

# Antibiotic-resistant Organism Screening Changes in Addictions and Mental Health

## Background

In 2018, Infection Prevention and Control collaborated with clinical stakeholders to implement a change in the management of patients colonized with an antibiotic-resistant organisms (AROs) in Addictions and Mental Health (AMH) care settings. A [risk assessment algorithm](#) was developed to support using Routine Practices for those patients who are at a lower risk of transmission. The IPC physician's group determined that based on this management practice and the low rate of newly ARO positive patients in Addictions and Mental Health settings, the cost and effort of ongoing routine admission screening would outweigh any potential benefit. Instead, a focus on Routine Practices would prevent transmission for all patients and would emphasize good risk assessment skills.

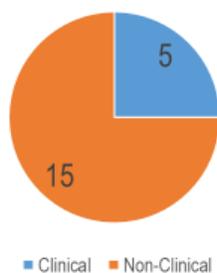
## Rationale

Surveillance data collected by Addictions and Mental Health units suggests that few cases of healthcare acquired AROs are picked up by routine admission screening in these settings. The data shown below are from all AMH units across Alberta during the year 2018. Focusing on risk assessment and Routine Practices reduces transmission risk for every patient, regardless of diagnosis or infectious status.

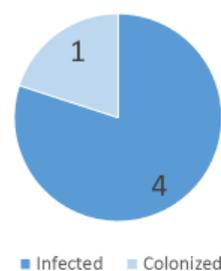
## Provisional AMH isolates from 2018

### HA-MRSA – 20 isolates

Hospital-acquired MRSA

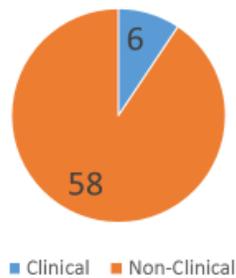


Clinical HA-MRSA

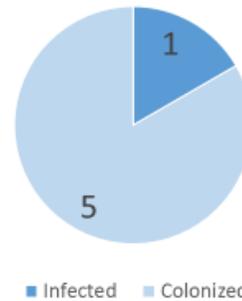


## HCA+CA MRSA – 64 isolates

Healthcare-associated and Community-acquired MRSA



Clinical HCA and CA-MRSA



## Routine practices

The principles of patient screening and management under this initiative are as follows:

- Use the [Risk Assessment for Managing Adult Patients in Addictions and Mental Health Units/Facilities](#) algorithm to assess all patients on admission for signs and symptoms of active infection and for behavioural risk factors in order to guide decisions in patient management.
- Review the algorithm and reassess whenever there is a change in patient behaviour or symptoms to determine if a change in management is required.
- Perform a point-of-care risk assessment (PCRA) prior to each patient interaction, as part of Routine Practices, to determine the need for personal protective equipment (PPE).
- Clean and disinfect environmental surfaces and medical devices between patient use and when visibly soiled.

## Units/Facilities affected

This change applies only to those patients who are admitted to AMH settings and not to those admitted under other settings who are being followed by addictions and mental health professionals. Mental health and addictions units which fall under a different operational organizational structure such as geriatric psychiatry or complex medical detox are not affected by this practice change, and will continue to perform admission screening according to their site or unit policy.

Facilities and units that will be ceasing routine admission screening include the following:

Action North Recovery Centre	Metis Indian Town Alcohol Association
Alberta Children's Hospital	Misericordia Community Hospital
Alberta Hospital Edmonton	Northern Lights Regional Healthcare Centre
Bonnyville Indian Metis Rehabilitation Centre	Northwest Health Centre
Centennial Centre for Mental Health and Brain Injury	Peter Lougheed Centre
Chinook Regional Hospital	Queen Elizabeth II Regional Hospital
Claresholm Centre for Mental Health and Addictions	Red Deer Regional Hospital
Crowsnest House	Renfrew Recovery Centre
Edmonton Addiction Recovery Centre	Rockyview General Hospital
Foothills Medical Centre	Royal Alexandra Hospital
Fort McMurray Pastew Place Detoxification Centre	Southern Alberta Forensic Psychiatry Centre
Fort McMurray Recovery Centre	South Health Campus
Grey Nuns Community Hospital	St. Mary's Hospital
Lander Treatment Centre	St. Therese Health Care Centre
Medicine Hat Regional Hospital	University of Alberta Hospital

### Connect Care

Units that will continue to perform admission screening will have the form included in the mandatory admission navigator, which prompts the user to complete the form. AMH units will not automatically be prompted to complete this form on admission, though it remains accessible through the system.

### Flag Clearing

There is no change to the flag clearing process for AROs. When Connect Care goes live, the ARO flag will have a review date attached to it and users will be able to see if a patient is eligible for the clearing process. The system will automatically keep track of lab results and adjust the timeline as appropriate, notifying the attending physician when clearing swabs can be ordered.

### Surveillance Protocols

There is no change to the established definitions for the purposes of surveillance (hospital-acquired, healthcare associated, etc.).

### Patient Transfers Outside of AMH

Patients that are transferred from an Addictions and Mental Health setting to one where routine ARO screening is performed (e.g. medical/surgical units) will have the screening completed by the accepting unit on transfer. In Connect Care, the admission screening form will be part of the transfer navigator for these units.

### Clinical Specimens

If a patient shows signs or symptoms of active infection clinical culture and sensitivity swabs may be ordered by the attending physician as per regular practice.