Baseline Survey to Assess Multi Drug-Resistant Organisms (MDRO) and Infection Control Competencies

Multi Drug-Resistant Organisms Management in Long Term Care Facilities Workshop
Louisiana Office of Public Health Healthcare-Associated Infections Program

Purpose

The purpose of this survey is to assess gaps in knowledge of MDROs prior to today's activity. Responses are confidential and will not be shared with any entity outside of Infectious Disease Epidemiology. Feel free to interact with your neighbors when completing this introductory assessment. Answers will be reviewed at the end of the workshop. Information gathered will be used to plan future activities.

1. Which of the following are principle functions of a competent and effective Infection Control Program? Select all that apply.

- Intervene directly to prevent infections and interrupt the transmission of infectious diseases
- Put policies and interventions in place that address risk factors that influence individual employee behavior change, organizational culture, and worksite environment
- Develop and recommend policies and procedures
- Educate and train healthcare professionals, patients, and nonmedical caregivers
- Design, implement, evaluate and revise academic and continuing education programs for nurses

Friedman C. Chapter 1 – Infection Prevention and Control Programs. APIC Text of Infection Control and Epidemiology, 2015.
2. A patient develops a skin infection that results in purulent drainage from a wound in a long term care facility. Cultures from the wound are pending. Which of the following is an appropriate response to preventing the spread of this infection? Select all that apply.

- Keep the wound clean and covered while using appropriate personal protective equipment (PPE)
- Place the patient in a single room while they are symptomatic
- Clean daily with a focus on high touch areas, patient bathrooms, and areas close to the patient
- Place the patient in a single room while they are symptomatic and after symptoms subside

3. Your facility wishes to create an antibiotic stewardship program that meets each of the CDC 7 Core Elements. You realize that drug expertise is a key component to creating and maintaining your program, but you don’t have access to a pharmacist or infectious disease physician consistently. What are some recommended options for getting this expertise into your program? Select all that apply.

- Hire a pharmacist or infectious disease physician to champion your tracking, reporting, and education efforts.
- Work with a consultant pharmacist who has received specialized infectious diseases or antibiotic stewardship training.
- Partner with antibiotic stewardship program leads at hospitals within your referral network.
- Develop relationships with infectious disease consultants in your community interested in supporting your facility’s stewardship efforts.

---

2. A patient develops a skin infection that results in purulent drainage from a wound in a long term care facility. Cultures from the wound are pending. Which of the following is an appropriate response to preventing the spread of this infection? Select all that apply.

- Keep the wound clean and covered while using appropriate personal protective equipment (PPE)
- Place the patient in a single room while they are symptomatic
- Clean daily with a focus on high touch areas, patient bathrooms, and areas close to the patient
- Place the patient in a single room while they are symptomatic and after symptoms subside

3. Your facility wishes to create an antibiotic stewardship program that meets each of the CDC 7 Core Elements. You realize that drug expertise is a key component to creating and maintaining your program, but you don’t have access to a pharmacist or infectious disease physician consistently. What are some recommended options for getting this expertise into your program? Select all that apply.

- Hire a pharmacist or infectious disease physician to champion your tracking, reporting, and education efforts.
- Work with a consultant pharmacist who has received specialized infectious diseases or antibiotic stewardship training.
- Partner with antibiotic stewardship program leads at hospitals within your referral network.
- Develop relationships with infectious disease consultants in your community interested in supporting your facility’s stewardship efforts.

4. Your long term acute care hospital’s infection prevention and control committee (IPCC) is completing its annual risk assessment to determine goals and objectives for the infection control program. The IPCC meets quarterly and consists of a multidisciplinary team of administrative and medical staff members. Aside from completing the annual risk assessment, what should the IPCC do throughout the year? Select all that apply.

- Identify any areas of concern
- Plan interventions
- Define outcome measures
- Review or develop policies


5. The following control measures are some recommended steps for controlling a gastrointestinal outbreak in a LTCF when etiology has not been confirmed: hand hygiene/washing, contact precautions until 48 hours after symptoms have resolved, environmental cleaning and disinfection, cohorting of symptomatic patients, limiting admissions and group activities, and appropriate signage. Which of the following diseases could be the source of diarrheal disease? Select all that apply.

- *Clostridium difficile*
- Norovirus
- Influenza
- *Clostridium perfringens*

6. Which of the following are contributing factors to the proliferation of antibiotic resistance in long term care facilities? Select all that apply.

- Failure to distinguish between colonization from infection
- Selection of empiric antibiotics with culture evidence of susceptibility
- Following policies for initiating Transmission-Based Precautions
- Lack of antimicrobial stewardship

Arnold FW. Chapter 26 – Antimicrobials and Resistance. APIC Text of Infection Control and Epidemiology. 2015.

7. You are an infection preventionist at an acute care hospital. A patient was recently transferred to your facility with diarrheal disease from a nursing home. The hospital lab identified *Clostridium difficile* from the specimen, which was your suspicion since the patient had loose and runny stools. The patient was placed on antibiotics and their symptoms had cleared for 48 hours. When you attempt to discharge the patient back to the facility, you are notified that the nursing facility’s policy states that three negative tests are required for readmits from patients identified with a multi-drug resistant organism. What should you do? Select all that apply.

- Get your medical director to communicate *Clostridium difficile* colonization to the nursing facility’s director of nursing
- Call the Infectious Disease Epidemiology Section for assistance with communicating colonization v. infection to the facility
- Keep the patient at your facility
- Call another nursing facility that is willing to admit the patient

Get your medical director to communicate *Clostridium difficile* colonization to the nursing facility’s director of nursing
Call the Infectious Disease Epidemiology Section for assistance with communicating colonization v. infection to the facility
Keep the patient at your facility
Call another nursing facility that is willing to admit the patient
8. What are good sources for evidence-based guidelines to access when creating or updating your Infection Control Policy? Select all that apply.

- Association for Professionals in Infection Control and Epidemiology (APIC)
- Centers for Disease Control and Prevention (CDC)
- Society for Healthcare Epidemiology of America (SHEA)
- Healthcare Infection Control Practices Advisory Committee (HICPAC)

9. What are some recommended indicators to answer about a patient’s infectious status when transferring them to another facility? Select all that apply.

- Was the patient sharing a room with a person who was experiencing diarrheal disease?
- Is the patient currently on antibiotics?
- Is the patient currently in isolation?
- Does the patient currently have an infection, colonization, or history of an MDRO?
10. Which of the following are key domains to review when reviewing the effectiveness of your long term care Infection Control Program? Select all that apply.

- Healthcare Personnel and Resident Safety
- Device Reprocessing
- Surveillance and Disease Reporting
- Hand Hygiene
- Injection Safety and Point of Care Testing

Thank you.