Clinton Regional Hospital
MINUTES FOR THE INFECTION CONTROL COMMITTEE– Date May 8, 2024

Present: Janae Chittum CNO, Sarah Keys EVS Manager, Brenda Jennings, Quality/Infection Control/Employee Health Director, Cris Hickerson Pharmacy Director, Chasity Richardson Adm. Secretary/HR; Janice Merrill Facilities Director, Brendan Price Case Management, Len Lacefield CEO, David Burchett Radiology Director, Arlene Oneil Lab Director

Excused: Chief of Staff,

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
Motion to call to order	Brenda Jennings recommended IC Meeting call to order at.	made a motion to call to order April. Infection Control Meeting to order at, second by, all in favor		
Old Business				
	April. Meeting Min.	made a motion to approve the April Meeting minutes for Infection Control, second by, all in favor.		
New Business				
	None to report			
Consent Items				
IC Policies & Procedures	MRSA surveillance screening forms for Inpatients	Made a motion to approve the MRSA surveillance screening forms for Inpatients, second by, all in favor.	Infection Control	
Infection Control Dashboard	Hand Washing – 100% Urinary Catheter Days - 8 Central Line Days – 0 Environmental Cleaning – 100% Employee Screening 6 Employee Illness Days – 2 Fluid Exposures – 0 Needle Stick – 0 Employee Injuries - 0	made a motion approve the Infection Control Dashboard, second by, all in favor.	Infection Control	Quarterly Reporting July
Reportable Diseases	Had two reportable diseases in April to the state. Lab is sending a copy of reportables to Infection Control. Chlamydia 4.11.24	to approve Reportable Diseases and DLO Reports, second by, all in favor	Infection Control Nurse Lab	Quarterly Reporting July

Agenda Item	Discussion	Action/Recommendations	Responsible Party	Projected Completion Date
	Chlamydia 4.9.24 **DLO Culture Report** – Blood Count 30 38.46% Resp Count – 1 1.28% Urine Count – 30 38.46% ENT Count – 4 5.13% Other Count – 13 16.67%			
Endoscopy Report	Nothing to report; no surgeries	No action required	Surgery not open	
Antibiotic Stewardship	Nothing to report	No action required	Infection Control Nurse	Ongoing monthly
EOC				
Water Management Program	April Water Inactive Room Log Report and eye wash weekly run monthly report 100%.	motion to approve the Water Management Program Report, second by, all in favor.	EOC, EVS	Ongoing monthly
Infection Control Department Rounds				
Rounds	MS water coming through	No action required	Infection Control	Ongoing monthly
EVS	Approval of EVS's Water Maintenance Logs, Ice Machine logs, Eye Wash logs, for the month of April.	motion to approve the EVS water maintenance logs, ice machine logs, second by, all in favor.	EOC, EVS	Ongoing monthly
ICRA for Construction & Remodel	Nothing to report	No action required	Infection Control Nurse	
Motion to adjourn	Brenda Jennings recommended to adjourn at.	recommend motion to adjourn at, second by, all in favor.		

Summary Report

Infection Control Surveillance

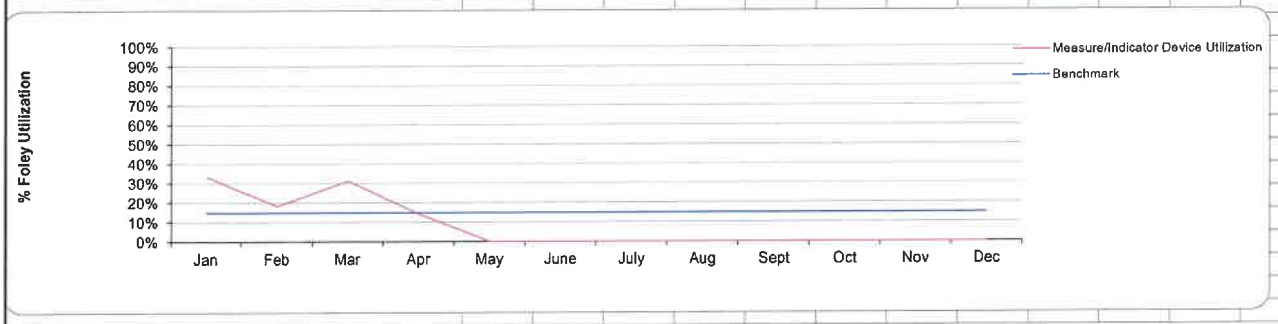
INPATIENT ACUTE

« Target Goal Met/Exceeded within 1%
ü Target Goal Almost Met within 15%
x Target Goal Not Met, over 15%
♦ No External Benchmark

Stats	YTD 2024	Q1	Q2	Q3	Q4	TOTAL	Q1 JAN	Q1 FEB	Q1 MAR	Q2 APR	Q2 MAY	Q2 JUN	Q3 JUL	Q3 AUG	Q3 SEP	Q4 OCT	Q4 NOV	Q4 DEC
Admissions	62	46	16	0	0	♦	25	16	18	16								
Patient days	183	127	56		0	♦	72	49	54	56								
# Surgical Procedures	0					♦												
Urinary Catheter Days	58	50	8		0	♦	24	9	17	8								
Central Line Days	6	6	0			♦	0	0	6	0								
Annual Surveillance Plan	Goal	Q1	Q2	Q3	Q4													
Hand Hygiene	95%	99%	100%	#DIV/0!	#DIV/0!	«	0	100%	98%	100%								
Proper PPE	100%	0%	0%	#DIV/0!	#DIV/0!	«	0%	0%	0%	0%								
Influenza Vaccination Compliance *CMS *mandatory*	95%	76%	#DIV/0!	#DIV/0!	#DIV/0!	x	75%	75%	75%									
Environmental Cleaning & Disinfection *Patient Question*	90%	100%	100%	#DIV/0!	#DIV/0!	«	100%	100%	100%	100%								
Device Associated Infections #Inf/1,000 Device Days	Goal	*Last CAUTI:*					*# Days:*											
CAUTI: Catheter Acquired UTI *CMS *mandatory*	0.727	0	0	0%	0%	«	0	0	0	0								
Device Utilization Rate	20%	24%	100%	#DIV/0!	#DIV/0!	«	33%	18%	21%	14%								
CLABSI: Central Line BS Infection * CMS *mandatory*	0.633	0	0	#DIV/0!	#DIV/0!	«	0	0	0	0								
Device Utilization Rate	10%	3%	0%	#DIV/0!	#DIV/0!	«	0%	0%	8%	0%								
Multi Drug Resistant Organisms (MDROs)	Goal	*Last C-Dif:*					*# Days:*											
MRSA BSI LABID Events (MDRO) *CMS *mandatory*	0.748				0.0%	«	0	0	0	0								
C.difficile LABID Events (MDRO) * CMS *mandatory*	0.646				0%	«	0	0	0	0								
Surgical Site Infections *(per 100 procedures)*	Goal	Last SSI:					*# Days:*											
Employee Health OSHA	Goal	*Last Incident:*					*# Days:*											
Employee Screening (New)		*26*				♦	12	10	4	6								
Employee Illness Days	0	8	2	0	0	ü	6	1	1	2								
Blood or body fluid exposure (Employee)	< 2	0	0	0	0	«	0	0	0	0								
Needle Stick Injuries	< 2	0			0	«	0	0	0	0								
Employee Incidents/Injuries	0	0			0	«	0	0	0	0								
Respirator Fit Testing	90%	0%	#DIV/0!	#DIV/0!	#DIV/0!	«	0%	0%	0%									
OSHA-lost days	0	0				«	0	0	0	0								

Urinary Catheter Device Utilization

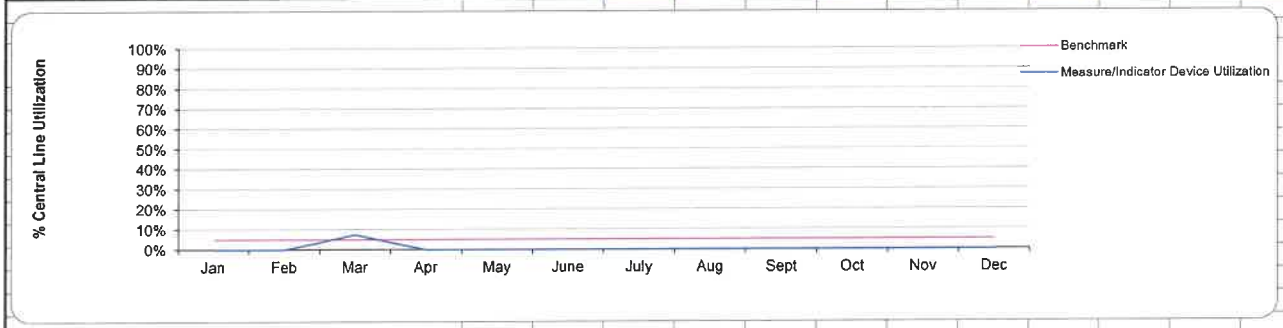
Indicator	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
(Numerator) Foley Days	24	9	17	8								
(Denominator) Patient Days	72	49	54	56								
Benchmark	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Measure/Indicator **Device Utilization**	**33%**	**18%**	**31%**	**14%**								
Quarter Summary			28%			14%			#DIV/0!			#DIV/0!
			Qtr 1			Qtr 2			Qtr 3			Qtr 4



Foley Utilization	
2024 Avg	YTD Avg
26%	24%

Central Line Device Utilization

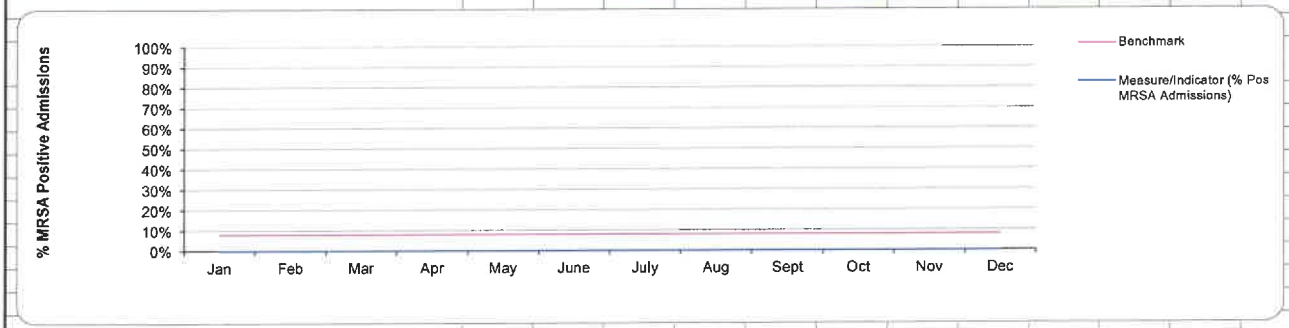
Indicator	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
(Numerator) Line Days	0	0	6	0								
(Denominator) Patient Days	72	49	80	56								
Benchmark	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Measure/Indicator **Device Utilization**			**8%**									
Quarter Summary			8%			#DIV/0!			#DIV/0!			#DIV/0!
			Qtr 1			Qtr 2			Qtr 3			Qtr 4



Central Line Utilization	
2024 Avg	YTD Avg
0%	8%

MRSA Prevalence Rate

Indicator	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
(Numerator) # Positive MRSA Cultures	0	0	0	0								
(Denominator) # Admissions	72	49	80	56								
Benchmark	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%
Measure/Indicator ***(% Pos MRSA Admissions)***												
Quarter Summary			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
			Qtr 1			Qtr 2			Qtr 3			Qtr 4



% Pos MRSA Admissions	
2024 Avg	YTD Avg
0%	#DIV/0!

Summary of Findings - Analysis of Data	Action(s) to be Taken	By Whom	By When	Follow-up
QUARTER 1: Jan. We had one foley that was POA, unable to remove. Pt. here for 10 days. Feb had one pt. with foley cath for 6 days. For March had two pt. with foley cath for 6 days . Both pt. were admitted with foleys. 1st Quarter ended at 24%. Central Line 8%. Pt admitted had PICC	Continue to monitor	IC	Monthly	**Monthly**
QUARTER 2:				**Monthly**
QUARTER 3:				
QUARTER 4:				

Hand Hygiene Compliance

Indicator	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
#Hand Hygiene (performed) Observed = Y, Yes *(numerator)*	0		589	270								
#Total Hand Hygiene opportunities Observed *(denominator)*	0		600	270								
Benchmark	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Measure/Indicator			**98%**	**100%**								
Quarter Summary			**98.2%**			**100.0%**			**#DIV/0!**			**#DIV/0!**
			Qtr 1			**Qtr 2**			**Qtr 3**			**Qtr 4**

Hand

2024 Avg	YTD Avg
	99.1%

Proper PPE Utilization

Indicator	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# PPE Appropriate Use Observed = Y, Yes *(numerator)*	0	0	0	0								
#Total PPE use opportunities Observed *(denominator)*	0	0	0	0								
Benchmark	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	**95%**
Measure/Indicator												
Quarter Summary			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**			**#DIV/0!**
			Qtr 1			**Qtr 2**			**Qtr 3**			**Qtr 4**

Proper PPE

2024 Avg	YTD Avg
	#####

Summary of Findings - Analysis of Data	Action(s) to be Taken	By Whom	Follow-up		
Quarter 1:		IC	Monthly		
Quarter 2:IC		IC	Monthly		
Quarter 3:		IC	Monthly		
Quarter 4:					

PATHOGENS RELATED TO HEALTHCARE-ASSOCIATED INFECTIONS

Clinton Regional Hospital Cumulative, 2024

			BLOOD		URINE		RESP		OTHER		
MICRO-ORGANISM	2024		Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	TOTAL
Acinetobacter baumannii complex											0
Citrobacter freundii						1					1
Coag negative Staph *(excl S. saprophyticus)*											0
Enterobacter species *(includes aerogenes & cloacae)*			1								1
Enterococcus faecalis	1		1		1	1					3
Enterococcus sp. - VRE Vanco Resistent											0
Enterococcus species			1								1
Escherichia coli	4		1		19	7				1	28
Escherichia coli - ESBL	1		3		1	1					5
Klebsiella oxytoca					1						1
Klebsiella oxytoca - ESBL											0
Klebsiella pneumoniae	6		3		11						14
Klebsiella pneumoniae - ESBL					2						2
Proteus mirabilis					2	1					3
Pseudomonas aeruginosa									2		2
Staphylococcus aureus	3		1		1				2		4
Staphylococcus aureus - MRSA	1				1					4	5
Staphylococcus epidermis	1		3								3
Streptococcus Pneumonia			1								1
TOTALS	0	0	15	0	39	11	0	0	4	5	74

			BLOOD		URINE		RESP		OTHER		
MICRO-ORGANISM			Q3	Q4	Q3	Q4	Q3	Q4	Q3	Q4	TOTAL
Acinetobacter baumannii complex											0
Citrobacter freundii											0
Coag negative Staph *(excl S. saprophyticus)*											0
Enterobacter species *(includes aerogenes & cloacae)*											0
Enterococcus faecalis											0
Enterococcus sp. - VRE Vanco Resistent											0
Enterococcus species											0
Escherichia coli											0
Escherichia coli - ESBL											0
Klebsiella oxytoca											0
Klebsiella oxytoca - ESBL											0
Klebsiella pneumoniae											0
Klebsiella pneumoniae - ESBL											0
Proteus mirabilis											0
Pseudomonas aeruginosa											0
Staphylococcus aureus											0
Staphylococcus aureus - MRSA											0
Staphylococcus epidermis											0
Streptococcus Pneumonia											0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

Positive Covid for February – 5/150 = 3%

Influenza positives for February – 302 testing 3/A & 17/B

To Be completed on all patients upon admission to the hospital

MRSA ACTIVE SURVEILLANCE SCREENING PATHWAY

☐ Patient meets one or more of the following criteria: Swab anterior nares and all draining wound sites and send to laboratory for "MRSA screening" test.

- ☐ Hospitalization, or residence at an extended care facility (nursing home, assisted living) within the preceding 12 months.
- ☐ Surgery Candidate for implanted device.
- ☐ Admitted to ICU, or Inpatient Rehabilitation
- ☐ Presence of draining skin wounds, IV Drug User.

☐ Patient ***does not*** meet any of the above risk criteria, no screening is necessary.

Screening results:

- ☐ Positive – place patient in Contact Isolation.
- ☐ Patient has previous history of MRSA infection or colonization within the past 12 months, place on isolation. Not necessary to reswab. Document in note.
- ☐ Negative – no action necessary.

_____ _____

Nurse's Initials *Date recorded*

Patient admitted with history of MRSA, documented in MDRO dbase, positive culture less <1 U and no signs of infection of any kind.

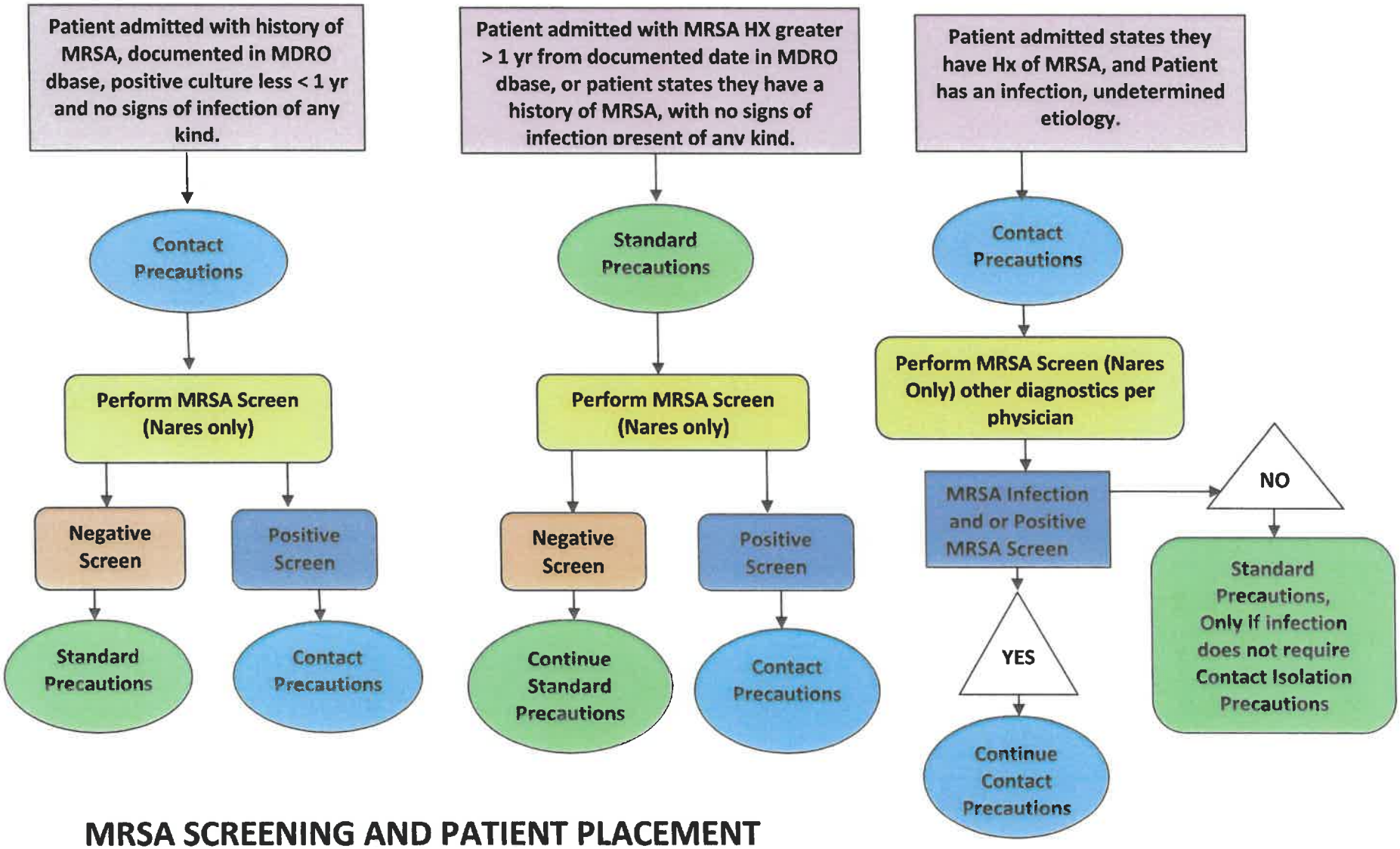
"Contact Precautions" Perform MRSA Screen (Nares only)	Negative Screen – *Standard Precautions* Positive Screen – *Contact Precautions*

Patient admitted with MRSA HX greater >1Y from documented date in MDRO dbase, or patient states they have a history of MRSA, with no signs of infection present of any kind.

"Standard Precautions" Perform MRSA Screen – (Nares only)	Negative Screen – Continue *Standard Precautions* Positive Screen – *Contact Precautions*

Patient admitted states they have HX of MRSA, and Patient has an infection, undetermined etiology.

"Contact Precautions" Perform MRSA Screen – (Nares only) other diagnostics per physician	MRSA Infection and or Positive MRSA Screen – **NO** *Standard Precautions*, only if infection ***does not*** require *Contact Isolation Precautions*. MRSA Infection and or Positive MRSA Screen – **YES** Continue *Contact Precautions*



MRSA SCREENING AND PATIENT PLACEMENT

Clinton Regional Hospital	Policy and Procedures	NUMBER IC 9.45b
	MANUAL: All Employees	EFFECTIVE DATE 10/18/2023
	SUBJECT: MRSA Surveillance Policy	REVISED REVIEWED

Purpose

Introduction

The incidence of methicillin resistant *Staphylococcus aureus* (MRSA) is increasing at an alarming rate. Seventy percent of hospitals acquired infections are caused by multi-drug resistant organisms (MDROs) such as MRSA. These infections result in excess healthcare costs and excess hospital days. In an effort to identify and prevent the spread of MDROs at Clinton Regional Hospital, admission cultures to detect MRSA will be performed on at risk patients admitted to the facility.

The purpose of performing admission screening testing (AST) for MRSA is:

1. To identify carriers of MRSA during the admission process.
2. To assist with distinguishing between healthcare acquired infection and community acquired infection.
3. To comply with recommendations from the CDC, APIC and SHEA for the prevention and control of MDRO transmission in hospitals.
4. To prevent patient-to-patient transmission of MRSA through detection of colonized patients and implementation of isolation precautions known to reduce the risk of dissemination of antimicrobial-resistant pathogens.

I. Policy

Clinton Regional Hospital supports the use of a targeted active surveillance screening as a means of identifying patients who are colonized with MRSA.

A. Risk Assessment

Clinton Regional Hospital will conduct an annual risk assessment and establish strategies for conducting active surveillance screens as appropriate to the clinical and epidemiologic challenges unique to the facility. Options include:

1. Risk-Based Screening - focused active surveillance screening tests on patients considered to be at high risk of being colonized with MRSA.
2. Targeted Unit Screening – perform active surveillance screening tests on all admitted patients in the targeted or high-risk area(s).

B. Active Surveillance

Clinton Regional Hospital will develop a facility-specific strategy for the targeted active surveillance screening population. The strategy will be included in and reviewed as part of the Infection Prevention and Control Surveillance Plan annually. Active surveillance screening will be integrated with other basic infection prevention and control practices, including hand hygiene, compliance with the use of gown and gloves when needed, health care worker education, antimicrobial stewardship, environmental cleaning, and appropriate tracking and monitoring of infection control and prevention initiatives.

C. Screening

Upon admission to hospital, patients will be screened for risk of MRSA per protocol. For the purposes of this policy, the term screening" will be used generically. For screening purposes, colonized or at-risk patients may be identified using information obtained from the patient's face sheet, nursing assessment, patient interview and electronic

medical record.

1. If the patient is found to meet the criteria or belong to a targeted group, then a MRSA screening culture will be necessary.
2. The surveillance screening methodology may be performed either by screening culture on selective culture media, by PCR testing, or as determined by the facility.

D. Exceptions to Screening

These exceptions are only applicable if the patient has been in Clinton Regional Hospital within the preceding 12 months.

1. Patients with a known history of colonization with MRSA, positive nasal swab, or recent infection with multi-drug resistant organism *(admissions MDRO flag)* will be promptly placed in contact isolation precautions at admission and do not require repeat surveillance screening tests.
2. If the patient had positive screen for nasal colonization of MRSA on previous admission, then the patient **does not** have to be re-cultured. Contact isolation precautions should be initiated for the patient.
3. All patients who currently meet MRSA screening criteria must be re-cultured, even if they had a negative MRSA Nasal Swab on their previous admission.

II. PROCEDURE:

A. Identifying patients with MDROs (Multi-Drug Resistance Organisms)

1. Upon readmission to the hospital, previously MDRO positive patients are identified with an electronic medical records alert system.
2. It is the responsibility of the Infection Preventionist to ensure that the patient's electronic medical record is identified with an alert to reference positive MRSA results during subsequent admissions or positive tests for presence of additional MDROS (Multi-Drug Resistant Organisms). MDROs are maintained in a separate database, which is updated regularly by Infection Control. This system includes alerts of positive test results for multiple resistant infections. (Ex: MRSA, CDI, VRE, VISA, VRSA)
3. The patient's record is flagged with an alert. When a patient with a known positive screening or lab culture is readmitted to the facility, admissions staff receives the alert. Admissions staff shall notify nursing of MDRO alert on patient's medical record. (example: Verbal notification or isolation sticker placed on patient chart, for history of MDRO.
4. The alert system is utilized to assist in notifying staff of MDRO's so appropriate isolation can be implemented quickly. This procedure is followed again, in its entirety.
5. The Infection Preventionist is responsible for conducting measurement of the processes described in this policy. The results of these measures are reported in accordance with established infection prevention and control reporting plans.

B. MRSA Screening

At time of admission to the hospital or targeted unit, obtain screening test specimen for at risk patients.

For Risk-Based Active Surveillance Tests: at the time of admission to hospital, assess the patient for the presence of one or more at risk MRSA screening criteria, and if present, obtain screening test specimen.

1. Admission to long-term acute care hospital or resident at an extended care facility (nursing home, assisted living) within the preceding 12 months.
2. Admission to ICU or Inpatient Rehab Unit
3. History of infection with MRSA or another drug resistant organism
4. Presence of open draining skin wounds or sores (e.g., surgical wound, pressure ulcer, abscess) or IV Drug User
5. Surgery candidate for an implanted device

For Targeted Unit Active Surveillance Tests: at the time of admission to the targeted unit, (ICU or Inpatient Rehab) obtain screening test specimen for all patients (exception: a screening test is not required for a patient with a known history of MRSA or previously positive screening test for nasal colonization.)

C. Culture Collection

Collect anterior nares specimen in accordance with test protocol.

1. Explain to the patient what the culture is and why it is being done.
2. Perform hand hygiene and don gloves.
3. Carefully insert the swab into the patient's nostril (the swab tip must be inserted up to 2.5 cm (1 inch) from the edge of the nares). Roll the swab 5 times.
4. Insert the same swab into the second nostril and repeat sampling as in the preceding step.
5. Return swab to its container and send to the laboratory immediately.
6. Document assessment and collection of specimen or implementation of isolation precautions, as appropriate on the infection screening form.
7. Provide verbal and written education for patients and family as appropriate.

D. Screening Results

When culture result is received by nursing unit:

1. Positive for MRSA:
   a. Promptly implement and maintain appropriate Contact Isolation precautions in accordance with established Infection Control Policy and Procedure.
   b. Label the patient's medical record with MRSA Alert, for example, "MRSA," "MDRO," or "Contact Isolation," in accordance with hospital procedures.
2. Negative for MRSA:
   a. If patient was preemptively placed in contact isolation, discontinue it. No further actions are required.
3. Report Results:
   a. Results of screening tests are placed in the patient's medical record, and the attending physician is notified by laboratory report.
   b. It is the responsibility of the attending physician to inform the patient of screening test results, as with other clinical screening or test results.
   c. The laboratory provides results of all screening tests to the Infection Preventionist (IP) or designee.
   d. It is the responsibility of nursing staff to report to the receiving healthcare facility positive screening tests at the time of transfer or discharge to an acute or long-term care healthcare facility, prior to the result being available in the medical record.

E. Isolation Precautions

1. Contact isolation precautions will be used to prevent the spread of MDROs to other patients when patients are identified as being infected with or colonized with MRSA.
2. All patients with a known history of colonization, test positive for MRSA via nasal swab, or infection with multi-drug resistant organism must be promptly placed on Contact Precautions and remain until discharged.
3. The Infection Control Practitioner will receive a copy of all culture reports to follow-up on patient screening.
4. In the absence of the Infection Control Practitioner after hours, the charge nurse or house supervisor may initiate isolation precautions.

References:

1. Association for Professionals in Infection Control and Epidemiology (APIC). APIC Text of Infection Control and Epidemiology, 4TH Edition, June 2014. Surveillance, Chapter 11.
2. Centers for Disease Control and Prevention (CDC). *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* 2007, CDC website, June 2007