Wisconsin HAI Education Series

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WISCONSIN DEPARTMENT of HEALTH SERVICES

Multidrug-Resistant Organisms and Transitions in Care

The Importance of Clear and Timely Communication

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WISCONSIN DEPARTMENT of HEALTH SERVICES

Agenda

- Review multidrug-resistant organism (MDRO) activity in Wisconsin.
- Discuss the impact of interfacility communication.
- Identify methods of successful communication.

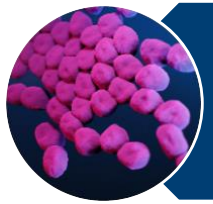
Disclaimer

- The Wisconsin HAI Prevention Program is non-regulatory.
- There is no affiliation with any facilities or products.
- All content is based on current guidance and best practices.

MDROs

A brief review…

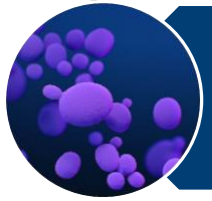
Reportable MDROs in Wisconsin



Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii* (CP-CRAB)

Carbapenemase-producing carbapenem-resistant *Pseudomonas aeruginosa* (CP-CRPA)

Carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE)



Candida auris

Vancomycin-intermediate *Staphylococcus aureus* (VISA) and Vancomycin-resistant *Staphylococcus aureus* (VRSA)

MDRO Cases in Wisconsin

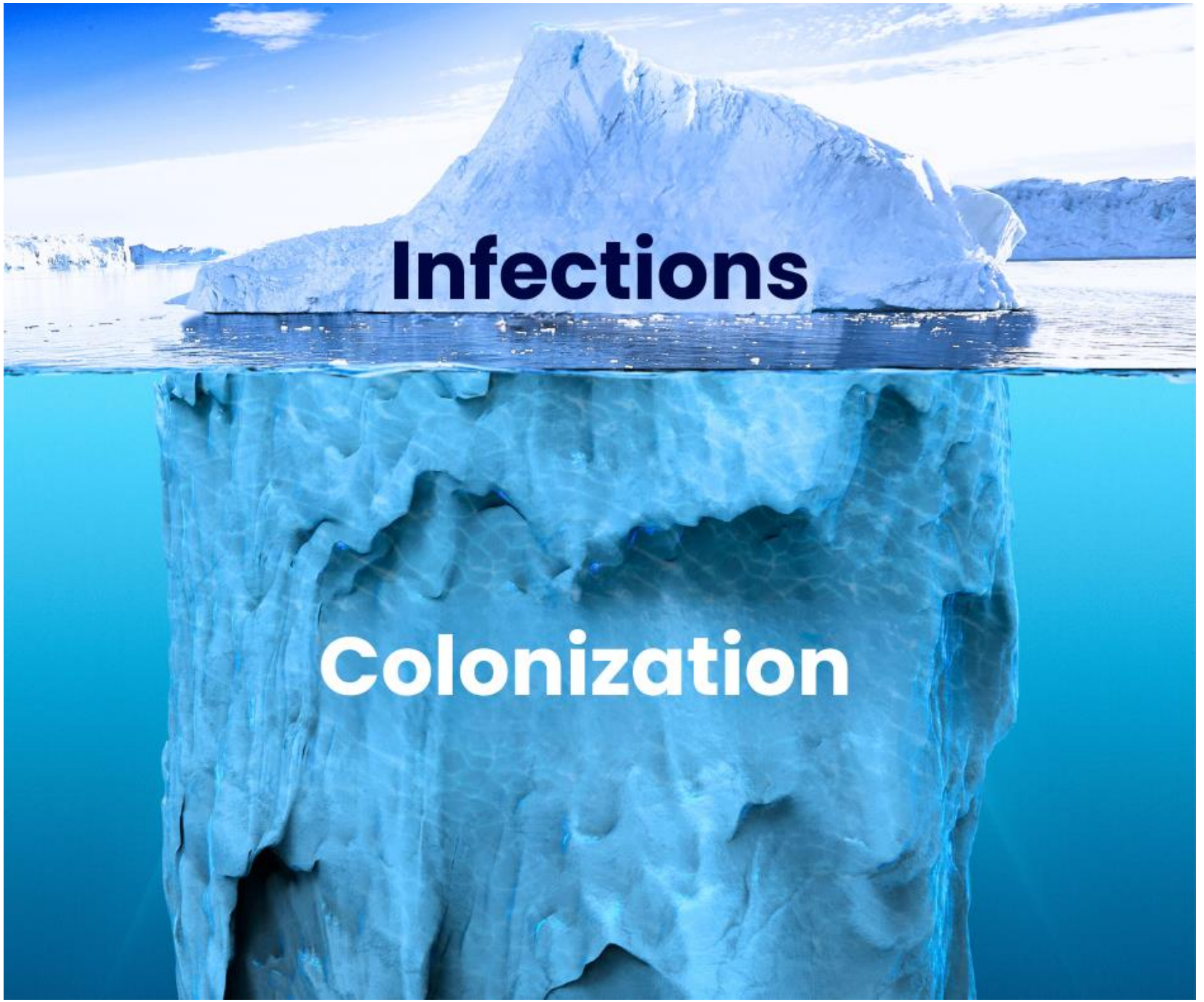
	2020	2021	2022	2023	2024
CP-CRAB	41	153	112	153	139
CP-CRE	30	42	45	37	69
C. auris	0	1	5	21	23
CP-CRPA	2	2	4	3	1
VISA	1	1	2	4	0

How do these organisms spread?

Setting-Specific Precautions

Standard precautions	Contact precautions	Enhanced barrier precautions
All care settings	• Acute care • Long-term acute care • Sometimes nursing homes	Nursing homes

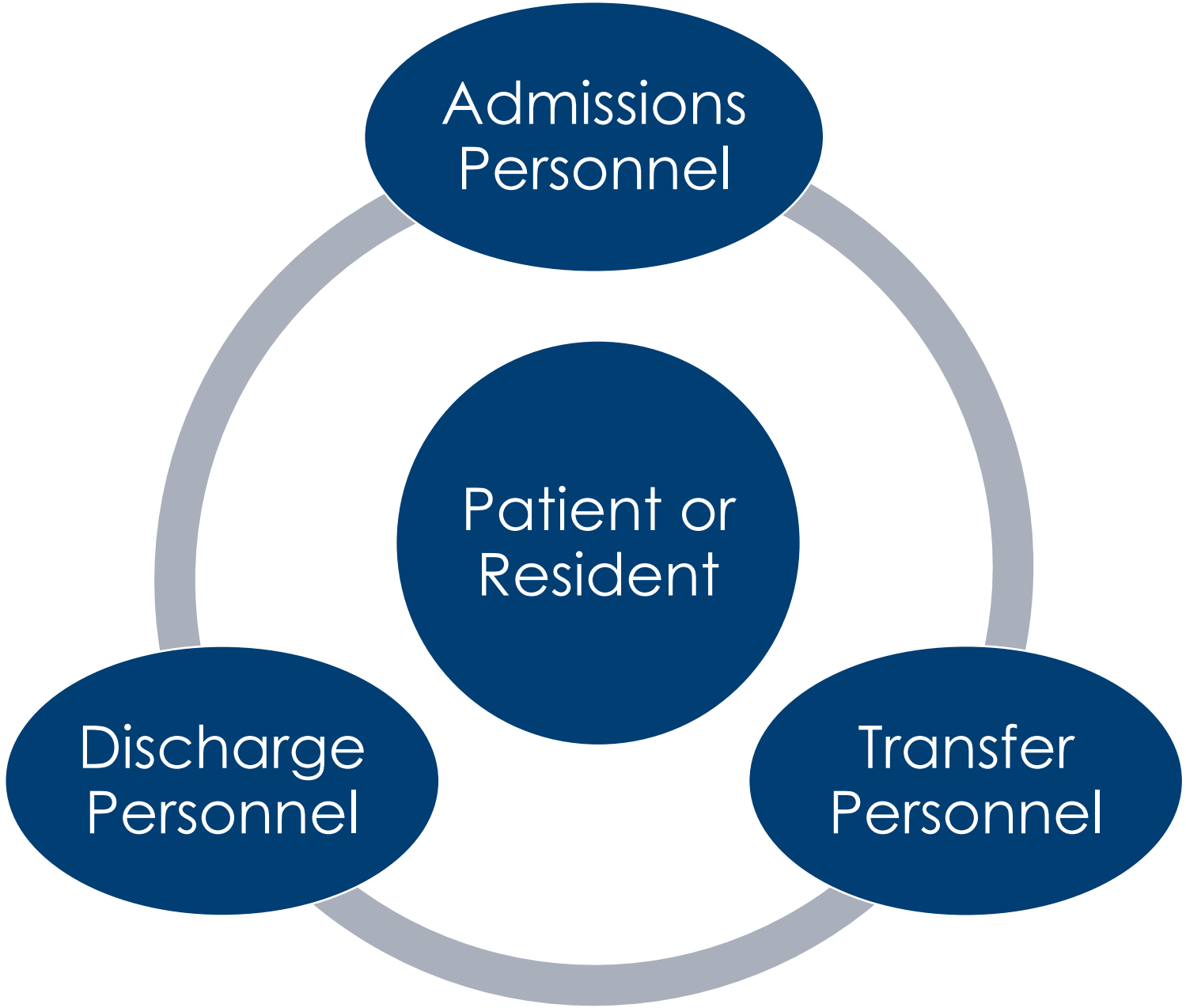
Colonization vs. Infection


Infections
Colonization

Complexities of Interfacility Communication


Home health care
Nursing home
Acute care hospital
Person with MDRO
Long-term acute care facility
Ambulatory care clinic

Care Transitions Personnel



Additional Challenges

- Unstandardized modes of communication.
- Incompatible electronic health records.
- Incomplete documentation.
- Delays in communication or information.
- Rapid or off-hours transfers.

The Impact of Communication

Four real life examples…

Example 1: CP-CRAB

- The resident lived in a long-term care facility (LTCF).
- They were admitted from a different LTCF 6-months prior.
- No MDRO history was mentioned.
- They were recently hospitalized at an acute care facility.

Example 1: CP-CRAB

- They were readmitted with a note to isolate due to CP-CRAB history.
- Response-driven colonization screening identified five other colonized residents.
- The CP-CRAB outbreak took a year to stop.

The Impact

Additional residents became colonized and infected.

The outbreak response was costly and lengthy.

The facility's reputation was negatively impacted.

Example 2: *Candida auris*

- An acute care patient was diagnosed with a clinical C. *auris* infection.
- They were treated and stabilized.
- Discharge needs required skilled nursing facility.

Example 2: *Candida auris*

- None of the nursing homes in the area would accept the admission.
- The patient remained at the acute care facility for **three more months** until they could return home on home health services.

The Impact

There was one less bed for another patient who needed it.

The care was costly for the patient.

Perpetuated the stigma associated with diagnosis.

Example 3: *Candida auris*

- The patient was discharged to a local nursing home from an acute care facility.
- The acute care facility included the *C. auris* diagnosis in the discharge papers but did not include it in verbal report.

Example 3: *Candida auris*

- The patient's *C. auris* status was discovered after the patient has already arrived at the facility and was in their new room.
- The facility sent the resident back to the hospital via EMS stating, "we don't take those types of residents here."

The Impact

Poor patient experience.

Frustration and mistrust between facilities.

Example 4: Admission Screening

- An acute care facility was interested in screening patients with certain risk factors for reportable MDROs.
- They then heard that some post-acute care facilities will not accept patients with MDROs.

Example 4: Admission Screening

They decided not to pursue proactive screening.

The Impact

Unknowingly colonized patients have an effect on the care continuum.

Facilities strategically avoid knowing whether a patient or resident is colonized to ease transitions of care.

Path to Successful Communication

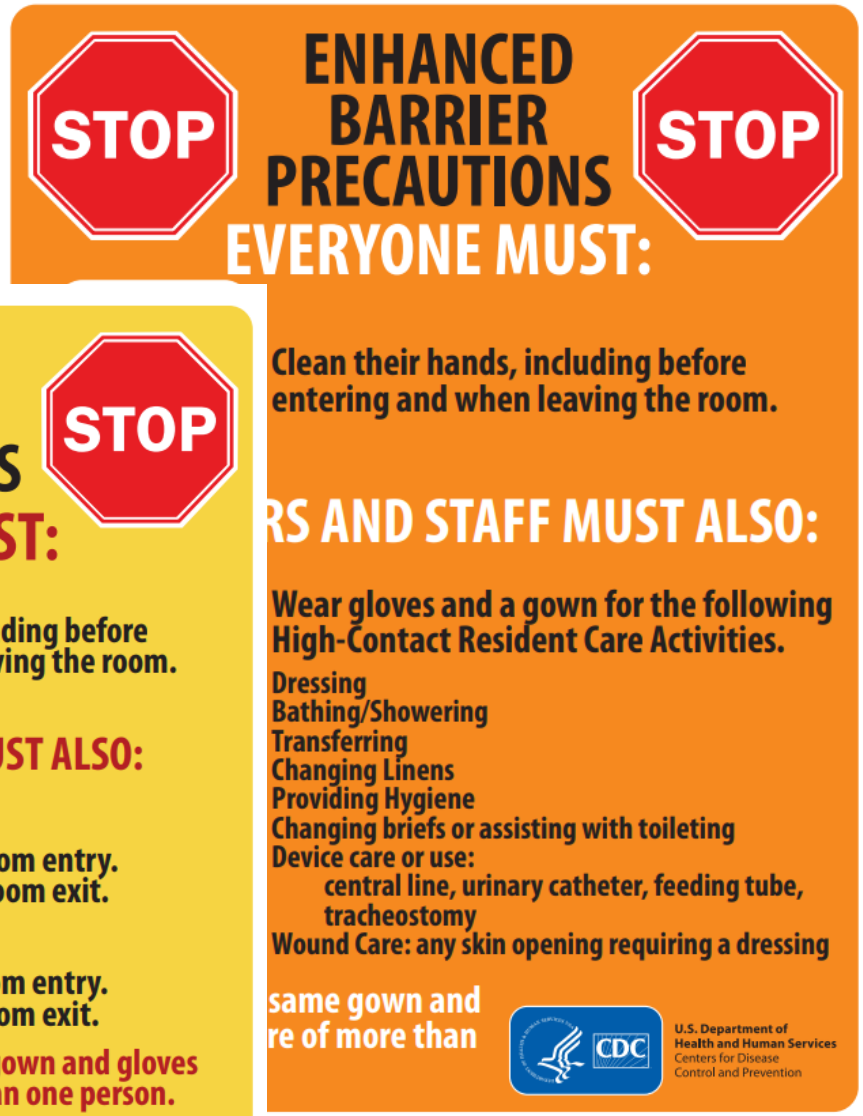
Both internal and external communication…

Recommendation #1: Use a Communication Tool

Electronic Health Record (EHR)

- Flag the chart.
- Communicate precautions needed.
- Include MDRO status on face sheet and transfer paperwork.

Door Signage



Use this template form as is or adjust to meet the needs of your facility or organization.

Health Care Facility Transfer Form

Use this form for transfers to an admitting health care facility.

When a patient or resident is transferred from one health care facility to another, the receiving facility and involved medical transport personnel should be informed of the individual's communicable disease status so that appropriate precautions may be implemented.

Patient/resident name (last, first):		
Date of birth:	Medical record number:	Transfer date:
Sending facility name: _____ Contact name: _____ Contact phone: _____		
Receiving facility name: _____ Contact name: _____ Contact phone: _____		

Precautions

Patient/resident currently on precautions? ☐ Yes ☐ No

If yes, select precaution type(s):*
☐ Airborne ☐ Contact ☐ Droplet ☐ Enhanced barrier

Communicable disease status

☐ Patient/resident is **not known** to be colonized or infected with a multidrug-resistant organism (MDRO) or other communicable disease requiring precautions.

☐ Patient/resident has been **exposed to** an MDRO or other communicable disease but is not known to be colonized or infected. If available, record the organism(s) or communicable disease and last date(s) of exposure.

_____

☐ Patient/resident has an MDRO or other communicable disease requiring precautions. Check organism(s) or specify below. If available, include a copy of lab results with organism ID and antimicrobial susceptibilities.

Organism or communicable disease
☐ *Candida auris* (*C. auris*)
☐ Carbapenem-resistant *Acinetobacter baumannii* (CRAB)
☐ Carbapenem-resistant Enterobacterales (CRE)
☐ Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
☐ *Clostridioides difficile* (*C. diff*)
☐ Extended-spectrum beta-lactamase (ESBL)-producer
☐ Methicillin-resistant *Staphylococcus aureus* (MRSA)
☐ Vancomycin-resistant *Enterococcus* (VRE)
☐ Other, specify:

*View the *Transmissions-Based Precautions Reference Guide* for more information on precaution types.

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Communication failures have been identified as a **key contributor to the spread of MDROs** between facilities in Wisconsin and in other states.

Recommendation #2: Educate and Communicate with Staff

Staff Collaboration

- Give them the “why” and “how.”
- Involve them in the process.
- Provide them with the tools.

Recommendation #3: Communicate!

Communication in Action

Recommendation #4: Build Healthy Partnerships Across the Care Continuum

Interfacility Collaboration

- Develop collaborative, trusting relationships.
- Establish regional strategies.
- Create transfer networks.

Recommendation #5: Check in on the Process

How Are Things Going?

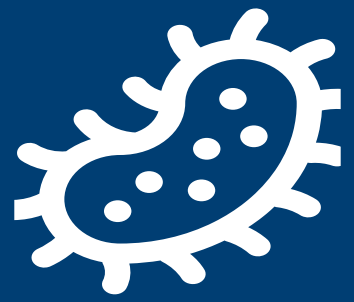
- Talk with staff.
- Review charts.
- Check in with receiving facilities and transport personnel.

Who has time for all of this???

Improved Patient and Resident Outcomes

Why we communicate…

Antibiotic Resistance in the U.S.



2,868,700 estimated infections

35,900 estimated deaths

Data source: *2019 Antibiotic Resistance Threats in the United States*, CDC

Use of MDRO-focused infection prevention and control (IPC) strategies helps protect other patients and residents from infection and colonization.

Admissions, Transfers, and Discharges

Be prepared, be confident...

The Ugly Truth…

It is unlikely that MDROs will ever disappear from health care.

There are many who are unknowingly colonized.

Declining an admission based on MDRO status alone is poor practice.

How Can You Help?

- Be thorough and transparent in your communication.
- Be prepared with IPC best practices.
- Be confident that you can care for someone with an MDRO.

Resources

- DHS, Reportable Multidrug-Resistant Organisms
- DHS, Guidelines for Prevention and Control of Multidrug-Resistant Organisms for Health Care Settings
- DHS, Recommendations for Prevention and Control of Targeted Multidrug-Resistant Organisms in Wisconsin Nursing Homes
- DHS, Recommendations for Prevention and Control of Targeted Multidrug-Resistant Organisms for Assisted Living Facilities
- DHS, Recommendations for Prevention and Control of Multidrug-Resistant Organisms for Prison and Jail Settings
- DHS, Health Care Facility Transfer Form

Questions?

Contact Information

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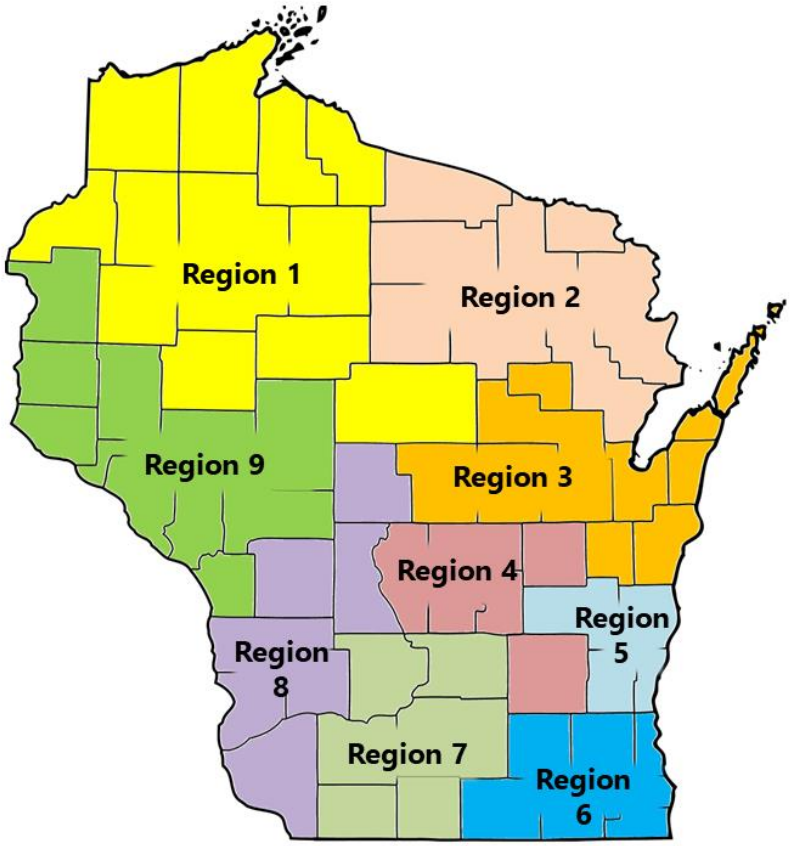
Region 7: Beth Ellinger; Phone: 608-219-3483

Region 8: Ashley O'Keefe; Phone: 608-556-8608

Region 9: Nikki Mueller; Phone: 608-628-4464



HAI Infection Prevention Education webpage

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About DHS | Data & Statistics | Diseases & Conditions | Health Care & Coverage | Long-Term Care & Support | Prevention & Healthy Living | For Partners & Providers | Certification, Licenses & Permits

Home › For Partners & Providers › Healthcare-Associated Infections: Resources for Health Professionals › HAI Infection Prevention Education

- HAI: Home
- For Health Professionals
- For Patients & Families
- **Infection Prevention Education**
- Infection Preventionist Starter Kit
- Multidrug-Resistant Organisms
- Precautions
- HAI Data
- National Healthcare Safety Network
- Antimicrobial Stewardship

HAI Infection Prevention Education

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment. IPs also serve as a resource to other staff and programs within their facilities. The resources on this page are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections (HAI).

Webinars

HAI Education Series

The HAI Education Series provides educational presentations on topics including infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for health care staff in all setting types, local and Tribal health departments, and other health care partners. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI infection preventionists, partner organizations, or other external subject matter experts.

The HAI Education Series is a monthly webinar series, typically held the fourth Thursday of each month. Register for the HAI Education Series.

HAI Education Series recordings +

Upcoming HAI Education Session

Date: December 4, 2025

Topic: Viral Hepatitis Elimination Plan

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