

Move-in's and Move-backs to Residential Care During Viral RI/GI Outbreaks



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Background



- Previous practice for facilities experiencing viral GI and RI outbreaks was to halt and/or restrict move-ins and move-backs
- Beds were closed for matching
- Blanket statement: “Closed to admissions and transfers”

Impact

- Residents ready to move back to their facility or awaiting new move-in to a facility were constrained to remain in hospital resulting in longer hospital stays
 - Acute care congestion
 - Increased risk for HAI
 - Delays in meeting social and physical care needs of the resident
 - Incorrectly reported occupancy rates



Ministry Strategic Plan 2014

Key Statements:

- The costs of inappropriate hospitalization versus expanded and more effective care options in the community must be a key consideration in any strategy going forward.
- Prolonged inactivity during hospitalization can lead to a loss of function and mobility

<http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>



Drivers for Change



- Provide person-centered care in the best interest of the resident
- Increased influenza activity and outbreaks in 2014/15
- Acute care congestion

NEW & IMPROVED

- New Process implemented January 2015
- Residential Care Program initiative in collaboration with Infection Prevention and Control Community Consultants (IPC Community Consultants) and Communicable Disease Environmental Health Officers (CD EHO)
- Objective: to facilitate safe moves to residential care during viral GI and RI outbreaks
- Process included the following:
 - Residential care facilities to leave beds open for matching
 - Acute/Community Access to collate patient information and contact
 - IPC Consultant for Influenza outbreaks
 - CD EHO for GI outbreaks
 - IPC Consultant or CD EHO to liaise with residential care facility and conduct a risk assessment
 - IPC Consultant or CD EHO to provide recommendations following assessment to Access team and Residential Care Facility

Considerations for Safe Moves



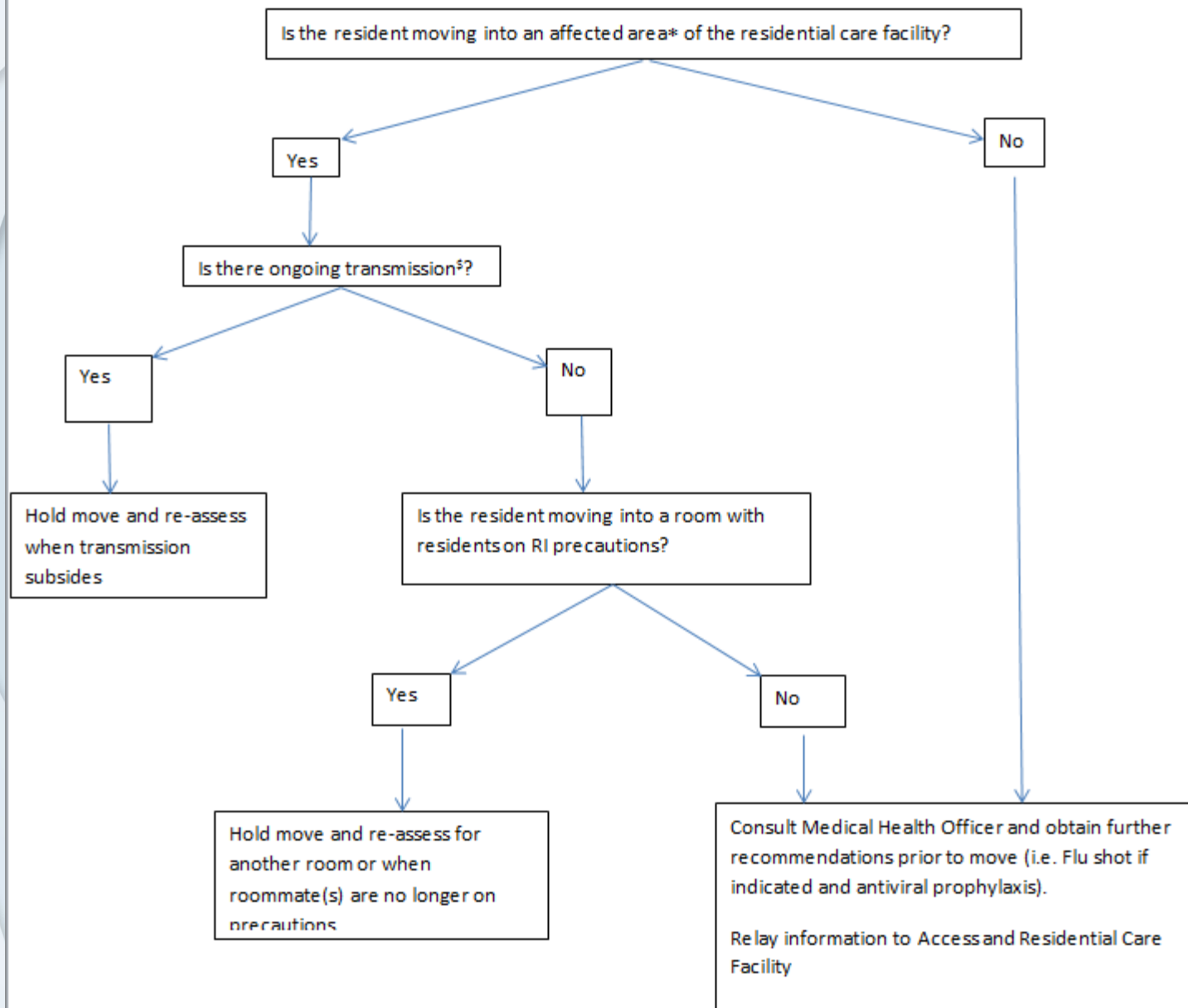
- Best interest of patient/resident being moved
- Residential care facility outbreak status
 - Resident accommodation/placement
 - Assessment for ongoing transmission and affected locations in the facility
 - Staffing levels
- Physician assessment and agreement
- Resident and/or substitute decision maker informed consent
- Immunization status and need for antiviral prophylaxis for influenza outbreaks

Risk Assessment Components

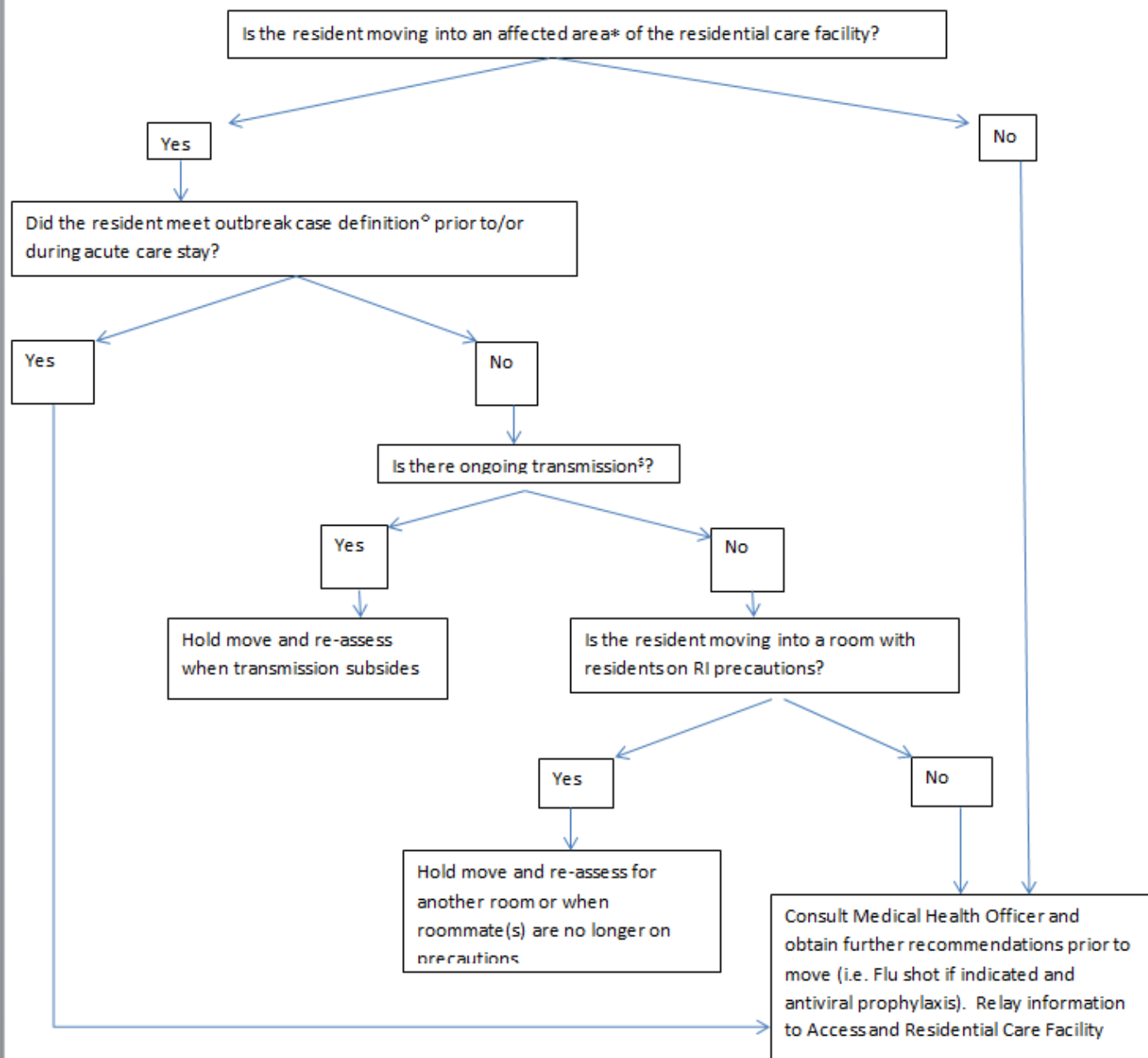


- Extent and parameters of outbreak; physical layout of the building
- Ongoing transmission
- Severity of illness/infectious organism
- Resident placement/accommodation
- Immune status
- Agreement of family/ resident/ receiving physician
- Staffing levels at the facility
- Influenza outbreaks: vaccine status and need for antiviral prophylaxis
- If resident who is moving back met the case definition prior to transfer to acute care

Risk Assessment Algorithm: New Move-Ins of Residents from Acute Care to Residential Care Facility under Scenario A RI Outbreak



Risk Assessment Algorithm: Move-backs of Residents from Acute Care to Residential Care Facility under Scenario A RI Outbreak



Thank you!

