

What does the rule 333-019-0052 do?

The rule 333-019-0052, Communication during Patient transfer of Multidrug-Resistant Organisms, improves communication about multidrug resistant organisms (MDRO) and Transmission-based Precautions between health care facilities. The expectation is that the referring facility communicates to the receiving facility about a patient's infection or colonization with an MDRO or a pathogen that requires more than Standard Precautions to prevent transmission.

MDROs or pathogens requiring Transmission-based Precautions can be spread even without obvious infection (e.g., colonization) between health care facilities. MDRO infections can increase complications, prolong hospitalizations, require treatment with expensive, difficult to tolerate antibiotics, and sometimes cause death. When MDRO and Transmission-based Precautions status are communicated at each transfer, appropriate precautions can be promptly initiated, and fewer secondary patients are affected. Finally, this information is used to prevent MDRO spread and protect uninfected patients, not as a reason to refuse patient care.

For example, a patient with a history of methicillin-resistant *Staphylococcus aureus* (MRSA) cellulitis three months ago is transferred from a hospital to a long-term care facility (LTCF) after a urinary tract infection (UTI) with carbapenem-resistant *Escherichia coli*. During treatment at the hospital, the patient developed *Clostridium difficile*-associated diarrhea, and is on antibiotics and Contact Precautions. To prevent the spread of resistant *E. coli* and *C. difficile* in its facility, the LTCF wants to know the patient's status.

The same applies for transfers from the LTCF to the hospital. Even if the patient is not in "isolation" or contact precautions in the LTCF because of rehabilitation and socialization goals, it is important to communicate his or her MDRO and *C. difficile* to the hospital so that appropriate precautions can be taken to prevent spread among ill, hospitalized patients.

Who does this rule apply to?

It applies to a "facility" defined as:

- A health care facility - hospital , long-term care facility, freestanding birthing center, ambulatory surgery center, outpatient dialysis center;
- An infirmary (for example, in a jail or prison);
- A residential facility or assisted living facility as those terms are defined in ORS 443.400;
- An adult foster home as that term is defined in ORS 443.705;
- A hospice program as that term is defined in ORS 443.850; and
- Any other facility that provides 24-hour patient care.

What is an MDRO?

Multidrug-resistant organism (MDRO) is an organism that causes human disease which has acquired antibiotic resistance, as listed and defined by the Centers for Disease Control and Prevention (CDC) in

[Antibiotic Resistance Threats in the United States, 2013](#). See list of selected MDRO definitions under Interfacility Transfer [Useful Resources](#). MDROs include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant *Enterococcus* (VRE)
- Carbapenem-resistant *Enterobacteriaceae* (CRE)
- Multidrug-resistant *Acinetobacter baumannii*
- Multidrug-resistant *Pseudomonas aeruginosa*
- Other Gram-negative bacteria producing extended beta-lactamases (ESBL)
- Toxin-producing *Clostridium difficile*.

Other bacteria of interest (but which are rare) include drug-resistant *Streptococcal pneumoniae*.

For a snapshot of what is happening across the United States with MDRO surveillance and CDC definitions, review the *Summary of Data Reported to the National Health care Safety Network at the Centers for Disease Control and Prevention, 2009–2010*. Sievert DM et al. ICHE 2013;34:1–14; link under [Useful Resources](#).

What are Standard Precautions?

Standard Precautions means approaching every patient or resident care situation in a way that prevents acquiring or passing on an infection, regardless of suspected or confirmed infection status of the patient or resident. [CDC Standard Precautions website](#) has excellent resources and training.

Standard Precautions include:

- Hand hygiene—first and foremost!
- Use of personal protective equipment (for example, gloves, gowns, facemasks), depending on the anticipated exposure
- Respiratory hygiene and cough etiquette
- Safe injection practices
- Safe handling of potentially contaminated equipment or surfaces in the patient environment.

What are Transmission-based Precautions?

Transmission-based Precautions are the set of infection control practices that should be used when Standard Precautions are not alone sufficient to prevent transmission of a potential pathogen or organism of epidemiologic significance.

There are three generally recognized categories of precautions, which are added to Standard Precautions alone or in combination, depending on the likely mode of transmission of the suspected organism: 1) **Droplet Precautions**, for organisms transmitted by large respiratory droplets (e.g. meningococcus, influenza); 2) **Contact Precautions**, for organisms that may be transmitted directly or indirectly through contact with the patient or the patient’s environment (e.g., MRSA, VRE, CRE,

Oregon Health Authority, Acute and Communicable Disease Prevention Section
Healthcare-associated Infections Program: FAQs for OAR 333-019-0052

norovirus); and 3) **Airborne Precautions**, to prevent transmission of organisms that are transmitted by small particle aerosols (such as tuberculosis, measles). Click for [CDC resources about using Personal Protective Equipment](#) for Transmission-based Precautions.

[Appendix 1](#) from the Health care Infection Control Practices Advisory Committee's *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health care Settings, 2007*, provides one reference for recommended precautions; individual facilities may have adopted their own criteria.

Click for [CDC resources for infection prevention in different facility settings](#).

Why is this necessary now?

Unfortunately, MDROs are a part of modern medicine. In many regions of the United States and the world, highly resistant bacteria have become endemic in the health care system. In fact, an estimated 4 percent of hospitalized patients and 18 percent of long-term acute care facility patients across the U.S. had a carbapenem-resistant Enterobacteriaceae (CRE) infection during the first half of 2012 ([CDC Vital Signs March 2013](#)).

CRE is uncommon in Oregon, and we would like to keep it that way. Highly resistant bacteria bring increased costs to a health care system (e.g., hospitals, long-term care, assisted living) because of more specialized antibiotics, prolonged hospital stays, and patient complications. Working together to detect MDROs through surveillance and protect patients through infection control practices, we can prevent such MDROs as CRE from becoming endemic in Oregon. [Oregon's DROP-CRE network](#)¹ was developed with these goals in mind, and includes interfacility communication about MDROs as a key strategy to prevent their spread in Oregon. See the [Oregon CRE Toolkit](#) to learn more about recommended responses to CRE.

Other examples of interfacility communication: [Centers for Disease Control and Prevention \(CDC\)](#); Association of Professionals in Infection Control and Epidemiology (APIC); Council for State and Territorial Epidemiologists (CSTE) (see [CSTE's statement](#)); Joint Commission (IC .02 .01 .01 EOP 10–11, Joint Commission Resources, 2013); Clark County, Wash., HAI collaborative; [Illinois C. diff Initiative](#); and other infection control advocates.

How does a facility communicate to another facility that a patient has a MDRO?

The rule requires that a transferring facility provide a written notification to a receiving facility if a patient has a MDRO, if known. The rule does not prescribe a method or specific form of that written notification (although we have examples of forms). Ideally, MDRO and precaution status also is verbally communicated at handoff with other important patient information and care plans. The exact format of interfacility communication of MDROs and Transmission-based Precautions will be up to each facility.

Workgroup stakeholders (Oregon hospitals, LTCFs, medical transport) suggested some strategies:

¹ Drug-Resistant Organism Prevention and Coordinated Regional Epidemiology (DROP-CRE) Network

Oregon Health Authority, Acute and Communicable Disease Prevention Section
Healthcare-associated Infections Program: FAQs for OAR 333-019-0052

- Make the MDRO information travel as part of the “patient picture” on discharge and transfer summaries
- Educate staff members about MDROs and Transmission-based Precautions;
- Add MDRO and Transmission-based Precaution status to current admission, transfer and discharge processes and variables
- Use transfer checklists or electronic prompts
- Involve admissions and discharge administrative staff members and clinical staff members when integrating into existing processes
- Involve IT staff when integrating into electronic admission and discharge processes;
- Certain health care facilities are considering adding Transmission-based Precautions, current infections with MDROs, or other pathogens that use Transmission-based Precautions to their Center for Medicare and Medicaid [Summary of Care Records](#) (also called Continuity of Care Document, CCD).

The [Oregon Patient Safety Commission \(OPSC\)](#) and the [Acute and Communicable Disease Prevention Section's Health care-associated Infections Program \(ACDP HAI\)](#) are available for assistance.

What counts as a transfer or discharge?

If a facility is transferring or discharging a patient to another facility as that is defined in rule, then written notification is required. Health care professionals are encouraged to consider including patients' MDRO or precaution status during all transfers of care, including to non-licensed settings such as a private residence, medical appointments, or day surgery.

Communication of MDRO status should be part of routine sharing of relevant patient information at discharge, transport, and admission. The information should be readily available for transport and receiving facilities to see and use — e.g., on a discharge face sheet. Some facilities and transporters have suggested using stickers to alert transport and receiving facilities of extra precautions, as are used currently for allergy alerts.

Does a written notification have to be on a stand-alone form?

No. We recommend integrating this essential information into the facility's standard discharge sheet that accompanies the patient at transfer, as that is where the receiving facility will expect to read important patient information. Some facilities may prefer to use a separate sheet. See Oregon HAI [Interfacility Transfer website](#).

Whom do I contact if I have a question about a patient's infection?

Check with the unit at the referring facility which sent the patient. Those responsible for infection control at each facility (e.g., infection preventionist or director of nursing) may help clarify appropriate precautions.

**Oregon Health Authority, Acute and Communicable Disease Prevention Section
Healthcare-associated Infections Program: FAQs for OAR 333-019-0052**

ACDP HAI Program is available to answer questions about new MDROs like CRE (971-673-1111).

What if we discover a potentially transmissible pathogen or MDRO present on admission?

This admission culture information should be communicated back to the hospital or facility that transferred the patient (unless from home). Contact the infection preventionist at the hospital or the staff member responsible for infection prevention and control at the facility (e.g., director of nursing). Because of the low risk of direct transmission of MDROs to the medical transport staff, notification of the transport staff is not required. However, certain life-threatening pathogens easily transmissible in the medical transport setting do require communication under the federal Ryan White Act of 2009 (e.g., measles, tuberculosis, bacterial meningitis). See [Guide to Infection Prevention in Emergency Medical Services, 2013](#), published by the Association of Professionals in Infection Control and Epidemiology (APIC).

What will happen if a facility does not comply?

OPHD will investigate complaints. Oregon law ([OAR 333-026](#)) provides for civil penalties for repeated infractions.

What does this mean for medical transport?

The rule specifies that the information must be communicated between facilities. Medical transport agencies may have existing policies to protect against occupational exposure and transfer of pathogens between patients.

What does this mean for local health departments (LHD)?

In the new rule, health care facilities are required to report to their LHD the transfer, death or hospitalization of any patient with laboratory-confirmed carbapenemase-producing Enterobacteriaceae (e.g., strains that carry KPC or the NDM gene). To date, these have been rare in Oregon; four have been identified since 2010. For more information, see the [CRE investigative guidelines](#) or [Oregon CRE Toolkit](#).

How do I contact my local health department?

Local health department contact information is located [here](#).

Who do I contact if I have a question about the rule?

Contact the ACDP HAI Program at 971-673-1111, Monday through Friday, 8 a.m.–5 p.m., or ohd.acdp@state.or.us. Resources on health care facility infection prevention and control can be found at [Oregon Patient Safety Commission](#) and [Centers for Disease Control and Prevention \(CDC\)](#) and [Oregon HAI website](#).