

Multidrug-resistant organisms (MDRO) Utah Healthcare Infection Prevention Governance Committee

Date: 10/3/2024

Attendees:

Angela Weil, Ashley Young, Becky Ess, Chrissy Radloff, Elena Snelten, Janelle Kammerman, Jeanmarie Mayer, Linda Rider, Lisa Evans, Makoto, Mary Fortini, Sarah Rigby, Stephanie Williams, Tariq Mosleh, Zoey Bridges

Agenda Topics:

Introductions

1:00–1:05 Introductions

Action Steps/Plan

1:05–1:20 Review action plan and outcomes

Situational Awareness

DHHS resources:

HAI Digest for LTCFs

LTC CIC Support

APIC Utah Chapter Conference

Current state of MDROs

Additional Questions/Discussion Topics

1:50–2:00 Ways to increase attendance

Convene

Discussion:

Introductions

1:00–1:05 Introductions

- Approve minutes: Chrissy approved the minutes, Tariq Mosleh seconds
- Introductions: No introductions today.

Action Steps/Plan

1:05–1:20 Review action plan and outcomes

- Reviewed action items
 - Interfacility transfer form update is complete
 - Discussed encouraging facilities to use this form
 - Building networking and professional relationships between ACHs, LTC, DHHS, medical training programs, and professional organizations.
 - ongoing effort
 - Transmission based precautions education is ongoing
 - Understanding admission practices
- LTC MDRO survey results

- Purpose of survey was to assess measures in place for MDROs
- REDCap survey developed by DHHS included 12 questions focused on background of infection preventionist (IP) and current infection prevention and control (IPC) practices
- DHHS emailed the survey to administrators and leadership of 98 CMS licensed UT facilities.
- 36 nursing homes completed the survey: most were IPs, some administrators, other leadership roles, or nurses
- All reported having a designated IP
- 86% reported duties outside of IP role
- 39% have LTC-CIP, CIC, a-IPC
- Over half spend less than 10 hours on IPC
- Majority of long-term care (LTC) facilities report regularly auditing IPC practices.
- Majority of LTC facilities report inclusion of recommended IPC practices in their facility policies
- Most LTC facilities report incorporating IPC education for their staff
- Most LTC facilities report using transmission based precautions (TBP) for residents with MDROs
- Almost 1/3 of facilities reported *C. auris* is not included in their TBP policies
- Low reported uptake on admission screening for residents with risk factors
- Over half of the LTC facilities report having policies to report multidrug resistant organism (MDRO) urgent threats to public health
- Verbal communication is the most commonly reported method to communicate MDRO status to another facility
- Reporting diseases to public health and MDRO testing and admission screening recommendations are of most interest to LTC facilities for future education
- Questions/comments
 - There is an interest in seeing a break down of the type of facilities who answered this survey
 - LTACHs not included
 - Interest in size of facility was also expressed
 - Interest in going more granular on how and who communicates MDRO status for future surveys
- Strengths from results:
 - inclusion of recommended IPC practices in their facility policy
 - Regularly auditing IPC practise
 - IPC education for their staff
- Opportunities for improvement:
 - number of hours IPs have for duties
 - low use of MDRO admission screening

- 1 out of 4 reported no policy to report MDROs to public health
 - Limitations
 - only 37% of nursing homes completed the survey
 - Survey conducted by DHHS and limited by social desirability bias
 - Survey implemented just after CMS required nursing homes to implement EBP for MDROs
 - Recommendations
 - Increase awareness of public health reporting of MDROs in
 - Encourage MDRO admission screening
 - Promote Interfacility transfer form
- IPC resource list (IPC program education and guidance)
 - [Virginia Infection Prevention Training Alliance](#): MDRO Resources
- IPC champion program
 - DHHS is launching a Project Firstline IPC Champion Program this fall. This program is for LTCFs
 - Encourage at least 70% of your staff to complete a six module series and earn awards and incentives, including a Project Firstline Escape Room performed in your facility.
 - Stay tuned for more information
- IP acute care workgroup for Interfacility Transfer Form utilization

Situational Awareness

DHHS resources:

- DHHS MDRO website includes many resources
 - <https://epi.utah.gov/mdro/>

HAI digest for LTCFs

- Email HAI@utah.gov to be added to the email list.
- Moving to quarterly cadence, October digest will go out next week.

LTC-CIP support

- Sign up through this [google form](#), or email HAI@utah.gov
- This is an opportunity for IP working in LTCFs to prepare to sit for the LTC-CIP exam.

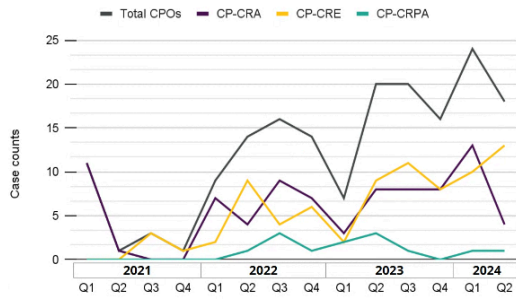
APIC Utah Chapter Conference

- Next Thursday, Oct. 10. It will be from 8-5pm at Thanksgiving Point Garden Room
- You don't have to be an APIC member to register
 - Elena said that she tried registering today but that it is sold out.
 - You pay at the event.
- Great opportunity to network and learn

Current state of MDROs

- CDC updates (AR report)

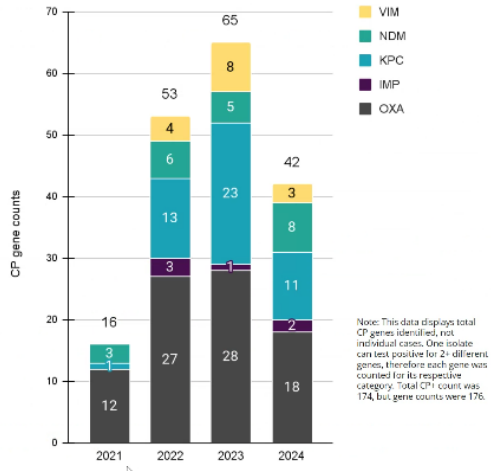
Utah CPO case distribution trends 2021-2024



Note: This data displays individual case counts, not positive test results. A patient is only counted twice if a new organism and/or carbapenemase-producing (CP) gene was identified at a separate collection date.

- Only includes isolates sent to UPHL

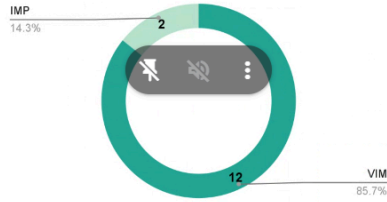
Utah total CP gene counts 2021-2024



Note: This data displays total CP genes identified, not individual cases. One isolate can test positive for 2+ different genes, therefore each gene was counted for its respective category. Total CP count was 174, but gene counts were 176.

CP-CRPA resistance gene distribution (2021-2024)

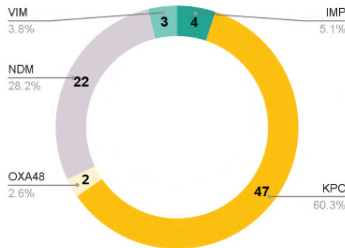
Utah CP-CRPA gene distribution



IMP: Active on imipenem
 KPC: Klebsiella pneumoniae carbapenemase
 VIM: Verona integron-mediated metallo-β-lactamase

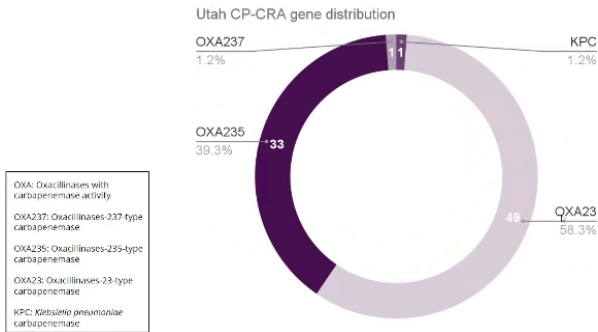
CP-CRE resistance gene distribution (2021-2024)

Utah CP-CRE gene distribution



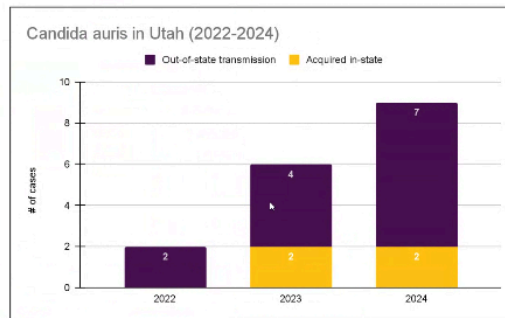
VIM: Verona integron-mediated metallo-β-lactamase
 IMP: Active on imipenem
 KPC: Klebsiella pneumoniae carbapenemase
 OXA48: Oxacillinase-48 with carbapenemase activity
 NDM: New Delhi metallo-β-lactamase

CP-CRA resistance gene distribution (2021–2024)



Situational awareness *Candida auris*

- 17 cases from 2022 to present that tested positive in UT, received care in UT, or are UT residents
- 7 out of 17 cases have passed away, 41%
- 8 UT residents, 9 non-UT residents
- 12 cases tested positive in UT



- Includes all cases we have had through September.
- Did not check death certificates to see if *C. auris* was cause of death
- We have been encouraging facilities to do admission screening for *C. auris* if the patient is high risk

Additional Questions/Discussion Topics

1:50–2:00 Ways to increase attendance

- IP Spotlight: Discussing challenges/successes in facilities
 - Dr. Mayer: What do you use to clean your floors in patient rooms?
 - Elena: At VA, if they are on a C.diff precautions we ask that they use bleach. 40L from 3M, Quat based
 - Dr. Mayer: Cleaning agents for floors are hard to use and disinfectant because they get sticky or are hard for buffing.
 - Becky Ess: Quat unless it's a bleach clean room
 - Elena: Asked not to use bleach wipes because it can mess up the wax on the floors.
 - Lisa Evans: Who cleans the OR rooms in your facility?
 - Elena: A specific EVS crew who cleans the OR
 - Dr. Mayer: We use EVS who are also specialized to work in OR
 - Becky: Same as VA
 - Elena: Working on a process improvement for Code carts. One of the staff came across a different VA who has a process for when a code cart comes back, before they can break it down and clean it, it goes into a 72 hour quarantine. Has anyone else come across this?

- Dr. Mayer: not 100% what the process is, but we don't do a 72 hour quarantine
- Becky: We don't have enough carts for that
- At LDS Hospital: Immediate breakdown and cleaning of cart
- IP and LTC representative open discussion

Convene

Every 3 months

- Next Meeting: Thursday 1/9/2025

Minutes will be posted to the HAI website

- <https://epi.health.utah.gov/uhip-governance-minutes/>

Action Steps/Plan

1. Bring awareness of MDROs to all healthcare settings
 - a. [CPO](#), CRO, [C. auris](#), ...
2. Updating the interfacility transfer form
 - a. Encourage use of any transfer form through training programs. Potentially use nursing schools.
 - b. Promote interfacility communication
 - This is a standardized form that is in the process of being updated.
3. Build networking and professional relationships between ACHs, LTC, DHHS, medical training programs, and professional organizations
4. Transmission based precautions
 - a. Provide education for training programs including CNA and nursing schools
 - b. Rationale between why there are differences between precautions
5. Colonization considerations and Enhanced Barrier Precautions
 - a. LTC in-service training
6. Understanding of admission practices
 - a. Screening processes, surveillance
7. Disseminate [MDRO guide](#)
 - This is a guide put together by the DHHS HAI team
8. EPA cleaning practices (MDRO guide, page 23)