CDPH
California Department of Public Health

The Antimicrobial Stewardship and Resistance Update

Biannual newsletter providing updates on news, reports, research, policies, and events related to antimicrobial stewardship and resistance in California.

Issue 6

Page

Improving Interfacility Communication

To prevent the spread of multidrug-resistant organisms (MDROs), the CDC recommends four key strategies (www.cdc.gov/healthcare-associated-infections/php/preventing-mdros/mdro-prevention-strategies.html): 1) conducting education, 2) improving infection prevention and control (IPC) measures, 3) detecting colonized individuals, and 4) facilitating communication. This issue focuses on the fourth strategy, facilitating communication. Effective communication during patient transfers plays a pivotal role in improving patient safety and care coordination. Streamlining and standardizing the exchange of patient information—such as antimicrobial use and MDRO status—empowers receiving facilities to implement timely IPC and antimicrobial stewardship measures to optimize patient care.

Interfacility Transfer Form

According to California Health and Safety Code section 1262.5 (leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sec tionNum=1262.5.&lawCode=HSC), hospitals must provide a transfer summary including essential information related to the patient's care when transferring to a skilled nursing facility or intermediate care facility. However, interfacility communication is often challenging due to non-standardized transfer processes, limited provider time, competing provider priorities, and incompatible electronic medical record (EMR) systems between hospitals and skilled nursing facilities (SNFs). Interfacility transfer communication tools can streamline patient care by ensuring relevant information for IPC and antimicrobial stewardship is communicated in a standardized way.

Interfacility transfer communication tools can be physical forms sent with patients during the transfer process, such as the example in CDPH's Interfacility Transfer Communications Guide (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/InterfacilityCommunication.aspx), or electronic forms built into the EMR. Electronic tools can be more efficient than paper forms, as pertinent information can be populated directly from the EMR. However, what is most critical is ensuring the transfer information, whether on paper or electronic, is readily available to receiving facilities and completed properly.

HEALTHCARE FACILITY TRANSFER FORM

Use this form for all transfers to an admitting healthcare facility.

Affix patient labels here.

Patient Name (Last, First):

Date of Birth: | MRN: | Transfer Date:

Receiving Facility Name (if known):

Contact Name (optional): Contact Phone (optional):

Sending Facility Name:

Contact Name: Contact Phone:

PRECAUTIONS

Patient currently on precautions? ☐ Yes ☐ No — If yes, check all that apply: ☐ Airborne ☐ Contact ☐ Droplet ☐ Enhanced Barrier*

*Skilled nursing facilities implement Enhanced Barrier Precautions (www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html), i.e., gown and glove use for high-contact care activities for residents with infection or colonization with targeted multidrug-resistant organisms (MDROs), indwelling devices or unhealed wounds; Contact Precautions might be used for these patients in acute care settings.

ORGANISMS (Include copy of **lab results** with organism ID and antimicrobial susceptibilities.)

☐ **Patient is NOT known to be colonized or infected with any multidrug-resistant or other organisms requiring precautions (skip section)**

☐ **Patient has MDRO or other lab results requiring precautions** (record organism(s), specimen source, collection date)

☐ **Exposed to MDRO/other** (record organism(s) and last date(s) of exposure if known)

Organism	Carbapenemase (if applicable)**	Source	Date
☐ *Candida auris* (**C. auris**)			
☐ *Clostridioides difficile* (**C. diff**)			
☐ *Acinetobacter*, multidrug-resistant (e.g., **CRAB****)			
☐ Carbapenem-resistant Enterobacterales (**CRE****)			
☐ *Pseudomonas aeruginosa*, multidrug-resistant (e.g., **CRPA****)			
☐ Extended-spectrum beta-lactamase (**ESBL**)-producer			
☐ Methicillin-resistant *Staphylococcus aureus* (**MRSA**)			
☐ Vancomycin-resistant *Enterococcus* (**VRE**)			
☐ No organism identified (e.g., molecular screening test**)			
☐ **Other, specify** (e.g., SARS-CoV-2 (COVID-19), lice, scabies, disseminated shingles (Herpes zoster), norovirus, influenza, tuberculosis)			

**Note specific carbapenemase(s) (e.g., NDM, KPC, OXA-23) if known

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Form Components

Facilities should include the following information in an interfacility transfer communication form (also found on the CDPH form):

- Contact information for receiving and transferring facilities
- MDRO and other communicable disease status and accompanying laboratory results
- Current Transmission-based Precautions and supporting clinical data
- Current antimicrobials including indication, start date, and planned stop date
- Medical devices
- Immunization status

Facilities may consider including the following information (not currently on the CDPH form):

- Reason for transfer
- Mental, ambulatory, and speech status at baseline and transfer
- Current medications and recent medication changes
- Recent antimicrobials including indication, start date, and stop date
- Past medical history
- Procedures completed during stay
- Radiology, pathology, and other laboratory results
- Pending test results
- Instructions for the receiving facility

Barriers and Solutions

Who is responsible for completing the interfacility transfer form?

Though the primary responsibility lies with the transferring facility, both the transferring and the receiving facility should identify and train responsible staff and document information communicated and received. We recommend placing the interfacility transfer form as the top page in the package of documents sent with the patient.
Establishing strong working relationships within your referral network will facilitate ongoing communication and feedback. Transferring facility staff often call the accepting facility to ensure communication of patient MDRO status upon transfer.

Our facility would like to use the form, but a handwritten form is too time-consuming.

Facilities may consider working with their information technology team to incorporate an interfacility transfer form into their EMR system that can automatically populate relevant patient information. Some California hospitals have successfully created electronic versions (see examples of hospitals below). Regardless, ensuring appropriate transfer of information should be a patient safety priority.

How can we encourage other facilities in our county to use the interfacility transfer form?

County-wide collaboratives, including those led by local health departments, can be a great forum to strategize solutions to barriers and to connect facilities. One county has mandated use of the interfacility transfer form for all patients. Facilities can also directly contact facilities with which they commonly share patients to inquire about improving the transfer process.

How can the interfacility transfer form help with our facility's antimicrobial stewardship program?

Receiving facilities often continue overly broad or prolonged antimicrobials due to uncertainty about indication, start date, planned duration, or final culture results. The interfacility transfer form includes this information, allowing receiving facilities to limit antimicrobials to an appropriate duration, follow-up on pending results, and de-escalate therapy based on culture and susceptibility results as appropriate.

See the CDPH Interfacility Transfer Communications Guide (www.cdph.ca.gov/Programs/ CHCQ/HAI/Pages/InterfacilityCommunication.aspx) for answers to additional FAQs.

NHSN Updates

FAQs: AUR Reporting for the CMS Promoting Interoperability Program
(www.cdc.gov/nhsn/cms/cms-faq-aur.html)

Electronic Solutions for Interfacility Communication

Using Interfacility Electronic Medical Record (EMR) Access to Improve Stewardship

Healthcare facilities can take advantage of current EMR features to access patient information from outside facilities. For example, EPIC's Care Everywhere function provides access to records at other facilities using EPIC as well as other EMR systems. Additionally, PointClickCare, a common EMR system used in many SNFs, allows many hospitals access to, at minimum, the Continuing Care Document, which includes transfer and discharge information. To further improve clinical communication and support antimicrobial stewardship and MDRO prevention, facilities may consider establishing secure interfacility data-sharing mechanisms, particularly between SNFs and hospitals that frequently share patients. Examples include data use agreements and granting SNF clinicians limited read-only access to the hospital's EMR system. Such data sharing can facilitate care transitions by enabling SNF clinicians limited read-only access to the hospital's EMR system. Such data sharing can facilitate care transitions by enabling SNF clinicians to easily access patient lab reports (including those not yet resulted at transfer), clinical history, and active treatment plans, thus fostering a coordinated approach to patient care.

NHSN Updates

CMS Operational Guidance for Acute Care Hospitals to Report AUR Data (PDF)

(www.cdc.gov/nhsn/pdfs/cms/AUR_PIP_ Op-Guidance_08-2023.pdf)

Examples of Hospitals Updating Their EMR to Improve Transfers

A Sacramento Area hospital updated their EMR to automatically generate and populate the interfacility transfer form. Sacramento County mandated use of the interfacility transfer form (PDF) (dhs.saccounty.gov/PUB/Documents/ME-HealthOrder-HealthCareFacilityTransferForm.pdf).

A San Francisco Bay Area hospital updated their EMR to automate MDRO admission screening for admissions from high-risk facilities.

For guidance on incorporating these features into your EMR, please contact your information technology or EMR representative. If your hospital has automated EMR processes that support MDRO surveillance or improve patient transfer, please share with us at HAIProgram@cdph.ca.gov. Many hospitals have asked CDPH how they can use technology to limit MDRO transmission and improve patient safety, and we would like to spotlight your hospital in a future newsletter.

Examples of of Local Health Departments Facilitating Interfacility Notification of MDRO Status

Los Angeles County Department of Public Health

In June 2024, the Los Angeles County Department of Public Health (LACDPH) released an early version of the Patient Safety Information Exchange (PSIE). Developed specifically for IPC professionals in hospitals and SNFs, PSIE provides users with secure, web-based access to patient MDRO history as reported to LACDPH. By allowing users to quickly determine whether a patient has a reported MDRO history, PSIE supports the timely implementation of appropriate Transmission-based Precautions at admission. Nearly 200 users from 100+ hospitals and SNFs have registered for PSIE access as of June 2025. Early user feedback indicates that, when admitting patients, PSIE is particularly useful for checking carbapenem-resistant Enterobacterales, carbapenemase-producing organism, and *Candida auris* history. A future release expected in late 2025 will enable participating healthcare facilities to receive automated, real-time MDRO notifications. PSIE is currently available for hospitals ans SNF users in Los Angeles County and the cities of Pasadena and Long Beach. For more **information about PSIE**, please visit their website (publicheal th.lacounty.gov/acd/patientsafetyinformationexchange/)or email psie@ph.lacounty.gov.

Orange County Public Health Department

The Orange County (OC) MDRO Xchange was developed to improve communication of patients' MDRO status across healthcare settings. Within OC, the Xchange will provide staff in hospitals and SNFs with secure access to a database of MDRO-colonized patients. The Xchange database of MDRO-colonized patients is populated by an automated feed from CDPH's CalREDIE system, which clinical laboratories currently use to report certain MDROs to public health. The Xchange launched with a pilot acute care hospital in November 2024, with plans to enroll all OC acute care hospitals and SNFs that wish to participate. For more information, please email HAI_EPI@ochca.com.

NHSN Updates

CMS FY 2025 Inpatient PPS Final Rule (PDF)
(www.cdc.gov/nhsn/pdfs/cda/PHDI-Facility-Guidance-508.pdf)

Clinical and Laboratory Standards Institute Strengthens Recommendations for Carbapenemase Testing of Carbapenem-Resistant Enterobacterales

Per Clinical and Laboratory Standards Institute (CLSI) 2025 updated M100 guidance, most carbapenem-resistant Enterobacterales (CRE) should be tested for carbapenemase production, ideally with an assay that can differentiate specific carbapenemase types. Please see Please see CLSI M100 ED35:2025

(em100.edaptivedocs.net/Login.aspx?returl=GetDoc.aspx%3fdoc%3dCLSI%2520M100%2520ED35%3a2025%26sbssok%3dCLSI%2520M100%2520ED35%3a2025%2520TABLE%25202A-1%26format%3dHTML%26hl%3dcarbapenemase) Table 2A-1 for additional details and considerations. The Infectious Diseases Society of America (IDSA) also strongly encourages carbapenemase testing of CRE to help direct therapy in their 2024 Guidance on the Treatment of Antimicrobial Resistant Gram-Negative Infections (www.idsociety.org/practice-guideline/amr-guidance/).

State Lab Announces New STAR-Carba Assay

As part of an ongoing effort to modernize testing methodologies for antimicrobial-resistant pathogens, the CDPH Microbial Diseases Laboratory (MDL) replaced the modified carbapenem inactivation method (mCIM) with the Bruker MBT STAR®-Carba assay. The MBT STAR-Carba assay is a MALDI-TOF-based *phenotypic method* that can rapidly and accurately detect carbapenemase-producing organisms (CPOs), including carbapenem-resistant Enterobacterales (CRE), *Pseudomonas aeruginosa* (CRPA), and *Acinetobacter baumannii* (CRAB). The MBT STAR®-Carba assay will complement the existing lineup of CPO identification and testing services at CDPH MDL. For isolate submission criteria, please refer to the Expanded Carbapenemase Testing Services Frequently Asked Questions (FAQs) (www.cdph.ca.gov/Program s/cls/idld/mdl/Pages/MDL-Expanded-Carbapenemase-Testing-Services-FAQs-2025.aspx) updated February 5, 2025.

NHSN

Have questions about the NHSN Antimicrobial Use and Resistance Module?
Contact NSHN at NHSN@cdc.gov or submit a ticket to ServiceNow (https://servicedesk.cdc.gov/nhsncsp)

CDPH HAI Antimicrobial Stewardship Program Honor Roll Gold-Level Facility Spotlights

In each newsletter, we highlight CDPH Antimicrobial Stewardship Honor Roll Members (www. cdph.ca.gov/ Programs/CHCQ/HAI/Pages/HonorRollMembers.aspx) that have achieved gold designation. The facilities listed below achieved, or renewed, gold status during the September 2024 deadline.

Collaborations to Improve Antimicrobial Stewardship

- Palomar Medical Center
- Providence St. Joseph Hospital
- Sutter Davis Hospital

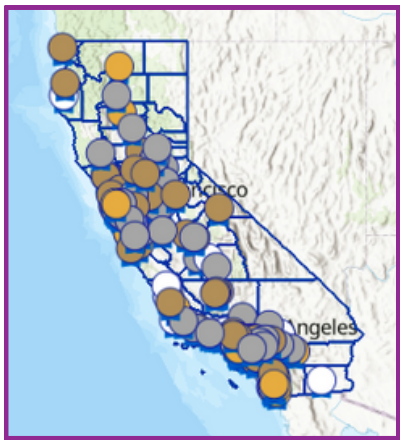
Supporting a Less Resourced Facility

- Hoag Orthopedic Institute
- Kaiser Foundation Hospital – Vacaville
- Novato Community Hospital
- Saint Johns Health Center
- AHMC Seton Medical Center

Direct Engagement with Outpatient Partners in the Community

- Alta Bates and Summit Medical Center Campuses
- Community Memorial Hospital - San Buenaventura
- Eisenhower Medical Center
- Kaiser Foundation Hospital - Oakland/Richmond
- Kaiser Foundation Hospital - San Leandro
- Keck Hospital of USC
- Martin Luther King Jr. Community Hospital
- Providence St. Jude Medical Center
- Sequoia Hospital
- St. Elizabeth Community Hospital
- Sutter Maternity and Surgery Center of Santa Cruz
- UCLA Medical Centers - Ronald Reagan and Santa Monica
- USC Kenneth Norris Jr. Cancer Hospital

Explore the CDPH ASP Honor Roll Map to discover other facilities in your region and find out when your facility's designation expires.
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HonorRoll_InteractiveMap.aspx)



Did you miss our resource issue?

Issue 4 (PDF) of *The ASR Update* highlighted resources for antimicrobial resistance, antimicrobial stewardship, diagnostic stewardship, regional and state laboratory testing, and updated breakpoints.
This issue is updated periodically to reflect the most recent links and resources!
(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AS_AR_Newsletter_Issue4_May2024.pdf)

Other Updates

Public Health Laboratory Experience with Whole Genome Sequencing of Multidrug-Resistant Organisms

- Slides (PDF) (www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/PH_LabExpWithWGSofMDROs_051425.pdf)
- Recording (5/14/2025) (www.youtube.com/watch?v=o ZF_AM1Zn84)

CDC Alert | Use Only Sterile Ultrasound Gel for Percutaneous Procedures

CDC has received reports of *Paraburkholderia fungorum* bacteremia associated with the use of ultrasound gel from multiple states during 2024–2025 (www.cdc.gov/healthcare-associated-infections/bulletins/outbreak-ultrasound-gel.html). Use of non-sterile ultrasound gel for percutaneous procedures risks patient safety. CDC emphasizes the following: 1) use only single-use ultrasound gel products labeled as "sterile" for ultrasonography in preparation for or during percutaneous procedures, 2) train health care providers whoperform ultrasounds and/or ultrasound-associated procedures in the appropriate use of ultrasound gel

products, and 3) consider ultrasound gel products with a label claim of "bacteriostatic" or "preservative" without a specific indication of sterility as non-sterile for clinical purposes.

For additional information and further recommendations, please see CDC's Alert (www.cdc.gov/healthcare-associated-infections/bulletins/outbreak-ultrasound-gel.html).

CDC HAI/AR Program Publications

- The Journal of the American Dental Association: Outpatient antibiotic prescribing by general dentists in the United States from 2018 through 2022 (3/6/2025)(pubmed.ncbi.nlm.nih. gov/40047737/)
- Antimicrobial Stewardship & Healthcare Epidemiology: Implementation of core elements of antibiotic stewardship in long-term care facilities—National Healthcare Safety Network, 2019–2022 (3/24/2025) (pmc.ncbi.nlm.nih.gov/articles/PMC11951231/)

Upcoming

CDPH ASP Honor Roll

- Deadlines: March 1st and September 1st; *as a reminder, designations are for 3 years.*
- Visit the ASP Honor Roll webpage (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Honor_Roll. aspx) for more information about application requirements.

Stay Connected with CDPH

CDPH HAI Websites

Visit CDPH webpages for more information and resources.

- CDPH HAI Program (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAI/ProgramHome.aspx)
- CDPH Antimicrobial Stewardship (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialStewardshipLandingPage.aspx)
- CDPH Antimicrobial Resistance (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/AntimicrobialResistanceLandingPage.aspx)

CDPH HAI Newsletters

Subscribe to our HAI Program newsletters (cdph-marketing.powerappsportals.com/HAI/HAI-Registration/) to receive updates on our program's initiatives and educational opportunities.

CDPH Listserv

To stay connected with all things antimicrobial stewardship at CDPH, join the California Antimicrobial Stewardship Collaborative Network (ASCN)(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ASCN.aspx).

HAI Program LinkedIn
(www.linkedin.com/in/hai-healthcare-associated-infections-program-7ba7ab178)

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