



# ATLANTA

## REGIONAL CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE) CONTINUUM OF CARE COLLABORATIVE

### LETTER OF PARTICIPATION AND EXECUTIVE AGREEMENT

Date: \_\_\_\_\_

\_\_\_\_\_ [name of facility] agrees to participate in the Atlanta Regional Carbapenem-Resistant Enterobacteriaceae Continuum of Care (RCCC) Collaborative convened by the Georgia Department of Public Health in partnership with the Georgia Health Care Association (GHCA), the Centers for Disease Control and Prevention (CDC) and Alliant/GMCF, the Medicare Quality Improvement Organization (QIO) for Georgia.

As an active participant in the Collaborative, benefits to our patients/residents, staff and institution will include:

- ❖ Professional education from recognized experts in the field of infection control and prevention;
- ❖ Quality Improvement education and technical assistance from collaborative partners to review current practices for enhancement opportunities;
- ❖ Data collection and surveillance education and tools;
- ❖ Tools and strategies to improve communication with your healthcare partners and community;
- ❖ Access to infection prevention and control tools, resources and successful interventions; and

We, \_\_\_\_\_ [name of facility] pledge to support this effort by participating in the following ways:

- ❖ Involvement in Collaborative Learning Sessions for education and action planning;
- ❖ We will seek opportunities for synergy with other participants in this Collaborative to reach a community goal for reduction of *CRE and readmissions related to Multidrug Resistant Organisms* ;
- ❖ We will utilize a standard data collection method for surveillance of *Multidrug Resistant Organisms* ;
- ❖ We will facilitate quality improvement through adoption of a contact precautions or contact enhanced precautions protocol for infection control related to *CRE*; and
- ❖ We will share intervention tools and information on effective methods for improving processes and outcomes with peers.

\_\_\_\_\_  
Signature of Institution Executive or Medical Staff Leader

\_\_\_\_\_  
Name of Institution Executive or Medical Staff Leader



**Facility's Key Contact for Atlanta RCCC:**

Name / Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Facility's Back-up Contact for Atlanta RCCC:**

Name / Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_



## Collaborative Activity Summary

### Acute Care and Long Term Care Facilities

Data collection and audit results will be shared with public health through a secure site meeting the confidentiality policy and procedures of providers.

#### A. Meeting Attendance:

- 3 learning sessions (March 20th, May 28th, July 30th)
- 2 Webinars OR (1 Webinar and 1 Hospital hosted Community of Practice meeting)

#### B. Staff Training Sessions: (using Train-the-Trainer materials)

- Conduct at least 2 staff training sessions

#### C. One Time Data Collection:

- Six Month Baseline of CRE/CRAB laboratory and readmission/transfer data

#### D. Monthly Data Collection:

	Required Measures	Data reported	Additional information
CRE Laboratory data	Outcome	# of Carbapenem-resistant organisms identified in your facility each month	Facilities work with their laboratory to develop a process for reporting Carbapenem resistance in the following bacteria: <i>E. Coli</i> ; <i>Klebsiella sp.</i> , <i>Enterobacter sp.</i> , <i>Acinetobacter</i>
Readmission/Transfer data	Outcome	# 30-day Readmissions/month	For hospitals participating in collaborative
	Outcome	# hospital transfers/month	For LTCFs participating in collaborative
Communication	Process	Number of transfers accepted with documentation of (4) prioritized critical IC elements added or revised on inter-facility transfer form.	Facilities will review data provided at time of transfer to their facility from a healthcare setting (acute care, LTC, HH and NH) to see if newly admitted patients/residents have the (4) critical IC elements identified during community of practice group collaboration.



## Collaborative Timeline

### March 2014

- During the first learning session, each hospital will compare their current transfer form with the CDC Inter-facility transfer form and feedback from the LTC partners on quality of current transfer process for the purpose of identifying needed additions and/or revisions.

### April 2014 – July 2014,

- Six month baseline data... 1 time only data submission of CRE/CRAB laboratory data and readmission/transfer data from September 1, 2013 to February 28, 2014.
- Monthly Data collection activity: CRE/CRAB and Readmission/transfer reports

### April 2014

- Meeting: 1 hour Webinar:
- Conduct Staff Training Session: IP presentation. Objectives: CRE epidemiology, infection control (IC) and prevention, and IC transfer communication

### May 2014

- Attend: Staff participants attend Learning Session 2
  - Bring recommendations for transfer process improvements to share with your regional group.
- Optional Audit: Use collaborative contact-precautions/modified standard precautions audit tool based CDC guidelines. The audit is to be unobserved using the “secret shopper” approach. 10 – 20 observations per month
- Conduct Training: Present train-the-trainer session: CRE algorithm



**June 2014** (participants will decide as a group if they prefer to have the final collaborative activity to be a hospital/LTC meeting or a Webinar training.)

Audits: Conduct and submit results to PH from a qualitative and quantitative audit of hospital/LTAC/LTC current transfer form.

- **Meeting:** Hospitals host a 1 hour community of practice meeting inviting their community of practice partners. Purpose: Share transfer collaborative work with leadership, make recommendations for transfer form or process to leadership, create a presentation to share at July learning session on lessons learned, changes/modifications based on collaborative work

OR

- **Attend:** Collaborative staff will attend a Webinar.

## **July 2014**

- Each hospital/LTCF will present a 30 minute presentation, at Learning Session 3, developed with partners from hospital/LTCF perspective on the following topics:
  - Value of regional collaborations; Benefits and barriers of the collaborative learning model; Knowledge gained and examples; and any additions or modifications to policies, processes and procedures as a result of the collaborative work
  - Recommendations for the collaborative Partners and Facility leadership on how to keep the momentum and communication established in the communities of practice during the collaborative work.

**Optional Meeting:** Conduct staff training session using the train-the-trainer education material to staff such as case managers/care coordinators, ED and admission staff on “Essentials for an Effective Transfer Process”.