

Transforming Nursing Home Care Together (TNT) Program

Unit 1: Week 4 Questions and Answers

Office Hour Q&A

Question: Where can I find guidelines/recommendations when to discontinue MDRO isolation? What is your recommendation to discontinue isolation?

Answer: LACDPH still strongly discourages re-screening known positives since the level of colonization can change over time, resulting in intermittent positive and negative results. Generally, patients who are colonized with MDROs should be maintained in the appropriate level of transmission-based precautions. However, LACDPH and CDPH and CDC understand that keeping patients in isolation for long periods of time can be detrimental to their quality of life. Thus, we strongly recommend you and your staff to use the CDPH Enhanced Standard Precautions (ESP) guidance document to determine what type of precautions are required for patients known and unknown to be positive for MDROs, and what they key moments for of ESP adherence are: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx> .

The way you determine the level of precautions depends on the scenario within your facility and the risk factors of the individual resident:

- Contact Precautions (CP) if your facility suspects/confirms transmission OR specific indications (e.g., residents with diarrhea associated with acute C. difficile infection, or infection/colonization with an unusual/emerging MDRO).
- ESP for high-risk residents
 - See Table 1 of the ESP Guide for a definition of high-risk: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf>
 - LACDPH also has a transmission based precaution signage poster for ESP located here: <http://publichealth.lacounty.gov/acd/TransmissionBasedPrecautions.htm>
- Standard Precautions (SP) for low-risk residents

We recommend you work with your clinical and infection prevention staff to review this guidance and modify it as needed to suit your facility's policies.

For more general guidance from CDC, see here: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html>

For more organism-specific guidance, please visit the following website: CDPH CRAB+CRPA quicksheet: https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/CRO_Quicksheet_Oct2020.pdf

Question: How to prevent infection from spreading with an infected resident who is a wanderer?

Answer: 1. Since it is just one person, you can remind all the other people to distance and wear a mask and wash hands.

2. Make a fun game of wearing a mask and staying in the resident's room. Memory care residents may not understand verbally what you are saying all the time, but they can feel if you are mad/upset or happy. They may respond better if the instructions are given in a more lighthearted way as opposed to directive.

3. Consistently remind and model mask wearing, distancing, and hand washing.

4. Keep all wanderers in an area away from others to mitigate the spread from them to others.

5. Also see some guidance here from CDPH:

https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ReferenceSheet_COVIDandMemoryCareFINAL_Oct2020.pdf.

Question: Can we use smart phone apps for completing infection prevention and control (IPC) audits, e.g., hand hygiene, donning/doffing gowns and gloves for contact isolation precautions, etc.?

Answer: There are no state or local guidance limitations as far as we are aware of. Smart phone apps for IPC audits can be a great tool for your secret shoppers if used correctly. Consider the following:

- Reviewing the app beforehand to ensure it has all the elements of the recommended CDPH adherence monitoring tools at minimum:

<https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx>

- Training secret shoppers on proper use of the app so they spend more time observing as opposed to entering data into the app.
- Strongly recommend also training secret shoppers on the original paper adherence monitoring tools from CDPH (above) as back-up when Wi-Fi is down.
- Apps that have option to download or export the data is preferable. The exported data should then be reviewed by the facility's IPC committee and/or QAPI committee in order to strategize how to best improve current IPC practices.
- Please ensure that these apps do not collect protected health information (PHI).
- Please check if the use of these apps is compliant with your facility's policy (e.g., if policy states use should only be on company smartphones and not personal smartphones).

Last but not least, tying this back to quality improvement, the % adherence to IPC practice taken from these audits should be a process measure for a Performance Improvement Project (PIP) and/or for or your facility's quality improvement/QAPI dashboard.