

Criteria for Tier 2 MDRO Admission Screening for High-Risk Patients

Admission screenings for *Candida auris* and Carbapenemase- Producing Organisms (CPOs) are recommended for the following facility types and patient populations:

Facility Type/Population	Recommendation for Admission Screening	Reference
Patients with recent history of overnight stays or invasive procedures in healthcare facilities outside the United States	Highly recommend	Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug resistant Organisms (MDROs)
Patient who received care at facilities outside of Nebraska (especially in a part of the country with a high burden of <i>C. auris</i> or CPO's).	Highly recommend	Screening Recommendations for Healthcare Facilities Carbapenem-resistant Enterobacterales (CRE) Infection Control
Patients with current or previous healthcare encounters at facilities currently suspected or confirmed <i>C. auris</i> or CPO transmission.	Highly recommend	Screening Recommendations for Healthcare Facilities Carbapenem-resistant Enterobacterales (CRE) Infection Control
Patients who are transferred from a highly influential facility (such as a vSNF or LTACH).	Highly recommend	Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug resistant Organisms (MDROs)
Highly Influential Facilities (which include LTACHs and vSNF's). *	Highly recommended in early epidemic stages (i.e., when there are no/few individuals with the focus MDRO(s) in the facility).	Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug resistant Organisms (MDROs)

* In general, implement admission screening only after conducting a baseline PPS.

Nebraska DHHS coordinates with the ARLN Minnesota lab for colonization screening, which is offered free of cost to the facility and patients. NDHHS HAI/AR team will coordinate supply orders for the healthcare facilities.

Definitions:

Highly Influential Facilities: Include all long-term acute care hospitals (LTACHs) and ventilator capable skilled nursing facilities (vSNFs), which are at higher risk of importation and sustained transmission because they provide care to high-acuity patients/residents and have long average lengths of stay

Highly Connected Facilities: These facilities are the acute care hospitals and skilled nursing facilities that most frequently receive patients from influential facilities and are therefore likely to admit patients/residents with MDROs.

Admission Screening: the use of colonization screening to identify an MDRO at the time of admission to a new healthcare facility or unit within the same facility to ensure timely implementation of recommended interventions (e.g., use of Contact Precautions, placement in a cohort unit). In addition, admission screening can be useful to measure IPC effectiveness at a facility (i.e., parsing MDRO importation from intra-facility transmission when coupled with repeat PPSs) and identify other facilities in the region with a high MDRO prevalence.

Early Epidemiologic Stages:

Implementing admission screening in influential facilities (e.g., LTACH, vSNF) where the focus MDROs have not been identified or are low prevalence is predicted to have the greatest impact on regional prevalence.

At this epidemiologic stage, admission screening in highly connected facilities that discharge to many different facilities (i.e. those identified as dispersal facilities in the risk stratification), such as ACHs, is also predicted to be impactful, but less so than in influential facilities.

Later Epidemiologic Stages:

At later epidemiologic stages, implementing admission screening in highly connected facilities that discharge to many different facilities (e.g., ACHs) is predicted to have the greatest impact on regional prevalence. At these stages, admission screening is predicted to have substantially less benefit in other settings, but could be beneficial for facilities with certain characteristics:

- Influential facilities with demonstrated strong IPC programs and low rates of intra-facility transmission, for which admission screening results can be used to enhance certain IPC practices. For example, admission screening in such facilities could enhance timely placement of patients/residents in a cohorted unit or facilitate implementation of other measures that substantially disrupt transmission.
- Highly connected facilities that regularly receive patients/residents from an influential facility that is experiencing unmitigated transmission or cares for many individuals with focus MDRO(s) (e.g., SNFs that do not provide care for mechanically ventilated patients/residents). In this scenario, admission screening should be implemented after a proactive, ad hoc PPS.

References:

- [Public Health Strategies to Prevent the Spread of Novel and Targeted Multidrug resistant Organisms \(MDROs\)](#)
- [Screening Recommendations for Healthcare Facilities](#)
- [Carbapenem-resistant Enterobacterales \(CRE\) Infection Control](#)
- [Multidrug-Resistant Organisms \(MDRO\) Tiers for Nebraska](#)

Case counts by state are available from CDC:

- [CDC: Tracking *C. auris*](#)
- [CDC Antibiotic Resistance and Patient Safety Portal: Carbapenem-Resistant Enterobacteriaceae](#)

Contact Information:

Nebraska Department of Health and Human Services
Healthcare Associated Infections and Antimicrobial Resistance Program
P.O. Box 95026, Lincoln, Nebraska 68509-5026
Phone: (402) 471-2937
Email: dhhs.hai-ar@nebraska.gov
<https://dhhs.ne.gov/pages/Healthcare-Associated-Infections.aspx>

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