Acute to LTC Patient Admission and Transfer Process During an Outbreak

1. **Determine whether there is GI/VRI illness activity at the LTC home:**

   Declared Outbreak:

   - Acute Unit (CML, PCC, Charge RN, TST) to review the VCH facility outbreak bulletin to determine whether the LTC home has a currently declared outbreak.

   GI/VRI Activity without a Declared Outbreak:

   - Acute unit (CML, PCC, Charge RN, TST) to contact the LTC ICP team at ICP-LTC@vch.ca to determine whether the LTC home is experiencing current GI activity that has not yet resulted in a declared outbreak.
   - Acute unit (CML, PCC, Charge RN, TST) to consult with IPAC (local IPAC team, LTC IPAC team and IPAC physician) regarding transfer/repatriation when ongoing GI activity is occurring at the LTC home, but an outbreak has not been declared. IPAC may provide risk mitigation recommendations (e.g. accommodation, Additional Precautions, timing of transfer, and communication requirements) to support safe transfer planning. For complex circumstances, IPAC may consult with the MHO. IPAC does not approve or authorize transfers.

2. **Initiate MHO Consultation:**

   If outbreak activity exists at either the sending acute care unit or receiving LTC home:

   - Acute unit (CML, PCC, Charge RN, TST) to contact the MHO for review and recommendations of the transfer/repatriation:
     - Monday to Friday: email MHO at MHOandCDNurseOnCall@vch.ca
     - Weekends and STAT holidays: contact the MHO on-call at 604-527-4893
   - Acute unit (CML, PCC, Charge RN, TST) to include the following teams on email communication to ensure shared situational awareness:
     - IPAC Physicians: VCHmedmicroipac@vch.ca
     - LTC ICP Team: icp-ltc@vch.ca
     - Local acute care ICP team (VGH: icp-vgh@vch.ca; Richmond: icp-rh@vch.ca; Coastal; icp-coastal@vch.ca; UBC: icp-ubc@vch.ca; GFS: icp-gfs@vch.ca)

3. **IPAC does not approve or determine whether the transfer may proceed.**

   - IPAC may provide information relevant to the MHO risk assessment.

4. **Provide information required for the MHO Risk Assessment:**

   When contacting the MHO, be prepared to provide information about both the patient and the outbreak/ receiving environment.

   Patient/Resident Information:

   - Current clinical status, including presence or absence of symptoms;
   - Whether the patient/resident is a confirmed case, exposure/contact, or unaffected/asymptomatic;
   - Date of symptom onset and/or resolution, where applicable;
   - Immunization status, where relevant to the organisms/outbreak; and
   - Any other factors affecting the patient's vulnerability or ability to safely return to LTC.

   Outbreak/Illness Activity:

   - Date of the most recent symptom onset associated with the outbreak/activity;
   - Duration and current status of the outbreak or illness activity;
   - Whether new cases continue to occur; and
   - Whether the patient/resident's LTC home/unit is directly affected.