Streamlining Care Transitions Between Hospitals and Long-Term Care Facilities During Flu Season

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Washington State Department of Health
January 10, 2017

DOH 420-210
Objectives

Describe current burden of flu in Washington State

Discuss impact on the healthcare system

Review key infection prevention measures for influenza in long-term care

Discuss importance and logistics of safe transfer of residents to and from the hospital when flu is widespread

How can we help?
Flu is caused by influenza virus. Types A and B infect humans. Influenza A is usually more severe.

**Symptoms**
Sudden onset of fever (≥38°C) • cough and/or other respiratory symptoms (e.g. shortness of breath) and systemic symptoms (fatigue, muscle soreness, headache).

**Note symptoms in the elderly may be atypical:**
- Fever may be absent
- Patients may present with anorexia, mental status changes

**Complications**
Pneumonia and worsening respiratory status in patients with underlying chronic obstructive lung disease and congestive heart failure

**Transmission**
Large respiratory droplets and by direct contact with droplets, followed by touching nose/mouth

**Infectiousness**
 Begins 24 hours prior to onset of illness. May shed virus for five or more days after symptom onset

**Incubation Period**
1 to 4 days
A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending December 31, 2016- Week 52

*This map indicates geographic spread and does not measure the severity of influenza activity.
24 dead as flu slams Washington; hospitals and state coordinate to fight epidemic
Washington State:
Influenza Positive Tests Reported to CDC

http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
Washington State: Influenza-like Illness Medical Visits

http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
http://depts.washington.edu/rspvirus/respiratory.htm
Where have flu outbreaks* in Long-term care been reported? 95 Outbreaks for 2016/17

*Data reported to Department of Health as of 1/9/17
3 Key Flu Interventions in Long-Term Care

1. Vaccination of residents and staff

2. Application of appropriate infection control practices

3. Outbreak recognition, management, and reporting - including lab confirmation, and use of antiviral medication for treatment and prophylaxis of staff and residents
3 Key Flu Interventions in Long-Term Care

Vaccination of residents and staff

Influenza (Flu)

A Toolkit for Long-Term Care Employers
Increasing Influenza Vaccination among Health Care Personnel in Long-term Care Settings

Within this comprehensive toolkit are a number of resources intended to help long-term care facility, agency, or corporation owners and administrators provide access to influenza vaccination for their workforce and to help any employer of workers in long-term care understand the importance of influenza vaccination for their employees.

We want your feedback for this toolkit! What do you find to be most helpful? Is something missing? Your input is important! Please email feedback to fluimpo@cdc.gov.

Why Vaccinate
- Long-term Health Care Personnel
- Importance of Vaccination
- Vaccination Coverage
- ACIP Recommendations for Health Care Personnel

How to Increase Coverage
- Barriers and Strategies
- Measuring and Reporting
- Affordable Care Act
- Community Best Practices

Available Tools
- Resources for Increasing Influenza Vaccination
- CDC Influenza Resources for Health Care Professionals

Percentage of health care workers who reported receiving influenza vaccination, by work setting

Source: Centers for Disease Control and Prevention
https://www.cdc.gov/flu/toolkit/long-term-care/coverage.htm
3 Key Flu Interventions in Long-Term Care

Application of appropriate infection control practices
Droplet Precautions should be implemented for residents with suspected or confirmed influenza for:

7 days after illness onset
OR
until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer
Hand Hygiene

Promote hand hygiene for visitors, residents, and employees.
Environmental Cleaning
Administer Antivirals

Influenza (Flu)

Seasonal Influenza (Flu)  →  Health Professionals

Antiviral Drugs

Information for Health Care Professionals

The information on this page should be considered current for the 2016-2017 Influenza season for clinical practice regarding the use of influenza antiviral medications. Also see the current summary of recommendations available at Influenza Antiviral Medications: Summary for Clinicians and a list of related references at Antiviral Guide.

References

Links on this page contain excerpts from Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza - Recommendations of the Advisory Committee on Immunization Practices (ACIP), PDF Version [1 MB, 28 pages]

- Influenza Antiviral Medications: A Summary for Clinicians available as PDF [422 KB, 17 pages]

https://www.cdc.gov/flu/professionals/antivirals/index.htm
Control measures

• Restrict ill residents to their rooms

• Consider cohorting of ill residents and ensuring at least 3 feet of separation

https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
# Communication

## Inter-Facility Infection Prevention and Safety Form

Complete this form and send it with your facility transfer form to the receiving institution.

*Attach copies of latest culture reports with susceptibilities, if available.*

### Sending Facility

<table>
<thead>
<tr>
<th>Patient/Resident Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Medical Record Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Sending Facility</th>
<th>Sending Unit</th>
<th>Sending Facility Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Is the patient/resident currently in transmission-based precautions?  
□ YES  □ NO

If yes, check all that apply:

- □ Contact
- □ Contact Enteric
- □ Droplet
- □ Airborne Contact
- □ Airborne Respirator
- □ Special Precautions (Novel):

### Does the patient/resident have MDROs or other organisms of infection control significance?

<table>
<thead>
<tr>
<th>Significant Organisms</th>
<th>Colonization or History</th>
<th>Active Infection, on Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinetobacter, multidrug-resistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbapenem resistant Enterobacteriaceae (CRE)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the WA State Lab confirmed that CRE is Carbapenemase-producing?

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3 Key Flu Interventions in Long-Term Care

Outbreak recognition, management, and reporting - including lab confirmation, and use of antiviral medication for treatment and prophylaxis of staff and residents
Outbreak recognition, detection and reporting

Detecting and Reporting Outbreaks

Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305. LTCFs are required to report the following:

- A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
- Any resident who tests positive for influenza.

*Acute febrile respiratory illness is defined as fever ≥ 100°F AND one or more respiratory symptoms (runny nose, sore throat, laryngitis, or cough). However, please note that elderly patients with influenza may not develop a fever.
Lab Confirmation

Testing for influenza should occur when any resident has signs and symptoms that could be due to influenza. When influenza is circulating in the surrounding community of the LTCF, a high index of suspicion should be maintained.

State influenza surveillance data are available at:
http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf
Chemoprophylaxis

- When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza

- Administer to all non-ill residents regardless of vaccination status for a minimum of 2 weeks and at least 7-10 days after last known case is identified

https://www.cdc.gov/flu/professionals/antivirals/index.htm
Health system

- Long-term care
- Outpatient settings
- Critical Access Hospital
- Critical Access Hospital
- Long-term acute care

Diagram showing various healthcare settings connected to a central hospital.
System is backing up

- Acute care hospitals are operating at and above capacity = no beds for those who need them
- Long-term care facilities are experiencing outbreaks and are closed to admissions
- Hospitalized residents of Long-term care facilities are not able to get back into their homes
- Sick residents are unable to be admitted to the hospital
Washington State Resident Movement/Admissions/Transfers

- Do not move residents to other wards or facilities unless medically indicated
- **Limit** new admissions until the outbreak is over

http://www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf
Department of Social and Health Services (DSHS) Regulations

• Facility determination as to whether they can provide care safely without placing their residents at risk
  – Care for the resident
  – Prevent transmission
  – Identify cases
WHAT'S NEXT?
Experts on the line

- **Jeff Duchin, MD**  
  Health Officer  
  Public Health Seattle King County

- **Amy Abbott LICSW**  
  DSHS  
  Policy Unit Manager, Residential Care Services

- **Mary Shelkey, PhD, ARNP**  
  Clinical Education Consultant  
  Optum Long-Term Care

- **Aaron Resnick**  
  Northwest Health Response Network
Re-consider hospital admission

Resident of LTCF becomes ill

What is needed to keep the resident in the facility?

What will the hospital provide that we cannot?
Three Scenarios for Consideration

- **Long-time resident** of LTC
- Hospitalized for Flu
- Return to LTC with residual symptoms or symptom-free
Three Scenarios for Consideration

1. Patient admitted to hospital from home.
2. Hospitalized for Flu
3. New admit to LTC with residual symptoms or symptom-free
Three Scenarios for Consideration

Patient admitted to hospital from home.

Hospitalized

New admit to LTC
No respiratory illness but influenza outbreak is going on
Discussion

How can public health help?

How could LTCF’s inform hospitals they have open beds?
Questions

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Thank you!

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Whatcom County Health Department

**Erika Henry**
Washington State Department of Health
Office of Emergency Preparedness and Response
Thank you!