

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



Vivian Hawkins MS, PhD

Influenza Coordinator

Patty Montgomery, RN, MPH, CIC

Healthcare Associated Infections Consultant

Washington State Department of Health

January 10, 2017

DOH 420-210

Patient admissions
and discharges

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 ($\geq 38^{\circ}\text{C}$) • cough and/or other respiratory symptoms (eg. 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

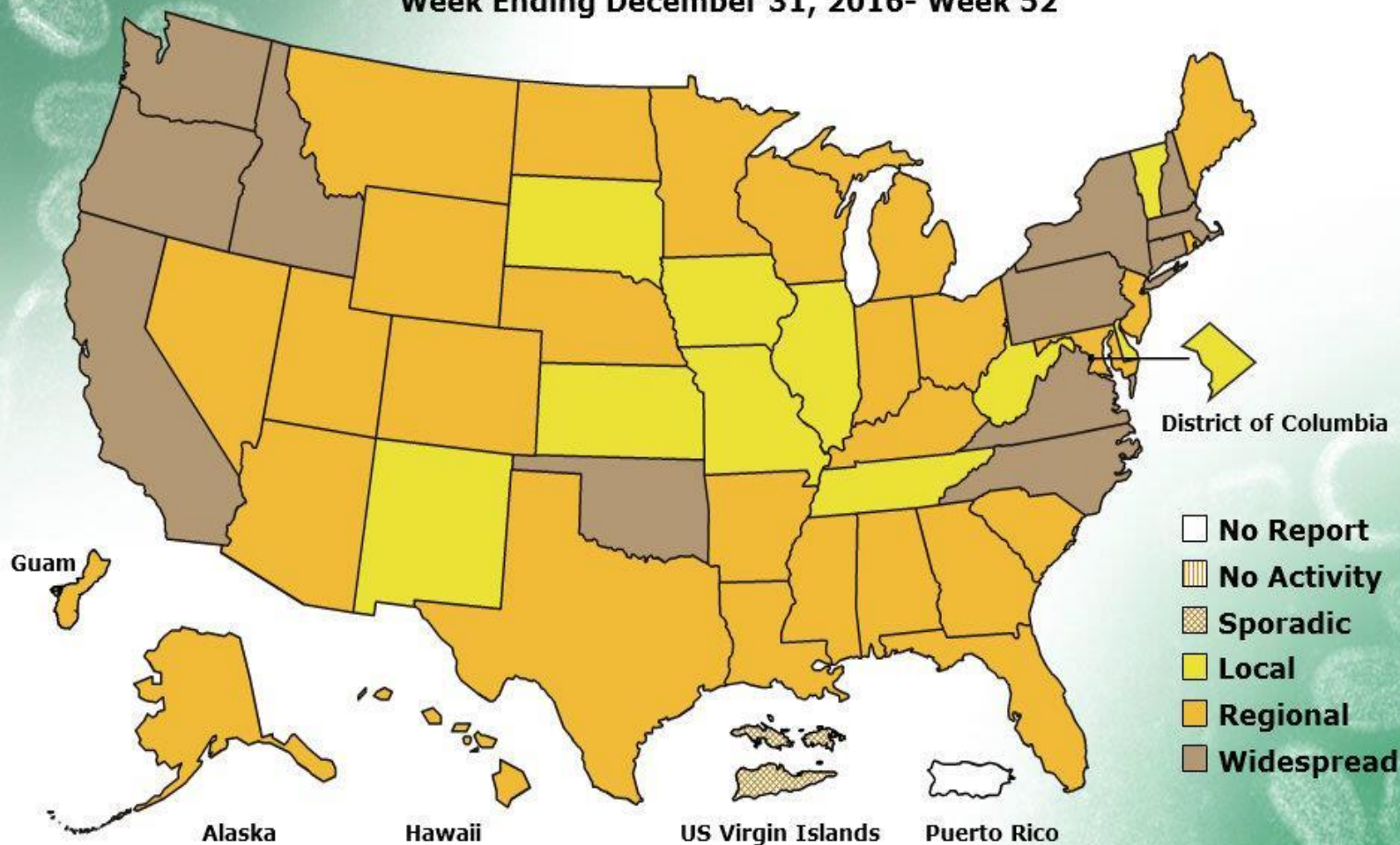
1 to 4 days

FLUVIEW



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.**



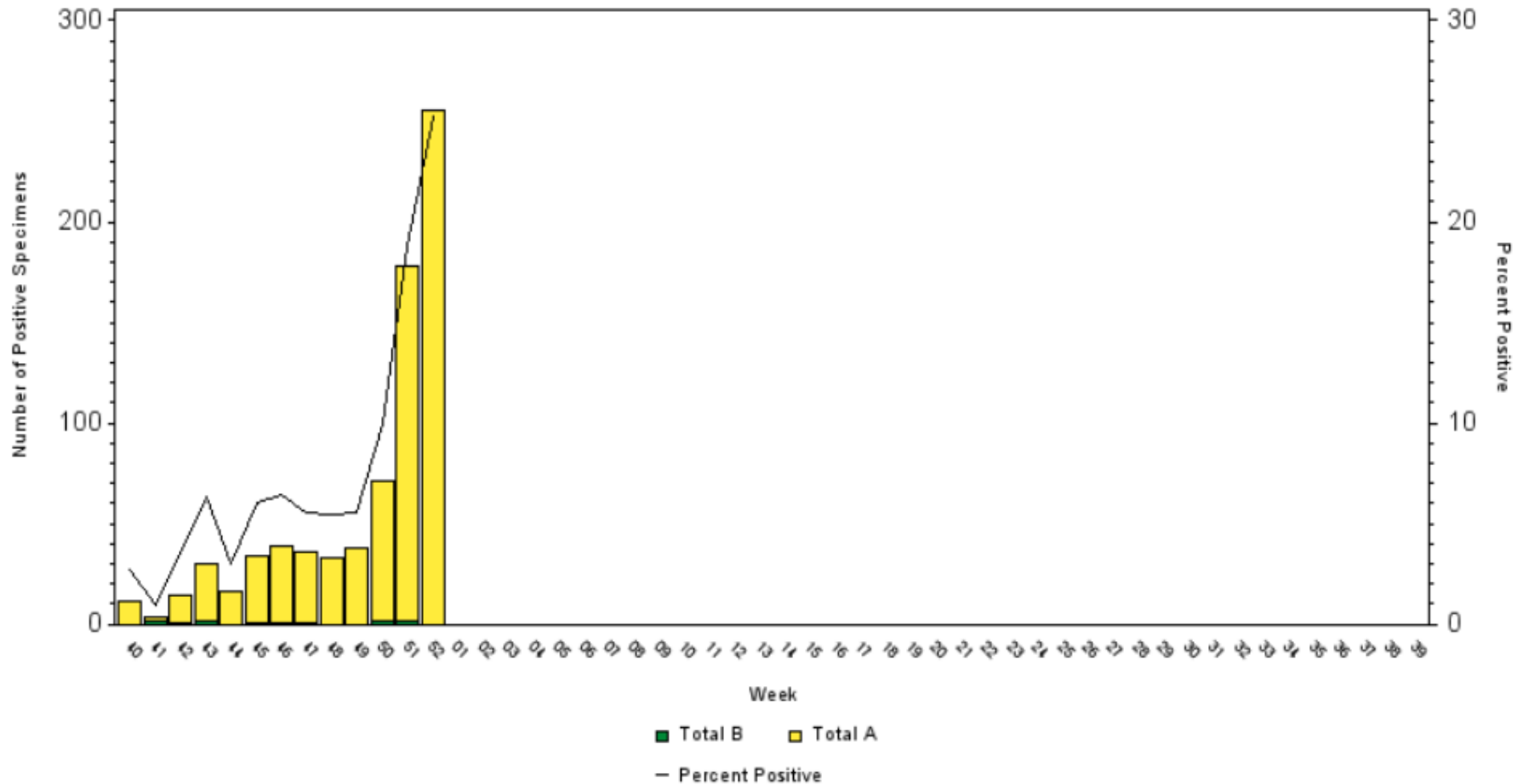
LOCAL

JANUARY 6, 2017 3:44 PM

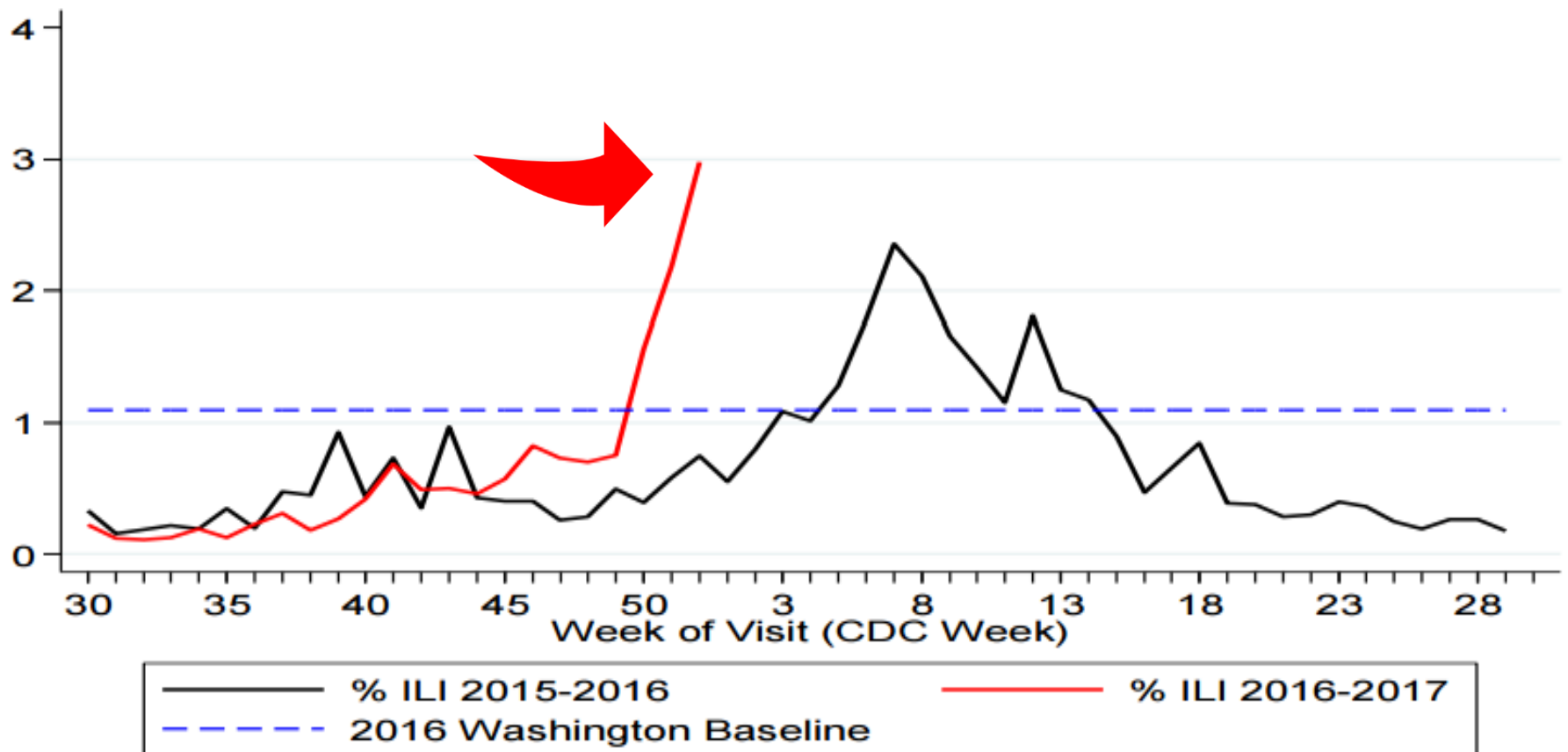
24 dead as flu slams Washington; hospitals and state coordinate to fight epidemic



Washington State: Influenza Positive Tests Reported to CDC



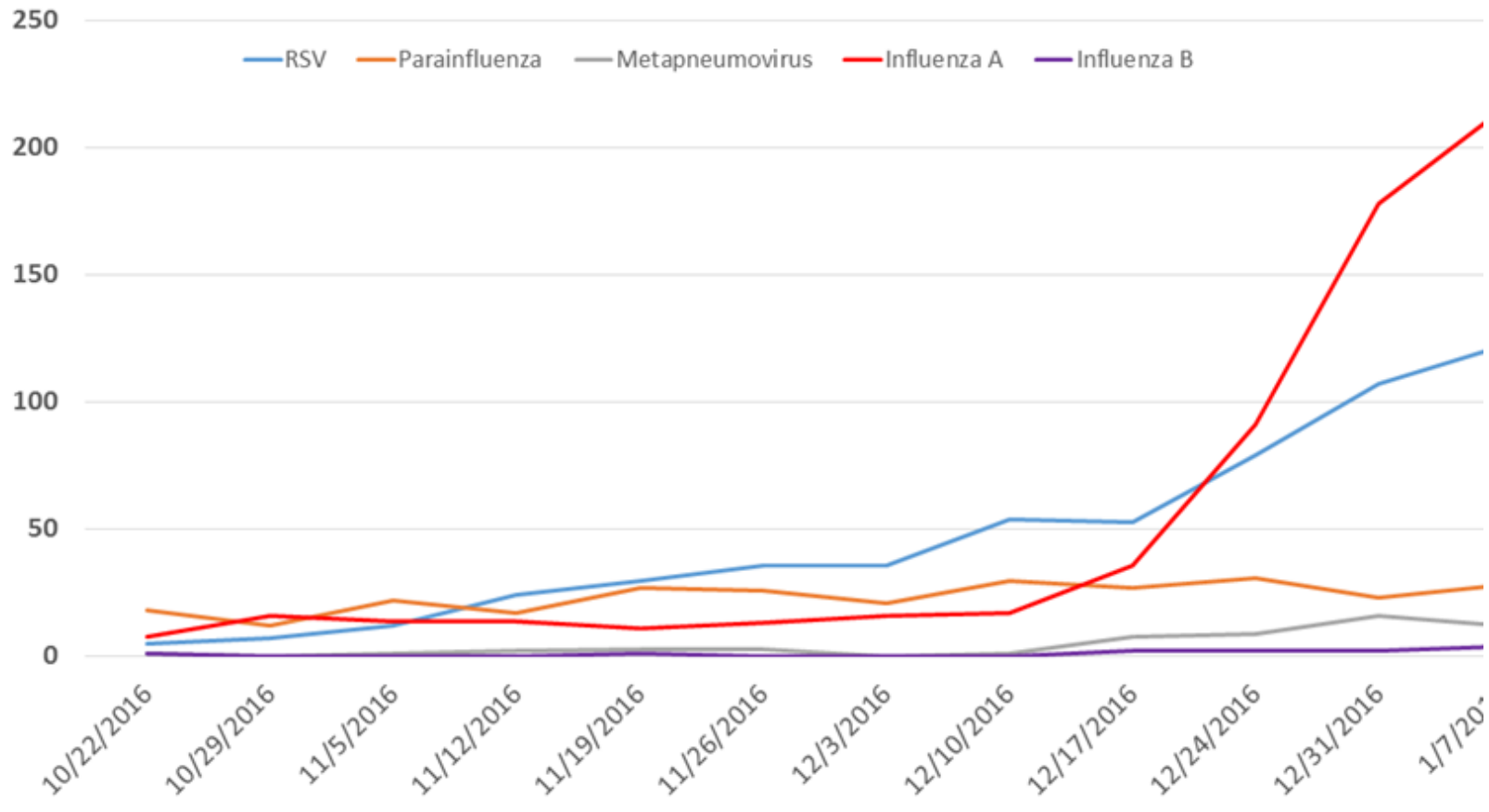
Washington State: Influenza-like Illness Medical Visits



2016/17 Respiratory Viruses, Seattle, WA

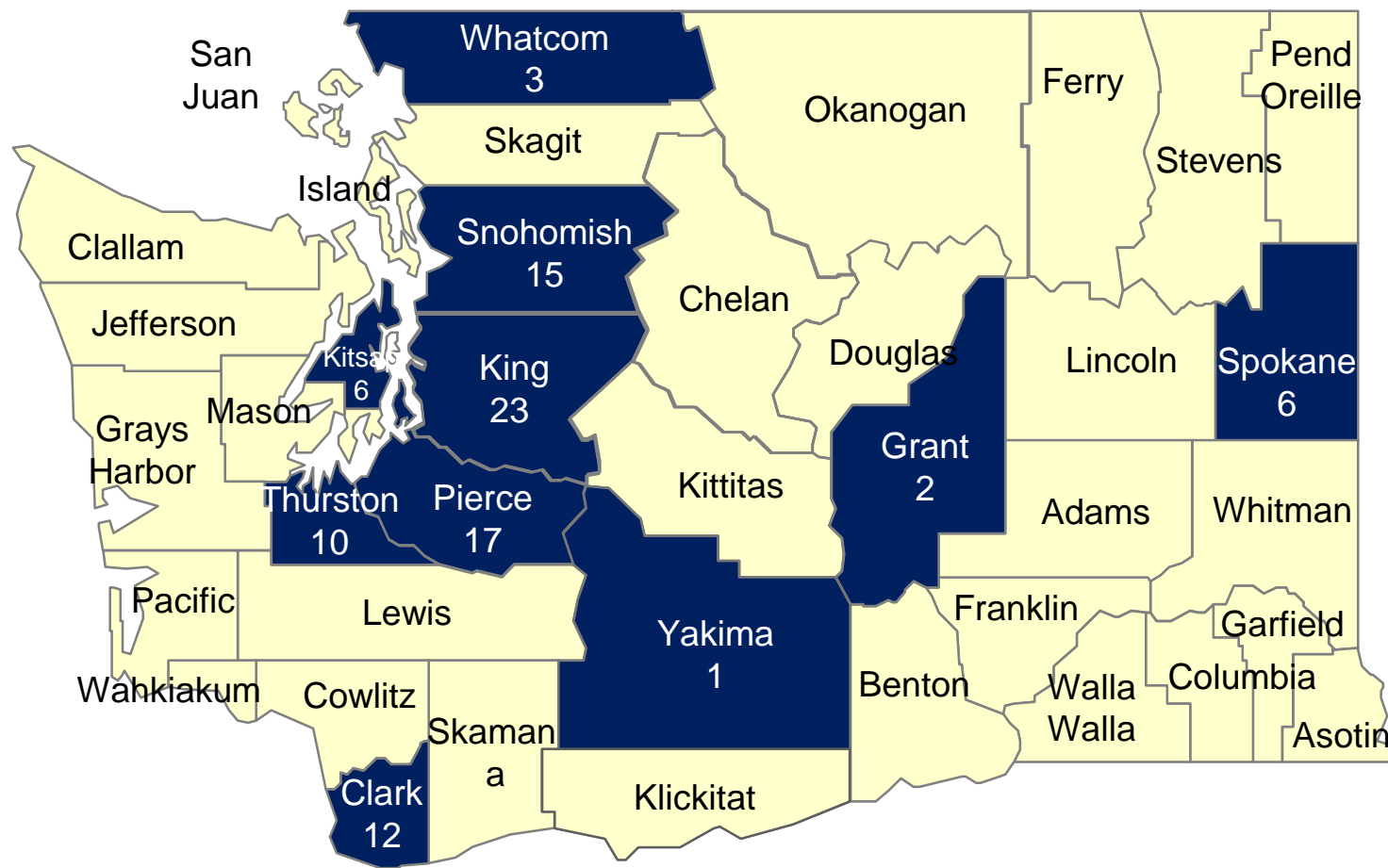
Data Source: University of Washington Clinical Virology Laboratory

<http://depts.washington.edu/rspvirus/respiratory.htm>



<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

1

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



Language: English ▾



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 fluinbox@cdc.gov.



Why Vaccinate

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

How to Increase Coverage

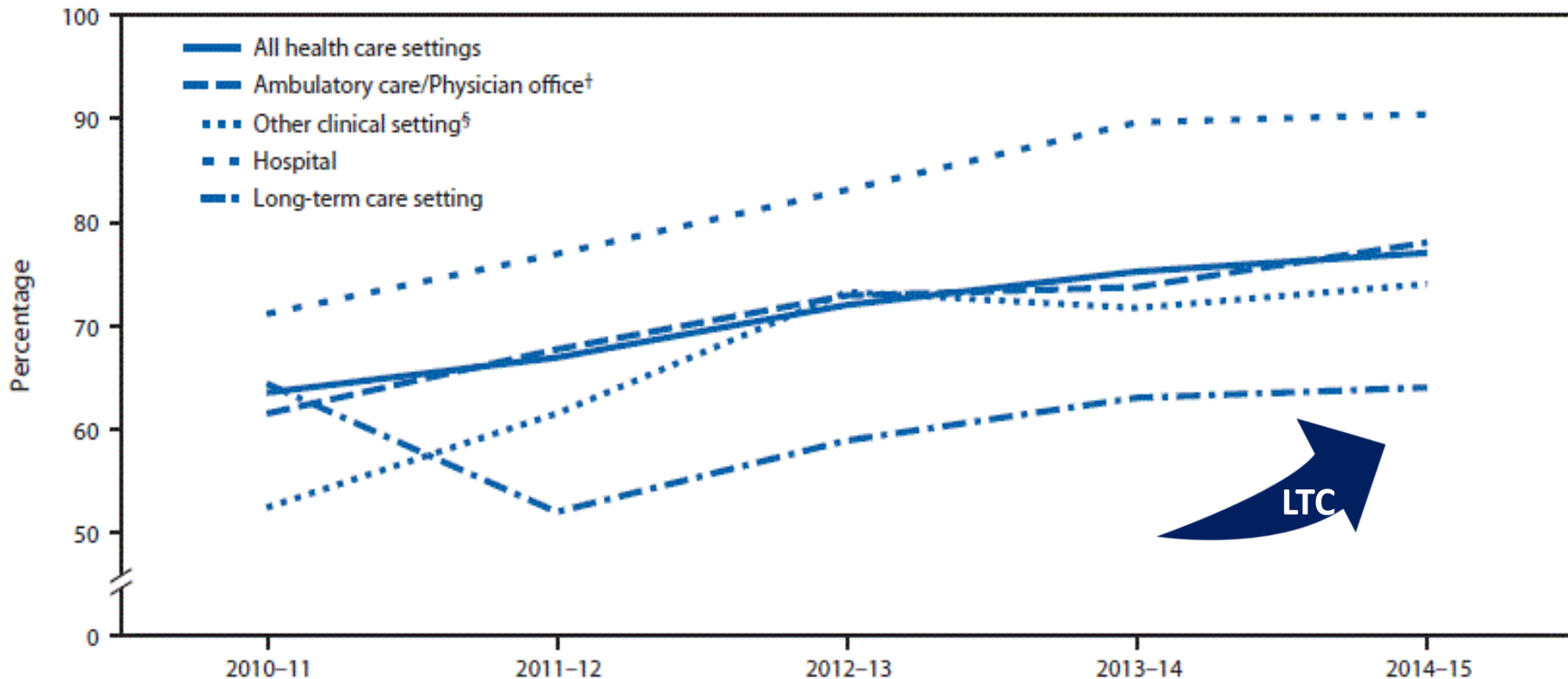
- Barriers and Strategies
- Measuring and Reporting
- Affordable Care Act
- Community Best Practices

Available Tools

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

<https://www.cdc.gov/flu/toolkit/long-term-care/index.htm>

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

2 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)	Seasonal Influenza (Flu) > Health Professionals	
Flu & You +	Antiviral Drugs	
2016-2017 (Current) Flu Season +	    Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™ 	
Influenza - Flu Basics +	Information for Health Care Professionals	
Prevention - Flu Vaccine +	<p>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.</p>	
Treatment - Antiviral Drugs +	<p>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]</p>	
Specific Groups +		
Questions & Answers +		
Health Professionals -		
ACIP Recommendations	<ul style="list-style-type: none">• Influenza Antiviral Medications: A Summary for Clinicians	
Vaccination +	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

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

Name of Sending Facility	Sending Unit	Sending Facility Phone Number

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?

Significant Organisms	Colonization or History <i>Check if YES</i>	Active Infection, on Treatment <i>Check if YES</i>
Acinetobacter, multidrug-resistant	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenem resistant Enterobacteriaceae (CRE)	<input type="checkbox"/>	<input type="checkbox"/>
Has the WA State Lab confirmed that CRE is Carbapenemase-producing?	<input type="checkbox"/>	<input type="checkbox"/>

<https://www.clark.wa.gov/sites/all/files/public-health/CD/HAI%20task%20force/Inter-Facility%20Transfer%20Form%20with%20logos%20%20.pdf>

3 Key Flu Interventions in Long-Term Care

3 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 $\geq 100^{\circ}\text{F}$ 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:

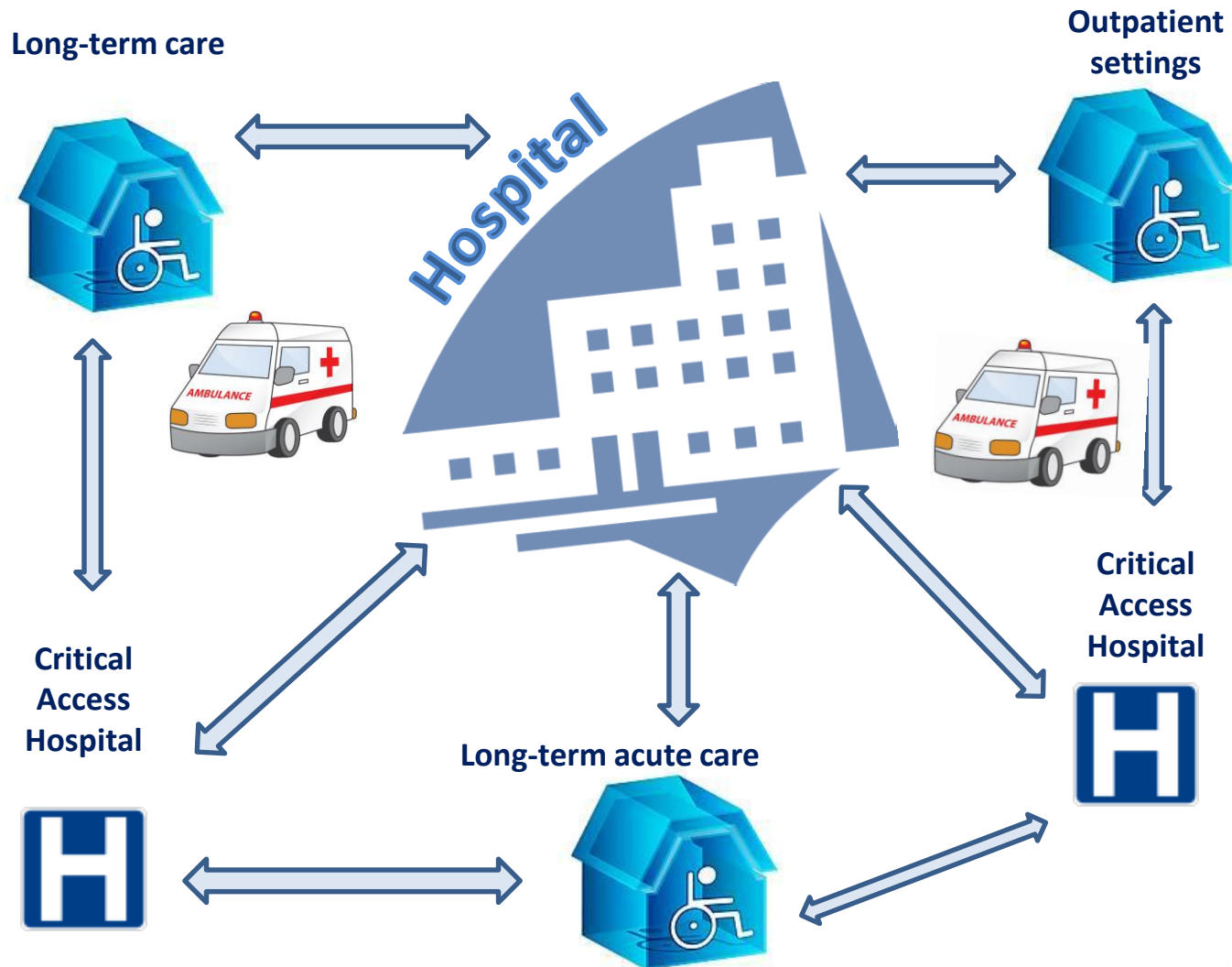
<http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf>

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



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



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

Patient admitted to
hospital from home.

Hospitalized for Flu

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

Patty Montgomery, RN, MPH, CIC

Healthcare Associated Infections Consultant

206-418-5558

patricia.montgomery@doh.wa.gov

Vivian Hawkins, MS, PhD

Influenza Epidemiologist

206-418-5586

Vivian.Hawkins@doh.wa.gov

Sara Podczervinski, RN, MPH, CIC, FAPIC

Healthcare Associated Infections Program Manager

206-418-5519

sara.podczervinski@doh.wa.gov

Thank you!

Dana Nguyen RN, BSN

Infection Preventionist

Clark County Public Health

Dorothy MacEachern MPH, CIC

Infection Preventionist

Spokane Regional Health District

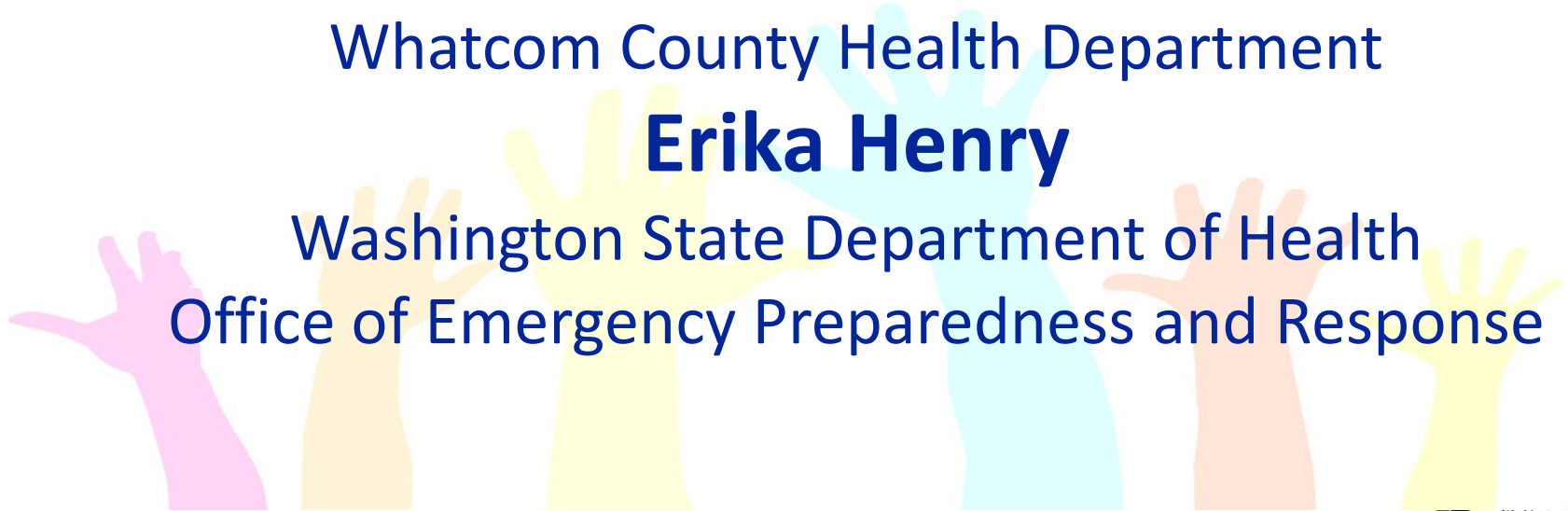
Joni Hensley RN, BSN, PHN, CIC

Whatcom County Health Department

Erika Henry

Washington State Department of Health

Office of Emergency Preparedness and Response



Thank you!

