Change in Isolation Practice for MRSA and VRE Patients

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Checklist for roll-out of new process

- Lit review
- Timeline – Started in October for January roll out
- Manager & Physician communication
- Talking points – why we are doing this
- Education module for nurses/techs
- Changes in EMR
- MDRO care plan review
- Educational flyers for Ancillary depts
- Posters for Physician reminder
- Article in Nebraska Now
- Signage for patient care units – PPE
- Also incorporated new Enteric precautions signage with this
- Evaluation of call process with transition
- Update Infection Control Committee
**October**
- Finalize MRSA/VRE isolation change talking points for meeting with Nursing Unit Representatives. **Nedras Meetings OCT 13 DONE**
- Meeting to discuss IC-4/MRSA-VRE Isolation changes with Nursing Unit Representatives. **OCT 14 DONE**
- IC-4 revision to be sent out for review to ICC committee for commentary. **OCT 15 DONE (actual 10/20)**
- Nedra/Kim/Teri/Kelly to present MRSA/VRE isolation change to Professional Development, Practice and Quality Councils. **OCT 16 DONE**
- IC-4 to ICC. Push for finalization with changes. **OCT 22 DONE**
- Deadline to email Learning Module Changes to Kelly. **OCT 29**
- Deadline to email liaison areas to get on UBC Agenda for November.

**November**
- Finalize target audience lists for education and methods for each. **(actual 10/20) NOV 3 DONE**
- Education module to be submitted to Learning Connection. Flyer content 1st draft due. **NOV 3 DONE**
- Finalize PPE/Task Matrix to share with UBC. **NOV 3 DONE**
- Send MDRO Care Plan changes to Jo Freal. **NOV 4 DONE**
- Send one chart changes to Susan Griffiths. Final edits to education module during meeting. **NOV 17 DONE**
- Finalize Nurse scripting for Patients. **NOV 19 DONE**
- Kelly submits education module final edits to Learning connection. Finalize Flyers (Mgrs/Ancillary). **NOV 21 DONE**

**December**
- Roll out Education Module to nursing staff to be completed by Dec. 31. **DEC 1**
- Introduce Learning Module at ICC. Take large poster/table tents/ancillary flyer. **DEC 3**
- Deliver PPE Signage to Nursing Units. **DEC 5**
- Kelly to send email Ancillary Flyers to Managers and Directors. Using Exposure distribution lists. **DEC 15**
- All IP’s to meet to develop SOP for MRSA/VRE Call and MDRO Isolation removal Procedure. **DEC 15**
- Deliver table tents and large signs to MD lounge and Dictation room. **DEC 15**

**January**
- Announcement comes out in Nebraska Medicine Now. **JAN 5**
- Revised IC-4 will need to be in place. **JAN 5**
- Patient speech to Nurse Educators/Managers. **JAN 5**

**GO LIVE JAN**
MRSA/VRE Isolation* Process Change

(*Methicillin-Resistant Staphylococcus aureus/Vancomycin-Resistant Enterococcus isolation)

✓ Contact Isolation will no longer be required for patients with MRSA/VRE.
✓ What will make this new process work—continued use of good hand hygiene, environmental cleaning, CHG bathing, and consistent use of standard precautions with readily available personal protective equipment (PPE).

1. Patients with a history of MRSA/VRE will still require a private room and still carry an infection flag.
2. Per standard precautions, patients experiencing secretions, excretions and/or wound drainage that cannot be contained will be placed in contact isolation. When wound drainage, secretions and excretions can be contained, contact isolation may be discontinued.
3. Standard precautions should be modeled for all patient visitors and family of patients, including those with MRSA or VRE. PPE should be made available for visitors or family members of all patients (especially when, e.g., providing a bath, aiding in patient care, dressing reinforcement, etc.). Stringent hand washing following care of a loved one is required.
4. Units must have a sufficient supply of PPE, in clearly marked locations, in very close proximity to patient rooms. Some units will require carts due to storage space limitations.
5. All patients will be instructed to perform Hand Hygiene. Ambulatory patients should wear a clean, dry hospital gown when leaving their room.
6. Cohorting of MRSA/VRE patients will take place according to current policy under the direction of Infection Control and Epidemiology (ICE).
7. Dedicated equipment will no longer be required for patients with an MRSA/VRE diagnosis. As per standard precautions, strict attention must be paid to disinfection of equipment between patients so transmission does not occur.
8. Patients with Daptomycin or Linezolid resistant MRSA and Linezolid resistant VRE will continue to require enhanced contact isolation precautions. For transmission based precautions, the expectation continues to be that visitors comply with posted signage.
MRSA/VRE Isolation Process Change
(Methicillin-Resistant Staphylococcus aureus/Vancomycin-Resistant Enterococcus)

- Contact isolation will no longer be required for patients with MRSA or VRE.
- The yellow infection flag will remain in OneChart to aid providers.

- Many patients are colonized with a multi-drug resistant organism, like MRSA or VRE but may not exhibit symptoms of an active infectious process.
- Standard precautions are effective in preventing the spread of MRSA/VRE when combined with:
  - High level of Hand Hygiene compliance
  - Thorough environmental cleaning
  - Widespread Chlorhexidine bathing of patients
  - Use of appropriate personal protective equipment (PPE)

Standard Precaution Tips:
- Use when in contact with blood and/or any body fluids of all patients (including emesis, urine, or stool, etc.)
- Know where to find personal protective equipment (PPE) and how to put on
- Change PPE when it is soiled (as soon as possible)
- Remove PPE carefully & dispose of properly
- Perform hand hygiene immediately after removing PPE
MRSA/ VRE Isolation Changes

EFFECTIVE
January 5, 2015

- MRSA/ VRE Patients will no longer be placed in contact isolation.
- MRSA/ VRE patients will still need private rooms.

- Standard Precautions will be used to prevent the spread of MRSA/ VRE, combined with:
  - High levels of Hand hygiene compliance
  - Thorough environmental cleaning
  - Widespread Chlorhexidine bathing of patients
  - Use of appropriate personal protective equipment (PPE)

- Contact Infection Control & Epidemiology with questions 559-5276.
Questions?