

Documentation of Multidrug-resistant Organism and Clostridium difficile Infection Status During Transitions of Care

Background: Patients colonized or infected with multidrug-resistant organisms (MDROs) frequently transition between healthcare settings. Despite these frequent transfers, little is known regarding the policies and practices for communicating patient or resident MDRO or C. difficile infection (CDI) status during transitions of care. This survey aims to collect data on these policies and practices and how this information is used by the receiving facility.

Instructions: Please complete the survey to the best of your ability. For the purpose of this survey, refer to the definition of an "MDRO" that is currently utilized at your facility. Also, please feel free to solicit input from your Department of Care Management, Transfer Center, or other staff to provide the most accurate responses to the questions. We sincerely appreciate your participation in the surveys. Data from this survey may inform the development of tools and infrastructure to optimize communication between healthcare facilities during interfacility transfer.

At the end of the survey, you will have the option to save your responses and return at a later time. After you have finished the survey please be sure to select the "Submit" button to submit the survey.

1. Please provide your SHEA Research Network Institutional Code.

2. Is your facility part of a network of healthcare facilities, which includes other hospitals, long-term care facilities, and/or home health services?

For this question, a "network" is defined as 3 or more facilities (i.e. your facility plus at least two others) that may include hospitals, long-term care facilities, and/or home health services.

- Yes
 No

2a. You have indicated that you are part of a network of healthcare facilities. Please identify the other facility types in your network. (Check all that apply)

- Other acute care hospitals
 Long-term acute care hospitals (LTACHs)
 Skilled nursing facilities (SNFs)
 Rehabilitation facilities
 Other facility types not listed, specify below

Other facility type

2b. Does your facility share or have direct access to the electronic health record at any of these other facilities?

- Yes
 No
 I don't know

2bi. Do patients have the same medical record number across facilities?

- Yes
- No
- I don't know

2bii. Does your facility have an MDRO indicator (e.g., an alert, flag, banner to identify patients with a history of MDRO colonization or infection) that is visible across facilities?

- Yes
- No
- I don't know

3. Does your facility have access to outside-of-network electronic health record data (e.g. Epic Care Everywhere)?

- Yes
- No
- I don't know

4. Is your facility located in a state or county with a registry that healthcare facilities can use to track patients with an MDRO?

- Yes
- No
- I don't know

4a. Does your facility regularly report MDRO status to the registry?

- Yes
- No
- I don't know

5. Does your facility possess a system or infrastructure to track where patients are admitted from and discharged to?

- Yes
- No
- I don't know

6. On average, what percentage of patients admitted to your facility are transferred from another healthcare facility (e.g. acute care hospital, long-term acute care hospital, long-term care facility) rather than admitted from the community?

- 0-25%
- 26-50%
- 51-75%
- 76-100%
- I don't know

7. On average, what percentage of patients discharged from your facility are transferred to another healthcare facility (e.g. acute care hospital, long-term acute care hospital, long-term care facility) rather than discharged to the community?

- 0-25%
- 26-50%
- 51-75%
- 76-100%
- I don't know

8. On average, what percentage of patients discharged from your facility are referred to community-based care settings (e.g. home health or outpatient rehabilitation services)?

- 0-25%
- 26-50%
- 51-75%
- 76-100%
- I don't know

9. Does your facility currently have a protocol for communication of MDRO/CDI status when discharging patients to other healthcare facilities?

- Yes
- No
- I don't know

9a. How does your facility communicate MDRO/CDI status to the receiving facility? (please check all that apply)

- Our staff calls the staff at the receiving facility
- Documentation in a specific MDRO/CDI field on the transfer documents
- MDRO/CDI documentation is included in discharge diagnosis or problem list.
- MDRO/CDI documentation is part of the physician discharge summary
- MDRO/CDI documentation is included in the patient after visit summary
- Our staff uses a specific interfacility transfer communication form (electronic or hard copy)
- Other, please specify below

Other

9b. Who (clinical or administrative position title) or what department is primarily responsible for communicating this information to the receiving facility?

- Case manager
- Discharging physician
- Unit nurse
- Infection control
- Other quality personnel
- Other, please specify below
- I don't know

Other

9c. Who (clinical or administrative position title) or what department at the receiving facility is primarily responsible for receiving this information?

- Admitting Staff
- Unit nurse
- Infection control
- Other, please specify below
- I don't know

Other

10. Approximately what percentage of the time does your facility notify the receiving facility of a patient's MDRO/CDI status upon transfer?

- 0-25%
- 26-50%
- 51-75%
- 76-100%
- I don't know

11. When admitting a patient from an outside facility, is it standard procedure to ask the transferring facility to disclose MDRO/CDI patient status prior to transfer?

- Yes
- No
- I don't know

12. Approximately what percentage of the time does the transferring facility notify your facility of a patient's MDRO/CDI status upon transfer?

- 0-25%
- 26-50%
- 51-75%
- 76-100%
- I don't know

13. When this information is communicated, how is it most frequently communicated?

- The transferring facility's staff calls our staff
- Documentation is provided in a specific MDRO/CDI field on the transfer documents
- MDRO/CDI documentation is part of the physician discharge summary or patient after visit summary
- The transferring facility uses a specific interfacility transfer communication form (electronic or hard copy)
- We find it only while reviewing the medical chart following admission
- Other, please specify below

Other

13a. Who (clinical or administrative position title) or what department is primarily responsible for receiving this information from the transferring facility?

- Case manager
- Admitting physician
- Unit nurse
- Infection control
- Other quality personnel
- Other, please specify below
- I don't know

Other

14. Are you familiar with the CDC's Interfacility Infection Control Transfer form?

- Yes, we use this form
- Yes, but we use a similar form
- Yes, but we don't use this or a similar form
- No, I am not familiar

15. Which barriers to communication of a patient's MDRO/CDI status apply when your facility transfers a patient to another facility? (select all that apply)

- Absence of a standardized form or mechanism for sending information
- Difficulty in extracting or assembling patient information from chart or EMR
- Concern that the receiving facility may not admit colonized/infected patients
- Lack of protocols on how to follow up on microbiology or other tests that are pending at the time of discharge
- Inadequate history or contact information from previous healthcare encounters
- Reluctance to share HIPAA-protected data
- Lack of clarity on who is expected to do this task
- Don't know who should receive the information
- Not enough time
- Other, please specify below

Other

16. Which facilitators to communication of a patient's MDRO/CDI status apply when your facility transfers a patient to another facility? (select all that apply)

- Availability of a standardized form or mechanism for sending information
- Ease of extracting or assembling patient information from chart or EMR
- Clear understanding of receiving facilities' policies regarding admission of MDRO colonized/infected patients
- Existing protocols for how to follow up on microbiology or other tests that are pending at the time of discharge
- Access to the facility's MDRO status flag
- Clear policies on how and when to share HIPAA-protected data
- Clear role/responsibility for who is expected to do this task
- Known contacts at the receiving facility for who should receive the information
- Dedicated time to perform this task
- None of the above
- Other, please specify below

Other

17. In your opinion, how would knowledge of MDRO/CDI status when receiving patients transferred from other facilities change/improve empiric antibiotic prescribing at your facility?

- Significant impact
- Modest impact
- Minimal impact
- No impact

18. In your opinion, how would knowledge of MDRO/CDI status when receiving patients transferred from other facilities change/improve infection prevention efforts at your facility?

- Significant impact
- Modest impact
- Minimal impact
- No impact

19. Is your facility required by law to provide written notification of patients' MDRO or C. difficile colonization or infection to the receiving facility in transfer documents?

- Yes
- No
- I don't know

19a. Would you be in favor of a law requiring this practice in your facility?

- Yes
- No