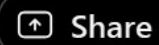
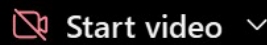
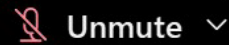


# Housekeeping

Please do not unmute or start your video.

Click here to raise or lower your hand.

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# Conclusion-What's Next Post-TNT?

Unit 3 Session 9

Chandana Das, MD  
Pingting (Karen) Nie, MD  
Laurie Hensley-Wojcieszyn, MHA, CPHQ, LSSGB





# Session Schedule

Session Number	Date	Session Title
1	01/11/2023	Step by Step: Creating an Environmental Cleaning and Disinfection QAPI Performance Improvement Project
2	01/18/2023	Basic Components of an Antibiotic Stewardship Program
3	01/25/2023	Standard and Enhanced Standard Precautions
4	02/01/2023	Transmission-Based Precautions
5	02/08/2023	Preventing Legionellosis in Healthcare Facilities Through a Water Management Program
6	02/15/2023	Infection Prevention Organizations and Certification
7	02/22/2023	Interfacility and Intrafacility Communication
8	03/01/2023	Infection Preventionist as an Educator
9	03/08/2023	Conclusion – What’s Next Post-TNT?



## TNT Program Objectives

- Enhance quality improvement and quality assurance performance improvement (QAPI) at LA County SNFs by providing foundational quality improvement education across all roles in SNFs
- Empower SNF staff to initiate performance improvement projects (PIPs) and own QI in their facility
- Improve patient safety and clinical outcomes



## Session 9 Objectives

- Describe participation metrics from the TNT Program.
- Discuss the lessons learned from Small Groups.
- Apply the quality improvement concepts taught in the TNT Program to everyday work, including infection prevention and control in SNFs.
- Recognize the components of the Preventative SNF ICAR and its purpose.



# TNT Program Results





## TNT Program Results: Participation Metrics (So Far)

- Number of participating facilities: 270
- Number of Designated Participants: 878
- Average number of attendees on Didactic Sessions: 450
- Number of CEUs awarded: 8,113
- Number of facilities who are on track to fulfill attendance requirements: 234
- Number of facilities who have turned in a completed A3: 187

## TNT Program Results: Impressions from the A3 Submissions



- Awesome participation!
- A lot of supplemental materials submitted (process maps, fishbone diagrams, etc.), we are glad to see you using them!
- Going beyond verbal education (in-services): making systemic change
  - Development of written protocols, i.e., creating “standard work” (resident bathing protocol)
  - Changing policies/procedures (contract with 3 different vendors for hand hygiene supplies)
  - Creating checklists (for EVS carts)
- Participants learning a lot from using the A3s, even enjoying it!
- Teamwork: “[Goal is to] work as a team even when IP is not available.”



## TNT Program Results: Impressions from the A3 Submissions



- Make your goals into SMART goals, with special attention to “**T**ime-bound”.
- Add the names of specific team members who are working on the project.
- Successful QAPI depends on teamwork: responsibilities should be delegated to the whole team, not just 1 person (ex – the IP).
- Avoid jumping to solutions right away. Current state  $\neq$  solutions. Root causes  $\neq$  solutions.
- Use the 5 Whys to get to a **deeper** root cause, not 5 different reasons why something is a problem.
- Include the goal in your check step!



## Unit 2 Pre and Post-Test Comparison

Question	Correctly Answered	
	<u>Pre-Test</u>	<u>Post-Test</u>
Which are examples of when to perform hand hygiene?	99.7%	98.9%
Which of the following are methods for adherence monitoring for hand hygiene?	45.1%	63.1%
A problem statement must include a description of the problem, its effect, and its solutions.	27.1%	35.6%
Which of the following are tools that can help you describe the “Current State” portion of your A3 for your Hand Hygiene Project?	68.5%	70.5%
Which of the following are examples of infection prevention domains?	97.3%	95.7%
Which of the following is NOT an HAI?	98.0%	98.9%
Select the definition for colonization.	85.4%	89.2%
Which of the following are examples of contamination sources?	98.0%	99.1%



## Unit 2 Pre and Post-Test Comparison

Question	Correctly Answered	
	<u>Pre-Test</u>	<u>Post-Test</u>
Pneumococcal vaccine is one of the recommended vaccines for healthcare workers to protect themselves from exposure to infectious pathogens and diseases.	45.8%	52.7%
Individuals with a history of having received Bacilli Calmette-Guerin (BCG) vaccination don't need to receive a Tuberculin Skin Test (TST) or Interferon- Gamma Release Assy (IGRA).	64.7%	71.0%
What types of germs cause illness?	96.3%	95.3%
Standard precautions are barriers that protect you from bodily fluids and should be used for all cleaning.	81.4%	92.3%
Transmissible infections are a major concern among health care workers.	97.0%	98.9%
Some basic concepts of infection control include...	95.3%	98.4%
The surface or item must be kept _____ for the appropriate contact time per the manufacturer's recommendations.	81.0%	90.5%
Which of the following is an example of a resident's environment of care in a skilled nursing facility?	94.9%	94.6%

## Small Group Feedback

### Sense of Community

- You are not alone
- New IPs feel supported
- Shared TNT curriculum and knowledge base
- Connecting with other SNFs

### Trust

- Sharing work, projects, progress
- Open to receiving/Giving feedback
- Trusting in collegial expertise

### Creativity

- Using games to engage staff in IP
- Introducing new incentives to practice good IP
- New approaches to increasing COVID vaccination



## Audience Question:

*How do you keep your staff engaged in  
Infection Prevention and Control?*

## Some Words from our Small Group Facilitators

The representatives from the facilities are genuinely curious on how to improve their facility, whether it's infection control, QAPI, or team bonding.  
It's amazing how everybody wants the best for their facility, and they are willing to take on a task such as this program, along with the small group sessions on top of everything else they are doing for their facility. You can tell they really care about where they work.

Gracie

I loved seeing so many SNF IPs, DONs, DSDs, and even administrators participating in the groups!

Amber

Having the opportunity for participants to speak with our team and our doctors was valuable for us to learn about their challenges.

Marco

Use the tools you've learned in TNT, never hesitate to ask questions, and never give up! IPC is "key"!

Teena

Abby

It was also so heartwarming to witness and be a part of participants at different SNF's providing each other with encouragement and advice on challenges they were facing. Truly the meaning of community coming together in real time.

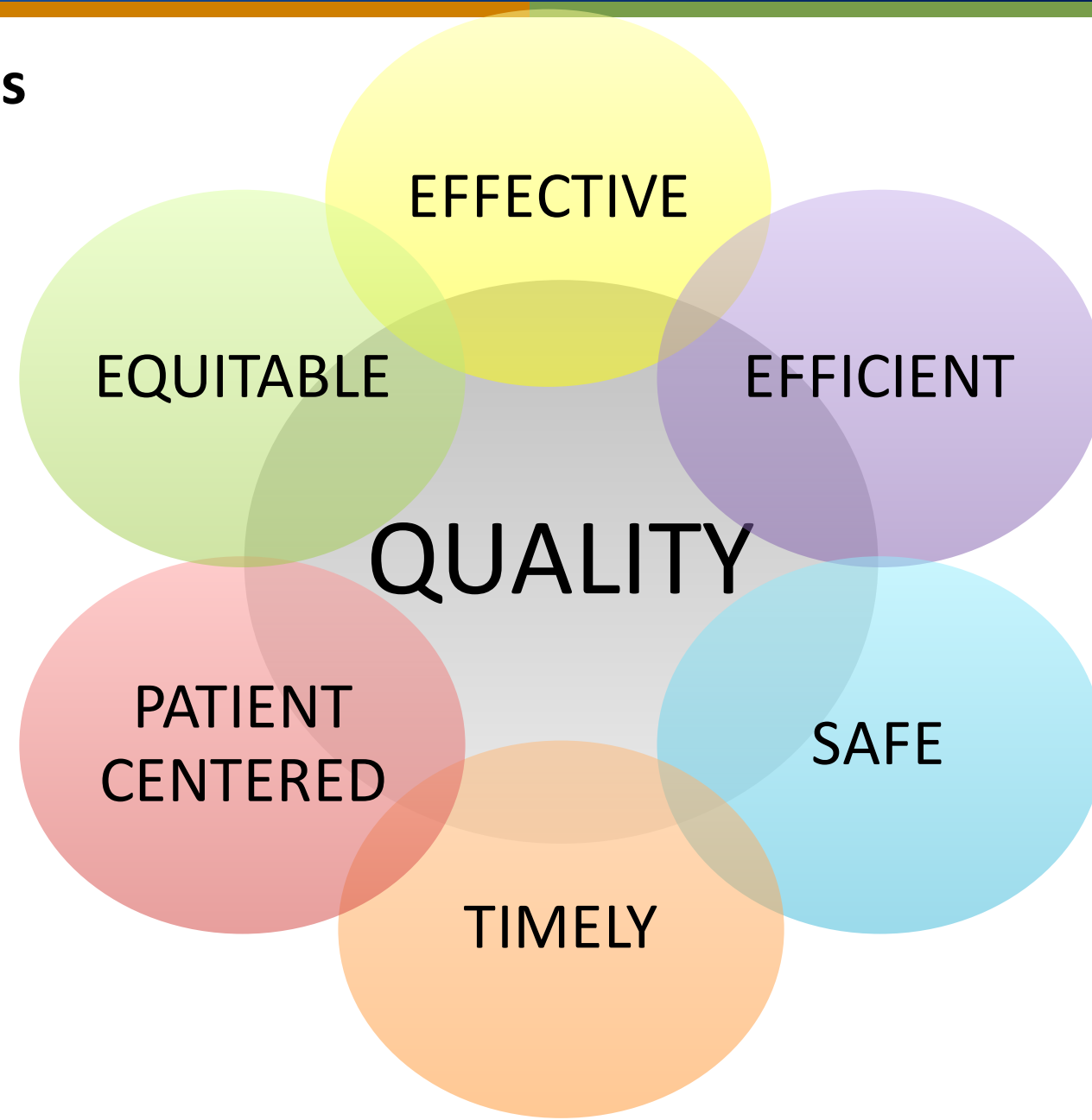
I think that the facilities are going to take the information they have gained here at TNT and hit the ground running. It will be so amazing to watch them all continue to elevate their practices, gain knowledge and help to make their facilities safer for both residents and staff.



# Quality Improvement Concepts



## Quality Improvement Concepts

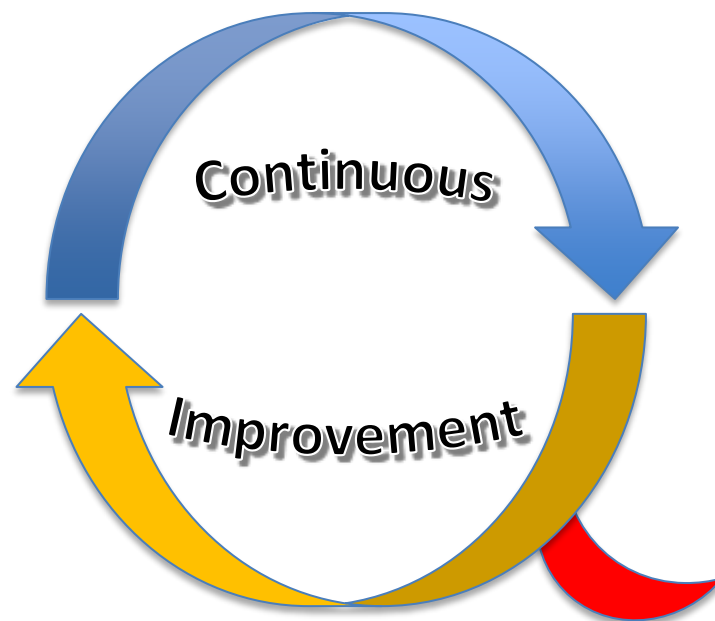


- See every process in your facility through a QAPI lens.
- Remember the IOM Aims for Improvement!



## Quality Improvement Concepts

- Tell your story and make it relatable for others so they want to get involved.
- Your project is not over when you meet your goals, you need to continue monitoring data to keep up your progress. Use your dashboard.
- Preventative SNF ICAR as a source of data for us to know what needs improvement in facilities



TNT SNF Quality Dashboard - Sunny Meadows Center [your facility name here]

Strategic Quality AIM 1: Reduce Resident Infections  
 Strategic Quality AIM 2: Increase Culture of Safety

Legend for "Ranking" column

- ON PATH - goal achieved for reporting period.
- OFF PATH - goal not met, but at or within 20% of goal
- BELOW - performance is 20% or more below goal

What we are measuring.....		Stretch Goal	Ranking	Performance	Mean/Cumulative	Data Period Reported	Data Source
<b>Nursing Home Compare (NHC) Overall Star Rating</b>							
Star Ratings	Overall Star Rating for Health Inspections, Staffing, and Quality Measures	5	OFF PATH	4	0	7/1/21-6/30/22	NHC
	Health Inspections	5	BELOW	3		7/1/21-6/30/22	NHC
	Staffing	5	BELOW	2		7/1/21-6/30/22	NHC
	Quality Measures	5	ON PATH	5		7/1/21-6/30/22	NHC
	Short-stay Quality Measures	5	BELOW	3		7/1/21-6/30/22	NHC
	Long-stay Quality Measures	5	ON PATH	5		7/1/21-6/30/22	NHC
Efficiency	Medicare Spending Per Beneficiary (MSPB) for residents in SNFs	1.03	BELOW	1.47			NHC
<b>NHC Regulatory</b>							
Inspections	Number of health citations (aka deficiencies)	8.3	BELOW	12	0	7/1/21-6/30/22	NHC
Penalties	Federal fines YTD	\$0	BELOW	\$1,316		1/1/22-7/31/22	NHC
	Federal fines in the last 3 years	\$0	BELOW	\$9,582		12/20/19-7/31/22	NHC
<b>NHC Staffing</b>							
Staff hours per resident per day	Total number of nurse staff hours per resident per day	3.46	ON PATH	3.57	-	7/1/21-6/30/22	NHC
	Registered Nurse Hours per resident per day	41.00	BELOW	22.00	-	7/1/21-6/30/22	NHC
	LPN/LVN hours per resident per day	0.53	ON PATH	1.23	-	7/1/21-6/30/22	NHC
	Nurse aide hours per resident per day	2.12	ON PATH	2.12	-	7/1/21-6/30/22	NHC
	Total number of nurse staff hours per resident per day on the weekend	3.16	ON PATH	3.42	-	7/1/21-6/30/22	NHC
	Physical therapist staff hours per resident per day	0.04	ON PATH	0.08		7/1/21-6/30/22	NHC
Turnover	Total nursing staff turnover	46.5%	ON PATH	45.2%		7/1/21-6/30/22	NHC
	Registered nursing staff turnover	50.8%	BELOW	66.7%		7/1/21-6/30/22	NHC
	Number of administrators who have left the nursing home	0.7	ON PATH	0.0	-	7/1/21-6/30/22	NHC
<b>NHC Quality Measures (Short-Stay Only)</b>							
Readmissions	Percentage of short-stay residents who were re-hospitalized after a nursing home admission	23%	BELOW	33%			NHC
	Percentage of infections patients got during their SNF stay that resulted in hospitalization	6%	ON PATH	7%			NHC
	Percentage of short-stay residents who have had an outpatient emergency department visit	11%	ON PATH	14%			NHC
	Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF	8%	BELOW	8%			NHC
HAPI	Percentage of short-stay residents with pressure ulcers/pressure injuries that are new or worsened	3%	ON PATH	2%			NHC
Seasonal Vaccination	Percentage of short-stay residents who needed and got a flu shot for the current flu season	77%	ON PATH	100%			NHC
	Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia	80%	ON PATH	100%			NHC
Functional Improvement	Percentage of short-stay residents who improved in their ability to move around on their own	80%	ON PATH	73%			NHC
	Percentage of SNF residents whose functional abilities were assessed and functional goals were met	99%	ON PATH	100%			NHC
	Percentage of residents who are at or above an expected ability to move around at discharge	40%	ON PATH	32%			NHC
	Percentage of residents who are at or above an expected ability to care for themselves at discharge	47%	ON PATH	47%			NHC

## TNT SNF Quality Dashboard Template

- Track progress and review goals
  - Set goals
  - Revise goals based on progress
- This is a template. Revise it to meet your facility needs
  - Look up and add your facility's Nursing Home Compare measures: <https://www.medicare.gov/care-compare/>



## How Do We Help You Sustain QAPI?

- QAPI work as part of ICARs: Prepare for CMS Audits
- Future DPH SNF activities, will ask for SNF participation as facilitators. (you are the experts)
- Encourage SNF community mobilization:
  - Facilitate affiliated SNFs for QAPI activities.
  - Outreach to other care settings in your zipcode/catchment (hospitals, LTACHs, RCFEs/ARFs/ALFs, other SNFs)
- Bringing back 'Ask an IP'
- Connecting to HSAG for QI and NHSN support.
- Collaborating with HSAG and CDPH for further education and training.
- DPH staff available to assist you: [LACSNF@ph.lacounty.gov](mailto:LACSNF@ph.lacounty.gov)



## Audience Question:

*How do you plan to continue QAPI in your facility?*



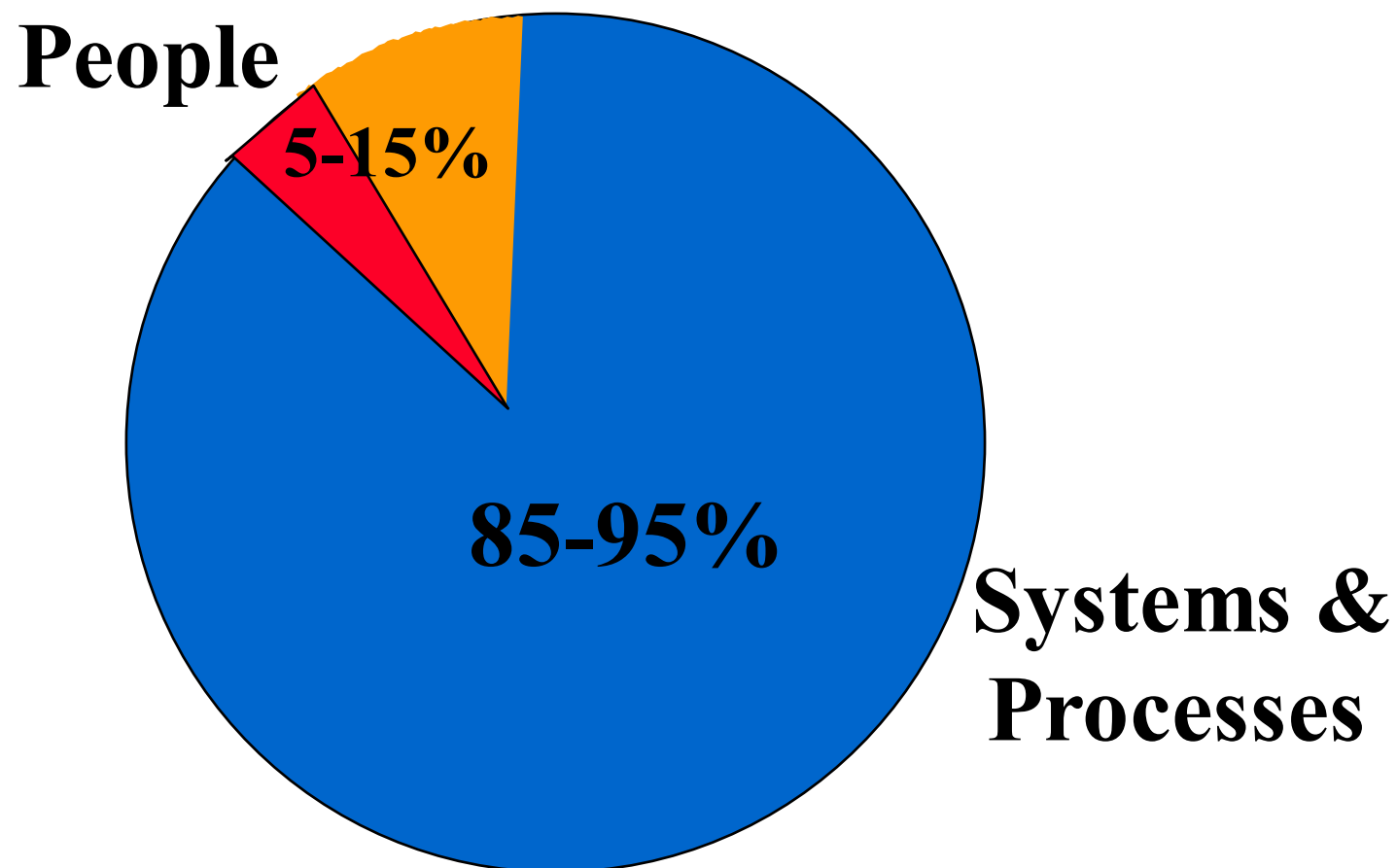
## How Do You Sustain QAPI?

- Make a list of top 3 projects you'll work on next.
- Use the recorded TNT Didactic Sessions for ongoing and new staff QAPI education.
- Spread the word about the TNT Program to other SNFs in other counties.
- Have smaller meetings within the SNF departments about QAPI activities and have QAPI added to the agenda as a standing and permanent discussion.
- This knowledge is translatable: this means it can be taken and used in any other job, even in other industries.
- Continue to work on established projects, and if they are the best they can be, get to work on new ones!

## Looking Forward: QAPI is a Continuous Process

Easy + ? Impact	More Difficult + High Impact
Verbally educating staff on resident room cleaning process.	<ul style="list-style-type: none"> <li>• Holding staff accountable according to the facility policy on resident room cleaning.</li> </ul>
Verbally educating non-compliant staff on hand hygiene (how-to, benefits, risks to self and others)	<ul style="list-style-type: none"> <li>• Holding staff accountable according to written policy. Celebrating consistent compliance.</li> </ul>
Verbally educating CNAs on a standard resident bathing protocol	<ul style="list-style-type: none"> <li>• Developing a written standard resident bathing protocol (setting expectations)</li> <li>• Holding staff accountable according to written protocol</li> </ul>
Verbally educating each new registry staff on facility-specific IPC processes as they come on shift.	<ul style="list-style-type: none"> <li>• Require education on facility standards and protocols in registry contracts</li> <li>• Require basic IP education in registry contracts</li> <li>• Reduce registry use by increasing job satisfaction for directly employed staff with financial incentives (retention bonuses, IP and quality improvement work-based bonuses)</li> </ul>

# Opportunities for Improvement

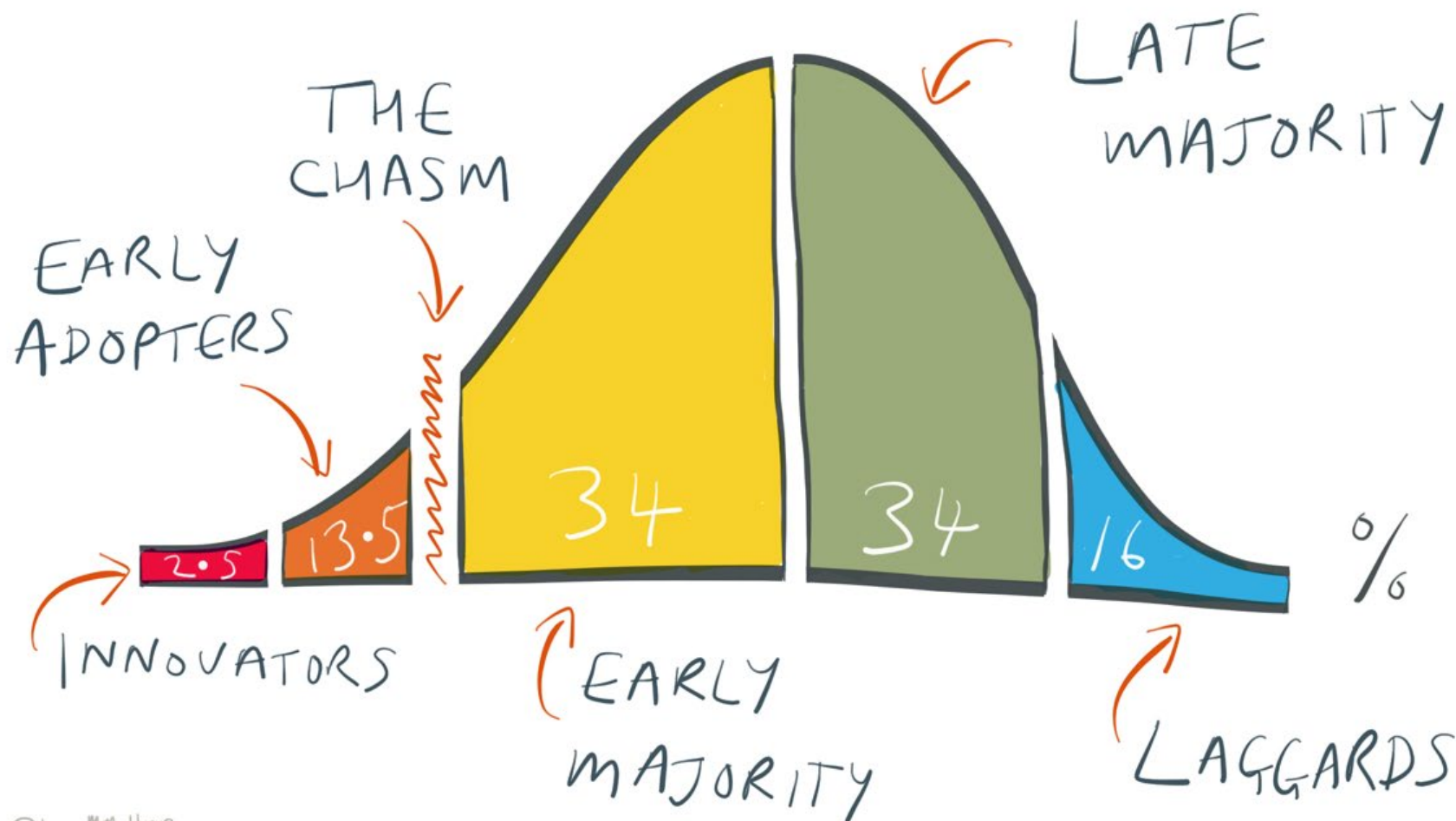


## Reasons Why Teams Fail

- Lack of organizational systems necessary to support teams
- Failure to integrate team-based structure into the organizational culture (vs. hierarchical)
- Minimal upfront planning of how teams should be utilized
- Failure to prepare managers for their changing roles (e.g., IP)
- Inadequate training
- Inappropriate reward and compensation systems
- Failure to prepare team members for their roles
- Incomplete understanding of group dynamics

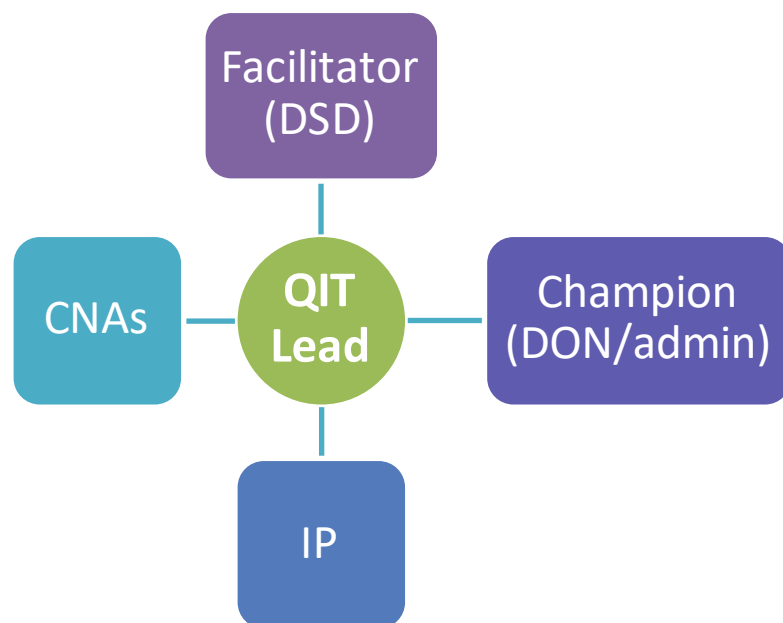
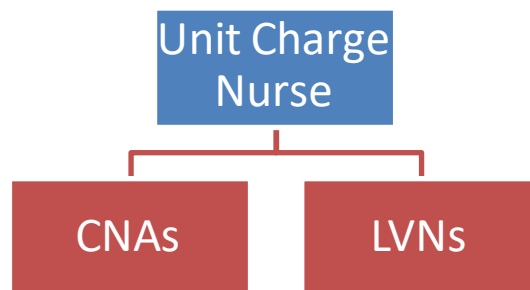


# Innovation Adoption Curve



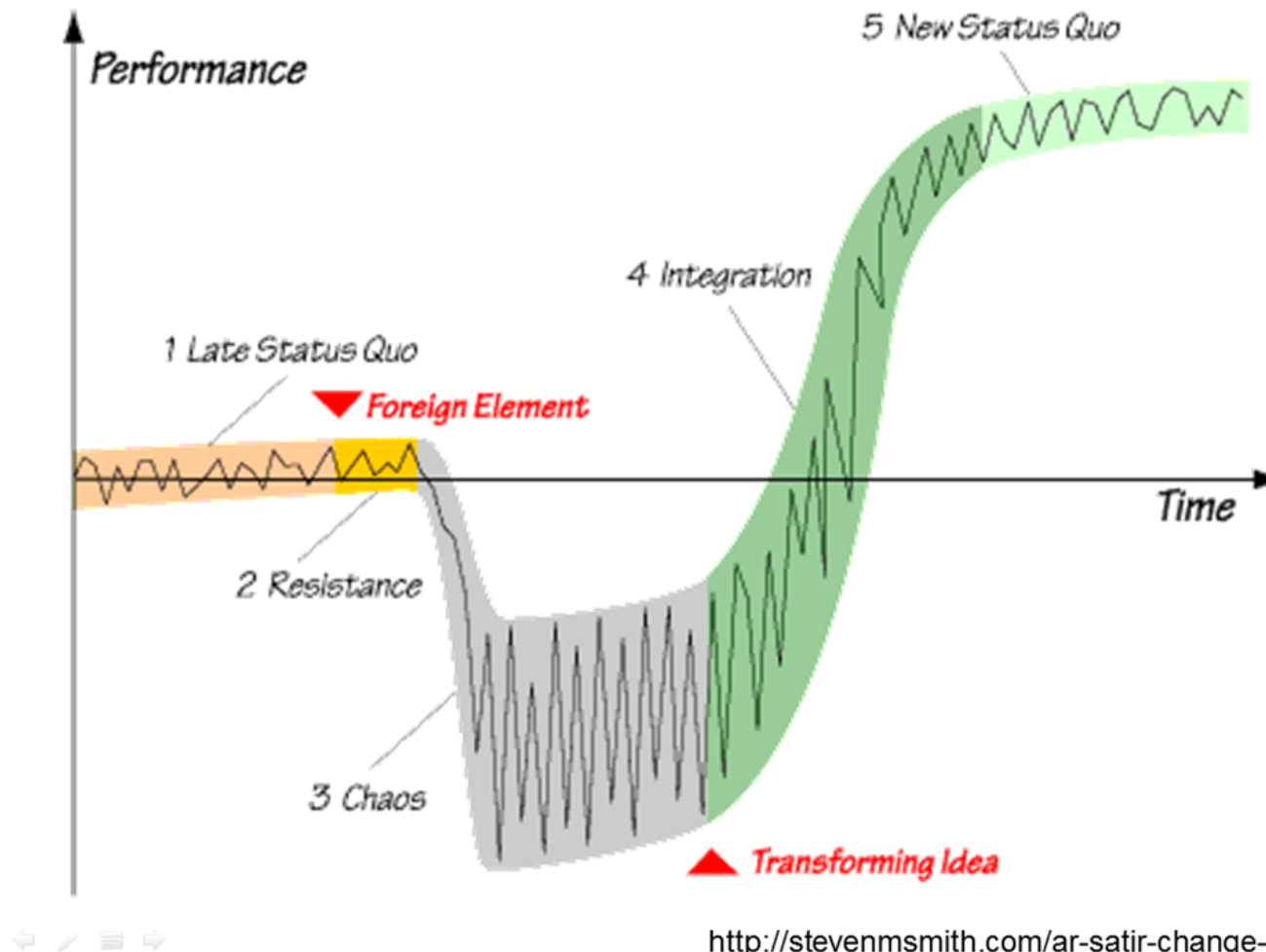
@bryanMMathers

## How Teams Succeed



- Diverse mix of innovation styles (include laggards!)
- Setting clear expectations of roles and goals for each member
- Strong communication among team members
- Respecting and *embracing* different opinions/ideas, communication styles, backgrounds, etc.
- Acknowledging everyone brings value to the table regardless of level of training, experience, and background
- Ensuring structure of the team supports the goals of the team
  - i.e., IDT model vs hierarchical
- Sufficient and appropriate type of support from top management
  - Example – champion

# Satir Change Model



<http://stevenmsmith.com/ar-satir-change-model/>



## Preventative SNF ICAR Visits



## What is an Infection Control Assessment and Response (ICAR)?

- **Purpose:** to systematically assess a healthcare facility's infection prevention and control (IPC) practices and guide quality improvement activities (e.g., by addressing identified gaps).
- **ICAR tool structure:** a series of modules that may be included depending on time, facility-specific concerns, or applicability to an organism of concern.
- **Who:** External (Public Health), Internal (facility leadership including the IP lead or corporate consultants)



# What does LAC DPH's Preventative SNF ICAR look like?

## 1. Schedule ICAR Visit

- *Request from SNF*
- or
- *Offered by LAC DPH*



## 2. Prepare for ICAR Visit

- *Facility pre-fills demographic info, etc.*
- *LAC DPH team internally prepares*



## 3. Conduct ICAR Visit

- *Interview*
- *Facility observations*
- *HCP observations*



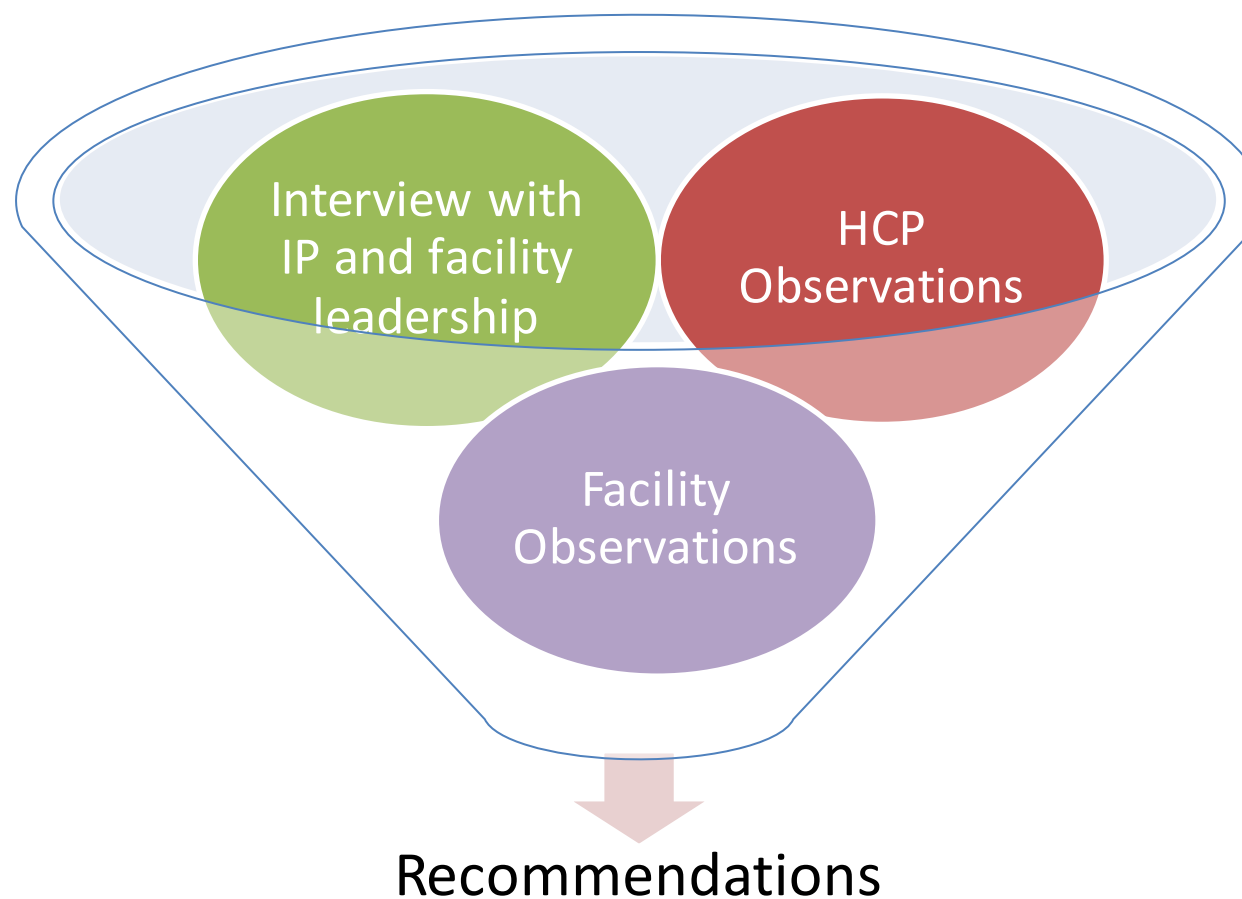
## 4. Provide Feedback

- *On-site feedback in closing meeting*
- *By email after visit*



## 5. Follow-up on feedback implementation

## What does LAC DPH's Preventative SNF ICAR look like?



# LAC DPH Preventative SNF ICAR Tool

The screenshot shows the header of the tool with the County of Los Angeles Public Health logo. Below the header is the title 'ACDC - Skilled Nursing Facility Preventative ICAR 2.0'. A mission statement and definitions are provided. The main form area is titled 'Preventative SNF ICAR' and contains three input fields: '1) Facility Name' (text input), '2) SPA Number' (dropdown menu), and '3) Facility License Number' (text input). Each field has a red asterisk indicating it is required.

**COUNTY OF LOS ANGELES  
Public Health**

**ACDC - Skilled Nursing Facility Preventative ICAR 2.0**

Mission statement: To improve the quality of care and patient safety in LAC SNFs.

Definitions:

- IPC: Infection prevention and control
- \*\*\* indicates observation opportunity and not to be covered during interview portion of ICAR
- Numerator - Number of correct observations
- Denominator - Number of total observations made

**Preventative SNF ICAR**

1) **Facility Name**   
\* must provide value

2) **SPA Number**   
\* must provide value

3) **Facility License Number**



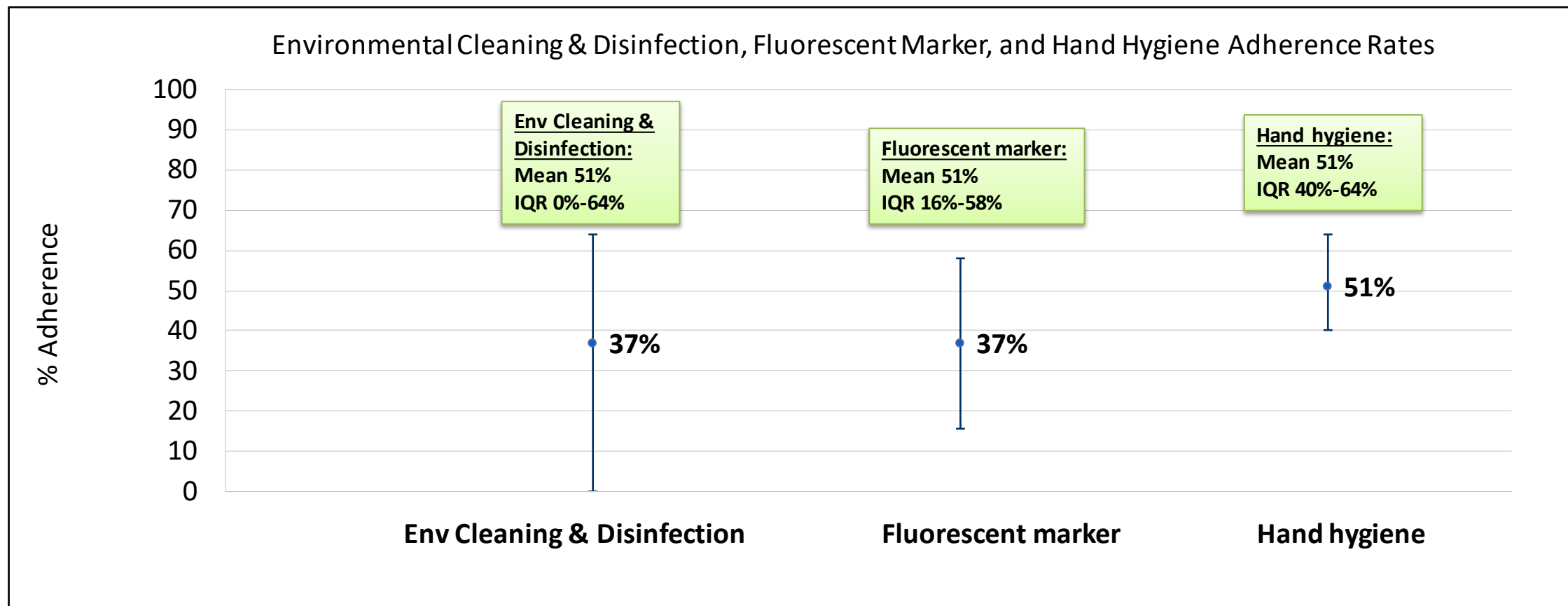
# CDC ICAR Tool Across Healthcare Settings – Updated

- Training, Auditing and Feedback
- Hand Hygiene
- Transmission-based Precautions
- Environmental Services
- High-level Disinfection and Sterilization
- Injection Safety
- Point of Care (POC) Testing
- Wound Care
- Healthcare Laundry
- Antimicrobial Stewardship

The screenshot shows the CDC website page for 'Healthcare-Associated Infections (HAIs)'. The breadcrumb trail is 'CDC > Healthcare-associated Infections (HAI) > Preventing HAIs'. The main heading is 'Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings'. A 'Print' link is visible. The text states: 'ICAR tools are used to systematically assess a healthcare facility's IPC practices and guide quality improvement activities (e.g., by addressing identified gaps). This comprehensive tool is intended to help assess IPC practices in acute care, long-term care, and outpatient settings. It is not currently intended for use in outpatient hemodialysis facilities; resources for outpatient hemodialysis facilities are available at: <https://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>. The tool includes a series of modules that individuals performing the assessment may use depending on the focus of the assessment. Modules can be selected based on allotted time, facility-specific concerns, or applicability to an organism of concern. Navigate below to view the various sections of the ICAR tool. ICAR Instructions | [Overview of the ICAR tool and helpful tips](#) [PDF - 2 pages]'. On the right, an 'Acronyms & Definitions' box defines 'ICAR: Infection Control Assessment and Response Program', 'IP: Infection Prevention', and 'Healthcare Personnel IP Competency: The proven ability to apply essential knowledge, skills, and abilities to prevent the transmission of pathogens during the provision of care.'

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>

## Direct Observations from LAC DPH's Preventative SNF ICAR visits, 2021-2022



- n=34 SNFs in Los Angeles County
- SNF ICAR (Infection Control Assessment and Response) in-person visits July 2021 thru Sep 2022



Does your skilled nursing facility want assistance with implementing infection control best practices?



### Coming Soon!

- Sign-up form
- Website



For now, email requests:  
[LACSNF@ph.lacounty.gov](mailto:LACSNF@ph.lacounty.gov)

Include in your request:

- Point of contact name, email, phone #
- Preferred dates (Tue & Thu only)
- Any areas/domains of interest



# Special Announcements



# CDPH HAI Webinar on Enhanced Standard Precautions (ESP): Friday, Mar 10, 2023 at 2:00pm

- Title: “Enhanced Standard Precautions (ESP) for Skilled Nursing Facilities”
- Date/Time: Friday, March 10, 2023, 2:00-3:30PM
- Register in advance:  
[https://reg.learningstream.com/reg/event\\_page.aspx?ek=0076-0013-64789ba59a144ee586ce48cbeae238d0](https://reg.learningstream.com/reg/event_page.aspx?ek=0076-0013-64789ba59a144ee586ce48cbeae238d0)
- Hosted by: California Department of Public Health (CDPH) Healthcare Associated Infections (HAI) Program
- Purpose: Review the principles of ESP and strategies to implement its recommended practices to reduce multidrug-resistant organism (MDRO) transmission in SNFs as outlined in [CDPH’s ESP guidance](#) per [AFL 22-21](#) released Oct 5, 2022.
- Other benefits:
  - ESP toolkit
  - Continuing education credit (CEU) for attending the training live



# CDPH HAI's ESP Homepage



I am looking for

I am a

Programs

A-Z Index

Home | Programs | Center for Health Care Quality | Healthcare Associated Infections | ESP

## HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PR

### Enhanced Standard Precautions (ESP)

Enhanced Standard Precautions (AFL 22-21) (PDF) is a resident-centered and activity-based approach for preventing MRSA in nursing facilities (SNF). The use of gowns and gloves by healthcare personnel during specific high-contact care activities, such as assessments of a resident's risk for being colonized and transmitting MDRO, whether or not the resident is known to be colonized, and assessing patient for indwelling devices and unhealing wounds.

### ESP Toolkit

» Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2022 Document

» » Enhanced Standard Precautions for Skilled Nursing Facilities, Webinar Series, Module One

» Enhanced Standard Precautions for Skilled Nursing Facilities: Implementation, Webinar Series, Module Two

» ESP Readiness Checklist for SNF and Acute Care Hospitals with Distinct Part SNFs

» » Enhanced Standard Precautions Templates for Infection Prevention Plan and Risk Assessment

» Six Moments of Enhanced Standard Precautions Sign

» Six Moments for Enhanced Standard Precautions Pamphlet

» Infection Prevention and Control Training: Hand Hygiene, Environmental Cleaning and Disinfection, Personal Protective Equipment, and ESP

» Adherence Monitoring Tools

» Interfacility Transfer Communications

» Frequently Asked Questions (FAQ)

» ESP Resource Guide





# CDPH's Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2022 Guidance Document ([AFL 21-22](#))

## Enhanced Standard Precautions for Skilled Nursing Facilities (SNF), 2022

California Department of Public Health (CDPH)

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### OUTLINE OF CHANGES

1. Updated summary of epidemiology of targeted MDRO demonstrating increased prevalence in California (Introduction, p.3).
2. Consolidated risk factors for MDRO colonization and transmission to include presence of unhealed wounds and medical devices, in alignment with CDC's most recent recommendations for Enhanced Barrier Precautions<sup>1</sup> (p. 3 ).
3. Described a process for transition from Transmission- Based Precautions for individuals colonized or infected with MDROs during an outbreak to Enhanced Standard Precautions after the outbreak has been contained (p. 5)
4. Added chlorhexidine (CHG) bathing considerations (p. 3; Table 2, p.10 )
5. Included COVID-19 considerations for room placement and cohorting (p.3; Table 2, p. 8 )

California Department of Public Health (CDPH)  
Enhanced Standard Precautions in SNF, 2022

Table 1: Definitions of Standard Precautions, Enhanced Standard Precautions, and Transmission-Based Precautions

PRECAUTIONS	UNDERLYING PRINCIPLES	IMPLEMENTATION
<b>STANDARD</b>  <b>Focus:</b> Unsuspected infectious agents in blood and body fluids (BBF)	<ul style="list-style-type: none"> <li>• All BBF except sweat may contain infectious agents</li> <li>• Used for all resident care, based on anticipated BBF exposure</li> <li>• Prevents the transmission of unsuspected infectious agents from patient to HCP and patient to patient via HCP</li> <li>• Room placement, hand hygiene, personal protective equipment (PPE), safe injection practices, respiratory hygiene/cough etiquette, environmental cleaning are additional components that prevent transmission of unsuspected infectious agents</li> </ul>	<ul style="list-style-type: none"> <li>• Assess each planned resident care activity for risk of BBF exposure</li> <li>• Perform hand hygiene and don PPE within the room, before beginning activity               <ul style="list-style-type: none"> <li>○ Gloves to protect hands</li> <li>○ Gown to protect body, clothes</li> <li>○ Mask/goggles/shield to protect face, eyes</li> </ul> </li> <li>• Remove, discard PPE, and perform hand hygiene in room when activity is complete</li> </ul>
<b>ENHANCED STANDARD</b> MDRO in residents with high-risk characteristics	<ul style="list-style-type: none"> <li>• Some SNF residents have unhealed wounds or medical devices that are high-risk characteristics for MDRO colonization and transmission whether or not MDRO status is known</li> <li>• Expanded use of gloves and gowns in SNF based on resident risk, likelihood of MDRO colonization, and transmission during specific high-contact care activities with greatest risk for MDRO contamination of HCP hands, clothes, and the environment</li> <li>• Meets need to provide a safe, clean, comfortable, and homelike environment</li> <li>• High-risk residents who can be maintained in hygienic condition and don clean clothes may leave room to participate in activities</li> </ul>	<ul style="list-style-type: none"> <li>• Assess residents for presence of unhealed wounds and medical devices upon admission and when there is a change in clinical condition</li> <li>• Perform hand hygiene and don PPE within room, before beginning activity               <ul style="list-style-type: none"> <li>○ Gloves to protect hands</li> <li>○ Gown to protect body, clothes</li> <li>○ Mask/goggles/shield to protect face, eyes</li> <li>○ Place appropriate sign at room entry</li> </ul> </li> <li>• Remove, discard PPE, and perform hand hygiene in room when activity complete</li> </ul>
<b>TRANSMISSION-BASED</b>  <b>Focus:</b> Suspected or confirmed infectious agents, specific modes of transmission, or ongoing MDRO transmission	<ul style="list-style-type: none"> <li>• Additional precautions are needed for certain infectious agents known to be transmitted by specific routes</li> <li>• <b>Contact</b> for infection or colonization with pathogens that contaminate patient skin or environment, especially when there is ongoing transmission in a facility (<i>C. difficile</i>): gloves, gown</li> <li>• <b>Droplet</b> for respiratory infections (influenza): mask, goggles, face shield</li> <li>• <b>Airborne</b> for infection by pathogens transmitted by the airborne route (measles, <i>M. tuberculosis</i>): Airborne Infection Isolation Room (AIIR), respirators (N95, PAPR)</li> </ul>	<ul style="list-style-type: none"> <li>• Place resident in single bedroom or cohort with residents with same agent; confine to room</li> <li>• Individual HCP uses PPE based on specific precautions in place (sign at room entry)</li> <li>• Perform hand hygiene and don PPE before or upon entry into the resident's room</li> <li>• Remove, discard PPE, and perform hand hygiene at exit from room</li> </ul>

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# CDPH HAI's Carbapenem-resistant/producing organisms (CRO, CPO) Resources

The screenshot shows the California Department of Public Health website for the Healthcare-Associated Infections (HAI) Program. The navigation bar includes 'I am looking for', 'I am a', 'Programs', and 'A-Z Index'. The main heading is 'HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM'. The page is titled 'Carbapenem-resistant and Carbapenemase-producing Organisms (CRO, CPO) Public Health and Healthcare Providers'. Under the 'About' section, it describes CRO and CPO. The 'Key Documents' section lists several resources, with three highlighted in red boxes: 'CRE Quicksheet (PDF) for guidance on investigating CRE cases and clusters.', 'CRPA/CRAB Quicksheet (PDF) for guidance on investigating CRPA/CRAB cases and clusters.', and 'Prevention of Multidrug-resistant Organisms in Long-term Care Facilities. December 10, 2020' which includes links to 'Slides (PDF)' and 'Webinar Recording (opens in YouTube)'.

**California Department of Public Health**

Home | Programs | Center for Health Care Quality | Healthcare Associated Infections | CRE Infection Prevention Strategies

## HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM

### Carbapenem-resistant and Carbapenemase-producing Organisms (CRO, CPO) Public Health and Healthcare Providers

#### About

Carbapenem-resistant organisms (CRO) are Gram-negative bacteria that are resistant to the broad-spectrum antibiotics. They include: bacteria from the Enterobacterales order (previously Enterobacteriaceae) such as *Pseudomonas aeruginosa* (CRPA); and *Acinetobacter baumannii* (CRAB). Patients with CRO infections often have more severe and longer-lasting infections than those with susceptible infections. Certain CRO are resistant because they produce carbapenemase enzymes that break down carbapenems ineffective. Carbapenemase genes can be transferred between different kinds of bacteria.

Carbapenemase-producing organisms (CPO) are increasingly more common throughout California. Healthcare providers across the continuum of care are coordinating efforts to prevent the emergence and transmission of these infections in California.

#### Key Documents:

- [CPO Reporting FAQ \(PDF\)](#) for guidance on reporting CPO to public health
- [Targeted Surveillance Program Flyer \(PDF\)](#) for CRPA and CRAB Isolates
- [CRE, CRPA and CRAB](#) information for patients and their families.
- [CRE Quicksheet \(PDF\)](#) for guidance on investigating CRE cases and clusters.
- [CRPA/CRAB Quicksheet \(PDF\)](#) for guidance on investigating CRPA/CRAB cases and clusters.
- [CPO Screening Decision Tree \(PDF\)](#) for guiding colonization testing recommendations in healthcare facilities.
- [Algorithm for Prioritizing Carbapenemase Testing \(PDF\)](#) of carbapenem-resistant organisms.
- [Prevention of Multidrug-resistant Organisms in Long-term Care Facilities. December 10, 2020](#)
  - [Slides \(PDF\)](#)
  - [Webinar Recording \(opens in YouTube\)](#)
- [Antimicrobial Resistance Testing: Public Health Laboratory Testing Updates, and Recommendations for Isolate Submission and Reporting October 6, 2021](#)
  - [Slides \(PDF\)](#)
  - [Webinar Recording \(opens in YouTube\)](#)



# LAC DPH HAI and *C. Auris* Homepages

**Acute Communicable Disease Control**

**Healthcare-Associated Infections**

Healthcare-associated infections (HAIs) are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting. HAIs are a major source of morbidity and mortality among Los Angeles residents, but can be prevented in most cases. In Los Angeles County, a number of HAIs are tracked including central line-associated bloodstream infections (CLABSI), methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSIs), vancomycin-resistant enterococci (VRE) BSI, surgical site infections (SSIs), *Clostridium difficile* infections (CDI), carbapenem-resistant Enterobacterales (CRE) events, and catheter-associated urinary tract infections (CAUTI).

Infection prevention and control in healthcare settings is important to reduce transmission of HAIs between patients and health care workers. LAC DPH engages in a number of infection control strategies to reduce HAIs and improve patient safety.

LAC DPH actively participates in the Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (CORHA). We encourage our healthcare partners to visit the [CORHA website](#) for HAI and AR outbreak resources.

**Updates**  
[CDPH Health Advisory: Resurgence of \*Candida auris\* in Healthcare Facilities in the Setting of COVID-19 \(8-21-20\)](#)  
[LAC DPH Health Advisory: Resurgence of \*Candida auris\* in Los Angeles County \(7-17-20\)](#)

**Current activities**  
[Targeting Appropriate Prescribing in Outpatient Settings \(TAP OUT\)](#)  
 LTAC Collaborative  
[LACDPH Infection Prevention Course](#)

**Publications**

**Healthcare Outreach**

**HOU Main Page**

About the HOU

Antimicrobial Stewardship

Healthcare-Associated Infections

Antimicrobial Resistance

Legionella

Publications

Regional Antibigram

Injection Safety

MDRO Reporting Portal

**Acute Communicable Disease Control**

**Updates**  
[CDPH Health Advisory: Active Surveillance for \*Candida auris\* in Healthcare Facilities \(March 2021\)](#)

**What is *Candida auris*?** +

**Who is at highest risk for *C. auris*?** +

**How can the spread of *C. auris* be prevented?** +

**LAC DPH CAN HELP! ACDC can provide:** +

**RESOURCES** +

**How to Report *Candida auris***  
 Confirmed *C. auris* must be reported to LAC DPH within 1 working day. Please report using the secure REDCap [LAC DPH MDRO Reporting Portal](#). Providers with access to IRIS may report cases, complete the CMR, and upload a final lab result via the community module.

**Healthcare Outreach**

**HOU Main Page**

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<http://publichealth.lacounty.gov/acd/HAI.htm>

<http://publichealth.lacounty.gov/acd/Diseases/CandidaAuris.htm>

## Questions on *C. auris*, other MDROs, or ESP?

- [HAI@ph.lacounty.gov](mailto:HAI@ph.lacounty.gov)





## TNT Program Evaluations

- Don't forget to complete the quizzes.
- **Today you will receive links to 2 quizzes.** Both are due by 5pm on March 15, 2023.
  - 1) Post-Session Evaluation Quiz
  - 2) Unit 3 Post-test
- Follow-up Survey in 6 months: We will send this out in the fall, so please make sure to complete it so we know how you are doing with your quality improvement and whether the TNT Program helped you or not!

# QUESTIONS?

