Question 9. Do you have a system in place for communicating confirmed MRSA-positive cultures to frontline care staff?

You indicated that your hospital does not have a system in place, or the existing system does not function well, for communicating confirmed cases of MRSA to frontline care staff. An important component of preventing MRSA is early identification of patients with MRSA and notification of those involved in the care of that patient. Early identification and notification allows for the placement of these patients into Contact Precautions and modifications to daily patient care activities. Thus, it is imperative that frontline staff are aware of a patient's MRSA status. Nursing champions can play a pivotal role in helping ensure a communication system is in place and properly followed.

A. Intra-facility and Inter-facility Communication

- Implement a process for early detection of MRSA bloodstream infections and rapidly communicate these results to frontline staff so that patients can be promptly placed into Contact Precautions. This process should be written as a standard policy or protocol, communicated throughout the organization, and monitored for compliance.

- Institute a lab alert system to notify health care staff of newly positive MRSA results. At minimum, the lab should notify frontline staff and infection prevention of a new MRSA culture in a manner that is rapid and reliable. This may include an automated alert system via electronic medical record or cell phone, and/or a call to the nurse caring for the patient and infection prevention. In the event of MRSA bacteremia, the lab should also notify the attending physician immediately. This will facilitate rapid treatment, isolation of the patient, and investigation of the event. Whatever system is in place, it should be operational 24 hours a day, seven days a week, including weekends and holidays.

- Use electronic systems to identify or flag patients when MRSA lab results are positive or at readmission.

- Ensure and insist that inter-facility and intra-facility transfer forms include categories of "Isolation Requirements" and "History of MDRO" so this information is communicated to all persons caring for the patient. Encourage staff to use such forms in all departments, including emergency/medical transport, home health, ambulatory care, long-term care, etc.

- Enhance the reliability of MRSA status communication by educating the patient and any family members about MRSA and ask them to participate in communicating the patient's status to other health care providers.

- Audit and monitor the communication strategies set in place to make sure they are being properly and effectively implemented and that the data is being used. Audits should be seen and used as an opportunity for improvement, not for punishment. Most infection

* Note. While this guide focuses on MRSA prevention, these strategies can be applied to the prevention of other multidrug-resistant organisms (MDROs)

prevention departments have a process to reconcile MDRO cultures with isolation status of patients that is done routinely, which helps to support auditing of these processes. In addition, infection prevention and the microbiology lab personnel meet routinely in most hospitals to discuss and review such processes together to assess how they are working.Strategies for Communication Success

- Creating a culture of safety will help promote open channels of communication. Culture can be difficult to change, but moving a hospital or unit from a punitive environment to one that emphasizes the importance of patient safety can have a profound impact on patient care and health outcomes.

- Use a common strategy or language to share patient information and provide feedback to keep feedback from being punitive. Create a shared understanding about communication expectations and provide staff with the tools to help them communicate more effectively. The TeamSTEPPS Module 3 Communication and Module 6 Mutual Support can assist you in devising a strategy that will work for your hospital.

Tools, Resources and Further Reading

- STRIVE Content:

    - Giving Infection Prevention Feedback (CBT103)

    - Uber-Adaptive Strategies for Infection Prevention (UA101, UA102, UA103, UA104)

    - MRSA Tier 1 (MRSA101, MRSA102, MRSA103)

- CDC Inter-Facility Infection Control Transfer Form 1

- CDC Inter-Facility Infection Control Transfer Form 2 CDC One-and-Only Campaign: Safe Injection Practices

- TeamSTEPPS Fundamentals Course: Module 3. Communication. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at https://www.ahrq.gov/teamstepps/instructor/fundamentals/module3/igcommunication.html

- TeamSTEPPS Fundamentals Course: Module 6. Mutual Support. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at https://www.ahrq.gov/teamstepps/instructor/fundamentals/module6/igmutualsupp.html

- https://www.cdc.gov/hai/pdfs/toolkits/infectioncontroltransferformexample2.pdf

- Slayton RB, Toth D, Lee BY, et al. Vital Signs: Estimated effects of a coordinated approach for action to reduce antibiotic-resistant infection in health care facilities –United States. Centers for Disease Control and Prevention. *MMWR*. 2015; 64(30):826-31.