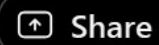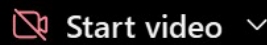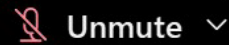# Housekeeping

Please do not unmute or start your video.

Click here to raise or lower your hand.

Click here to see the participants list.

Click here to turn captions on.

Please do not share your screen.

Click here to access the chat and choose to send messages to Everyone.

Click here for call-in options.

Announcement

- **<u>Makeup Small Group Opportunity in March</u>**
  - On March 1, 2023, Information will be emailed to SNFs who are eligible to attend a Makeup session.
  - The following SNFs <u>will not be invited</u> to a <u>Makeup</u> Small Group session:
    - Facilities do not need to make up any sessions.
    - Facilities will not meet the minimum attendance requirement even if given the makeup opportunity.
- Facilities will have until **Friday, March 3, 2023 at 12pm** to respond to the email and inform the TNT Team of their preferred session for attendance.
  - Facilities that do not submit a response, will be randomly assigned to a Makeup session.
  - Invitations to the March Makeup Small Group will be sent with only few days-notice.

Interfacility and Intrafacility Communication

Unit 3 Session 7

Jehan Mephors, RN BSN

TNT Program Objectives

- Enhance quality improvement and quality assurance performance improvement (QAPI) at LA County SNFs by providing foundational quality improvement education across all roles in SNFs

- Empower SNF staff to initiate performance improvement projects (PIPs) and own QI in their facility

- Improve patient safety and clinical outcomes

Session Schedule

| Session Number	Date	Session Title
1	01/11/2023	Step by Step: Creating an Environmental Cleaning and Disinfection QAPI Performance Improvement Project
2	01/18/2023	Basic Components of an Antibiotic Stewardship Program
3	01/25/2023	Standard and Enhanced Standard Precautions
4	02/01/2023	Transmission-Based Precautions
5	02/08/2023	Preventing Legionellosis in Healthcare Facilities Through a Water Management Program
6	02/15/2023	Infection Prevention Organizations and Certification
7	02/22/2023	Interfacility and Intrafacility Communication
8	03/01/2023	Infection Preventionist as an Educator
9	03/08/2023	Conclusion – What's Next Post-TNT?

Session 7 Objectives

At the completion of this session, the audience should be able to:

- Learn different communication tools to facilitate clear and effective communication within the facility.
- Describe clear and timely communication of a resident's status upon transfer.
- Learn the necessary components to ensure effective communication of a resident's colonization or infection status to prevent the spread of organisms within the facility or to other facilities.
- Apply the QAPI and quality improvement framework to conduct performance improvement projects on intra-facility and interfacility communication.

What does communication in healthcare means?
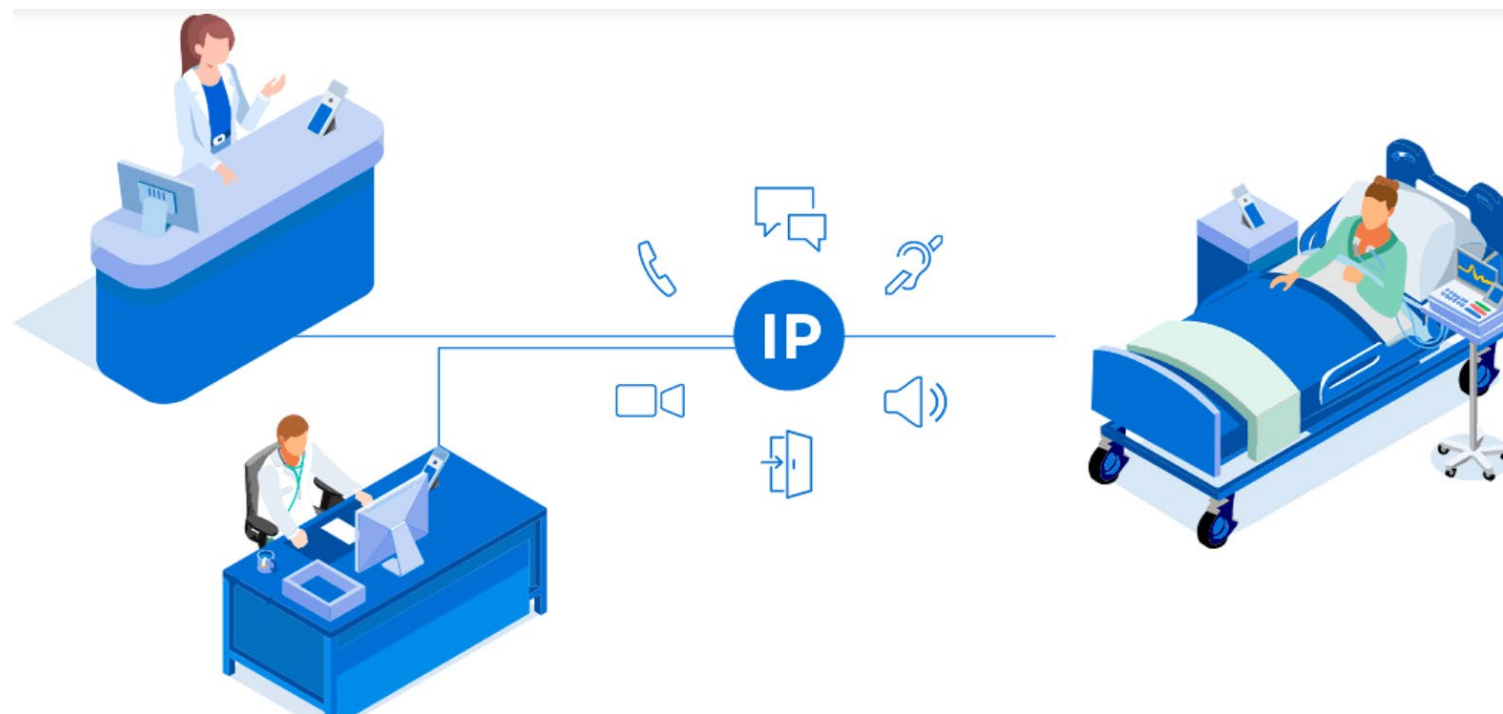
The Communication Process
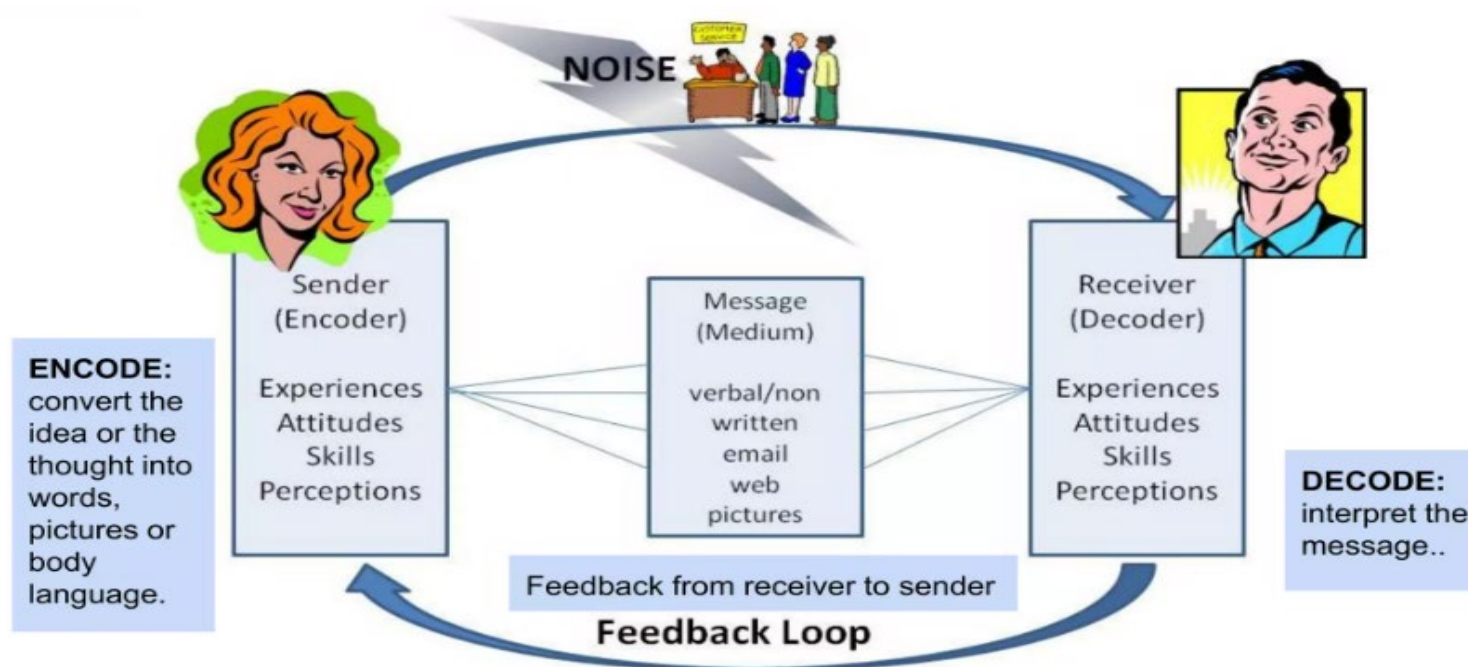
Question

How would you describe good and effective communication?

Importance of effective communication

❑ Helps us to understand a person or situation in a better way

❑ It enables us to solve the differences, build trust and respect in the organization

❑ Helps us to resolve problems from both points of view

❑ Helps us to connect well with our patients and colleagues

❑ It helps us in decision making

https://www.commend.com/applications/hospital-communication.html

What makes communication ineffective?

Language Differences

Inaccurate Interpretation

Information Overload

Time Pressures

Inattention

Distraction

Complexity of Organizational Structure

Conciseness

Completeness

Correctness

7 "C"s of effective communication

Clarity

Consideration

Concreteness

Courtesy
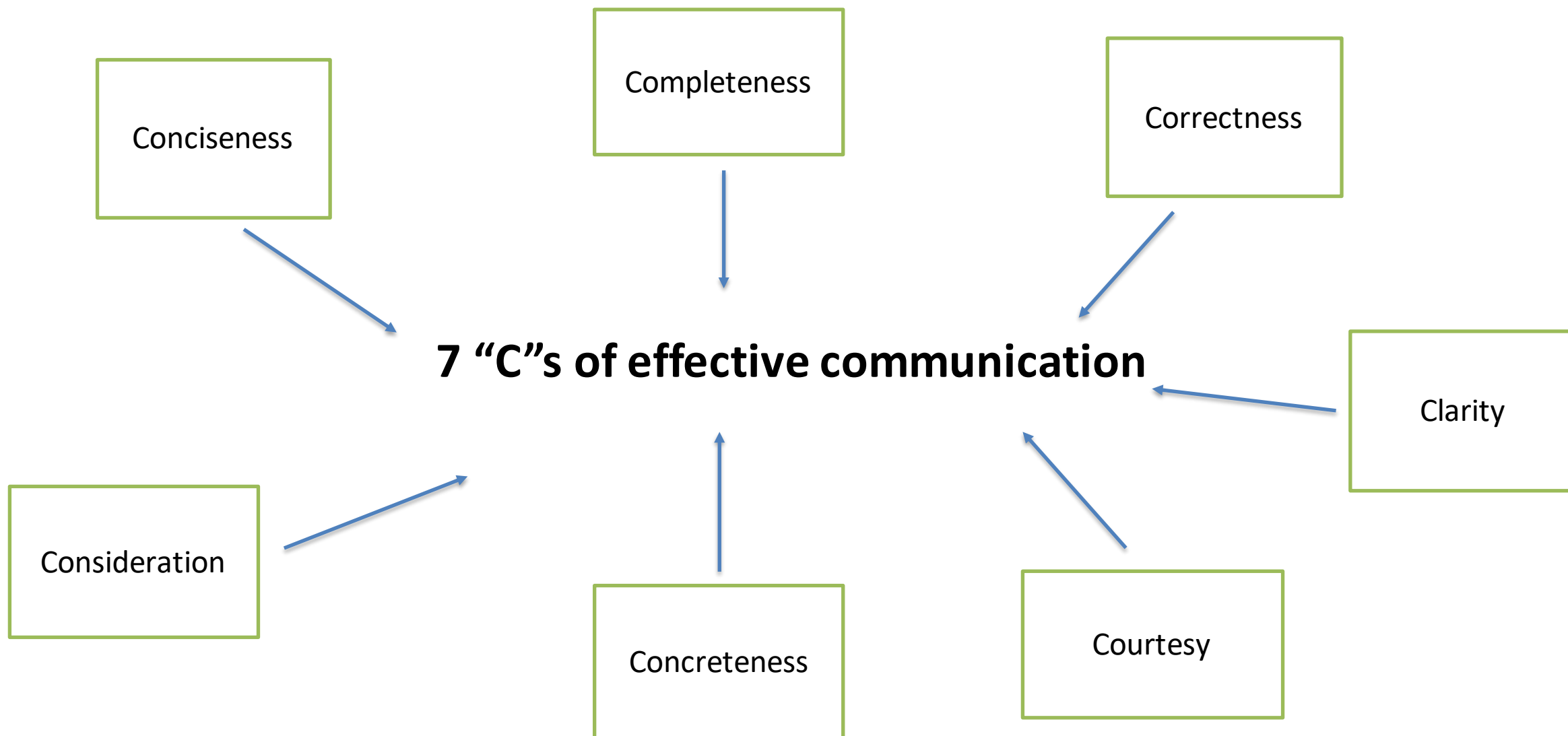
Question

What causes lack of communication within healthcare facilities?

Intrafacility Communication

> What is effective Communication Among Staff?

Communication is effective when a message is –
- Received
- Understood as intended
- Shared at the appropriate time to support the safest care for the patient/resident.

https://apcoworldwide.com/blog/protecting-reputation-and-engaging-healthcare-workers-during-and-after-covid-19/

Why is Effective Communication Among Staff Important?

- Contributes to resident safety – information being relayed to the whole team at the right time

- Improves staff satisfaction and morale – less staff turnover

- Resident and Family Satisfaction

Multi-Team System in a Skilled Nursing Facility (SNF)

Clinical Staff	Nonclinical Staff
• Licensed Nurses	• Administration
• Nursing Assistants	• Dietary
• Rehabilitation Staff	• Housekeeping/Laundry
• Physicians	• Maintenance
• APRNs/PAs	• Social Services/Activity Staff

What are your communication tools?

For Planning – The Brief

- Facilitates clear and effective communication
- Gets the team focused on the goals
- Creates a sense of teamwork and collaboration
- Fosters an environment where team members can do speak up if they perceive a problem
- Requires active participation by every member of the team
- Sets the tone for the day and/or procedures

What are your communication tools?

Brief Checklist

During the Brief, the team should address the following questions:
- Who is on the team?
- Do all members understand and agree with goals?
- Are roles and responsibilities understood?
- What is the care plan?
- What is the staff and availability throughout the shift?
- What is the workload among team members?
- What is the availability of resources?

What are your communication tools?

Short video depicting how a Brief is conducted

Question

Does your staff work in teams and conduct Briefs to review any safety or care concerns?

What are your communication tools?

The Problem Solving - Huddle

- Ad hoc planning
- Reestablish situation awareness
- Reinforce plans already in place
- Assess the need to adjust the plan

What are your communication tools?

Short video depicting how a Huddle is conducted

Questions

Does your facility currently use Huddles?

What are your communication tools?

For Process Improvement - Debrief

- Provides opportunity for an informal information exchange session

- Designed to improve team performance and effectiveness

- Reinforces positive behaviors demonstrated by the team

What are your communication tools?

Short video depicting how a Debrief is conducted

Questions

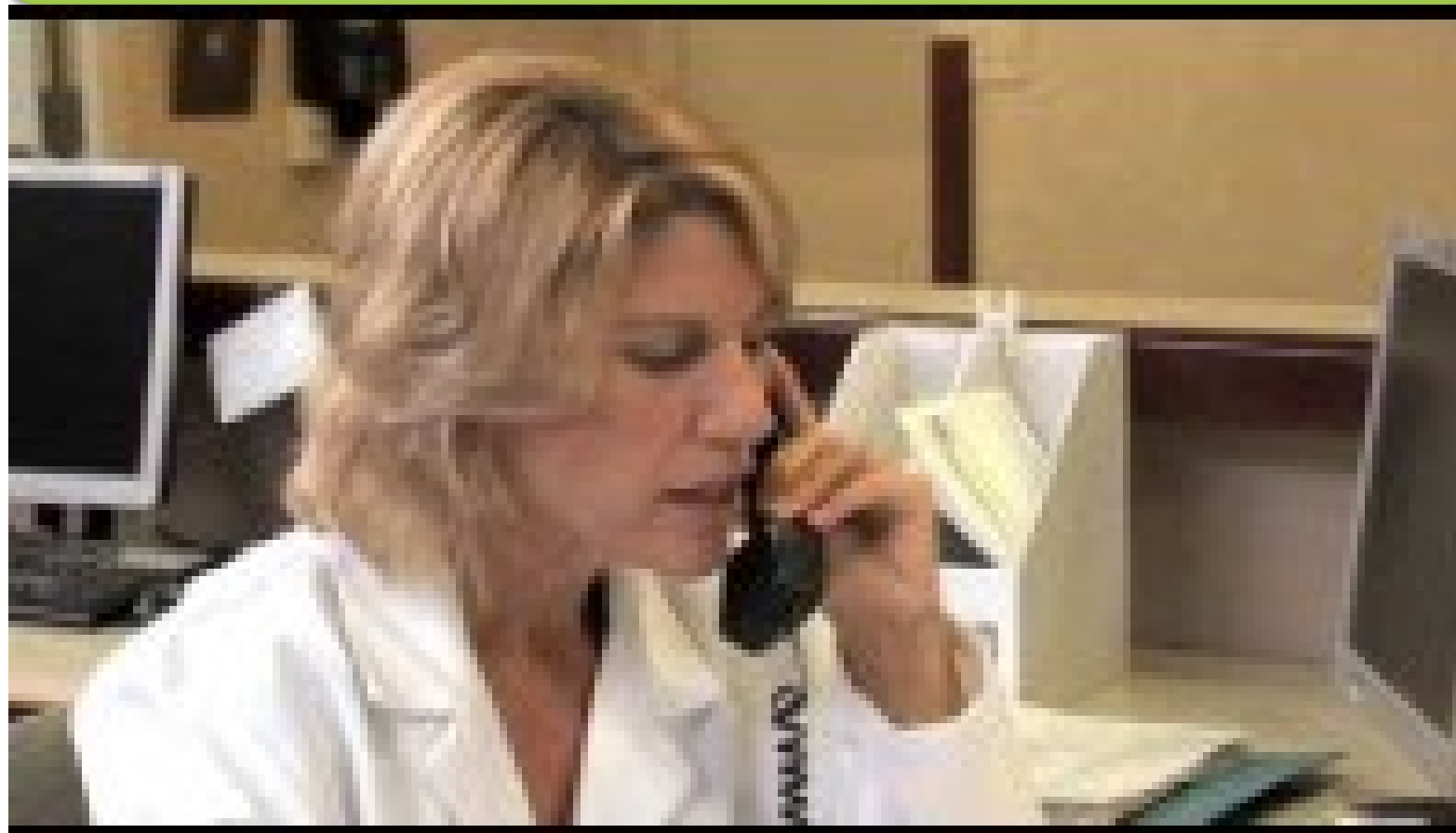Do you think this Debrief helped the team?

What are your communication tools?

For Information Exchange - SBAR

- **S**ituation - What is happening with the resident?

- **B**ackground – What the clinical background?

- **A**ssessment – What do I think the problem is?

- **R**ecommendation – What action would I recommend?

What are your communication tools?

Short video how SBAR is properly used

Question

How did SBAR improve the information exchange between the nurse and physician?

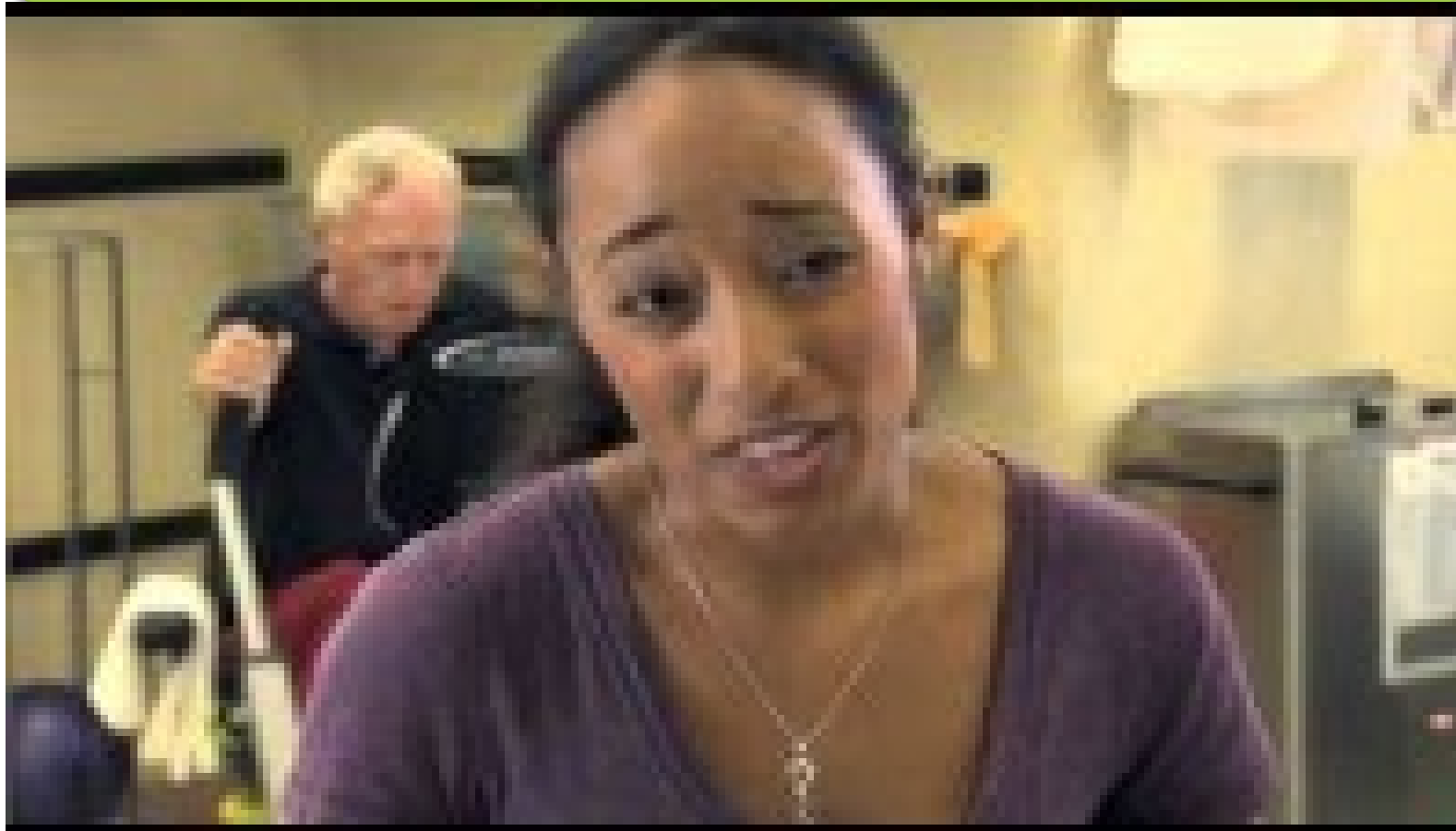## What are your communication tools?

CUS

I am **C**ONCERNED!

I am **U**NCOMFORTABLE!

This is a **S**AFETY ISSUE!

What are your communication tools?

Short video depicting how to use CUS

Question

What did you learn from watching staff use CUS?

What are your communication tools?

DESC

- **D**escribe the specific situation or behavior; provide concrete data

- **E**xpress how the situation makes you feel/what your concerns are

- **S**uggest alternatives and seek agreement

- **C**onsequences should be stated in terms of impact on established team goals

What are your communication tools?

Short video depicting how to use DESC

Question

Do you all agree that when using a tool such as DESC will improve communication in your facility?

Communication Strategies for Use with Residents and Family Members

Why Is It Important?

- Positively affect outcomes, perceptions of quality, and resident safety

- Residents are more likely to experience higher levels of satisfaction and follow care plans

- Leads to better clinical outcomes

What is Effective Communication Between Staff and Residents and Family

- Complete, clear, brief and timely

- No jargon, using language the residents/families can understand

- Making sure they truly understand what is being communicated to them

What is Effective Communication Between Staff and Residents and Family

Communication and Engaging the Family

Question

How did the nurse ensure that the family member's needs are or will be addressed?

Addressing Challenges

- Residents who are impaired in some way
  - Hard of hearing
  - Dementia
  - Language differences

- Family members not available
  - Logistical challenges
  - Frequency of visitation
  - Language differences

Questions

What challenges do you have in your facility that could affect information sharing with residents and their families?

Barriers to Speaking Up for Staff, Residents, and Families

- Fear of –
    - Being embarrassed
    - Feeling stupid
    - Being ridiculed
    - Someone yelling at them
    - Being wrong
    - Saying something that's not important
- Thinking that –
    - "No one will listen anyway"
    - "It's not that important"

Question

What causes lack of communication between healthcare facilities?

Interfacility Communication

- Communicating information about necessary infection control measures during each patient transfer.

- Use of patient interfacility transfer form

- Communicating the information included in the interfacility form by phone, in advance of transfer for patients with high-priority multidrug-resistant organism (MDRO).

https://mequ.dk/frequency-of-pre-hospital-interfacility-red-blood-cell-transfusions/

What types of information is important to communicate?

- Infectious organism status

- Isolation precautions status

- Patient symptoms

- Device in use

- Antibiotic start and stop dates

- Immunization status

https://mobisoftinfotech.com/resources/blog/importance-of-health-information-system/

Communication

Challenges	Successes
• Inconsistency	• Increase in successful interfacility communication among HCFs
• Timeliness	• Increase in contact tracing efforts
• Pending results	• Increase in infection control practices and prevention
• Communication gaps	• Effective flagging a patient's infection status
• Exposure/transmission	• Conducting admission screening

Institute of Medicine
Crossing the Quality Chasm: A New Health System for the 21st Century (2001)
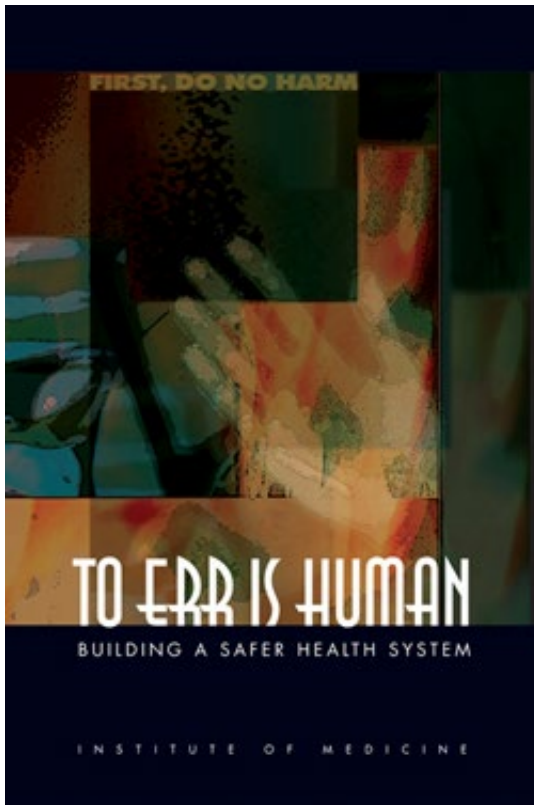
- Focused on closing the gap between what we know to be good health care and the health care that people actually receive.

- Recommended a redesign of the American health care system by providing six "Aims for Improvement": Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.

- Set forth a specific direction for policymakers, health care leaders, clinicians, regulators, purchasers and others to improve the US health care system.

IOM: Crossing the Quality Chasm.
http://www.ihi.org/resources/Pages/ImprovementStories/AcrosstheChasmSixAimsforChangingtheHealthCareSystem.aspx

Dimensions of Quality – Six Aims for Improvement

- Healthcare should be:

EFFECTIVE

EQUITABLE

EFFICIENT

QUALITY

PATIENT CENTERED

SAFE

TIMELY

Question

How do you currently communicate patient's infectious status or isolation status to other facilities?

Using an Inter-Facility Transfer Form

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

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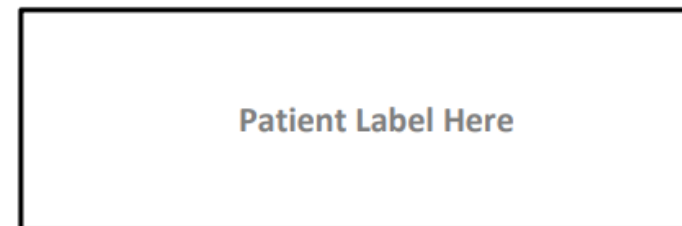
Patient Name:		
DOB:	MRN:	Transfer Date:
Receiving Facility (RF):		
RF Contact Name:	RF Contact Phone:	
Sending Facility (SF):		
SF Contact Name:	SF Contact Phone:	

How to use the LAC DPH Interfacility Transfer Form?

Precautions

Check all appropriate Isolation Precautions:	☐ Airborne	☐ Contact	☐ Droplet	☐ Standard

Personal protective equipment (PPE) recommended:

☐ Gown   ☐ Mask   ☐ N-95/PAPR   ☐ Eye Protection   ☐ Gloves

Organisms   ☐ NONE IDENTIFIED

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

Developing Points of Contact

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

**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.

Patient Sharing Networks Lead to Spread of Communicable Diseases

General Acute Care Hospital
Long Term Acute Care Hospital
Distinct Part Subacute
Skilled Nursing Facility
Freestanding Subacute
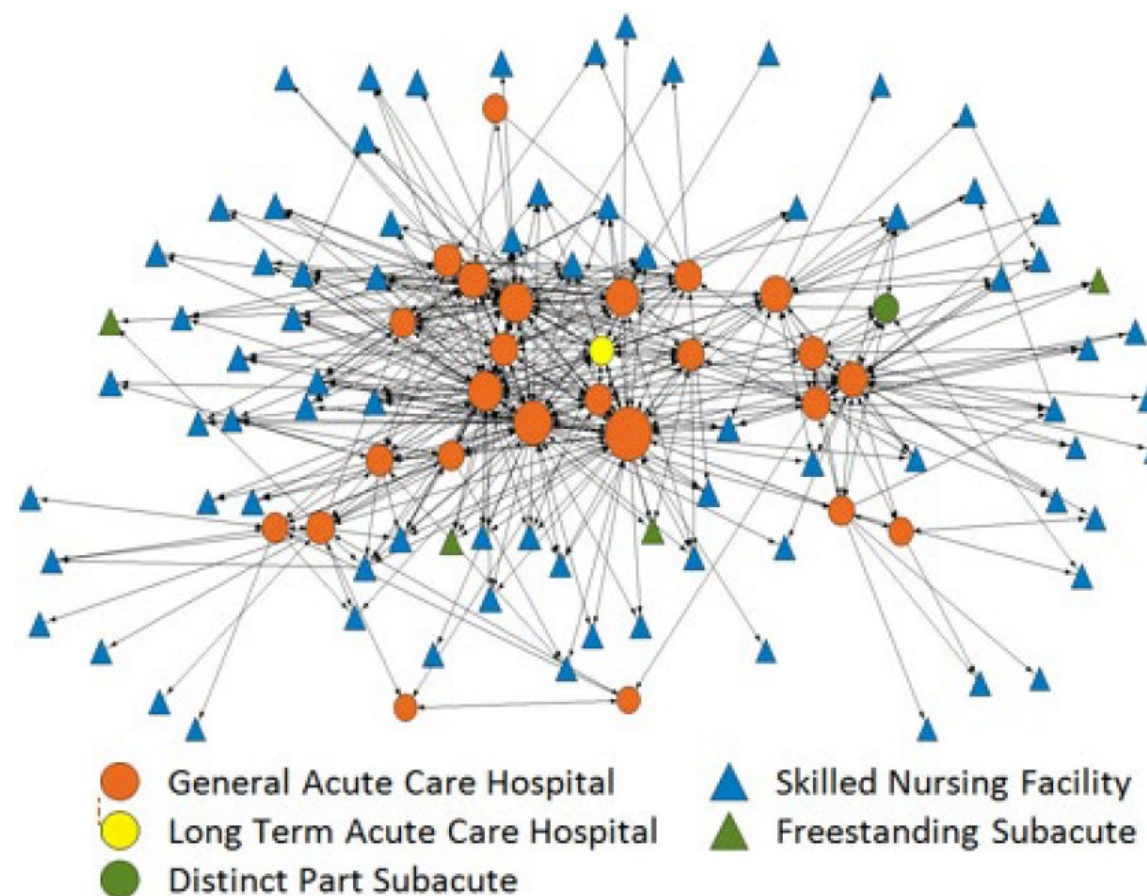
Question

Can a facility refuse to admit or readmit a patient based on MDRO status alone?

2019 CDPH AFL 19-22

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

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

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.

Center for Health Care Quality, MS 0512
P.O. Box 997377 • Sacramento, CA 95899-7377
(916) 324-6630 • (916) 324-4820 FAX
Department Website (www.cdph.ca.gov)

https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-19-22.pdf

Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2022

California Department of Public Health (CDPH)

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Table of Contents

OUTLINE OF CHANGES

1. Updated summary of epidemiology of targeted MDRO demonstrating increased prevalence in California (Introduction, p.3).

2. Consolidated risk factors for MDRO colonization and transmission to include presence of unhealed wounds and medical devices, in alignment with CDC's most recent recommendations for Enhanced Barrier Precautions[1] (p. 3).

3. Described a process for transition from Transmission- Based Precautions for individuals colonized or infected with MDROs during an outbreak to Enhanced Standard Precautions after the outbreak has been contained (p. 5)

4. Added chlorhexidine (CHG) bathing considerations (p. 3; Table 2, p.10)

5. Included COVID-19 considerations for room placement and cohorting (p.3; Table 2, p. 8)

[1] Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) (www.cdc.gov/hai/containment/ppe-nursing-homes.html, posted July 12, 2022)

Page 2 of 20

Revised September 2022

https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf

LACDPH Transferring Guidance for MDROs

When discharging residents:

- Clearly define all MDRO status

- Specify what type of isolation and testing may be needed

- Send an inter-facility transfer form for all resident transfers, regardless of MDRO status

- For NMDRO cases (positive and suspect) – call the IP of the receiving facility

- Inform transportation services of resident's MDRO status and to use an effective disinfectant

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

LACDPH Transferring Guidance for MDROs

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

Figure 1: Flowchart of MDRO status, isolation, testing, and communication recommendations.

Status is Positive: A patient who has tested positive for an MDRO from any specimen source at any time/facility.

Status is Suspect (PUI): A non-positive patient who is being admitted from a high-risk facility†.

Status is Pending, Indeterminate, Equivocal, or Inconclusive: A patient who was recently tested and is currently waiting for the final result.

Status is Negative: A patient who:
• Is being admitted from a non-high-risk facility and has not tested positive for any MDRO
or
• Is being admitted from a high-risk facility† and the specimen was collected less than 24 hours before discharge and is negative.

Isolation: Patient should be placed in a single-bed room or cohorted* on appropriate transmission-based precautions^ for their duration of their admission.

Isolation: Patient should be placed in a single-bed room or cohorted* on empiric transmission-based precautions*. Can discontinue upon receiving one negative result.

Isolation: Patient should be placed in a single-bed room or cohorted* on empiric transmission-based precautions^. Can discontinue upon receiving one negative result.

Isolation and Testing: No special precautions or testing are required.

Testing: Do not re-screen patients previously identified with an MDRO.

Testing: Test the patient upon admission. Only one negative result is required to rule out a patient for the MDRO.

Testing: Look at specimen collection date, and if:
• <24 hours before discharge: patient does not need to be re-tested.
• >24 hours: patient should be re-tested.

Communication:
• Send an interfacility transfer form for all patient transfers, regardless of MDRO status. Attach all relevant lab reports and other documents.
• Consider calling IP (or other clinical staff) to relay patient's MDRO status, isolation, and testing recommendations – especially for rare or emerging MDROs.
• Inform transportation services of patient's MDRO status and to use an effective disinfectant.

Communication:
• Send an interfacility transfer form for all patient transfers, regardless of MDRO status. Attach all relevant lab reports and other documents.

* Multiple patients can be cohorted in a room only if they share the same MDRO and COVID-19 status. For example:
• Two patients who are positive for *C. auris*, but negative for MDRO and COVID-19, can be in the same room.
• A positive *C. auris* patient and a suspect *C. auris* patient cannot share the same room.
• A patient positive for *C. auris* and another MDRO (e.g. *C. difficile*) cannot be placed in the same room as a patient only positive for *C. auris*.

^ In SNFs, Enhanced Standard Precautions should be followed.
† High-risk facilities include those experiencing transmission and/or, for *C. auris*, all LTACHs and subacute units.

Resources:
CDPH Licensing and Certification (L&C) District Offices
LACDPH Interfacility transfers website
LACDPH NMDRO website
LACDPH CPO Website
CDC *C. auris* website

If you have any other questions or concerns, please email us at hai@ph.lacounty.gov.

LACDPH Transferring Guidance for MDROs

When accepting patients:

- Assess the patient's current MDRO status and/or if patient is being admitted from a high-risk facility (LTACs, high risk GACH setting)

  - ❑ Ask the transferring facility to provide the patient's MDRO status – if positive, obtain lab report
  - ❑ If patient is not positive but from a high-risk facility – consider patient as a suspect for a N/MDR
  - ❑ Screen/test suspect patient on admission
  - ❑ Place patient on empiric transmission-based precautions pending results
  - ❑ Cohort appropriately

- Confirm what type of isolation is needed and the duration.
- Ensure the IP and all staff caring for the patient are informed of the MDRO status.

Improving communication

- Form relationships with other SNF IPs

- Form relationships with IPs in other settings, especially for healthcare facilities that you frequently share patients with

- A phone call whenever possible, especially for clinically and/or epidemiologically concerning organisms such as MDROs.

- Join APIC and local chapters

- Attend IP community events and network

Resources:

1. California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program Interfacility Transfer Communications Guide
*   https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx

2. Los Angeles County Department of Public Health (LACDPH) Acute Communicable Disease Control Interfacility Transfers
*   http://publichealth.lacounty.gov/acd/InterfacilityTransfers.htm

3. LACDPH Transferring Guidance for MDROs
*   http://publichealth.lacounty.gov/acd/docs/LACDPH_TransferringGuidanceforMDROs.pdf

4. LACPD Interfacility Transfer Communications Guide
*   http://publichealth.lacounty.gov/acd/docs/InterfacilityTransfersGuide.pdf

5. Agency for Healthcare Research and Quality (AHRQ) Module 4 Teamwork and Communication: Facilitator Notes
*   https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/implementation/long-term-modules/module4/mod4-facguide.html

Links to videos on Communication Tools:

1. **Short video depicting how a Brief is conducted:**
- https://youtu.be/bRV-EEHZV10
2. **Short video depicting how a Huddle is conducted:**
- https://www.youtube.com/watch?v=eer8oWf8eJI
3. **Short video depicting how a Debrief is conducted:**
- https://youtu.be/ye9d7UchmRI
4. **Short video how SBAR is properly used:**
- https://youtu.be/zDOARcgH_Ew
5. **Short video depicting how to use CUS:**
- https://youtu.be/4VFPfgbk0z8
6. **Short video depicting how to use DESC:**
- https://youtu.be/BuZCEFJEMFg
7. **Communication and Engaging the Family:**
- https://youtu.be/U3gyL_p7FyA