PROMOTE SAFETY ACROSS THE BOARD

DATE OF LAST *MDRO INFECTION*:

Multi-Drug Resistant Organism (MDRO) Infections Top Ten Checklist

- [ ] Institute an antimicrobial stewardship program incorporating prospective review and transparent data feedback. Design a program that includes preauthorization and/or prospective audit and feedback regarding antimicrobial usage. Programs should decide whether to include one strategy or a combination of approaches, depending on organizational gap analysis and availability of resources.
- [ ] Avoid inappropriate antimicrobial prescriptions. Involve physicians and pharmacists to design formulary controls and targeted ordering guidance based upon likely source of infection.
- [ ] Approach MDRO transmission as a cross-cutting harm. Integrate MDRO prevention strategies into all HAI infection prevention approaches, focusing on institutional cultural changes to hardwire key strategies (e.g., antibiotic de-escalation, reducing unnecessary urine cultures and treatment for asymptomatic bacteriuria and instituting antibiotic "time outs" after a designated treatment period).
- [ ] Engage community partners, physicians, patients and other health care facilities in developing a community action plan to reduce MDRO burden in your region.
- [ ] Develop a surveillance plan based upon organizational risk assessment, focusing on rapid identification of MDRO and measures to control known risks. Include lab-identified event surveillance, plus clinical surveillance, implementing special approaches for identified risk areas or consistent with regulatory requirements (i.e., AST).
- [ ] Hardwire hand hygiene. Engage all direct care staff and providers in peer-supported hand hygiene adherence effort, incorporating direct observation measurement strategy and individual accountability with strong peer support model.
- [ ] Formulate strategy for contact precautions to prevent MDRO transmission. Consider organizational gap analysis, MDRO environmental and community burden and availability of staff and other resources (e.g., PPE and private rooms verses cohorting). Develop clear guidance and evidence-based protocols for instituting contact precautions (CP), with measurement of adherence to glove and gown use for patients in CP.
- [ ] Focus on team-based strategies to ensure reliable cleaning of equipment and environment. Assess competencies for high-touch surface cleaning. Utilize technology to support communication regarding patient room assignments and discharges for timely terminal cleaning.
- [ ] Consider universal decolonization through chlorhexidine bathing and nasal decolonization for ICU patients. Match decolonization strategies to risk assessment and surveillance findings to target appropriate units and populations.
- [ ] Educate patients and families using teach-back regarding the risks of antimicrobial use, as well as infection prevention measures.

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