

Transferring Guidance for MDROs

Multi-drug resistant organisms (MDROs) can be transmitted from patient to patient in the absence of effective infection prevention practices. It is the responsibility of both the transferring facility to communicate the patient's MDRO status and the receiving facility to seek information on MDRO status – both ideally using the LA County (LAC) [inter-facility transfer form](#). Many regulatory and accrediting organizations have rules regarding discharge/transfer summaries, including the California Code of Regulations §70753 and §72519; Centers for Medicare Service rules §483.12(c)(2), §484.110, and §484.58(b); and the Joint Commission Standard IM.6.10, EP7. **All personnel involved in the patient transfer process play a vital role in ensuring MDRO status is clearly communicated.** This document provides guidance on how transferring and receiving facilities can work to achieve this goal.

There are many [MDROs](#) of public health concern, including but not limited to:

- Carbapenemase-producing organisms ([CPO](#))
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- *Candida auris*

When discharging patients:

- I. **Clearly define all MDRO statuses (including pending or colonization).** See *Figure 1* for definitions.
- II. **Specify what type of isolation and testing may be needed.** This is dependent on each facility's policies. Collaborate with your infection preventionist (IP). See *Figure 1* for isolation and testing guidance.
- III. **Send an [inter-facility transfer form](#) for all patient transfers,** regardless of MDRO status. Attach all relevant lab reports, medication information, and other documentation needed to ensure quality continuum of care.
 - a. Communicate patient's MDRO status and required isolation to IP (or other clinical staff).
 - i. For NMDRO cases (positive and suspect), call the IP of the receiving facility to ensure they're aware. If the IP is unavailable, speak with nursing staff and request they convey the message.
 - b. Inform transportation services of patient's MDRO status and to use an effective disinfectant.

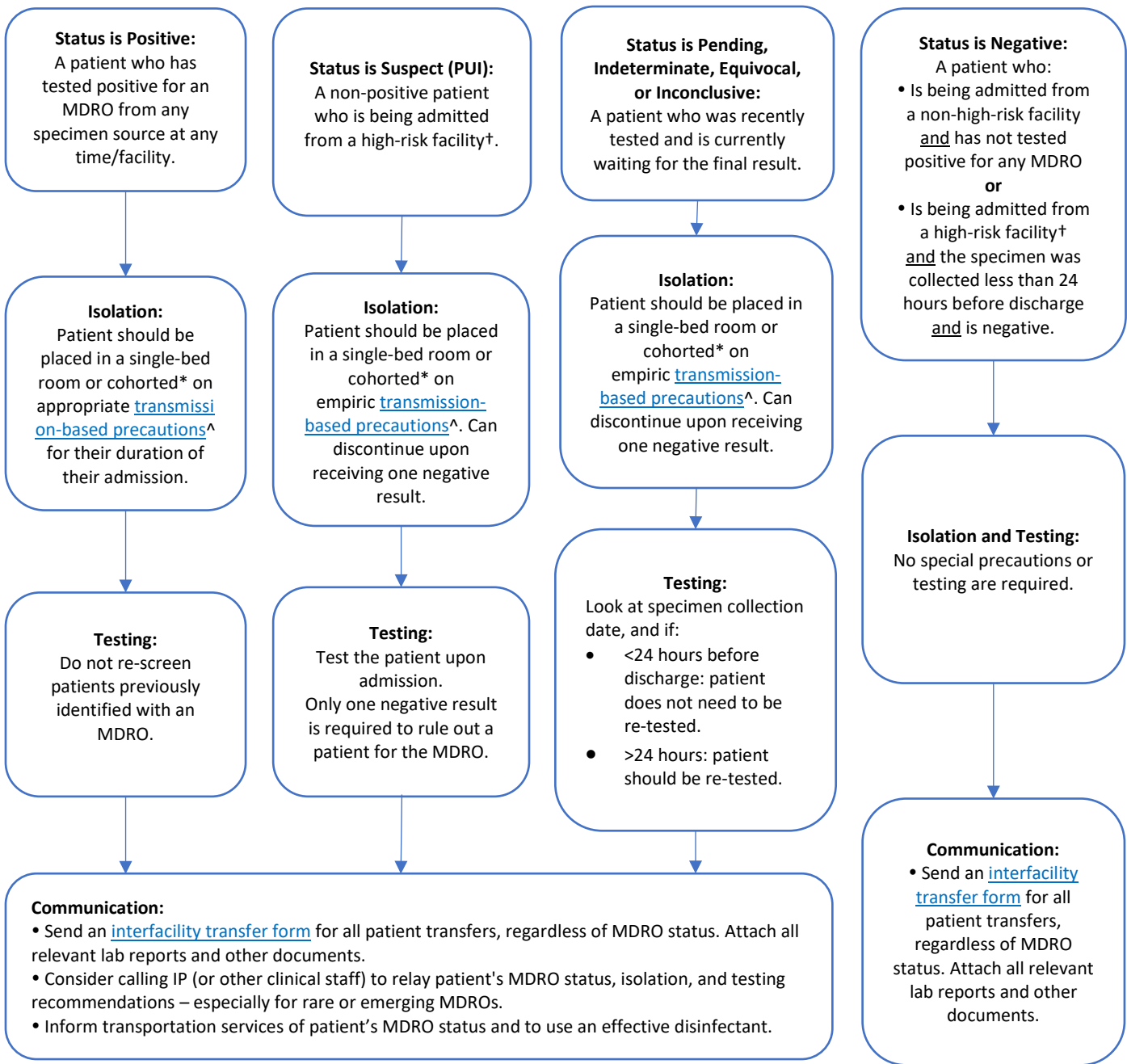
IMPORTANT NOTE: Facilities can be cited for failing to clearly communicate infectious organism status. Make sure your communication is clear and documented!

When accepting patients:

- I. **Assess patient's current MDRO status and/or if patient is being admitted from a high-risk facility.**
 - a. Ask the transferring facility to provide the patient's MDRO status.
 - i. If positive, obtain copy of patient's MDRO lab report.
 - b. If the patient is not positive, determine if they're being admitted from a high-risk facility, defined as:
 1. Facilities having an NMDRO outbreak: Check LACDPH's Weekly NMDRO Update for IPs, which is emailed to IPs in LAC on a weekly basis.
 2. Facilities at high risk for MDRO transmission: All long-term acute care hospitals (LTACHs) or subacute unit of a skilled nursing facility (SNF). See [here](#) for a list of LAC facilities.
 - ii. All non-positive patients from a high-risk facility are considered suspect for an N/MDRO and should be screened upon admission. Place patient on empiric [transmission-based precautions](#)* while awaiting results. Cohort appropriately.
 1. Facilities having an NMDRO outbreak: Screen for specific NMDRO causing the outbreak.
 2. Facilities at high risk for MDRO transmission: Screen for [C. auris](#) and [CPOs](#).
- II. **Confirm what type of isolation is needed and the duration.** Collaborate with your facility's IP to determine whether this type of isolation is possible. See *Figure 1* for isolation and testing guidance.
 - a. When admitted, ensure the IP and all staff caring for the patient are informed of the MDRO status.

IMPORTANT NOTE: Do not refuse a patient/resident simply because they are positive for an MDRO, like *C. auris*. Similarly, accepting facilities cannot require a negative MDRO test before transfer. Note that facilities can be cited for refusing patients/residents based on infectious organism status alone per [AFL 19-22](#).

Figure 1: Flowchart of MDRO status, isolation, testing, and communication recommendations.



* Multiple patients can be cohorted in a room only if they share the same MDRO and COVID-19 status. For example:

- Two patients who are positive for *C. auris*, but negative for MDRO and COVID-19, can be in the same room.
- A positive *C. auris* patient and a suspect *C. auris* patient cannot share the same room.
- A patient positive for *C. auris* and another MDRO (e.g. *C. difficile*) cannot be placed in the same room as a patient only positive for *C. auris*.

^ In SNFs, [Enhanced Standard Precautions](#) should be followed.

† High-risk facilities include those experiencing transmission and/or, for *C. auris*, all [LTACHs and subacute units](#).

Resources:

[CDPH Licensing and Certification \(L&C\) District Offices](#)
[LACDPH Interfacility transfers website](#)
[LACDPH NMDRO website](#)

[LACDPH CPO Website](#)
[CDC *C. auris* website](#)

If you have any other questions or concerns, please email us at hai@ph.lacounty.gov.