INSTRUCTION FOR CONTACT HOUR

- Your display name MUST match your evaluation name for CEU credit. If it does not, type your name and facility in the chat.
- Enjoy the entire program.
- Complete the post-evaluation by **September 27, 2024, 5:00 PM** (available on the last slide)
- Certificate will be emailed to you by October 15, 2024

Welcome

BEFORE WE BEGIN, ANSWER IN THE CHAT:

What is your favorite fall flavor?

San Diego Skilled Nursing Facility Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

Reminders

Recording is on!

PHS.HAI.HHSA@ sdcounty.ca.gov

Keep your lines muted

Participate in the polls and chat

Use the chat box for questions

Slides will be emailed

Type into the chat your:

- Name
- Title
- Facility

Healthcare Associated Infections Program

Land Acknowledgement

Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

Healthcare Associated Infections Program

Agenda

- **Welcome**
- **General Updates**
- **Announcements**
- **Featured Topic:** "The IP's Role in Preventing Antimicrobial Resistance"
- **Next Collaborative**

Healthcare Associated Infections Program

SNF IP
Email List

Infection Prevention Week

Healthcare Associated Infections Program

CAHAN Alerts

CAHAN San Diego
California HEALTH ALERT NETWORK

To: CAHAN San Diego Participants
Date: September 9, 2024
From: Public Health Services

Health Advisory: Detection of Highly Pathogenic Avian Influenza (HPAI) A(H5N1) in California dairy cattle

Key Messages

- Avian influenza A(H5N1) has been confirmed in cows at three California dairies located in the Central Valley.
- Healthcare providers should consider avian influenza A(H5N1) in persons with acute respiratory symptoms and/or conjunctivitis and recent exposure to animals suspected or confirmed to have avian influenza.
- Healthcare providers and clinical laboratories should immediately report cases of known or suspected avian influenza (H5N1) to the County Epidemiology Unit by calling 619-692-8499 (Monday-Friday 8 AM-5 PM) or 858-565-5255 (after hours and holidays).

Healthcare Associated Infections Program

CAHAN Alerts

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CAHAN San Diego
California HEALTH ALERT NETWORK

To: **CAHAN San Diego Participants**
Date: **September 13, 2024**
From: **Public Health Services**

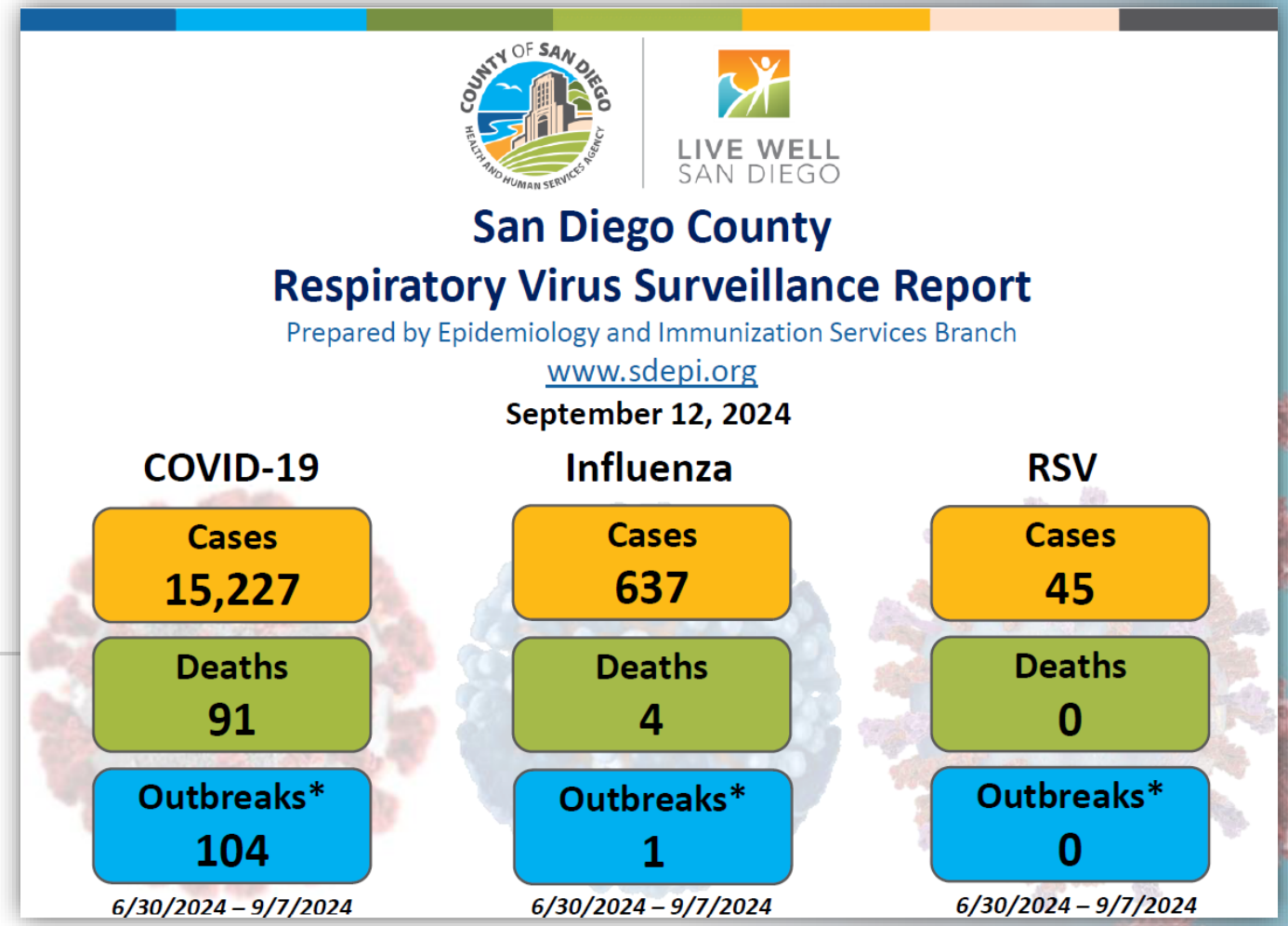
Health Advisory: Cross-border pollution in the Tijuana River Valley and potential health effects

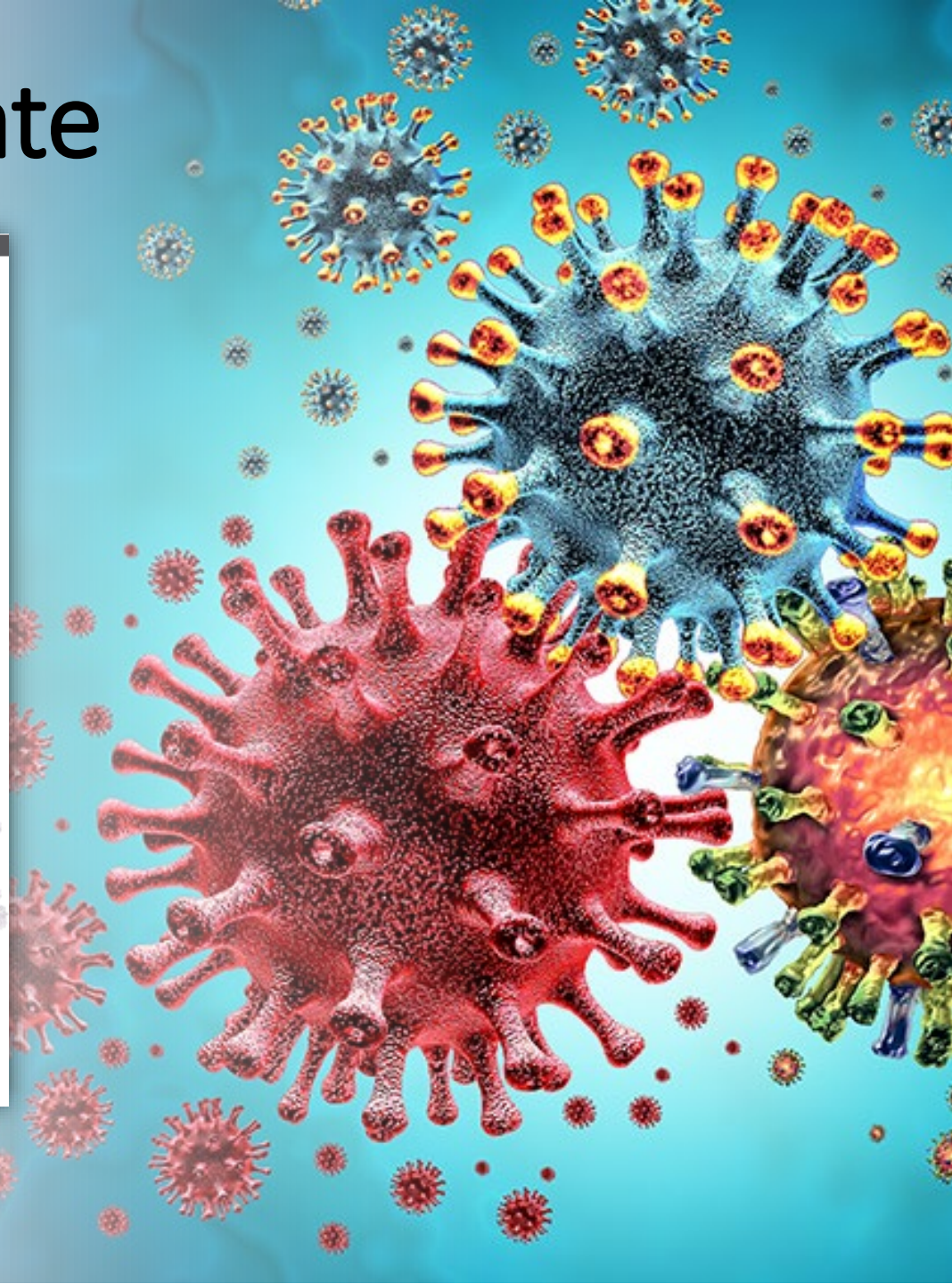
Key Messages

- Higher than usual levels of hydrogen sulfide gas have been reported in the vicinity of Tijuana River Valley likely due to increased sewage flows in the Tijuana River and exacerbated during the recent heat wave.
- Hydrogen sulfide emits a strong, foul, "rotten egg" odor and some exposed persons may develop short-term symptoms such as headaches and irritation in the eyes, nose, throat, and lungs.
- Hydrogen cyanide gas has also been reported at very low levels and detection of hydrogen cyanide may be the result of hydrogen sulfide cross sensitivity when using certain types of sensors.
- Use of air purifiers and odor controlling filters in air conditioning/HVAC systems may provide relief and conducting outdoor activities indoors when odors are particularly bothersome.
- Healthcare providers are encouraged to share:
    - The South Region Illness Concerns webpage with the patients where information on sewage safety and dealing with odors are available.
    - The San Diego Air Pollution Control District (APCD) complaint map, so sensitive patients can avoid areas with a high volume of odor complaints.

Healthcare Associated Infections Program

Respiratory Virus Update





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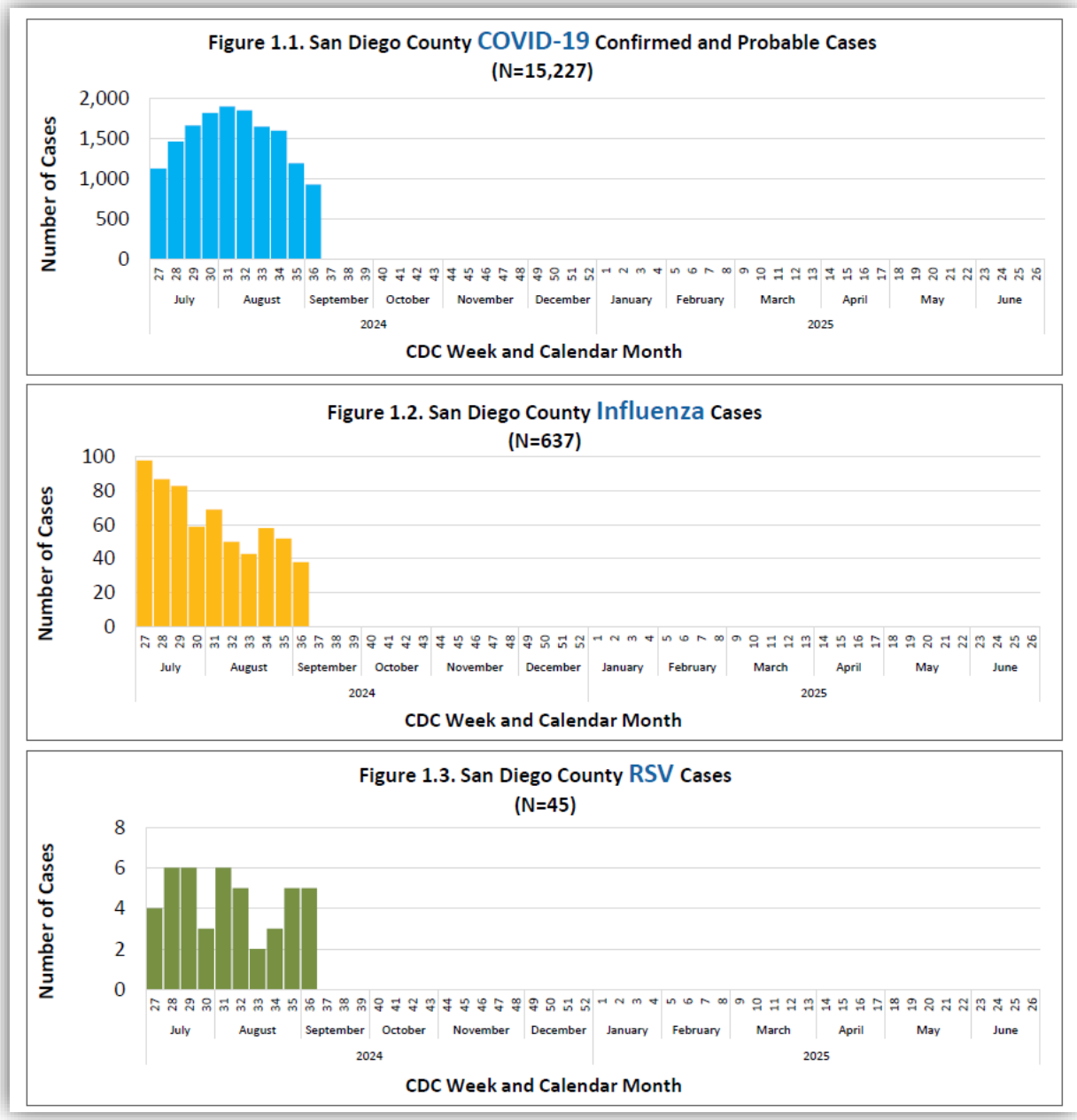
Respiratory Virus Update



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Registration is required!

bitly

Healthcare Associated Infections Program

County/CDPH Briefings

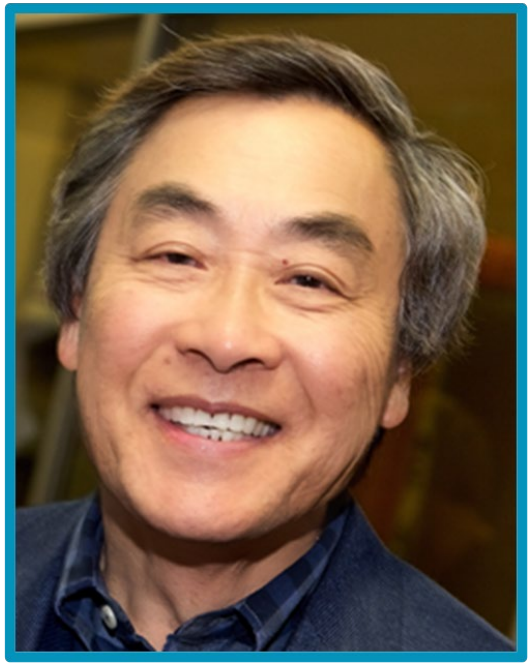
- **CDPH/HSAG SNF IP Webinars:**
  - Bi-monthly 4th Wednesday @ 3PM-4PM
  - Next webinar is on **9/25/24**
- **County LTC Sector COVID Monthly Telebriefing:**
  - Bi-monthly 4th Thursday @ 2PM-3PM
  - Next briefing is on **9/26/24**
- **NHSN & HAI Nursing Home Office Hours:**
  - Monthly 3rd Tuesday @11:30AM-12:30PM
  - Next session is **10/15/24**
- **HSAG/CalTCM Vaccine Office Hours:**
  - 2nd and 4th Thursdays monthly at 12PM-1PM
  - Next session is **10/10/24**

Healthcare Associated Infections Program

Contact Hour Instructions

Ensure	• Ensure your full name identifies you on Teams
Enjoy	• Enjoy the full presentation
Complete	• Complete the post-evaluation

Presenters



Raymond Chinn, MD, FIDSA, FSHEA
Medical Consultant
County of San Diego
Healthcare-Associated Infections Program

Mara Rauhauser, BSN, RN, PHN, CIC
Senior Public Health Nurse
County of San Diego
Healthcare-Associated Infections Program

Objectives

After attending this training, the participant will be able to:

1. Explain the difference between diagnostic and antimicrobial stewardship.
2. List 3 common myths associated with diagnosing urinary tract infections (UTI).
3. Describe the use of the Loeb criteria for initiation of antimicrobial therapy for presumptive UTI.
4. Describe the infection preventionists' role in antimicrobial stewardship.

Antimicrobial Resistance: Pieces of the Puzzle

Infection Prevention and Control Measures

- Surveillance
- Communication
- Cleaning and disinfection
- Cohorting
- Development of decolonization strategies

Antimicrobial Stewardship

- Diagnostic stewardship
- Best practice antimicrobial use (people, animals and agricultural)
- Alternate treatment strategies

Laboratory Capacity

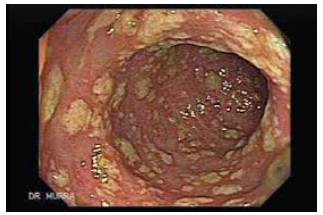
- Appropriate testing

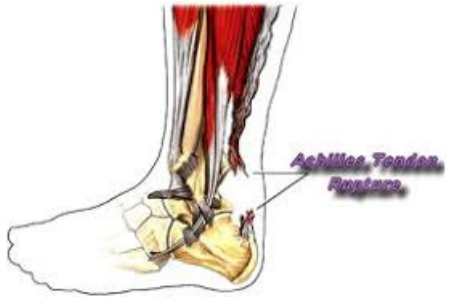
About Antimicrobial Resistance | Antimicrobial Resistance | CDC

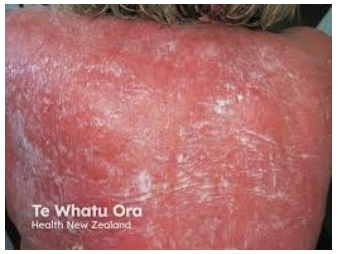
1. **Explain the difference between diagnostic and antimicrobial stewardship.**
2. List 3 common myths associated with diagnosing urinary tract infections (UTI).
3. Describe the use of the Loeb criteria for initiation of antimicrobial therapy for presumptive UTI.
4. Describe the infection preventionists' role in antimicrobial stewardship.

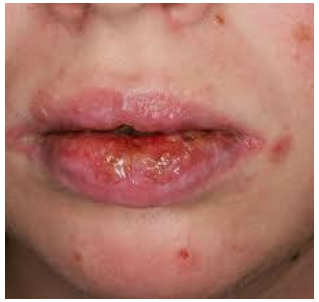
Assumptions

- Urinary tract infections (UTI) are commonly diagnosed health care
- Most UTIs are diagnosed inappropriately in patients without signs or symptoms of infection (asymptomatic bacteriuria - ASB).
- ASB leads to inappropriate antibiotic prescribing
  - Antimicrobial resistance – a significant number originates from urinary isolates
  - Healthcare-associated infections
  - Adverse drug events









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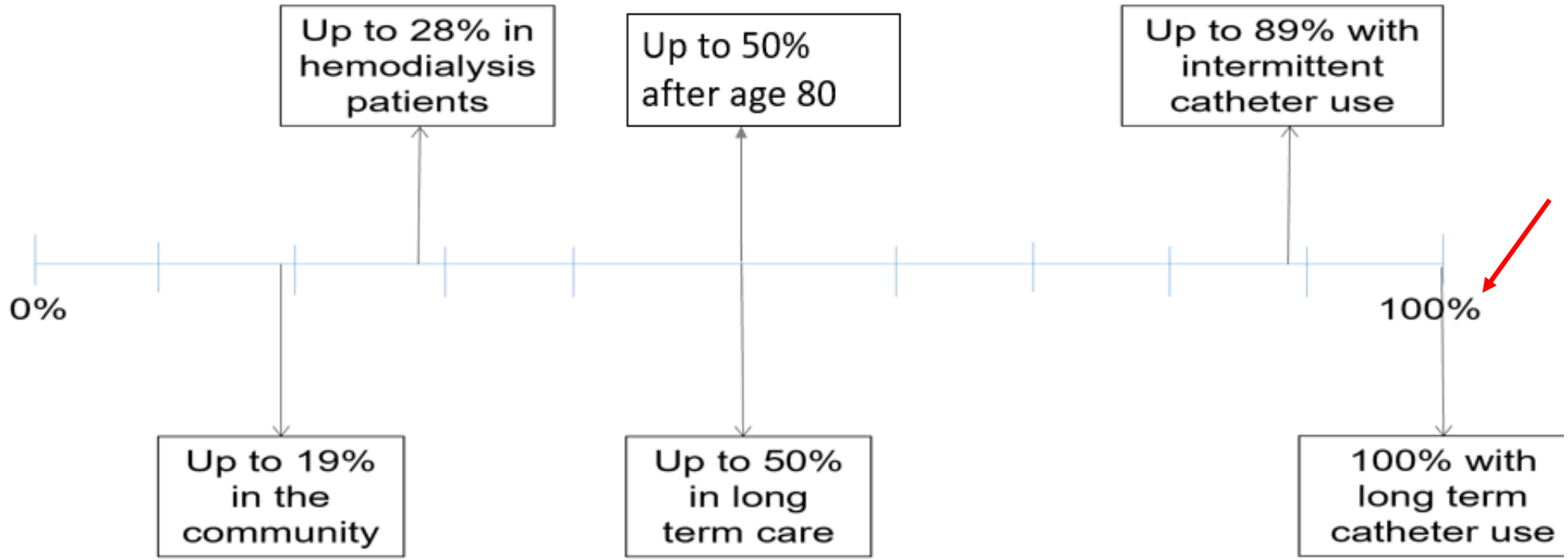
Asymptomatic Bacteriuria

Asymptomatic bacteriuria (ASB) is the presence of bacteria in the urine, with or without pyuria (urine WBC), in the **absence** of signs or symptoms of urinary tract infection (UTI) or other systemic signs or symptoms of infection.



IDSA 2019 Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria • CID 2019:68 (15 May)

Healthcare Associated Infections Program

What are the Differences between Diagnostic and Antimicrobial Stewardship (ASP)?

Is one better than the other?

Diagnostic Stewardship → **("WHEN")** refers to the process of modifying ordering, performing, or reporting diagnostic test results to improve the accuracy of clinical diagnosis through decreasing inappropriate detection, treatment of asymptomatic bacteriuria, and intervention. **"The culture of NOT culturing"**

Antimicrobial *(Antibiotic)* Stewardship → **("WHAT")** the right drug, at the right dose, for the right duration (**3Ds**) and, using the best route of administration.

Infect Dis Clin North Am. 2024 Jun;38(2):255-266. doi: 10.1016/j.idc.2024.03.004. Epub 2024 Apr 4. PMID: 38575490.
Drugs Context. 2023; 12: 2022-9-5.

Healthcare Associated Infections Program

1. Explain the difference between diagnostic and antimicrobial stewardship.
2. **List 3 common myths associated with diagnosing urinary tract infections (UTI).**
3. Describe the use of the Loeb criteria for initiation of antimicrobial therapy for presumptive UTI.
4. Describe the infection preventionists' role in antimicrobial stewardship.

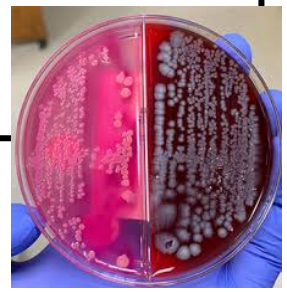
UTI Diagnosis in SNF Residents: Top 5 Myths

Myth 1:
Urine cloudy and smells bad

→ No Symptoms = **NOT** a UTI

Myth 2: Abnormal urine studies

- Bacteria or positive for nitrates (for bacteria) in urine
- WBCs or positive leukocyte esterase (for WBCs) in urine
- Positive urine culture



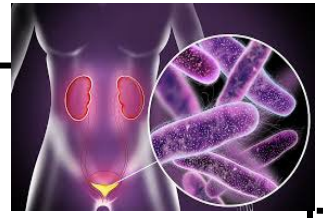
→ No Symptoms = **NOT** a UTI

Adapted from: Schulz L, Hoffman RJ, Pothof J, Fox B. Top Ten Myths Regarding the Diagnosis and Treatment of Urinary Tract Infections. *J Emerg Med*. 2016;51(1):25-30. doi:10.1016/j.jemermed.2016.02.009

Healthcare Associated Infections Program

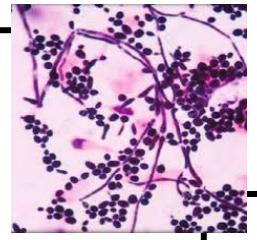
UTI Diagnosis in SNF Residents: Top 5 Myths

Myth 3:
Residents with bacteria in urine should be treated to prevent a UTI



→ **False**

Myth 4
The presence of yeast or *Candida* in the urine, especially in residents with a catheter should be treated for Candida UTI



→ **False;** treatment indicated only if candiduria suggests systemic infection

Myth 5
Falls and acute altered mental status changes in residents are usually caused by UTI

→ **False;** if signs or symptoms are absent: look for other causes first

Adapted from: Schulz L, Hoffman RJ, Pothof J, Fox B. Top Ten Myths Regarding the Diagnosis and Treatment of Urinary Tract Infections. *J Emerg Med*. 2016;51(1):25-30. doi:10.1016/j.jemermed.2016.02.009

Healthcare Associated Infections Program

ABCs of Delirium

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IDENTIFYING DELIRIUM

ABCs OF IDENTIFICATION

Acute/subacute
- Altered mental status from baseline

Behavioral disturbance
- Restless, agitated, combative

Changes in consciousness
- Jittery, drowsy, difficult to arouse

CAUSES OF DELIRIUM

- Sleep deprivation
- Dehydration
- Medications
- Pain
- Immobility

COMMON SYMPTOMS

- Drowsiness or agitation
- Refusing therapy/meals
- Refusing medications
- Arguing with staff or family members
- Hallucinating
- Wandering off

TREATING AND PREVENTING DELIRIUM

1. **MODIFY ENVIRONMENT**
   - Orient often—time, date, place
   - Provide calendar/clock in room
   - Surround with familiar faces
2. **PROMOTE NORMAL SLEEP**
   - Reduce noise, dim lights
   - Promote sleep at night and activity during day
3. **CORRECT SENSORY DEFICITS**
   - Eyeglasses
   - Hearing aids
   - Pain management
   - Good lighting
4. **ENHANCE DAYTIME ACTIVITIES**
   - Cognitive stimulation—word games, crossword puzzles, current events discussion
   - Encourage physical/occupational therapy
   - Active while awake; only sleep at night
   - MOBILIZE!
5. **PREVENT DEHYDRATION**
   - Small sips of water throughout the day
   - Encourage good nutrition—supplement if necessary with smoothies or protein drinks
   - Address constipation

Take Away

- Delirium is one possible symptom of UTI, but may be due to many other causes other than infection…
- Asymptomatic bacteriuria and delirium are independently common in the elderly

https://www.ahrq.gov/sites/default/files/wysiwyg/antibiotic-use/long-term-care/poster-4x6-delirium.pdf

Healthcare Associated Infections Program

1. Explain the difference between diagnostic and antimicrobial stewardship.
2. List 3 common myths associated with diagnosing urinary tract infections (UTI).
3. **Describe the use of the Loeb criteria for initiation of antimicrobial therapy for presumptive UTI.**
4. Describe the infection preventionists' role in antimicrobial stewardship.

To Enhance Diagnostic Stewardship: Using the Loeb Criteria

Minimum criteria to start antibiotics for urinary tract infections

Question:
Loeb vs McGeer Criteria: What is the difference?

Answer:

- The Loeb criteria is used to assess whether antibiotics should be started in a given **clinical** situation.
- The McGeer criteria are used to assess whether a resident has a healthcare-associated infection and is used for **surveillance** purposes

Healthcare Associated Infections Program

Components of the Loeb Criteria: Indwelling Urinary Catheter vs. No Catheter

LOEB CRITERIA FOR INITIATION OF ANTIBIOTIC THERAPY FOR URINARY TRACT INFECTIONS

Indwelling Urinary Catheter
(foley or suprapubic)

+ at least 1 of the following:

- Fever
  T > 37.8°C (100°F)
  [or 1.5°C (2.4°F) increase above baseline temperature]
- New costovertebral angle tenderness
- Rigors (shaking chills)
- New onset of delirium**

**Delirium - disturbance of consciousness with reduced ability to focus, shift, or sustain attention.

Foul-smelling and/or cloudy urine is ***NOT*** a valid indication for initiation of antibiotics.

No Urinary Catheter*
*Includes intermittent catheterization or condom catheter

+

- Acute dysuria

OR

- Fever
  T > 37.8°C (100°F)
  [or 1.5°C (2.4°F) increase above baseline temperature]

+ at least 1 of the following:

- New or worsening urgency
- New or worsening frequency
- New urinary incontinence
- Gross hematuria
- Costovertebral angle tenderness
- Suprapubic pain

Symptoms of urgency, frequency, or incontinence w/o dysuria and absents of systemic symptoms can wait for urine culture results prior to antibiotic initiation.

Healthcare Associated Infections Program

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Healthcare Associated Infections Program

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4. **Describe the infection preventionists' role in antimicrobial stewardship.**

Narrowing the Focus to the Urinary Tract

The role of the Infection preventionist

Educator

- Dispel the myths associated with the diagnosis of urinary tract infection
- Promote the use of the Loeb criteria among the nursing staff. This is helpfully when contacting physicians regarding test results and preempting use of antibiotics. Loeb criteria has application in other potential infectious situations

Surveillance

- **Review the number of cases of probable UTI that are asymptomatic bacteriuria with the MDS coordinator who report data to CMS – Why this is not adequate**
- Complete infection tracker; this is started upon initiation of antibiotics and records signs/symptoms
- Obtain the number of urine cultures done over time
- Interact with the Clinical Pharmacist and/or medical director

Reporting to the Centers for Medicare and Medicaid (CMS)

Minimum Data Set (MDS) Coding Requirements

To code a urinary tract infection (UTI) on an MDS 3.0, the following criteria must be met:

- A physician-documented UTI diagnosis within the last 30 days
- Evidence-based criteria for a UTI, such as McGeer, NHSN, or Loeb
- Significant laboratory findings
- Current medication or treatment for a UTI within the last 30 days

Surveillance limited by:

- Only reported for long-term residents (> 100 days)
- Ability to choose dates for surveillance

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Infection Tracker

A means to track the number of urinary tract infections and cases of asymptomatic bacteriuria over time

Antimicrobial Stewardship Program --Antibiotic Tracking Sheet

Patient	MRN	Room	Age	Prescribing MD/NP	Symptoms exhibited	Temp x2 1 hr apart	vital signs (HR,RR, bp,O2)	WBC	UA WBC	Hx resistant orgs (MRSA, ESBL, CRE, MDRO)	Antibiotic ordered	Antibiotic dose	Prior facility start date	Days of therapy	Indication or site of inf	Urinary Catheter ?	Probiotic ordered?	Interventions	Changes to therapy	Initials	Day 3 (48-72hr) follow-up date	Patient status	Site(s) cultured	UA wbc if applicable	Organism (s) cultured	Culture review/ Sensitivity	Interventions	New orders	Initials
Doe, Jane	323223	202	75	Oen	dysuria, frequency, AMS, diaphoretic	100.6 101.0	HR 126, RR 20 bp 143/83, O2 96	14.1	>100	MRSA + nares	Rocephin	2g iv q24h	n/a	7 days	UTI	suprapubic	no	Add probiotic	probiotic added	cc RN	12/10/2020	Fever resolved, vss	Blood Urine	>100,000	negative P. mirabilis	S ceftr, S cefu	De-escalation to po abx	Changed to po Ceftin 500mg bid x 5d (7d total abx)	dh RPh

Pointclickcare (PCC) EMR with Infection Tracker

Healthcare Associated Infections Program

Narrowing the Focus to the Urinary Tract

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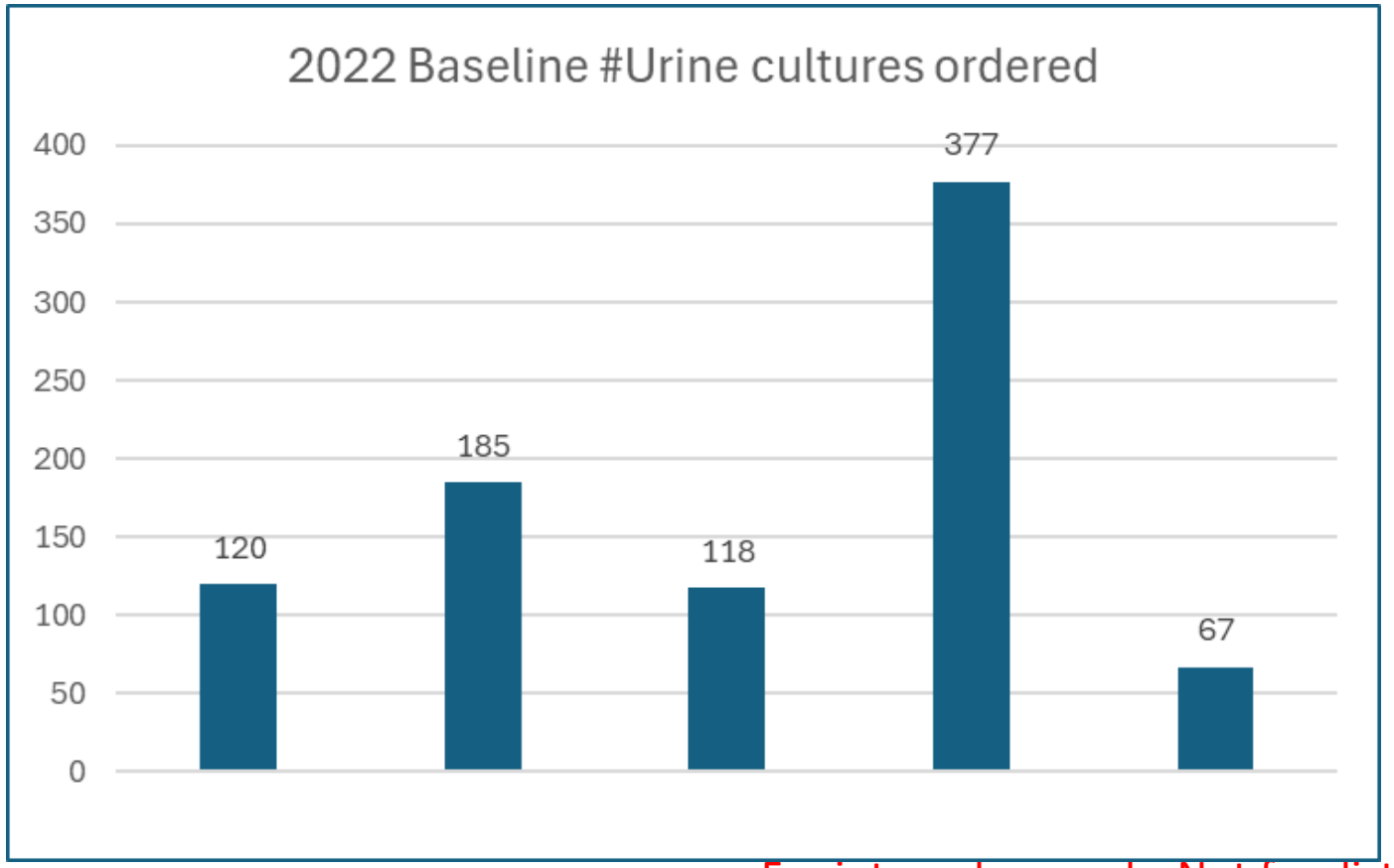
Urine Culture Surveillance as a Measure of Diagnostic Stewardship

Using Resident Days as Denominator



#total beds/#vent beds
92/36
256/34
115/30
129/36
122/32

Healthcare Associated Infections Program

Narrowing the Focus to the Urinary Tract

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Resources, albeit Limited

The Clinical Pharmacist, Medical Director, Quality Council

- The Clinical Pharmacist (CP) is at the SNF, generally a day/month for matters related to medications.
- Medical Director is the conduit to other attending MDs should issues with antibiotics arise
- Quality Council is a great venue to report surveillance data
  - Number of UTIs vs. ASB over time
  - MD outliers
  - Antibiotic use as related to antimicrobial resistance reported by clinical pharmacist

Summary: The Algorithm

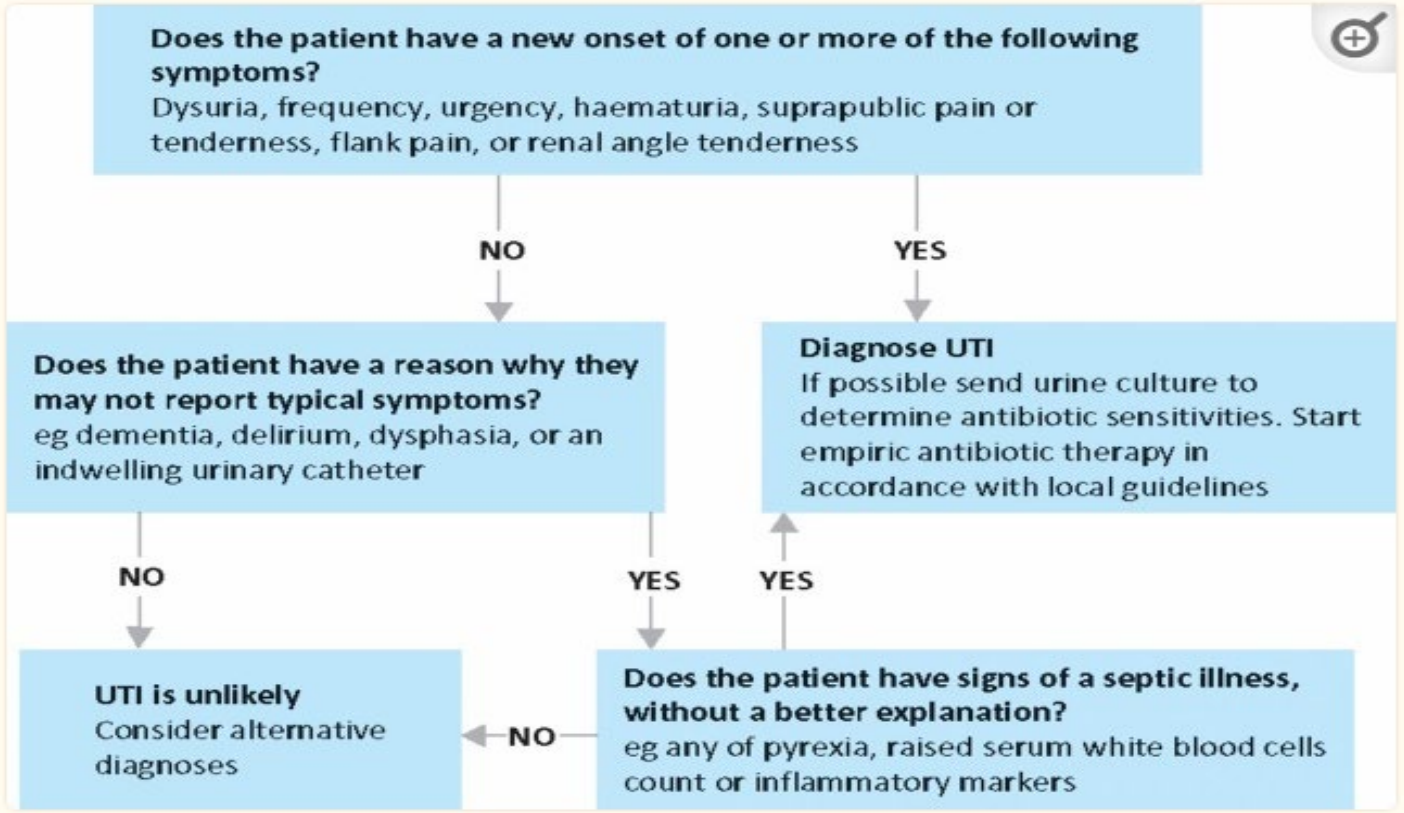


Fig 2.

A suggested approach to the evaluation of an unwell older adult for suspected urinary tract infection (UTI). Reproduced with permission from Radcliffe Publishing.[14]

Slide courtesy of Palomar Health ASP

Healthcare Associated Infections Program

Effective Communication

Strategies for Effective Internal Communication

- Consistent and accurate signage
- Education for staff, vendors, and visitors
- Collaboration of all leadership
- Ask staff for feedback to improve the system
- Regularly conducted adherence monitoring

Interfacility Communication

Healthcare Associated Infections Program

Effective Communication

Strategies for Effective Interfacility Communication

- Establish relationships with frequent receiving/discharging facilities
- Revise transfer process to improve effective communication
  - Use the CDPH interfacility transfer form
  - For admissions, request MDRO history and isolation status prior to transfer
  - When a miscommunication happens, review the situation and discuss with leadership to continually improve the system
- Create a partnership between the admission team and the Infection Preventionist
  - Provide education on relevant organisms and types of precautions needed

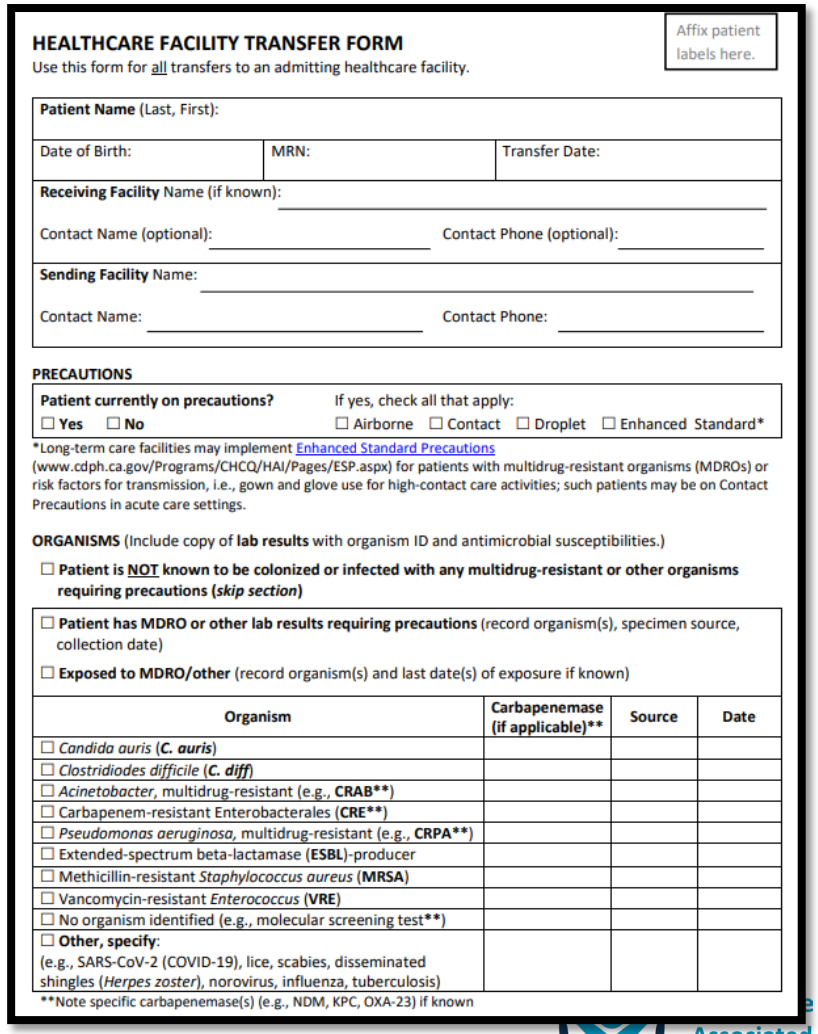
Interfacility Communication

Healthcare Associated Infections Program

CDPH Interfacility Transfer form

The HAI Program strongly recommends communicating the information included in the Interfacility Transfer form by phone, in advance of transfer, for patients with the following high-priority multidrug-resistant organisms (MDRO):

- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii, Enterobacterales, and Pseudomonas aeruginosa (CP-CRE)
- Pan-resistant MDRO (specifically, MDRO that are resistant to all antimicrobial drugs tested)



HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

Affix patient labels here.

Patient Name (Last, First):

Date of Birth: | MRN: | Transfer Date:

Receiving Facility Name (if known):

Contact Name (optional): Contact Phone (optional):

Sending Facility Name:

Contact Name: Contact Phone:

PRECAUTIONS

Patient currently on precautions? ☐ **Yes** ☐ **No**

If yes, check all that apply: ☐ Airborne ☐ Contact ☐ Droplet ☐ Enhanced Standard*

*Long-term care facilities may implement Enhanced Standard Precautions (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx) for patients with multidrug-resistant organisms (MDROs) or risk factors for transmission, i.e., gown and glove use for high-contact care activities; such patients may be on Contact Precautions in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

☐ **Patient is NOT known to be colonized or infected with any multidrug-resistant or other organisms requiring precautions (*skip section*)**

☐ **Patient has MDRO or other lab results requiring precautions** (record organism(s), specimen source, collection date)

☐ **Exposed to MDRO/other** (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
☐ *Candida auris* (**C. auris**)			
☐ *Clostridiodes difficile* (**C. diff**)			
☐ *Acinetobacter*, multidrug-resistant (e.g., **CRAB****)			
☐ Carbapenem-resistant Enterobacterales (**CRE****)			
☐ *Pseudomonas aeruginosa*, multidrug-resistant (e.g., **CRPA****)			
☐ Extended-spectrum beta-lactamase (**ESBL**)-producer			
☐ Methicillin-resistant *Staphylococcus aureus* (**MRSA**)			
☐ Vancomycin-resistant *Enterococcus* (**VRE**)			
☐ No organism identified (e.g., molecular screening test**)			
☐ **Other, specify**: (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (*Herpes zoster*), norovirus, influenza, tuberculosis)			

**Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

Refining the MDRO Transfer Form

TRANSFER INFORMATION

Reason for transfer: ☐ N/A
Patient has any of the following symptoms or clinical status? ☐ N/A ☐ Acute diarrhea or incontinent stool ☐ Incontinent of urine ☐ Change in respiratory secretions ☐ Vomiting ☐ Change in mental status ☐ Rash consistent with an infectious process (e.g. vascular) ☐ Change in wound drainage (e.g. purulence)§
Mental Status at transfer: ☐ Alert ☐ Not alert ☐ Oriented ☐ Disoriented
Baseline mental status: ☐ Alert ☐ Not alert ☐ Oriented ☐ Disoriented
Preexisting conditions: ☐ Cloudy Urine ☐ Respiratory Secretion **Speech:** ☐ Verbal ☐ Nonverbal
Instructions for receiving facility: ☐ N/A
Scans or labs performed? ☐ Work-Up Attached ☐Cultures Pending ☐ Please contact for workup ☐ N/A
Procedures completed during stay: ☐ Yes: _____ ☐ No ☐ N/A

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Healthcare Associated Infections Program

What can the HAI Program do to help?

- Outbreak response
- Support IP rounding
- Interpret state/federal guidance
- Support staff in-services
- Support quality improvement projects
- Share resources and tools

Healthcare Associated Infections Program

Contact Hour Instructions

- **Ensure your TEAMS name is your full name**
- **Complete by September 27th, 5:00 PM**
- **Expect your certificate by October 15th.**

Next Collaborative

November 20, 2024

11:00AM – 12:00PM

Microsoft TEAMS

Featured Topic:

Occupational Health

1 Contact Hour Offered

Submit questions or
feedback about today's meeting to:

PHS.HAI.HHSA@sdcounty.ca.gov

Healthcare Associated Infections Program

Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov

The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.

LIVE WELL SAN DIEGO