



Rethinking Contact Precautions for MRSA/VRE

Series Review and Q&A

Acute Communicable Disease Control (ACDC) Program
Los Angeles County Department of Public Health





Disclosures

- There is no commercial support for today's call
- Neither the speakers nor planners of today's call have disclosed any financial interests related to the contents of this meeting
- This call is meant for healthcare facilities and is off the record, reporters should log off now



Week 1

Introduction to “Rethinking Contact Precautions for MRSA/VRE”





Reassessing MRSA and VRE Contact Precautions

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Week 1 Q&A

Question 1:

- What is MRSA? What do the letters stand for?



Answer:

- **Methicillin-resistant *Staphylococcus aureus* (MRSA)**
- Strain of *Staphylococcus aureus* that has resistance to certain antibiotics



Question 2:

- What is VRE? What do the letters stand for?



Answer:

- Vancomycin-resistant *Enterococcus* (VRE)
- Antibiotic resistance to vancomycin



Question 3:

- What are contact precautions and what are examples of when you would use them?



Answer:

- Contact precautions should be used in addition to standard precautions to help prevent the spread of infectious agents that spread by direct or indirect contact with a patient/resident or their environment
- Usually require a single-use disposable gown and gloves
- Examples: *Candida auris*, carbapenem-resistant organisms, *C. difficile*



Question 4:

- What are some differences between Contact Precautions and Enhanced Standard Precautions (ESP)?



Answer:

- Contact Precautions
 - Used in various healthcare settings
 - Applies to patients who have an infection that can be spread by contact with patients' skin, mucous membranes, body fluids, etc.
 - Use of gloves and gowns on every entry into a patient's room
 - Room restriction except for medically necessary care
 - Time-limited when implemented and should include plan for discontinuation or de-escalation
 - Examples: Scabies, Carbapenem-resistant Enterobacterales (CRE), Carbapenem-Resistant *Acinetobacter baumannii* (CRAB)
- Enhanced Standard Precautions (ESP)
 - **Used in Skilled Nursing Facilities**
 - Applies to high-risk residents
 - Use of gown and gloves during high contact patient care activities, even if blood and body fluid exposure is not anticipated
 - No room restriction
 - Includes activities that have demonstrated transfer of MDROs to hands and/or clothing of healthcare personnel
 - Example: when helping resident who is high risk out of bed



Question 5:

- What type of precautions does your facility currently use for a patient/resident with MRSA?



Question 6:

- What type of precautions does your facility currently use for a patient/resident with VRE?



Question 7:

- Since the start of this series, have you and your facility's leadership had conversations on reconsidering Contact Precautions for MRSA and VRE? (Enter "Yes", "No", or "N/A - my site already does not use contact precautions for MRSA/VRE" into Poll)



Question 8:

- What are some of the “co-benefits” of stopping MRSA and VRE contact precautions?
- The term "co-benefits" means the multiple benefits across different areas that occur with a single initiative

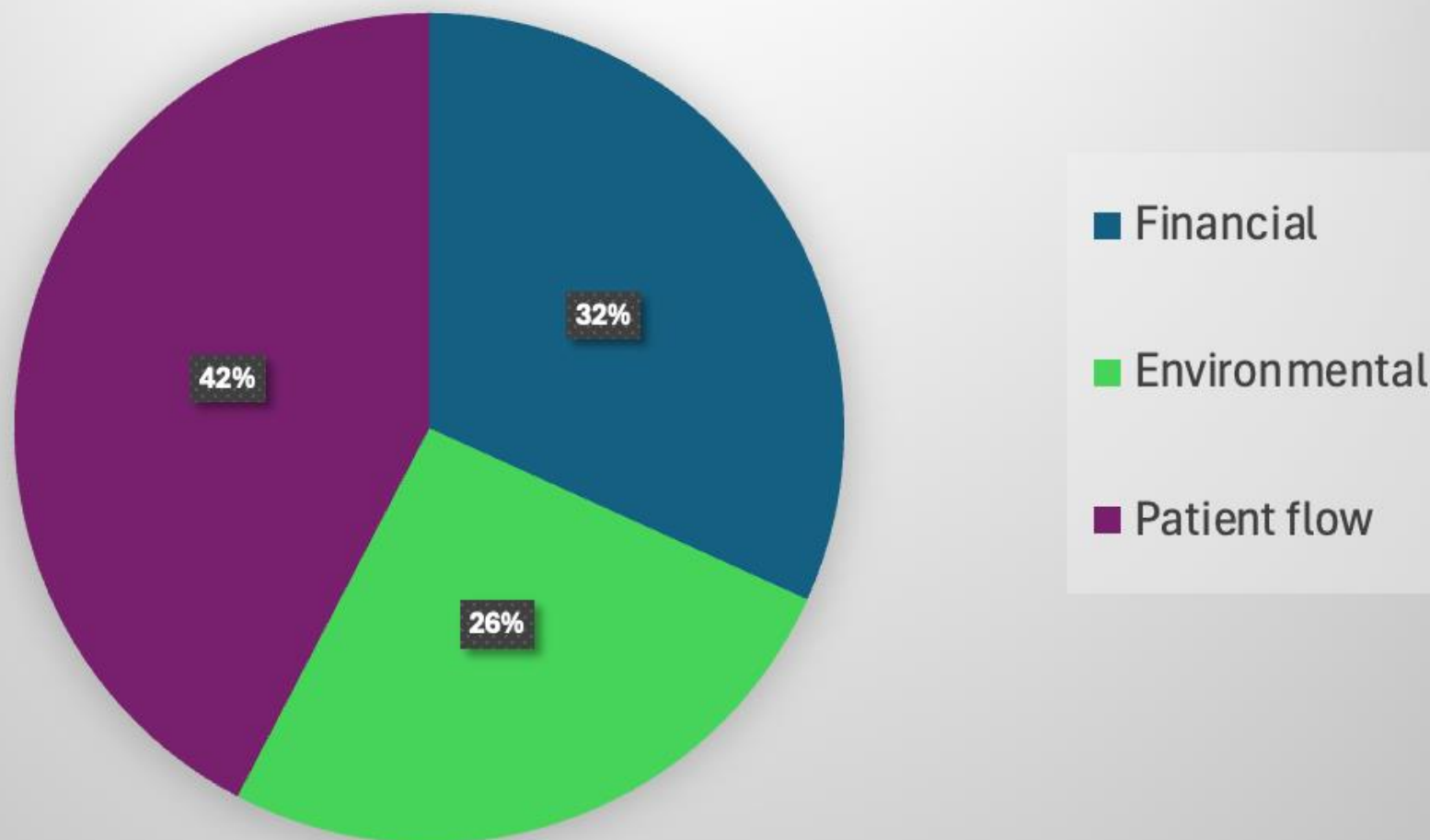
Answer:

- Improved patient flow (i.e., smoother in-facility transfers and discharges)
- Financial savings
- Decreased healthcare waste and greenhouse gas emissions

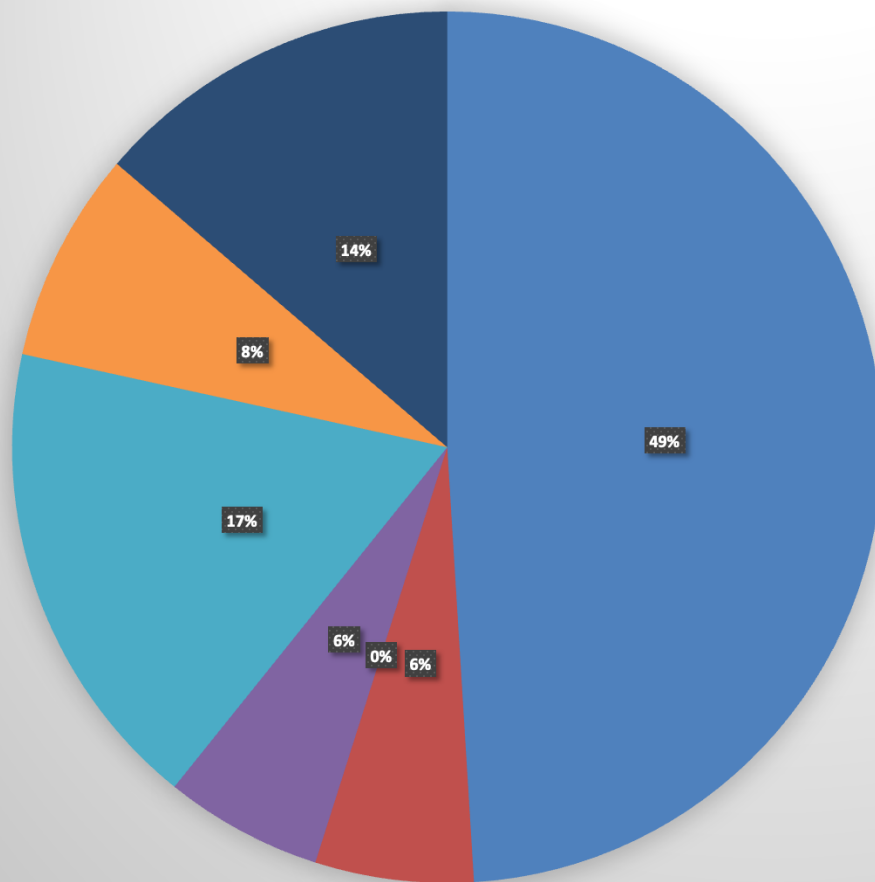




Webinar 1 Poll Question: Among the following, which co-benefits of stopping contact precautions is most important to you and your facility?



Webinar 1 Survey Question: For facilities that use contact precautions for MRSA or VRE for any reason, what data, resources, or guidance would encourage you to stop using contact precautions for these organisms?



- More information about how to prevent MRSA/VRE transmission without contact precautions
- More information about hospital costs related to contact precautions use for MRSA/VRE
- More information about length of stay and patient flow related to contact precautions use for MRSA/VRE
- More information about the environmental impact of contact precautions for MRSA/VRE
- Hearing about experiences from sites that have stopped contact precautions for MRSA/VRE
- We do not want to stop contact precautions use for MRSA/VRE
- My site already does not use contact precautions for MRSA/VRE for any reason



Question 9 (Poll):

- Rate your confidence that contact precautions prevent MRSA and VRE transmission (A = least confident, G = most confident):
 - A. Not at all confident
 - B. Slightly confident
 - C. Somewhat confident
 - D. Neutral
 - E. Moderately confident
 - F. Very confident
 - G. Extremely confident



Week 2

Discontinuing Routine MRSA and VRE Contact Precautions





Discontinuing Routine MRSA and VRE Contact Precautions in a Large Health System

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Question 1:

- What are some “pros” in support of contact precautions for MRSA/VRE as discussed in Week 2 of our series?



Answer:

- Policies and procedures already in place at most of our facilities
- Infection prevention benefit suggested when examined in combination with other interventions (decolonization, surveillance cultures, hand hygiene)



Question 2:

- What are some “cons” or drawbacks of using contact precautions for MRSA/VRE as discussed in Week 2 of our series?

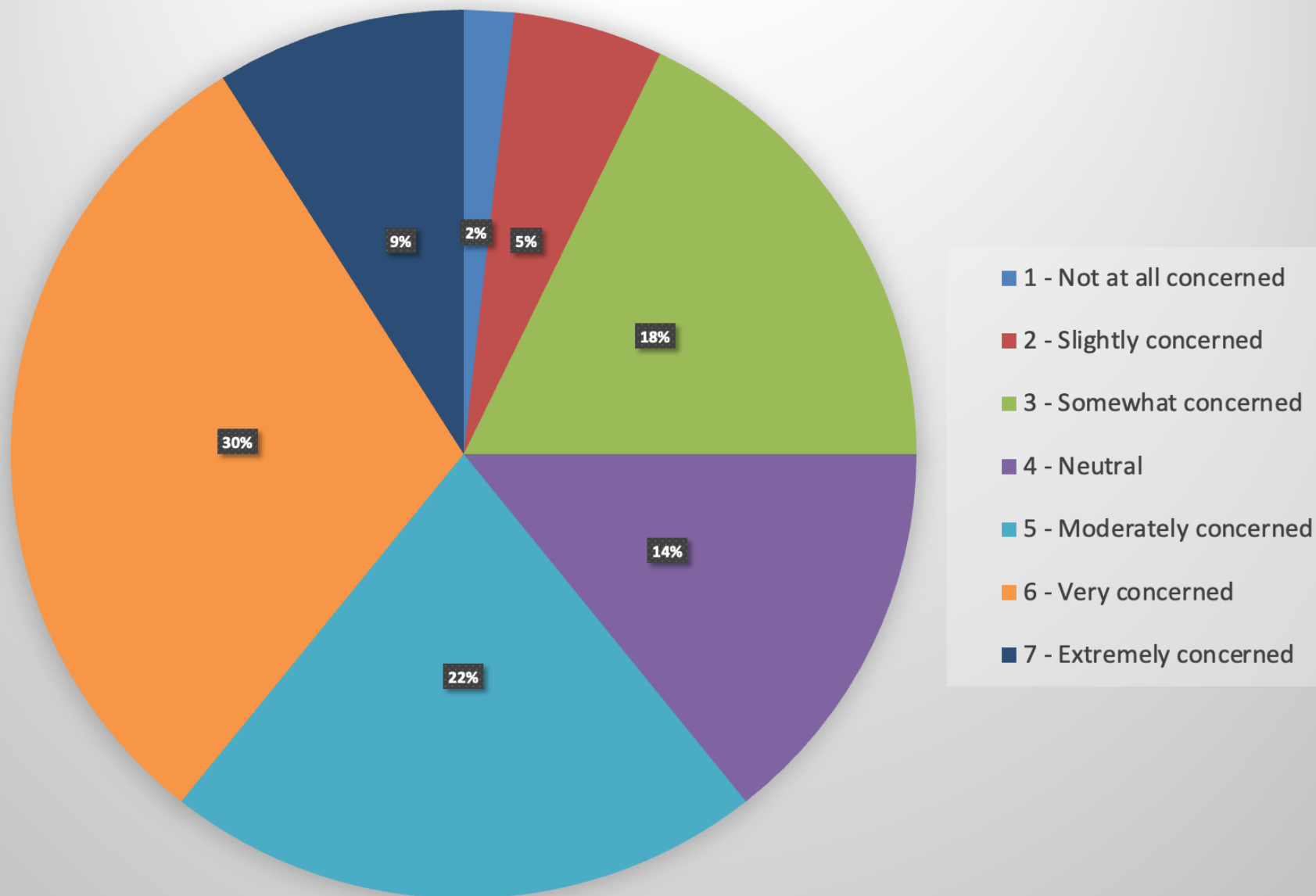


Answer:

- Fewer healthcare worker interactions
- Inappropriate healthcare worker documentation
- Patient flow delays
- Increased depression and anxiety
- Lower satisfaction
- Elevated risk of adverse events
- More money spent on PPE



Webinar 1 Poll/Survey Question: Please rate your concern level that contact precautions cause adverse events (1 = not at all concerned, 7 = extremely concerned)





Question 3:

- What positive experiences were described after stopping contact precautions for MRSA and VRE?



Answer:

- Multiple studies with no increase in HAI rates
 - No facilities needed to return to contact precautions after discontinuation
- Positive healthcare worker experience
- Financial savings from gowns and healthcare worker time
- Improvement in noninfectious adverse events



Week 2

Stopping Contact Precautions for MRSE/VRE: Making the Case



Persuasion & Influence for the Healthcare Epidemiologist

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Chief Infection Prevention Officer

Clinical Professor, Infectious Diseases

David Geffen School of Medicine at UCLA



Question 3:

- What are the four phases of organizational change discussed in Week 2 of this series?



Answer:

- Phase 1: create a sense of urgency
- Phase 2: feedback
- Phase 3: communication
- Phase 4: reinforce



Question 4:

- What are some of the tools discussed during Week 2 of this series that are helpful when making the case to remove contact precautions for MRSA and VRE?



Answers:

- Organizational change
- Persuasion and influence
- Perceptual contrast
- Strategically requesting presentation slots on agendas
- Consistency
- Labeling
- Simplicity and concreteness
- Stories



Putting it all Together

- Carefully plan out organizational change management plan using the 4 phases
- Usual perceptual contrast and labelling to:
 - Get buy in
 - Ensure commitment
- Tell Patient stories, be concrete and simple
 - Clear message, call to action, and request



Week 3

Horizontal Infection Prevention and Control Measures and Decolonization as Infection Prevention



Horizontal infection control measures: Decolonization as Infection Prevention

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Question 1:

- What is the “iceberg” effect of colonization?



Answer:

- The “iceberg” effect of colonization is the concept that many hospital patients or nursing facility residents are colonized with multi-drug resistant organisms that are undetected
→ What we know about is only the tip of the iceberg!



Question 2:

- What are horizontal infection prevention and control methods, and what are some examples of these methods?



Answer:

- Horizontal infection control methods aim to control the spread of multiple organisms simultaneously.
- Examples:
 - Hand hygiene
 - Universal CHG bathing
 - Povidone iodine nasal decolonization
 - Environmental cleaning and disinfection
 - CAUTI prevention
 - CLABSI prevention
 - Supplemental environmental disinfection (UV, etc.)



Question 3:

- What are vertical infection prevention and control methods, and what are some examples of these methods?



Answer:

- Vertical infection prevention and control methods target specific organisms
- Examples:
 - Contact precautions
 - Active surveillance and testing



Table 14.1: Vertical vs Horizontal Infection Control Strategies²

	Vertical	Horizontal
Focus	Single organism	Multiple organisms
Target population	Selective or universal	Universal
Cost	High	Relatively low



Question 4:

- What is the difference between colonization and infection?



Answer:

- Infection: Infectious organisms are in or on a host and cause a host response, i.e., signs and symptoms of infection
- Colonization: Infectious organisms are on a host and can multiply, but do not cause signs or symptoms of illness.
 - Organisms can be transmitted to other people



Question 5:

- What is decolonization?



Answer:

- Use of topical antiseptics to reduce the bacterial bioburden on the body to prevent carriage and infection
- Commonly this includes chlorhexidine (CHG) for skin and wound bathing, mupirocin or iodophor for nasal use



Question 6:

- What are some advantages of universal decolonization?



Answer:

- Do not need to identify target patients via active surveillance / testing (i.e., it is a horizontal strategy)
- Demonstrated infection reductions in nursing home populations as well as ICUs



Next Steps





LAC DPH Recommendations

- Perform risk assessment in your facility.
- Perform IPC gap analysis to identify practice shortcomings.
- Implement IPC improvements.
- Identify high risk situations where CPs may still be appropriate.
 - NICU (for all *S. aureus*)
 - Outbreaks
- Implement new horizontal IPC practices.
- Educate on IPC changes.
- Consider discontinuation of contact precautions for MRSA and VRE and use of standard precautions instead.



MRSA / VRE Standard Precautions Assessment Tool

- Will be uploaded to website when complete
- Possible elements (not finalized):

Hand hygiene compliance (goal >90%)
CHG bathing for all ICU patients
CHG bathing for non-ICU patients with devices
Education about standard precautions and use of gowns and gloves during high contact care activities or with uncontained purulence on wounds
For SNFs: Enhanced standard precautions
CLABSI prevention program
CAUTI prevention program
Plan for management of multi-bed rooms
Implementation plan for discontinuation of contact precautions for MRSA and VRE



MRSA / VRE Standard Precautions Assessment Tool

- Implementation plan components:
 - Administrative buy-in and support
 - Educational materials
 - Go-live date
 - Communication materials for patients and staff
 - Plan for monitoring key metrics including rates of infections, financial, environmental, and other impacts of discontinuation



MRSA/VRE Standard Precautions Site Visit

- For sites that want to move towards standard precautions for MRSA / VRE, please contact us!
 - Contact your Liaison Public Health Nurse or send an email to HAI@ph.lacounty.gov
- LAC DPH will assist with an individualized risk assessment, conduct a site visit for staff education, and discuss implementation



What about ESBL?

- Possible future webinar series to come on standard precautions for ESBL – please stay updated via our website!



SB 1058

- This current LAC DPH program on standard precautions for MRSA / VRE is not related to SB 1058



Live Demonstration of New Website





Rethinking Contact Precautions for MRSA & VRE Website

- <http://publichealth.lacounty.gov/acd/RethinkingContactPrecautions/index.htm>



Questions?





Thank you

