



AIM

The aim is decrease the number of incident hospital-onset (HO) *Candida auris* (CA) in 2020Q2 by 50% in a 6 month time frame.

BACKGROUND

CA is an emerging fungus and often multi-drug resistant organism that presents a serious global health threat.

Beginning in September 2019, we started to identify patients with HO CA infections. Unfortunately, as a result of the initial surge of Covid-19 cases in March of 2020 and the various issues that came with it (i.e. lack of PPE, patient census, etc.), our issue of CA only magnified. As we were able to get a *better* handle on the pandemic, we began to aggressively contain the infection and prevent further transmission.

Through a collaborative effort with NYS Dept. of Health, nursing, medical staff, environmental services, respiratory therapy, radiology, several ancillary departments, and infection control we continue to work towards mitigating the transmission of hospital-onset CA.

PLAN

Our main goal and plan for infection prevention & control activities was to mitigate the transmission of HO CA cases and:

1. To assure patient safety by eliminating hospital onset CA, colonization and infection.
2. To provide a safe environment for patients, healthcare workers, and visitors.

DO

Listed below are some of the action steps put into place to mitigate transmission:

Jun-20

- ESD attained Halosil™, a hydrogen peroxide fogger used for CA terminal clean

Jul-20

- Re-education to staff on the 5th and 7th floors that each patient must have their own patient care equipment

Aug-20

- Enhanced cleaning of ultrasound machine in ICU
- Re-instituted house-wide bleach cleaning of patient rooms
- Re-education regarding bladder sono and accu-chek cleaning
- Instituted nares/axilla/groin cultures on all NH patients

Sep-20

- Reinforced scheduling isolation patients at the end of the day for procedures/surgery

Oct-20

- CHG Warmers and Pyxis Room cleaned with bleach and UV-C disinfection

- CHG Warmer cleaning schedule initiated
 - Transport Dept. implemented transferring patients to stretcher prior to transport,
 - Ancillary Dept. Head meeting to discuss improving workflows to prevent transmission
- ### Nov-20
- Attained two additional Surficide units
 - Staff cohorting and patients at one end of the hallway
 - Surficide scrub cycle initiated in ED
 - Re-education in CSD regarding bleach cleaning of BP cuffs
 - IR holding area put back into service for isolation patients
- ### Dec-20
- Procedure and Code Cart Tracer with medicine, nursing, pharmacy, CSD, and IPC to ensure correct workflow
- ### Jan-21
- Implemented one box of latex gloves in all 'Contact' isolation rooms which are discarded upon patient discharge

STUDY

With the implementation of several interventions in 2020Q2, we noticed a decrease in HO CA cases by 2020Q3. However, we were still seeing incident cases.

In 2020Q3, we started to focus on areas/objects outside of the patient room which are used often by different care providers. We implemented cleaning schedules or protocols as some of these items may not be on a regular cleaning schedules. (See Graph 1)

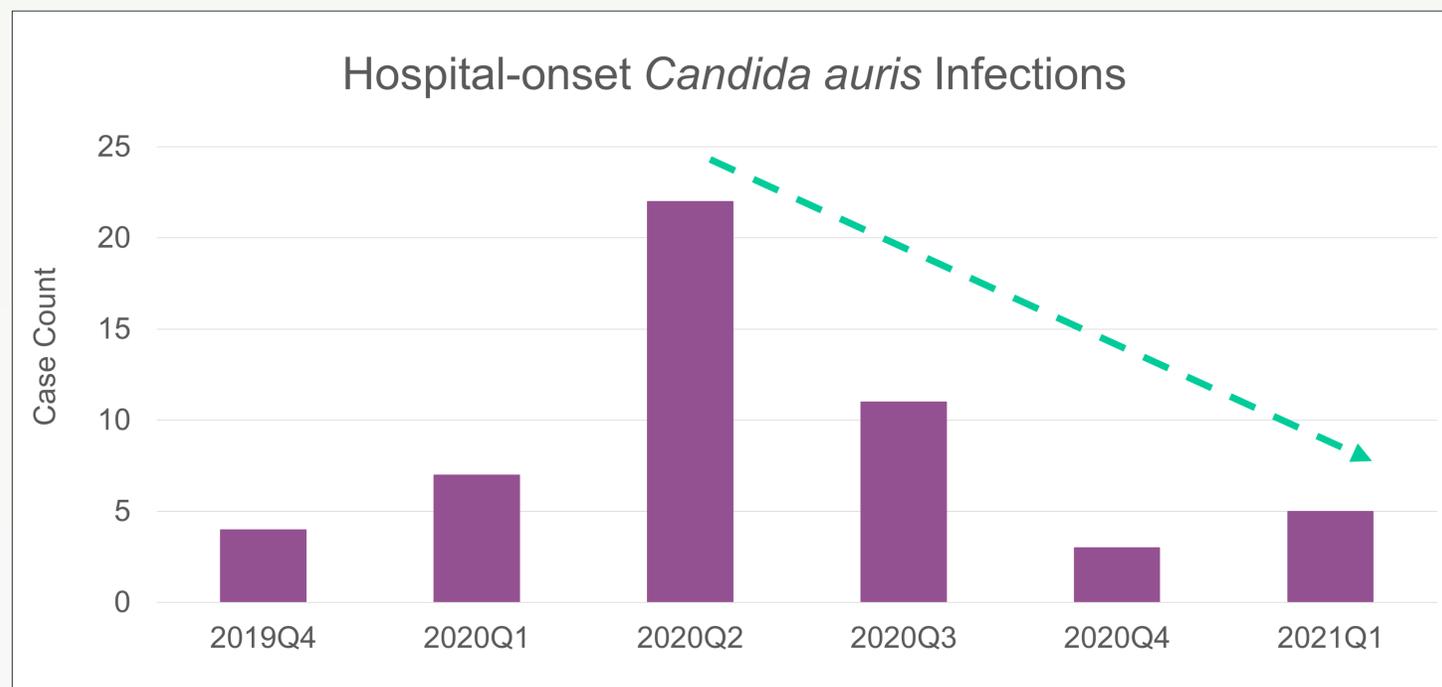
ACT

- Continue to identify epidemiologic links when new cases of CA are identified
- Investigate all new cases of CA in real-time to identify any practices or processes that must be addressed and improved upon
- Perform PPS until the % positivity rate is close to or equal to 0
- Continue to work with Nursing and ESD to ensure glove boxes are disposed of upon terminal cleaning of 'Contact' isolation rooms.
- Work with ESD on the implementation of disposable curtains in isolation rooms
- Observe for continued compliance for all interventions

REFERENCES

- Centers for Disease Control and Prevention
- New York State Department of Health
- Lee WG, Shin JH, Uh Y, Kang MG, Kim Adams, Eleanor, et al. *Candida auris* in Healthcare Facilities, New York, USA 2013-2017. Emerging Infectious Diseases. 2018 Oct; 24 (10);1816-1824

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Graph 1