We're All in This Together! How Collaboration between APIC Chapters and Public Health Departments Can Reduce MDROs for Hospitals and LTACs

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Los Angeles Acute Care Facilities are Dynamic and Spread Out
Outcome 3: Develop an Inter-facility Transfer Form

- **Purpose:** To foster and improve communication during the transfer of care regarding MDROs, symptoms, isolation precautions, antimicrobial treatment, transferring facility contact information

- The form was piloted among acute care facilities with frequent transfers to skilled nursing facilities within the Westside of Los Angeles

- Emergency Medical Services is supportive and has agreed to also use the form

- The focus is on enhancing communication and less on the form itself
Interesting facts about South Dakota

- Population average = 10 per square mile
- Settled by pioneers in the late 1800s
  - Previously inhabited by Native American tribes
- Vast, rolling prairie and grasslands; fertile farmland; and glacial lakes
- Agriculturally based economy: cattle, hay, corn, soybeans, wheat and sunflowers

850,000 PEOPLE

3.6 Million CATTLE
CRE Distribution

2015

CPE (Carbapenem-resistant Enterobacteriaceae) Cases Reported, South Dakota 2013 - 2016 (n = 145)

Each dot represents 1 resident case randomly placed within a county.

2013
## South Dakota Inter-facility Infection Control Transfer Form

Please use this form when transferring a patient with Carbapenem-resistant Enterobacteriaceae (CRE)

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.*

<table>
<thead>
<tr>
<th>Patient/Resident Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Medical Record No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name/Address of Sending Facility</th>
<th>Sending Unit</th>
<th>Sending Facility Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sending Facility Contacts</th>
<th>Name</th>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager/Admin/SW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the patient currently in isolation?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

**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?**

**Carbapenem-resistant Enterobacteriaceae (CRE)**

- [ ] *Clostridium difficile (Cdiff)*
- [ ] *Methicillin-resistant Staphylococcus aureus (MRSA)*
- [ ] *Vancomycin-resistant Enterococci (VRE)*
- [ ] *Acinetobacter (Multi-drug resistant)*
- [ ] *E coli, Klebsiella, Proteus etc. w/Extended Spectrum B-Lactamase (ESBL)*
- [ ] *Pseudomonas aeruginosa (CRE ESBL)*

<table>
<thead>
<tr>
<th>Include Colonization or history</th>
<th>Check if YES</th>
</tr>
</thead>
</table>

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

- [ ] Cough or requires suctioning
- [ ] Diarrhea
- [ ] Vomiting
- [ ] Incontinent of urine or stool
- [ ] Open wounds or wounds requiring dressing change
- [ ] Drainage (source)

- [ ] Central line/PICC (Approx. date inserted / / )
- [ ] Hemodialysis catheter
- [ ] Urinary catheter (Approx. date inserted / / )
- [ ] Suprapubic catheter
- [ ] Percutaneous gastrostomy tube
- [ ] Tracheostomy

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SD Department of Health

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