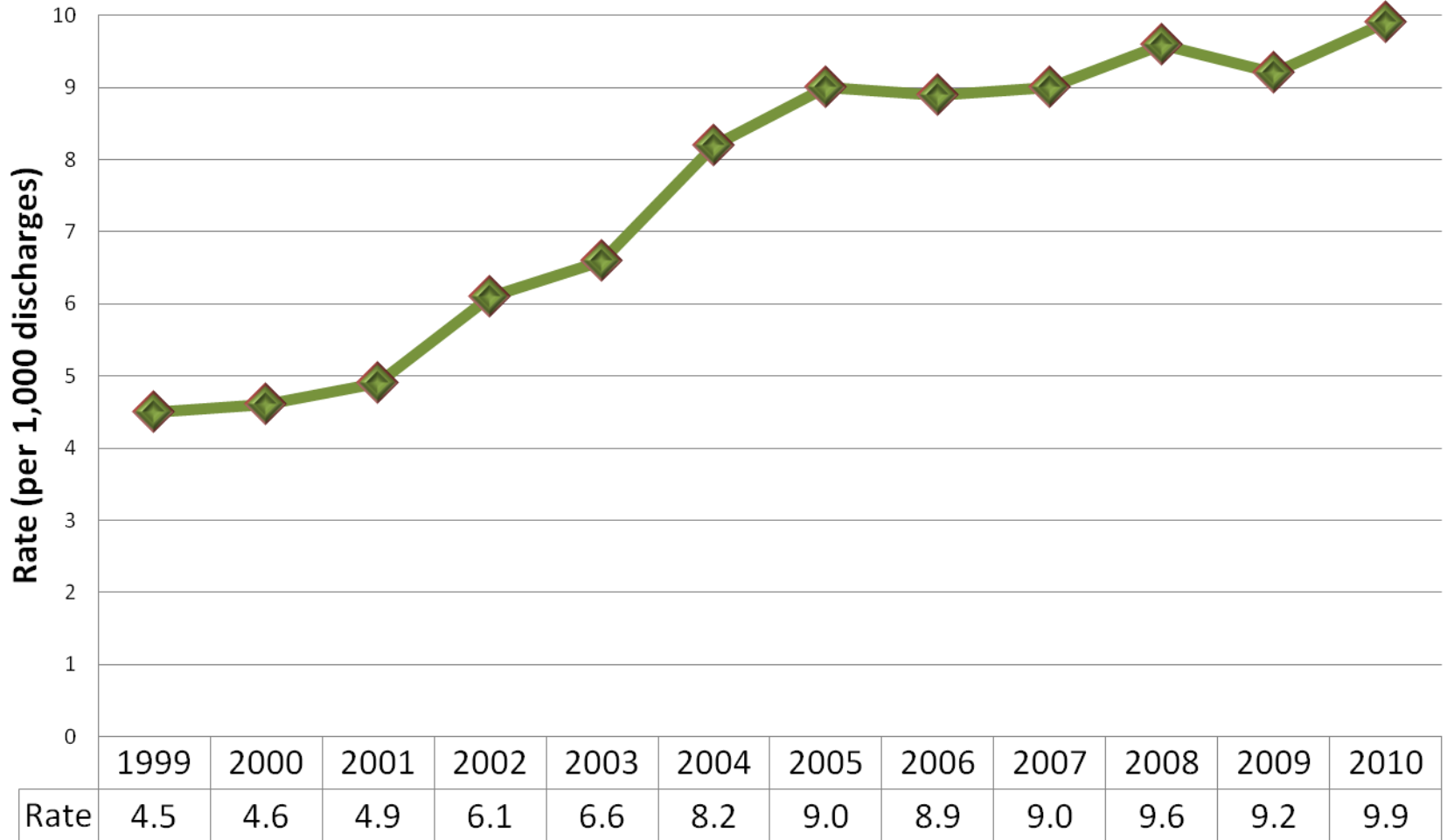
21st Century Inter-Facility Care Transitions



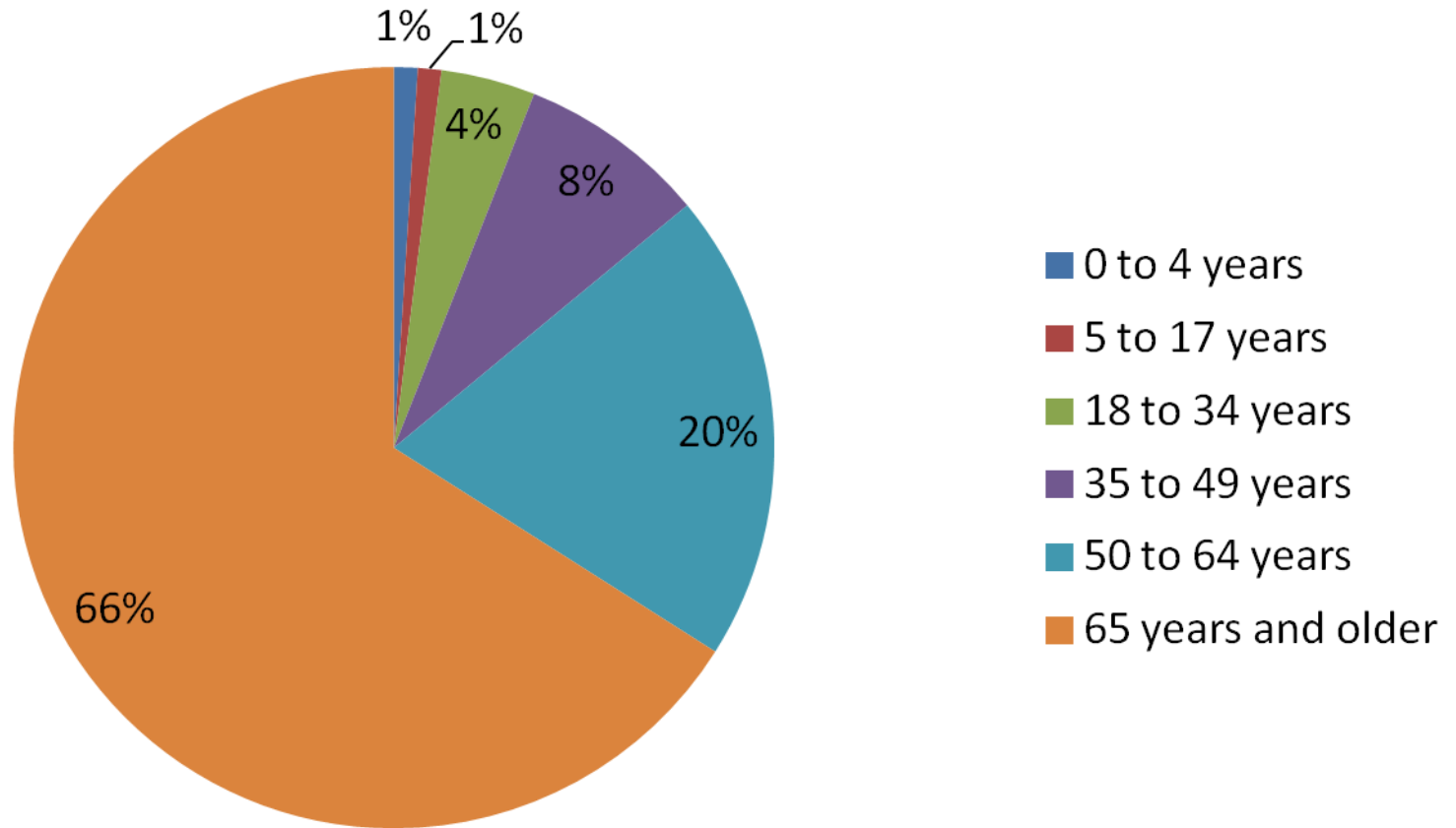
***Clostridium difficile* in Illinois Hospitals, 2010**

- Report available on the Illinois Hospital Report Card and Consumer Guide to Health Care Web site:
 - www.healthcarereportcard.illinois.gov/files/pdf/cdiff2010.pdf
- Report data was obtained from the Illinois Hospital Discharge Dataset
 - ICD-9-CM diagnosis code 008.45
 - Listed within the first 9 diagnosis codes for each discharge
 - Administrative coding, not disease surveillance data
 - Hospital discharge, not person/patient-centric

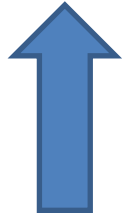
Number of *C. diff* Infections per 1,000 Hospital Discharges in Illinois, 1999-2010



Age Distribution of *C. diff* Infections Among Hospitalized Patients in Illinois, 2010



Inter-Facility Communication: CDI Goals



INCREASE transmission of *INFORMATION*



DECREASE transmission of *INFECTION*

Inter-Facility Communication

- CDC / HICPAC guideline: Management of Multidrug-Resistant Organisms (MDRO) in Healthcare Settings, 2006
 - **Implement systems** to designate patients known to be infected or colonized with a targeted MDRO and **to notify receiving healthcare facilities** and personnel **prior to transfer of such patients within or between facilities**

Tier 1 Recommendation V.A.1.f. - page 35

IDPH CDI Prevention Practices Surveys, May 2012

- ICE *C. diff* information & participation invitation sent out statewide to hospitals and LTCFs
- Separate surveys administered in May 2012 to 243 LTCF-SNFs and hospitals signed-up for ICE *C. diff* by then
- Number of respondents:
 - 66 LTCF-SNF respondents
 - 81 Hospital respondents

IDPH CDI Prevention Practices LTCF Survey, May 2012: *Communication Method*

SURVEY QUESTION: How is inter-facility info communicated when transferring residents with infections? (Check all that apply) [N=63]	FROM YOUR FACILITY TO ANOTHER FACILITY N (%)	FROM ANOTHER FACILITY TO YOUR FACILITY N (%)
Discharge orders [N=56]	55 (98.2)	50 (89.3)
Transfer sheet [N=60]	59 (98.3)	48 (80)
Email [N=3]	3 (100)	1 (33.3)
Phone call [N=50]	44 (88)	40 (80)
No communication [N=3]	0 (0)	3 (100)

IDPH CDI Prevention Practices LTCF Survey, May 2012: *Communication Quality*

SURVEY QUESTION	GOOD N (%)	FAIR N (%)	POOR N (%)	NO TRANSFER; DO NOT KNOW N (%)
Rate quality of inter-facility transfer communication about infections [N=63]				
From my facility to hospital [N=63]	53 (84.1)	10 (15.9)	0 (0)	0 (0) 0 (0)
From hospital to my facility [N=63]	31 (49.2)	27 (42.9)	5 (7.9)	0 (0) 0 (0)
From my facility to another LTCF [N=62]	53 (85.5)	8 (12.9)	0 (0)	1 (1.6) 0 (0)
From another LTCF to my facility [N=63]	37 (58.7)	24 (38.1)	1 (1.6)	1 (1.6) 0 (0)

Inter-Facility Communication: Critical Information for Safe Transfer of CDI Patient

- Mechanism for communicating CDI status and risk factors at time of transfer between facilities
- Critical information to communicate:
 - CDI status, including history of current/recent infection
 - Current antibiotic treatments and antibiotic history (indication/duration)
 - Bedside care issues (continence, dependence on ADLs, mobility, cognition, etc.)

Original concept and form developed by Utah HAI Working Group/ Courtesy of Utah State Dept of Health.

Inter-facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer
Please attach copies of latest culture reports with susceptibilities if available

Sending Healthcare Facility:

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
		/ /	

Name/Address of Sending Facility	Sending Unit	Sending Facility phone

Sending Facility Contacts	NAME	PHONE	E-mail
Case Manager/Admin/SW			
Infection Prevention			

Is the patient currently in isolation? NO YES
 Type of Isolation (check all that apply) Contact Droplet Airborne Other: _____

Does patient currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other organism of epidemiological significance?	Colonization or history <i>Check if YES</i>	Active infection on Treatment <i>Check if YES</i>
Methicillin-resistant Staphylococcus aureus (MRSA)		
Vancomycin-resistant Enterococcus (VRE)		
Clostridium difficile		
Acinetobacter, multidrug-resistant*		
E coli, Klebsiella, Proteus etc. w/Extended Spectrum B-Lactamase (ESBL)*		
Carbapenemase resistant Enterobacteriaceae (CRE)*		
Other:		

Does the patient/resident currently have any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Cough or requires suctioning
<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Vomiting
<input type="checkbox"/> Incontinent of urine or stool
<input type="checkbox"/> Open wounds or wounds requiring dressing change
<input type="checkbox"/> Drainage (source) _____ | <input type="checkbox"/> Central line/PICC (Approx. date inserted ___/___/___)
<input type="checkbox"/> Hemodialysis catheter
<input type="checkbox"/> Urinary catheter (Approx. date inserted ___/___/___)
<input type="checkbox"/> Suprapubic catheter
<input type="checkbox"/> Percutaneous gastrostomy tube
<input type="checkbox"/> Tracheostomy |
|---|--|

Is the patient/resident currently on antibiotics? NO YES:

Antibiotic and dose	Treatment for:	Start date	Anticipated stop date

Inter-Facility Communication: Barriers

- Survey distributed to nursing home administrators across the state of New York (~30% response rate)
- Main perceived barriers:
 - Hospital providers put limited effort in the transfer process; unfamiliar with the patient; lacked time; put low priority on the process
 - Sudden/unanticipated transfers or transfers on off-shifts (nights/weekends)
- Barriers more pronounced for urban nursing homes, those interacting with larger hospitals

Source: Content adapted from Dr. Nimale D. Stone, CDC DHQP, 2012

Inter-Facility Communication: Factors Related to Decreased Barriers

- Nursing home and hospitals sharing common pharmacy/laboratory services
- Cross-site visits among nursing home and hospital staff
- Greater consistency in goals of care between hospitals and nursing homes
- Efforts in place to improve communication at the time of transfer

Shah F et al. J Am Med Dir. 2010; 11: 239-245

Source: Dr. Nimalie D. Stone, CDC DHQP, 2012

Inter-Facility Communication

- Who can proudly say there aren't any barriers or broken links in their facility's transfer-of-care communication process regarding patients with infectious diseases?
- *If that's you, what's your secret??!!*
 - What is your process for notifying receiving healthcare facilities and personnel prior to transfer?
- Please share with us today how you've standardized your process to maintain an effective & efficient chain of communication!

Inter-Facility Communication: Changing of the Guard



Scenario

- Patient: John Doe, male, age 79
- Hospitalization: Admitted from home to Hospital “X” for elective surgery; pre-admission MRSA testing is negative
- Reason for hospitalization: Severe arthritis
- Co-morbidities: COPD, IDDM, visual impairment
- Surgery: TKA (total knee arthroplasty)
- Post-op complications: UTI, pneumonia, CDI
 - Note: Mr. Doe developed diarrhea (more than 3 loose stools/24 hours); *C. diff* PCR testing of unformed stool was positive
- Discharge plan: Transfer to SNF “A” for continued rehab with goal to return home

Scenario Update 1

CURRENT STATUS:

- John Doe remains hospitalized. He continues to have more than 3 unformed stools/24 hours. CDI treatment is ongoing.
- Hospital “X” Case Manager/Discharge Planner calls SNF “A” Intake Coordinator to begin transition of care planning. The Intake Coordinator is off work due to family emergency so another staff member is providing coverage. The Acting Intake Coordinator says “We don’t have a private room. The State requires us to have 3 negative stool tests or else we have to use a private room.”

Scenario Update 1: Discussion Questions

Q.1 Hospital: How would you respond?

Q.2 LTC: Do you require negative stool tests before accepting a CDI patient transfer? If so, what is the rationale?

Scenario Update 1: RESPONSE

Q.1 Hospital: How would you respond?

SUGGESTED RESPONSE:

Respectfully inform LTCF that there is not a requirement or a recommendation from IDPH that a patient with CDI have negative stool tests before transfer to LTCF or discharge to home.

NOTE: Stool should not be submitted for *C. diff* “test of cure.” Repeat testing during the same episode of diarrheal illness is of limited value and should be discouraged. It also is important to remember that asymptomatic persons should not be tested for *C. diff*.

For issues regarding CDI testing, hospitals and LTCFs should refer to recommendations 5 - 12 in the 2010 update “Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults” by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). The guideline was published May 2010 and is available at:

<http://www.cdc.gov/HAI/pdfs/cdiff/Cohen-IDSA-SHEA-CDI-guidelines-2010.pdf>

Scenario Update 1: RESPONSE

Q.2 LTC: Do you require negative stool tests before accepting a CDI patient transfer? If so, what is the rationale?

APPROPRIATE RESPONSE: No, we don't require negative stool tests before accepting transfer of a CDI patient. We are aware that IDPH doesn't require or recommend "test of cure." Our facility policy is to continue Contact Precautions for a CDI patient until diarrhea ceases and the patient has been diarrhea-free for 3 days.

NOTE: *C. diff* "test of cure" is not clinically useful. It is not recommended by the SHEA-IDSA Expert Panel, except for epidemiological studies. IDPH recommends maintaining Contact Precautions until the patient has been diarrhea-free for 3 days to prevent transmission.

Scenario Update 2

CURRENT STATUS:

- John Doe remains hospitalized. His last unformed stool was 4 days ago. CDI treatment is ongoing.
- Plans for transfer to SNF “A” are being finalized.

Scenario Update 2: Discussion Questions

Q.3 Hospital: Is Mr. Doe in Contact Precautions? Please explain your answer.

Q.4 LTCF: Based on his current status, will you place Mr. Doe in Contact Precautions? Please explain your answer.

Q.5 LTCF: Based on his current status, when would follow-up testing be performed after transfer to your facility? Please explain your answer.

Scenario Update 2: RESPONSE

Q.3 Hospital: Is Mr. Doe in Contact Precautions? Please explain your answer.

APPROPRIATE RESPONSES:

- 1) Based on the scenario update, Contact Precautions were discontinued when the patient was determined to be diarrhea-free for 3 days.
- 2) Some hospitals have a policy that Contact Precautions be continued for the duration of hospitalization. This is a permissible practice.

NOTE: If the hospital continues Contact Precautions until discharge, it is important for the hospital to communicate to the receiving facility the date diarrhea ceased so that the receiving facility can determine whether or not the patient has been diarrhea-free for at least 3 days.

Scenario Update 2: RESPONSE

Q.4 LTCF: Based on his current status, will you place Mr. Doe in Contact Precautions? Please explain your answer.

APPROPRIATE RESPONSE: Based on the scenario update, Contact Precautions will not be initiated upon admission to the LTCF because the patient has been diarrhea-free for 3 days. The LTCF will document this information, including the date diarrhea resolved, in the patient's LTCF medical record.

Scenario Update 2: RESPONSE

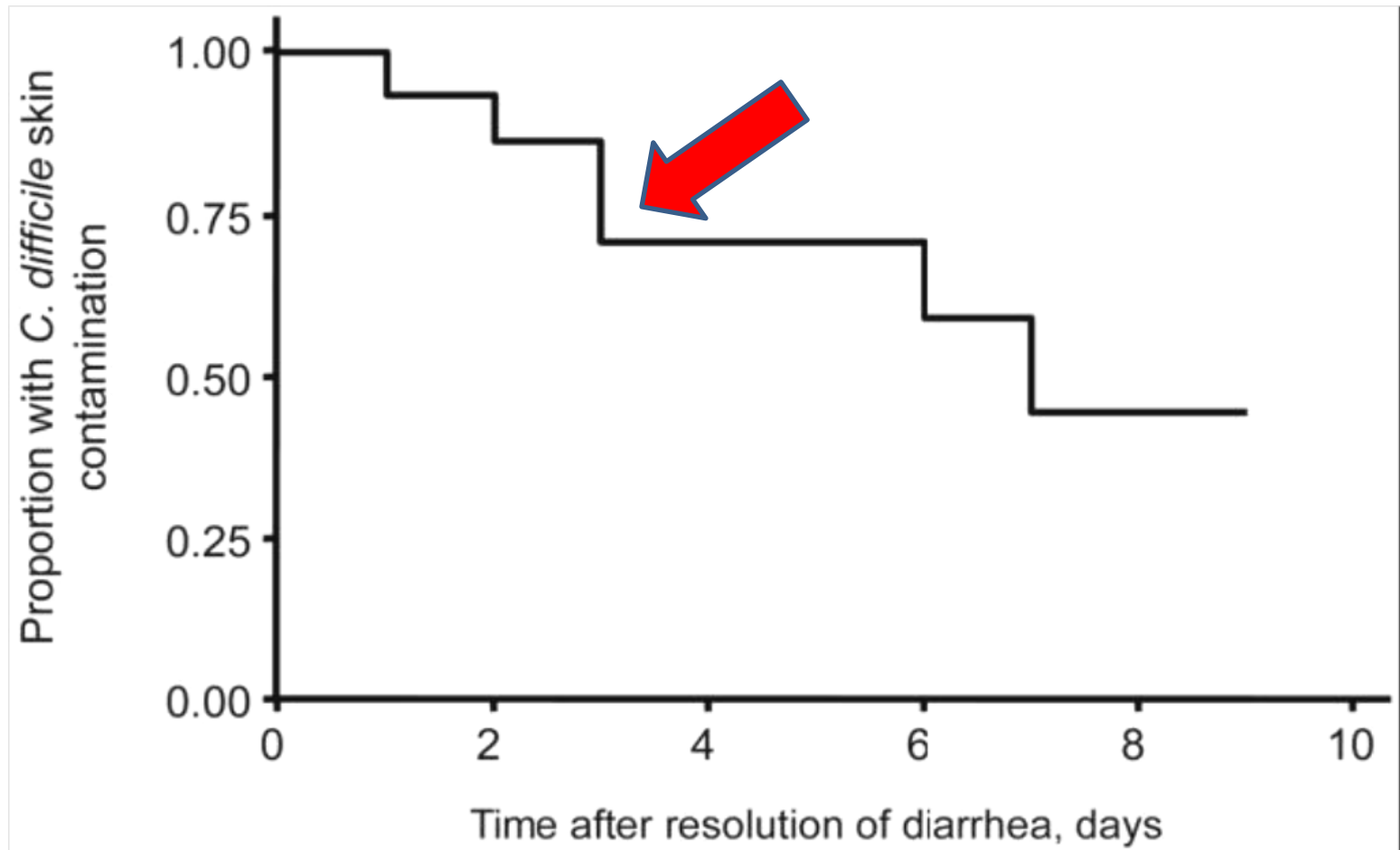
Q.5 LTCF: Based on his current status, when would follow-up testing be performed after transfer to your facility? Please explain your answer.

APPROPRIATE RESPONSE: Based on his current status, no further testing is indicated at this time because his diarrhea has resolved.

NOTE: Unless an ileus due to *C. diff* is suspected, testing should only be performed on diarrheal (unformed) stool.

Stool testing should be performed if the patient has recurrence of CDI symptoms following successful treatment.

Rationale for Considering Extending Isolation Beyond Duration of Diarrhea



Scenario Update 3

CURRENT STATUS:

- John Doe will be transferred to SNF “A” today (Friday) at 1400 (2:00pm).
- Mr. Doe’s nurse called SNF “A” to provide verbal report but was put on hold so opted to disconnect with the intention to call back. Unfortunately, she forgets to do so because of a crisis on the hospital unit.
- Hospital “X” has an electronic medical record. The protocol is to print out the entire inpatient encounter and send it with the patient to the receiving facility. Any infection detected during hospitalization would be listed in the problem list.
- Mr. Doe is transferred to SNF “A.”

Scenario Update 3: Discussion Questions

Q.6 Hospital: How do you communicate information to SNF “A” about Mr. Doe’s CDI status (e.g., phone call, transfer form, other paperwork)? What information is communicated?

Q.7 LTCF: Will you record information about Mr. Doe’s CDI status? If so, what information is recorded and where is it recorded?

Scenario Update 3: RESPONSE

Q.6 Hospital: How do you communicate information to SNF “A” about Mr. Doe’s CDI status (e.g., phone call, transfer form, other paperwork)? What information is communicated?

APPROPRIATE RESPONSE: It is important to communicate in writing the dates his diarrhea began and ended, date of collection of *C. diff*-positive specimen, current antibiotic treatments and “antibiotic history,” including indication, dosage, and dates treatment began and ended.

Scenario Update 3: RESPONSE

Q.7 LTCF: Will you record information about Mr. Doe's CDI status? If so, what information is recorded and where is it recorded?

APPROPRIATE RESPONSE: It is important to record CDI risk factors in the patient's LTCF medical record so that his physician(s) and the healthcare team has this information. Information should include the dates his diarrhea began and ended, date of collection of *C. diff*-positive specimen, current antibiotic treatments, and "antibiotic history," as discussed in response to Question 6.

Scenario Update 4

CURRENT STATUS:

- John Doe has been a patient at SNF “A” for the past 14 days.
- Three days ago, Mr. Doe was started on antimicrobial therapy for treatment of a urinary tract infection
- Five patients on Mr. Doe’s unit have developed acute gastrointestinal illness during the past 36 hours (4 with vomiting and diarrhea, & 1 with diarrhea only)
- Mr. Doe also develops severe nausea and passes 6 unformed stools during a 6-hour interval. Transfer to Hospital “Y” for evaluation and possible admission is ordered.

Scenario Update 4: Discussion Questions

Q.8 LTCF: Upon transfer to Hospital “Y,” what information, if any, is communicated to the hospital about Mr. Doe’s recent CDI diagnosis? What information would be shared about his recent* antibiotic therapy (*during prior hospitalization and at SNF)? How will the information be communicated?

Scenario Update 4: RESPONSE

Q.8 LTCF: Upon transfer to Hospital “Y,” what information, if any, is communicated to the hospital about Mr. Doe’s recent CDI diagnosis? What information would be shared about his recent* antibiotic therapy (*during prior hospitalization and at SNF)? How will the information be communicated?

APPROPRIATE RESPONSE: It is important to communicate Mr. Doe’s CDI risk factors as discussed in response to Questions 6 & 7. Because Mr. Doe has not previously been hospitalized at Hospital “Y,” no record of his recent CDI illness may be available other than what the LTCF communicates during transfer to the hospital. Information should be communicated to the receiving facility in writing on the transfer form to prevent communication gaps that could occur during verbal report.

NOTE: It also is important to information the treating physician at the hospital that several residents on Mr. Doe’s LTCF unit recently have developed acute gastrointestinal illness which may be due to norovirus.

Scenario Update 5

CURRENT STATUS:

- John Doe is examined in the ED at Hospital “Y.” He is admitted to ICU due to severe electrolyte imbalance and abnormal blood glucose level.
- As required by the Illinois MRSA Screening and Reporting Act (210 ILCS 83), active surveillance testing for MRSA is performed on Mr. Doe upon admission to ICU.
- Mr. Doe’s test is MRSA-positive.

Help! I need to find the Wizard!

