

Journal Club



APIC Greater NY Chapter 13

Trevisia Anderson, BSc., CIC

June 18, 2024

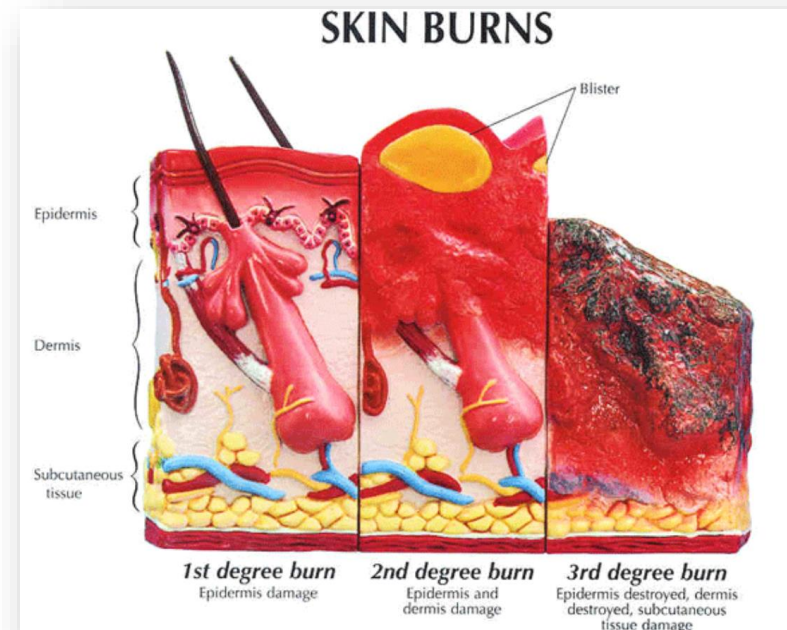


Article Overview

- **Title:** Curbing the Incidence of *Candida auris* in the Burn Intensive Care Unit – How Not to Get Burned Twice
- **Authors:** Kinta Alexander, DrPh, MS, MPH, CIC, Sean Brown, BSc, Charlotte Ozuna, BSc
- **Publication:** AJIC 2023 Jul;51(7);S32



<https://theconversation.com/explainer-what-is-candida-auris-and-who-is-at-risk-115293>



<https://www.quora.com/What-should-be-applied-on-burnt-skin-if-you-dont-have-a-topical-cream>

Overview

- The study was conducted in Harlem Hospital, which is a Level 2 Trauma hospital that covers the upper half of NYC
- **Key terms**
 - **BICU** – Burn Intensive Care Unit
 - **C. auris** – Candida auris
 - **CAPP Bundle** – Candida auris Prevention Protocol



Study Design

- **Setting:** 280- bed NYC Hospital focus on Burn Intensive Care Unit (BICU)
- **Objective:** To evaluate the effectiveness of a Candida auris prevention protocol (CAPP) to prevent further transmission of Candida auris in a Burn Intensive Care Unit
- **Goal/Hypothesis:** Reduce the spread of Candida auris among burned patients
- **Inclusion:** All confirmed Candida auris patients in the BICU
- **Exclusion:** Non – BICU Candida auris patients



Methods

- **Intervention:** During the months of August –November of 2022 a CAPP bundle was formulated and implemented to curb the spread of *C. auris*. The CAPP Bundled consisted of:
 - Monitoring hand hygiene
 - Enhanced Contact precautions
 - Dedicated staff and equipment
 - Routine terminal cleaning of patients room and equipment with bleach
 - Hospital-wide communication
 - Education – Staff and visitors

- **Measures:**
 - Compliance for cleaning was monitored with quantification of adenosine triphosphate (ATP) bioluminescence, qualitative analysis of fluorescent markers, and direct observation of cleaning methods.
 - Benchmark approach used to evaluate strategies to monitor adherence with interventions and patient outcomes

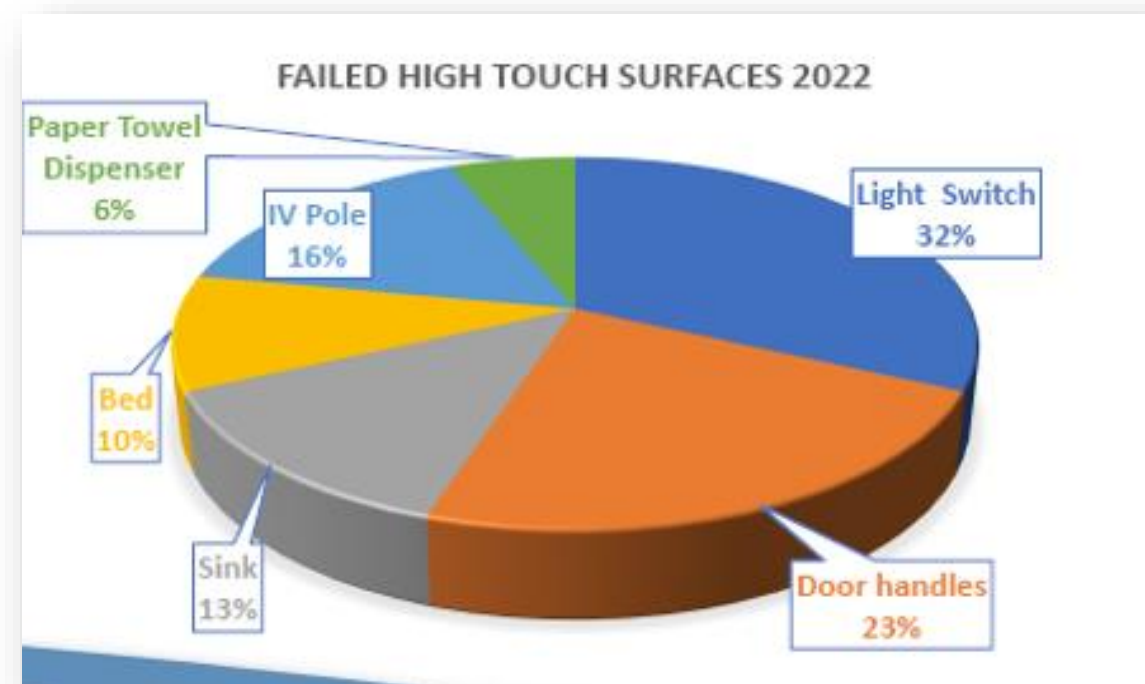


Results

- **Pre-intervention:** From January to July of 2022, seven patients were discovered to be colonized or infected with *C. auris*.

Two patients out of the seven patients were in the same BICU room 14 days apart

- **Post – intervention:** In August to November 2022, a CAPP Bundle was implemented. Resulting in no new hospital- onset cases found in the BICU.



Study's Conclusions

- Utilizing a hospital-wide approach between departments is imperative to prevent the transmission of *C. auris* in the Burn Intensive Care Unit
- Monitoring the compliance with the CAPP Bundle through a multifaceted approach can be successful in reducing transmission of *C. auris*.
- Implementing the CAPP bundle can decrease the burden on the healthcare system and improve patient outcomes.
- Equity lens



Discussions

How were the colonized /infected patients discovered?

Is there pre-screening for C. auris patient prior to admission?

What were the challenges to execute the bundle?

Where there any breaches in the bundle?

If yes, how were the breaches in the bundled addressed?

What were the methods of hospital communication that were implemented?

After post intervention, were screening for C. auris continued?

Is there sustainability with the CAPP Bundle?



Thank You!

