

Two Paths, One Goal: Infection Prevention Across Oregon

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Multidrug-resistant Organism Infection
Preventionist - West



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Multidrug-resistant Organism Infection
Preventionist - East





Infection Prevention and Public Health

Infection Preventionist Role in Public Health

- Extend influence across the healthcare continuum
- Collaborate with state epidemiologists to prevent and contain outbreaks
- Support antimicrobial use efforts at the local level
- Reduce the transmission risk of multidrug resistant organisms MDROs in those settings

INFECTION PREVENTION AND CONTROL



Infection Preventionist Role in Public Health



- Strengthen healthcare system readiness
- Facilitate collaboration across the continuum of care
- Protect the health of patients, healthcare personnel and the communities we serve from infection risks

Where We Go

Anywhere healthcare
services are provided



So, What Does a Public Health IP Do, Anyway?

ICAR tools are used to systematically assess a healthcare facility's IPC practices and guide quality improvement activities (e.g., by addressing identified gaps).

Instructions

This comprehensive tool is intended to help assess IPC practices in acute care, long-term care, and outpatient settings. It is not currently intended for use in outpatient hemodialysis facilities; resources for outpatient hemodialysis facilities are available at: <https://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>. The tool includes a series of modules that individuals performing the assessment may use depending on the focus of the assessment. Modules can be selected based on allotted time, facility-specific concerns, or applicability to an organism of concern.

Steps to an ICAR

1. Contact the facility to schedule the ICAR
2. Conduct the ICAR

The ICAR: Where Rubber Meets the Road

- Not Regulatory
- Educational (bi-directional)
- Utilized the CDC ICAR Modules
 - Modules 1 – 11 (100 – 1100)
- Expanded to include
 - High-priority MDRO (HP-MDRO) 1200
 - Care environment 1300
 - Best practice bundles
 - CAUTI
 - CLABSI
 - CDI
- Developed standard recommendations for each module





OREGON
HEALTH
AUTHORITY



Western Oregon

Safer Healthcare for All

Acute and Communicable Diseases Program

Healthcare Associated Infections

Western Oregon

Where to begin?



Western Oregon's Healthcare Landscape

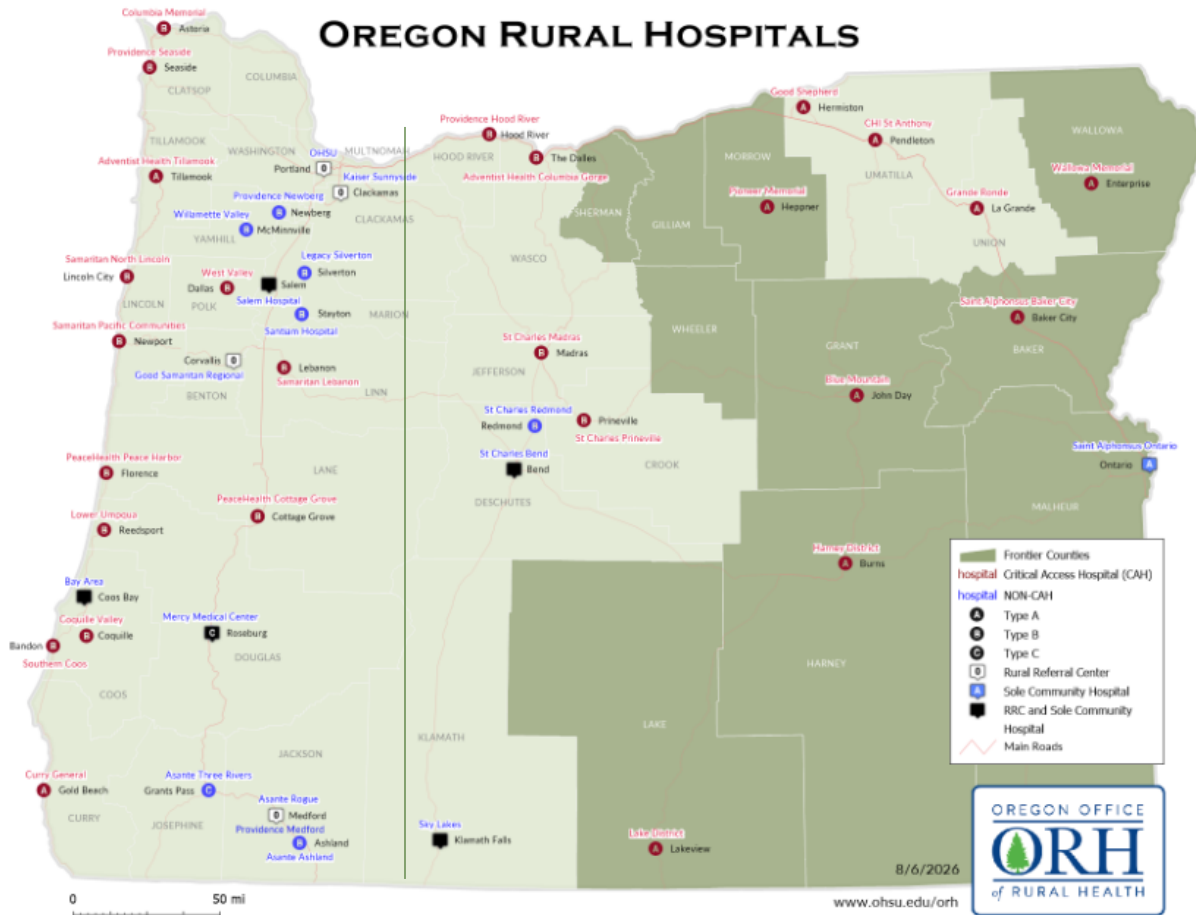
Characteristics and Considerations

- Geographic diversity (metropolitan, rural and frontier communities)
- Interconnected healthcare networks
- Independent free-standing facilities
- Varied regional resources and capacity such as with staffing, infrastructure, and access to infectious disease and infection prevention expertise
- Distinct community needs such as tribal health, rural healthcare environments, and medically underserved populations

Facility Types

- Acute care hospitals
- Large hospital-based care organizations
- Small independent facilities
- Critical access hospitals
- Rural health clinics
- Dialysis
- Ventilator-capable skilled nursing
- Oral health
- Federally qualified health centers (FQHC)

By the Numbers



Western Oregon

- Acute Care Hospitals 33
- Frontier/Critical Access Hospitals 12
- Licensed Post Acute Care (Skilled, Assisted living, Memory) 545
- Tribal Health 5
- Oral Health TNTC
- Dialysis
- Free-standing surgical clinics

Identifying Western Oregon IP Priorities

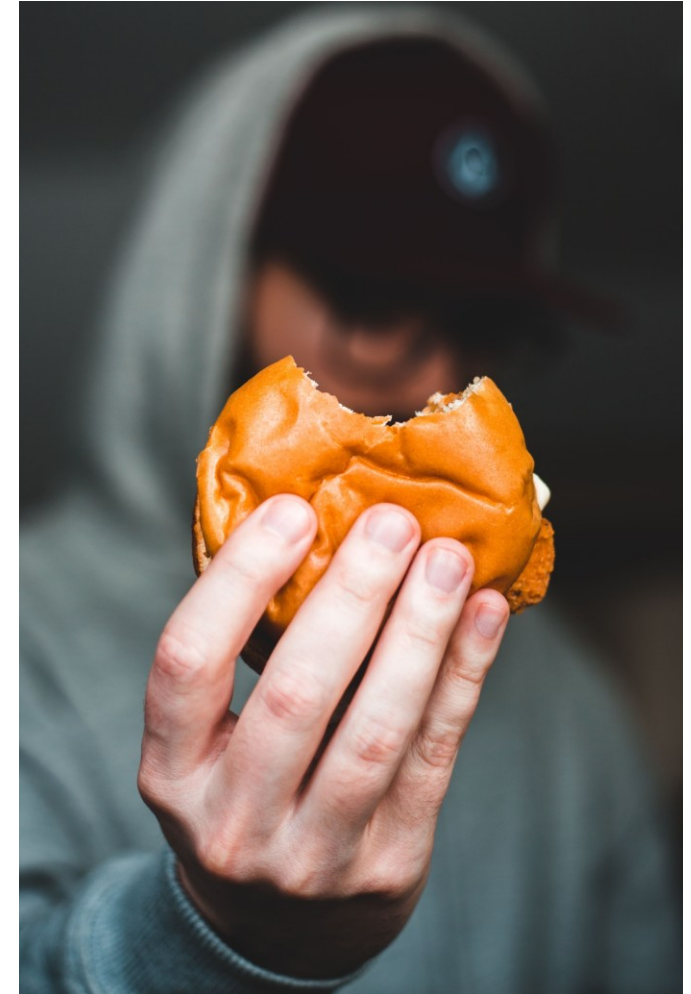


Prioritize
Strategize
Execute

Identifying Western Oregon IP Priorities



Eat the (veggie)
burger one bite at a
time



Setting Priorities

1: Responsive MDRO ICARs

- Carbapenemase-producing *Enterobacterales*
- *C. auris*
- CR *Acinetobacter baumannii*
- CR *Pseudomonas aeruginosa*

3: Proactive

- ACH in counties where cases have occurred but w/out transmission
- New to practice IPs
- Metropolitan areas and southern Oregon

2: Proactive ICARs

- High risk populations: LTACH, vSNF, Center for Medically Vulnerable Children
- Highly connected facilities in areas with identified social vulnerability
- Critical access (not in a healthcare network)

4: Provide for Targeted Education

- IP Power Hour and Office hours
- BugBytes newsletter
- Focused improvement facilities

Setting Priorities: Initial Outreach - 2022

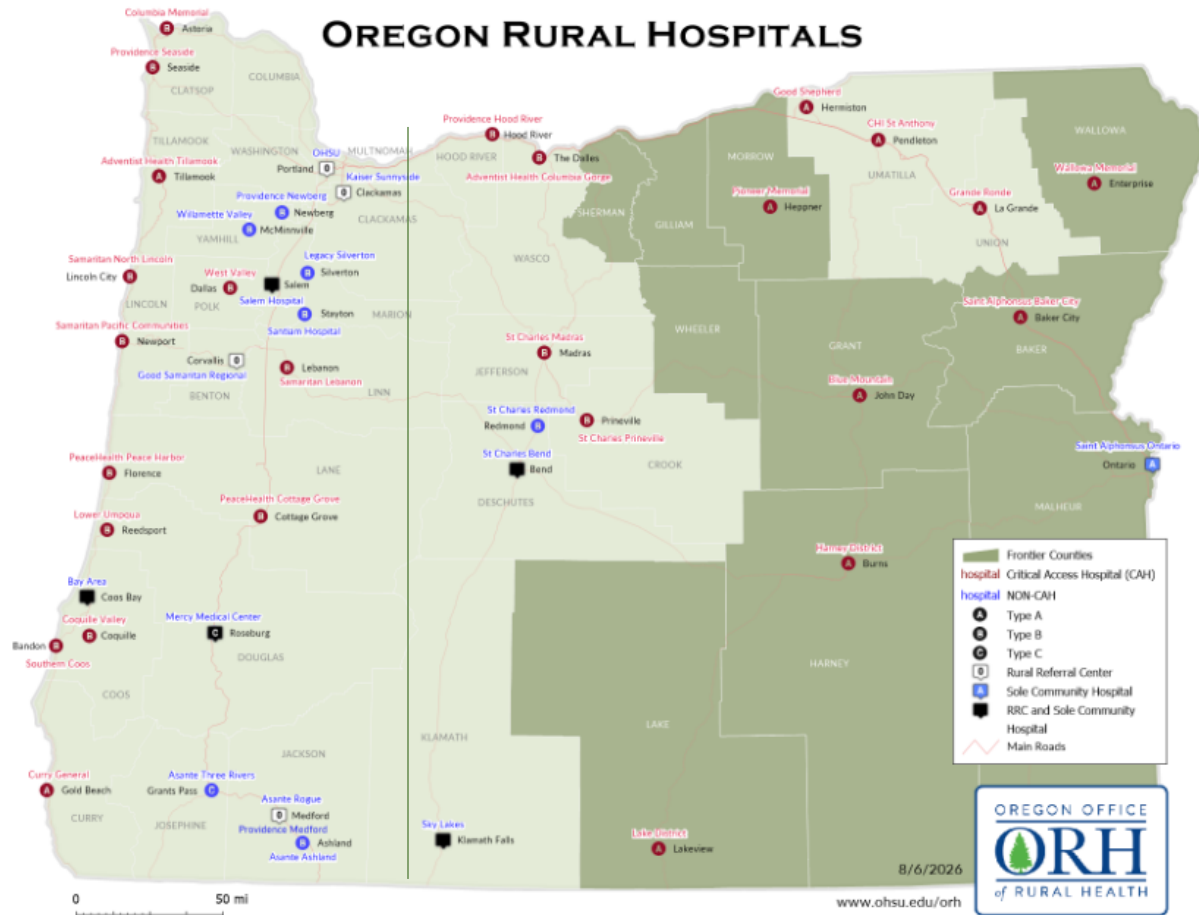
Oregon's single Long-term Acute Care Hospital (now closed)

- Encourage and support CPO and *C. auris* admissions screening
- Establish cadence for infection control consult (ICAR) at least annually, twice annually preferred.

Ventilator-capable skilled nursing facility (vSNF)

- Encourage and support carbapenemase-producing organisms (CPO) and *C. auris* admissions screening
- Initial infection control consult and recommendations
- Establish cadence for ICAR - twice annually until majority of recommendations implemented and staffing stabilizes

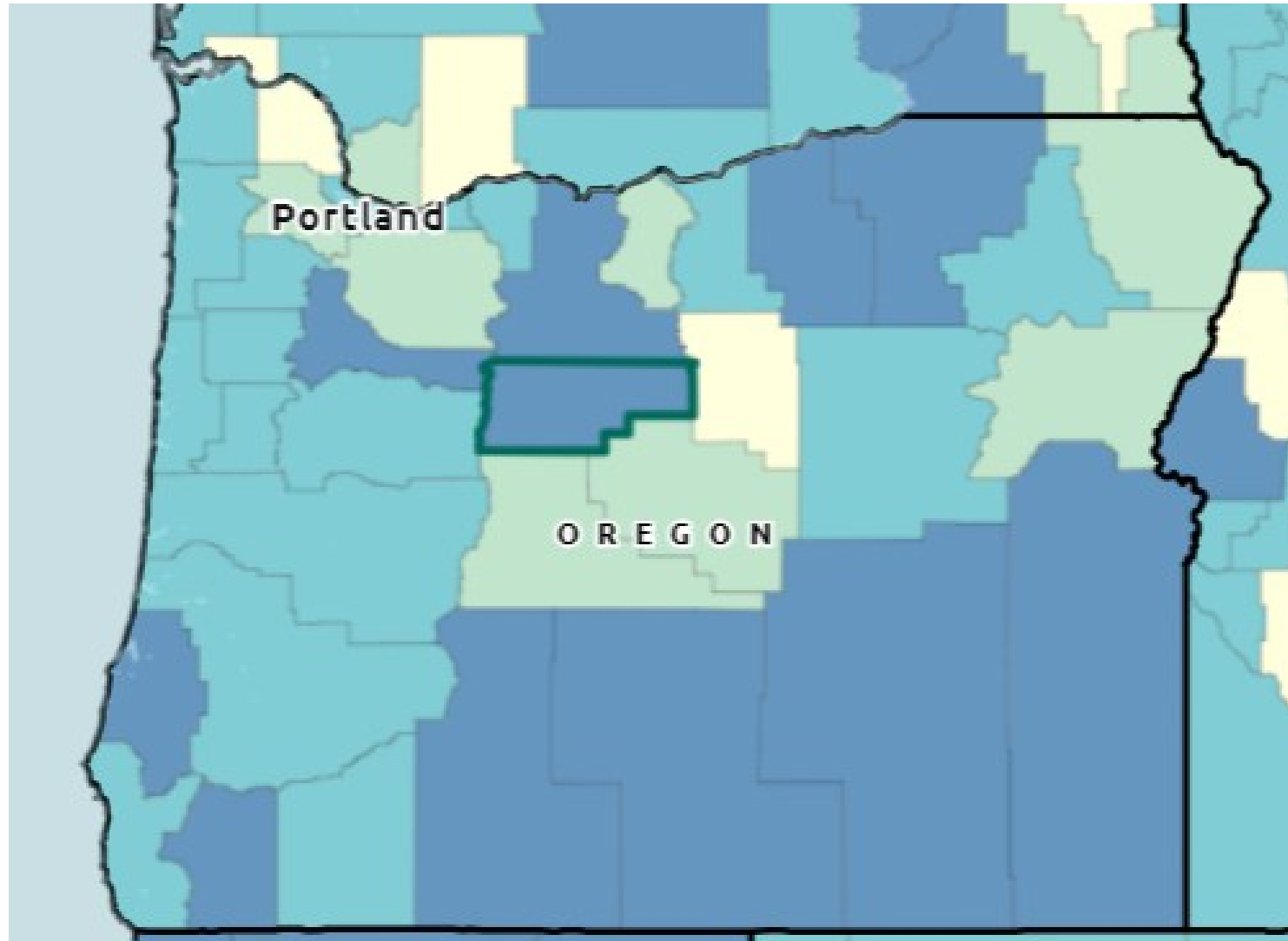
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Setting Priorities: Equity Opportunities



Setting Priorities: Equity Opportunities

vSNF or LTACH (1)											
Priority	Dispersal Rank	Complete	Net-wo	Facility Name	Facility Type	County	State	MDRO-Focus	Other	Type	Status
0	1	1			STACH	Multnomah County	OR	2/24	9/23	Response	Completed
0	2	1			STACH	Multnomah County	OR	12/24		Response	Completed
0	3	1			STACH	Multnomah County	OR	8/23		Response	Completed
0	4	1			STACH	Washington County	OR	9/24	2/24	Response	Completed
0	5	1	PS		STACH	Multnomah County	OR	12/24	10/24	Response	Completed
2	6	1	PS		SNF	Washington County	OR	2/24		Proactive	
5	7				STACH	Multnomah County	OR	3/25		Response	Completed
4	39				SNF	Multnomah County	OR				
3	40				SNF	Clackamas County	OR		9/25	Response	
3	41				SNF	Clackamas County	OR		4/21	Response	
4	42		PS		SNF	Douglas County	OR				
0	43	1			STACH	Coos County	OR	9/23		Proactive	Completed
5	44				CAH	Clatsop County	OR	11/25		Proactive	Completed
5	45				CAH	Linn County	OR	9/25		Response	Completed
4	47				SNF	Multnomah County	OR				
5	48				CAH	Lane County	OR				
3	49				SNF	Clackamas County	OR				
4	50				SNF	Multnomah County	OR				
0	51	1			SNF	Multnomah County	OR	1/25	3/25	Response	



Establishing a Working History and Recommendations OATS and STARi

OATS Facility Profiles

Facility Name	Corporate Entity			
[Redacted]		[Dropdown]		
Address	[Redacted]			
City	[Redacted]		Zip	97015
Phone	[Redacted]		Admission Screening?	No [Dropdown]
Disinfectants			Comments	
Staff	☒ List K ☒ List P ☐ U/V ☐ Plasma ☐ Unknown			
EVS	☒ List K ☒ List P ☒ U/V ☐ Plasma ☐ Unknown			
email	[Redacted]			
County: Clackamas				
Regulatory Contact: [Redacted]				
Facility Type				
☒ Acute Care Hospital ☐ Assisted-Living Facility/Residential Care Facility ☐ Other (please specify)				
☐ Critical Access Hospital ☐ Group home				
☐ LTACH ☐ Shelter				
☐ Dialysis center ☐ Adult Foster Home				
☐ Outpatient clinic ☐ Dental Clinic				
☐ Skilled nursing facility/nursing facility ☐ Home Healthcare Agency				

Building a Working Foundation



Acute and Communicable Disease Program
Healthcare Associated Infections

Recommendations

ICAR Date: 12/30/2025

Module 02 - Hand Hygiene

202

Hand hygiene performance and compliance

202.01 Alcohol-based hand sanitizer is available in key access areas (outside of each patient/resident doorway, between beds, entry to the building, common spaces etc).

01. Engineer the work environment to support hand hygiene by ensuring that alcohol based hand rub dispensers are readily located throughout the building in locations where they are needed.

202.02 Hand hygiene is performed before providing food, ice, and beverages.

01. Consider installing hand hygiene dispensers on food service carts and at beverage, ice and water stations.
02. Consider placing hand hygiene reminder signs at all locations where food, ice, and beverages are provided or dispensed.
03. When residents enter or are seated in dining areas, have staff offer hand hygiene with alcohol-based hand rub before eating.

202.03 Hand Hygiene is performed before room entry and exit.

01. Consider placing sanitizer dispensers between beds in multibed rooms.
02. Reinforce hand hygiene when entering and leaving a patient/resident room.

202.04 Hand Hygiene is performed before touching a patient/resident.

01. Ensure staff are trained and compliant in the WHO five moments for hand hygiene to include
Before patient contact
Before a clean or aseptic procedure
After patient contact
After body fluid exposure risk
After contact with the patient's surroundings

202.06 Hand Hygiene is performed when moving from a 'dirty' body site to a 'clean' one

01. Educate staff in the WHO 5 moments of hand hygiene.
02. Reinforce hand hygiene when moving from contaminated activities (such as catheter care) to clean activities (IV care) on a single patient.

OATS/STARi Database





Case Details

Title/Name of Project Dupe this project

SCI_Functional_Example

Project Category ICAR

Device ☐ CVC ☐ Vent ☒ IUC ☐ Endos

Organism Klebsiella pneumoniae

Source Wound

Belongs To Therese Pin Type Responsive

Objective(s)

Method used for this Project

Onsite

Location/Unit

Organism Mechanism (s)

☐ KPC
☒ NDM
☐ IMP
☐ VIM
☐ OXA 48
☐ OXA 23
☐ OXA 24_40
☐ OXA 58
☐ OXA 235
☐ mcr
☐ Unknown
☐ NA
☐ Other...

Point of Contact

First Name	Last Name
Jane	Doe
Title	Phone
Infection Preventionist	

Project DETAILS

Case: SCI TEST MIKE 2

Project Status Complete

Project Schedule Date 2/3/2025

Project Completion Date

ICAR

ICAR Schedule Date 2/7/2025

ICAR Complete Date 2/14/2025

6 Mo Followup Complete 7/29/2025

Respondent Name

Linked FacilityID 6423

SCI TEST MIKE 2

Case Closed 5/28/2025

6423

ICAR Modules for the highlighted project

Event / Module	Date	Type	Status
Module 01 - Training Audits	02-07-2025	Onsite	Complete
Module 02 - Hand Hygiene	02-07-2025	Onsite	Complete
Module 04 - Environmental	02-07-2025	Onsite	Complete
Module 06 - Injection Safety	02-07-2025	Onsite	Complete
Module 07 - Point-of-Care	02-07-2025	Onsite	Complete
Module 12 - MDRO	02-07-2025	Onsite	Complete
Module 08 - Wound Care	02-07-2025	Onsite	Complete
Module 05 - High-level	02-07-2025	Onsite	Complete

MDRO ICARs: By the Numbers

97

Acute Care Hospitals

MDRO Response

37

MDRO Proactive

7

Critical Access Hospitals

Responsive

0

Proactive

4

Long-term Care

Responsive

19

Proactive

20

Infection Prevention-Related Education

IP Power Hour

17

BugBytes

6

MDRO

35

ICAR by County

County	Number	County	Number
Benton	4	Lane	
Clackamas	6	Lincoln	2
Clatsop	1	Linn	2
Columbia	2	Marion	5
Coos	1	Multnomah	49
Curry	1	Polk	
Douglas	1	Tillamook	1
Jackson		Washington	16
Josephine	4	Yamhill	3

Invitation

[ICAR Request Form](#)

you're
Invited

Eastern Oregon

Safer Healthcare for All



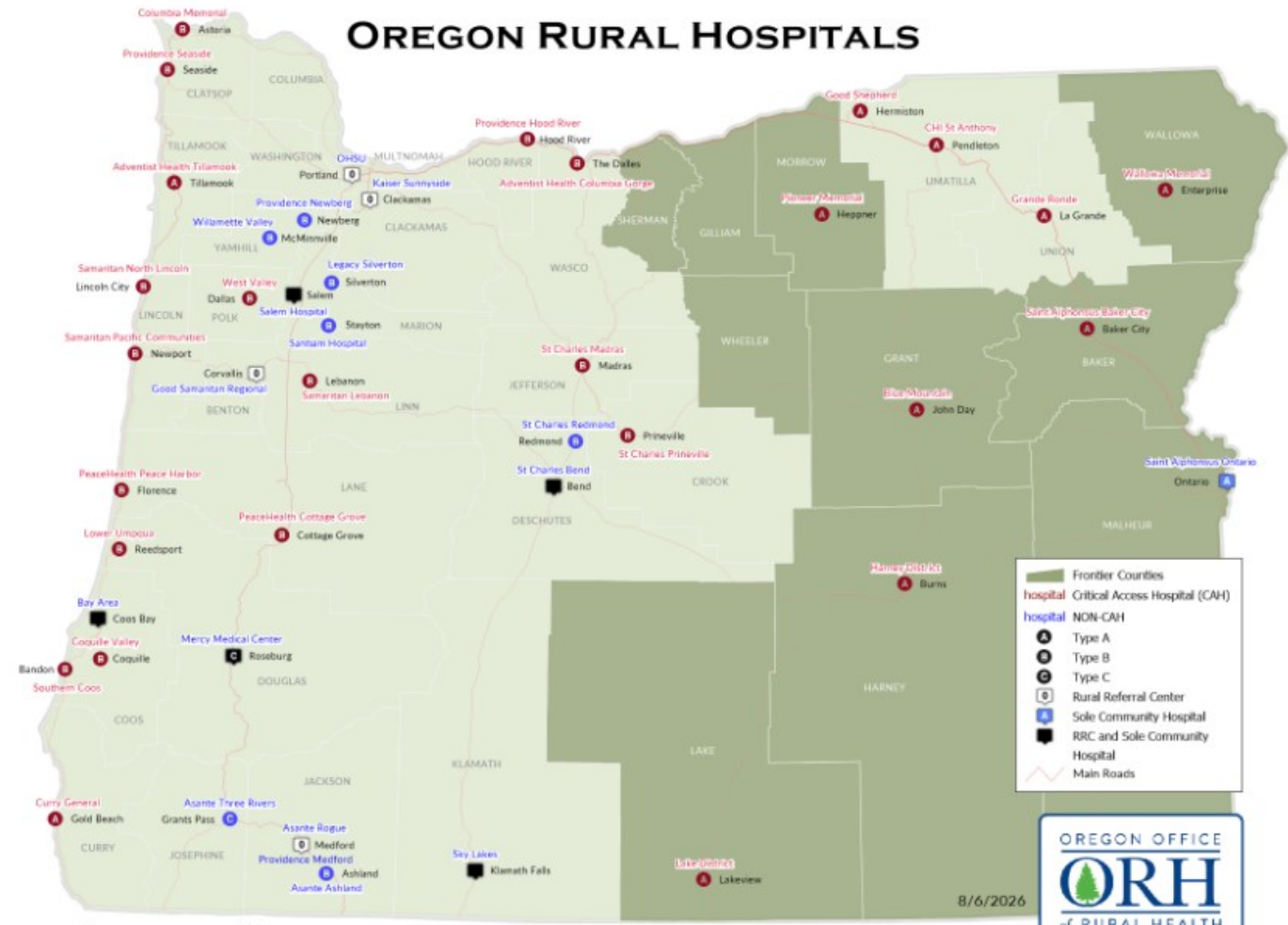
Healthcare In Eastern Oregon

- Less about the system, more independent organizations or out of state systems
- Distance to travel includes into metro areas over long distances and may involve interstate transport
- Less population = less patients = less practice, more preparation
- Less population = less staff
- Resources look different. From supply chain to access to experts
- Networking is key. Many folks wear multiple hats therefore knowing who does what will help in urgent situations



Eastern Oregon By the Numbers

- Acute Care Hospitals 4
- Frontier/Critical Access Hospitals 13
- Skilled Nursing Facilities 13
- Tribal Health/IHS 4
- Dialysis 7
- ODOC Facilities 5



How to prioritize?

Support to Local Public Health

Understand transfer patterns

Carrots, not sticks

Preparation for the inevitable

(prevention of disasters)

Story Time

MDRO Response

Rural
hospital

Pt.
Previously
lived in
Mexico

Interstate
transfers
often

Delayed
recognition
(not often
seen in
this area)

Much
Education
needed

Example of a carrot



- Special Pathogens Preparedness
- The healthcare network readiness
- Identify, Isolate and Inform

Where else can IPC be better informed?

Carceral Settings

Dental

Dialysis

Outbreak reporting

Prevention effort

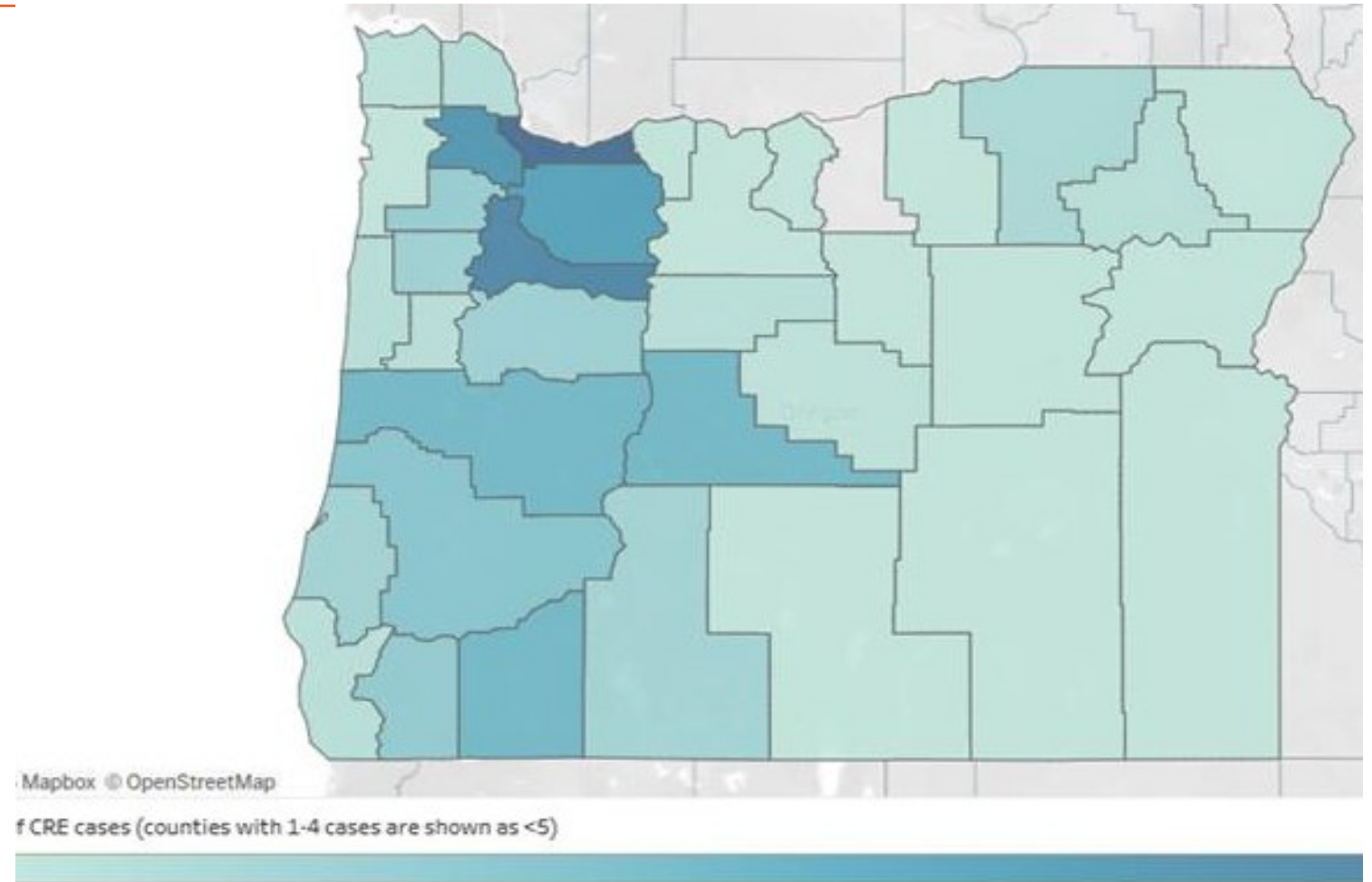
So many challenges



MDRO's by the numbers

Numbers of cases in Eastern Oregon remain low, but not non-existent

There is still some time to prepare and prevent



Which prevention method can I help you with?

Education

Improve IPC

Detect colonization

**Improve Interfacility
Communication**

Respond to Cases



Thank you!

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