

XDRO Registry: Introductory Webinar

Michael Lin, MD MPH

William Trick, MD
Chicago CDC Prevention Epicenter

Collaborators:

IDPH: Mary Driscoll, Erica Abu Ghallous, Judy Kauerauf, et al.

Prevention Epicenter: Mary Hayden, Bala Hota, Robert Weinstein

CDC: Alex Kallen



Welcome to the XDRO registry introductory webinar.

Objectives

1. CRE overview / rationale for XDRO registry
2. How to register
3. Website orientation
4. Future vision
5. Frequently asked questions
6. Question & answer forum



Today, we will discuss the following objectives: (1) CRE overview and rationale for XDRO registry, (2) how to register for the registry, (3) an orientation to the website, (4) future vision for the registry, (5) frequently asked questions, and (6) a question and answer forum.

CRE: “nightmare bacteria”

- Carbapenem-resistant Enterobacteriaceae (CRE) are extensively drug resistant organisms (XDROs) with few antibiotic options, high mortality rate



cdc.gov

XDRO
registry

CRE have been called “nightmare bacteria”. CRE , or carbapenem-resistant Enterobacteriaceae, are extensively drug resistant organisms (or XDROs) with few antibiotic options and high mortality rate.

Enterobacteriaceae

- Family of bacteria that include:
 - *Escherichia coli*
 - *Klebsiella* species
 - *Enterobacter* species
 - *Citrobacter* species
- Cause healthcare and community-associated infections
 - Example: urinary tract infections

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Enterobacteriaceae comprise a family of bacteria that many of you are familiar with: for example, *E. coli*, *Klebsiella* species, *Enterobacter* species, and *Citrobacter* species. Enterobacteriaceae commonly cause healthcare and community-associated infections, such as urinary tract infections.

Illinois Situation Update

Chicago area facilities (REALM project), 2010-2011

Facility type	CRE colonization prevalence
Short stay acute care hospitals (adult ICUs)	3%
Long term acute care hospitals (LTACHs)	30%

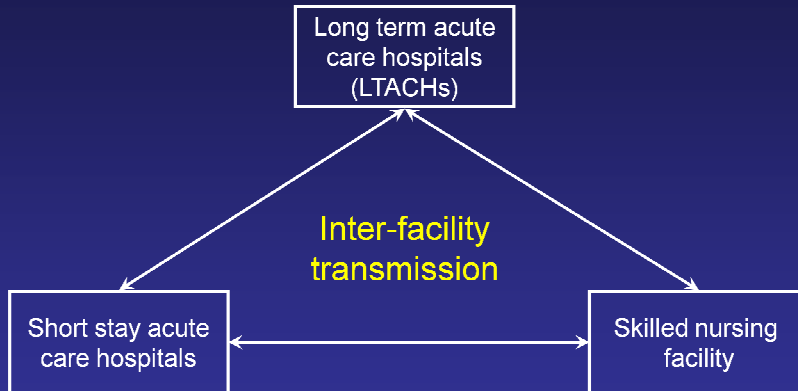
Lin MY et al. CID, 2013

- CRE are relatively common in some Chicago healthcare facilities, particularly LTACHs
- Few prevalence data exist for hospital non-ICU wards, nursing homes, and regions outside of Chicago



Here is the CRE situation in Illinois. From the REALM project, which is a series of point prevalence surveys in Chicago, we estimate that among short stay acute care hospital adult ICUs, approximately 3% of patients are colonized with CRE. Among long term acute care hospitals, or LTACHs, approximately 30% of patients are colonized with CRE. Thus, CRE are relatively common in some Chicago healthcare facilities, particularly LTACHs, and we are concerned that CRE has the potential to further spread. Also, relatively few prevalence data exist for hospital non-ICU wards, nursing homes, and regions outside of Chicago.

Regional Spread of CRE



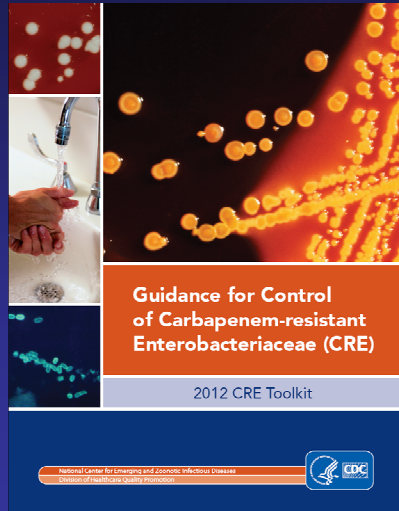
Lin MY CID 2013; 57:1246
Thurlow CJ ICHE 2013; 34:56
Prabaker K ICHE 2012; 33:1193
Won SY CID 2011; 53:532

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(Slide courtesy M Hayden)

CRE spreads from patient to patient. A key point to recognize is that such spread is amplified when sick patients with CRE move within the healthcare system: for example, patients frequently move from long term acute care hospitals to skilled nursing facilities to short stay acute care hospitals. Thus, control efforts have to exist at all types of facilities across a region.

CDC CRE toolkit



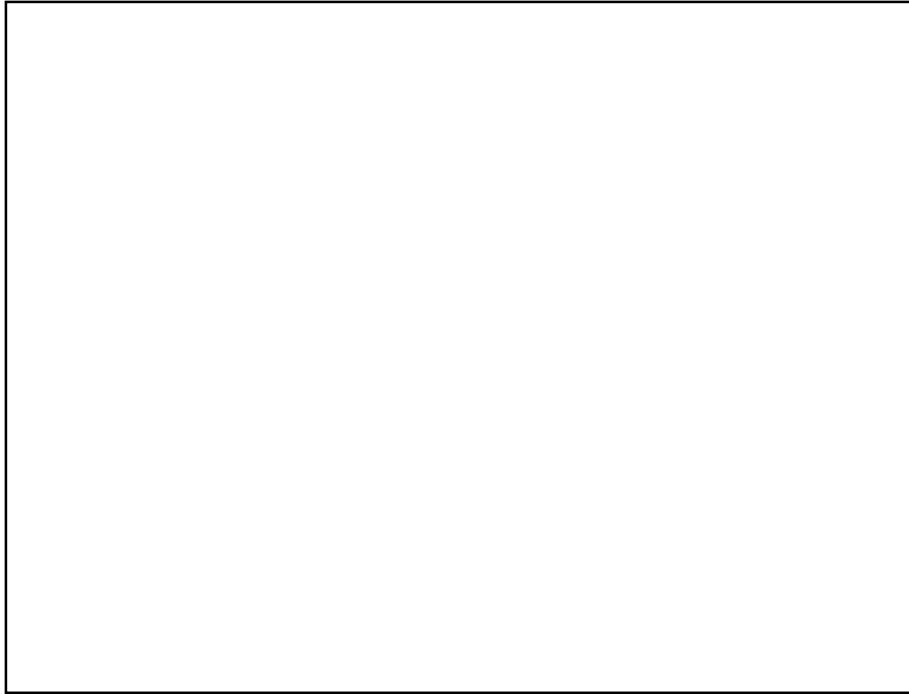
“Detect and protect”

1. Find CRE-carrying patients
2. Maintain them in contact precautions

<http://www.cdc.gov/hai/organisms/cre/cre-toolkit>

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The CDC has published a “CRE toolkit” that describes important steps that individual facilities as well as regions can take to control CRE spread. The central strategy is called “Detect and Protect”, which means that we need to identify CRE-carrying patients and maintain them in contact precautions.



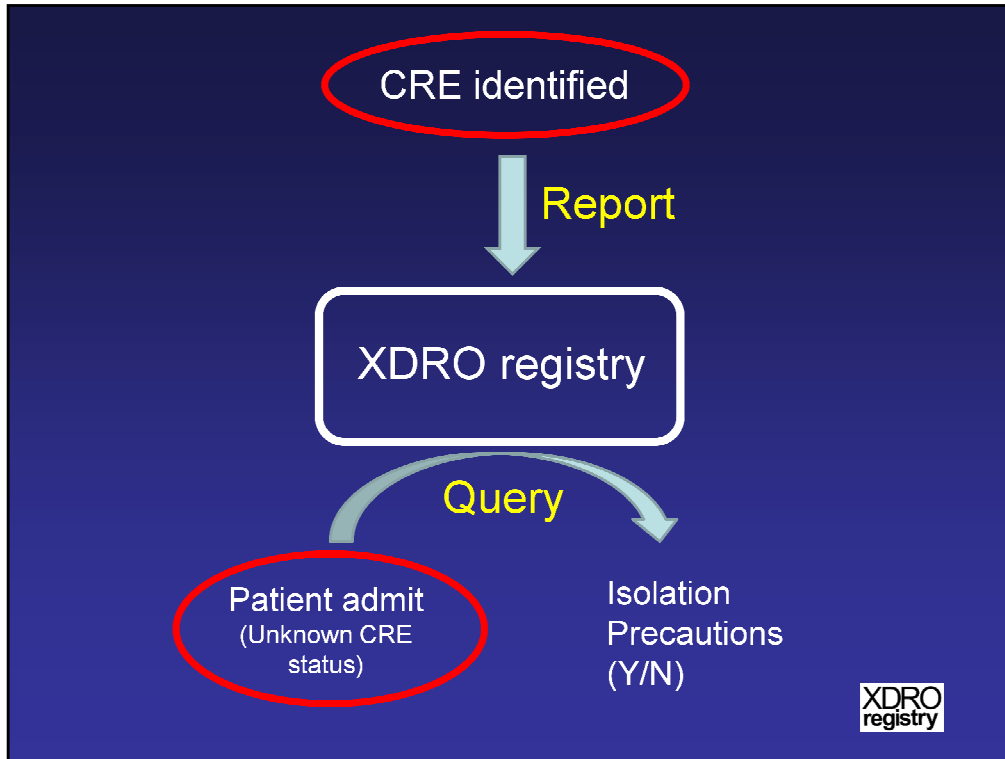
The CDC CRE toolkit also emphasizes improving inter-facility communication of patient CRE status. The importance of inter-facility communication is illustrated with the Israeli experience in controlling CRE. The Israeli CRE control strategy combined “Detect and protect” with optimizing inter-facility communication between healthcare facilities across the country. This strategy was effective in controlling CRE in Israel.

XDRO registry addresses 2 critical gaps

Gap	XDRO registry
1. Need improved detection, particularly among non-ICU pts, and in skilled nursing facilities	Creates CRE surveillance rule and stores patient-specific CRE information
2. Need improved inter-facility communication	Provides efficient CRE information exchange

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The XDRO registry address 2 critical gaps in our regional CRE control strategy. The first gap is the need for improved CRE detection across the entire state, including non-ICU patients and skilled nursing facilities. The XDRO registry creates a CRE surveillance rule and stores patient-specific CRE information. The second gap is the need for improved inter-facility communication. The XDRO registry provides efficient CRE information exchange.



To illustrate in this figure, the XDR0 registry has 2 primary functions. First, when a facility identifies a CRE-carrying patient, that patient is reported to the XDR0 registry. Second, when a patient is admitted with an unknown CRE status, the healthcare facility can query the XDR0 registry to determine whether or not isolation precautions are needed.

XDRO registry – intended participants

All Illinois hospitals (including LTACHs): 142

All Illinois nursing homes: 784

All Illinois laboratories



The XDRO registry is intended for the following participants: all Illinois hospitals (including LTACHs), all Illinois nursing homes, and all Illinois laboratories.

CRE definition: Enterobacteriaceae with one of the following test results:

1. Molecular test (e.g., PCR) specific for carbapenemase
OR
2. Phenotypic test (e.g., Modified Hodge) specific for carbapenemase production
OR
3. For *E. coli* and *Klebsiella* species only: non-susceptible to ONE of the carbapenems (doripenem, meropenem, or imipenem) AND resistant to ALL third generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime).

Report 1st CRE event per patient per encounter



Here is the CRE definition, for the purpose of reporting to the XDRO registry. CRE are Enterobacteriaceae with one of the following test results: (1) a molecular test, such as PCR, specific for carbapenemase, or (2) a phenotypic test, such as Modified Hodge Test, specific for carbapenemase production, or (3) for *E. coli* and *Klebsiella* species only, any isolate that is non-susceptible to one of the carbapenems (doripenem, meropenem, or imipenem) and resistant to all third generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime). (Note: facilities should contact their microbiology laboratory to find out what kind of CRE-detecting capability is available. We anticipate that at this point in time, most facilities will be primarily using criterion 3).

Facilities should report the 1st CRE event per patient per healthcare facility encounter. (Note: if a CRE-positive patient is reported to the registry, discharged and then readmitted at a later date with a new CRE-positive culture, that new CRE culture should be reported to the XDRO registry because it is the 1st CRE event of the new patient encounter.)

Reporting Example

- A patient is admitted to your hospital. On hospital day 2, a urine culture grows *Klebsiella pneumoniae*, resistant to all cephalosporins and imipenem. (On day 3, the same organism grows from blood)
- Action: The patient has CRE. Report the first isolate (urine culture) to the registry

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Here is a reporting example. A patient is admitted to your hospital. On hospital day 2, a urine culture grows *Klebsiella pneumoniae*, resistant to all cephalosporins and to imipenem. On day 3, the same organism grows from the blood). This patient has a CRE, based on criterion 3, which is a *Klebsiella species* with resistance to all 3rd generation cephalosporins and non-susceptibility to one of the carbapenems, in this case, imipenem. Thus, report the first isolate (urine culture) to the registry.

How to register

Already INEDSS user?

- You are automatically granted access to XDRO registry (use INEDSS username/password to log in)

Not yet INEDSS user?

- Go to the IDPH log-in page (<https://wpur.dph.illinois.gov/WPUR/>) and sign up for INEDSS, which will give you access to the XDRO registry

XDRO
registry

How you register for the XDRO registry depends on whether or not you are already an INEDSS user. If you are already an INEDSS user, you are automatically granted access to the XDRO registry (use your INEDSS username and password to log into the IDPH portal). If you are not yet an INEDSS user, go to the IDPH log-in page, listed here, and sign up for INEDSS, which will give you access to the XDRO registry.

Website orientation

XDRO
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Now we will orient you to the website.

XDRO registry
Extensively drug resistant organism registry Login



Carbapenem-resistant Enterobacteriaceae (CRE) are extremely drug resistant organisms (XDROs) that have few treatment options and high mortality rates. CRE are increasingly detected among patients in Illinois, including acute and long term care healthcare facilities.

In response to the CRE public health threat, the Illinois Department of Public Health (IDPH) has guided development an infection control tool called the XDRO registry. The purpose of the XDRO registry is two-fold:

1. **Improve CRE surveillance:** The first CRE-positive culture per patient stay must be reported to the XDRO registry.
2. **Improve inter-facility communication:** Healthcare facilities can query the XDRO registry to see whether a patient has been previously reported as CRE-positive.

UPDATES

CRE are reportable to IDPH via the XDRO registry starting **November 1, 2013**. Links: [[IDPH letter to facilities, September 2013](#)][[Reporting rule](#)]

To report CRE, you need a log-in to the IDPH portal
Existing INEDSS users: Your existing IDPH log-in will automatically give you access to XDRO registry
New users: Go to the IDPH log-in page and sign up for INEDSS, which will give you access to the XDRO registry

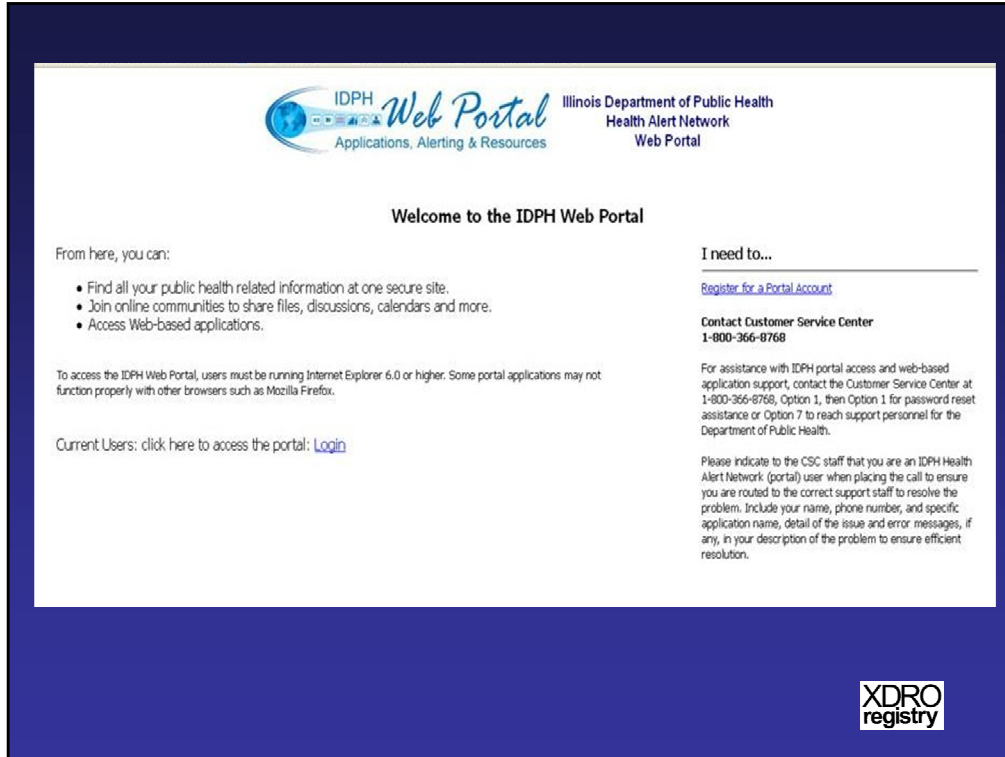
XDRO registry is not accepting reports at this time. IDPH will send out a notice when available.

The XDRO registry is a product of collaboration between IDPH, Medical Research Analytics and Informatics Alliance (MRALA), and the Chicago CDC Prevention Epicenter.

www.xdro.org **XDRO registry**

This is the home page for information about the registry, www.xdro.org.

Information and updates will be posted on this website. The page also includes links to take you to the IDPH portal so that you can login (existing users) or register as a new user for the registry. For security reasons, you must go through the IDPH portal for authorization before you can access the registry.



The IDPH portal home page is displayed here. As with the home page at www.xdro.org, from this page users have the option of logging into the site (existing users) or registering (new users).

Registration Page: New Users

Registration Page: New Users

First name: *
Last name: *
Password: *
Confirm password: *
Title: *
Organization: *
Department: *
Work address: *
City: *
State: *
ZIP code: *
E-mail: *
Confirm E-mail: *
Work phone #: *
Cell phone #: *
Pager #: *
FAX #: *
Supervisor's name: *
Purpose for registration: *

Please check the appropriate box(es) below to request access to restricted applications.

- Beach Monitoring System
- Cancer Registry System
- EMS Licensing System
- Environmental Health Licensing System
- Food Service Sanitation Manager Certification
- Genetic Counseling System
- HAN Alert Notification Recipient
- HAN Alert Notification System Author
- Health Care Worker Background Check System
- Healthy Homes and Lead Poisoning Surveillance System
- Hospital Bypass/State Disaster Reporting System
- I-CARE/Immigration Registry (click here to select the [User/Manager's email:](#))
- I-CARE/ETIP (MovaIT) HL7 File Transfer
- I-CARE/ETIP (MovaIT) HL7 File Transfer
- I-NEDSS (Disease Surveillance) System/Extensively Drug-Resistant Organisms (XDRO)

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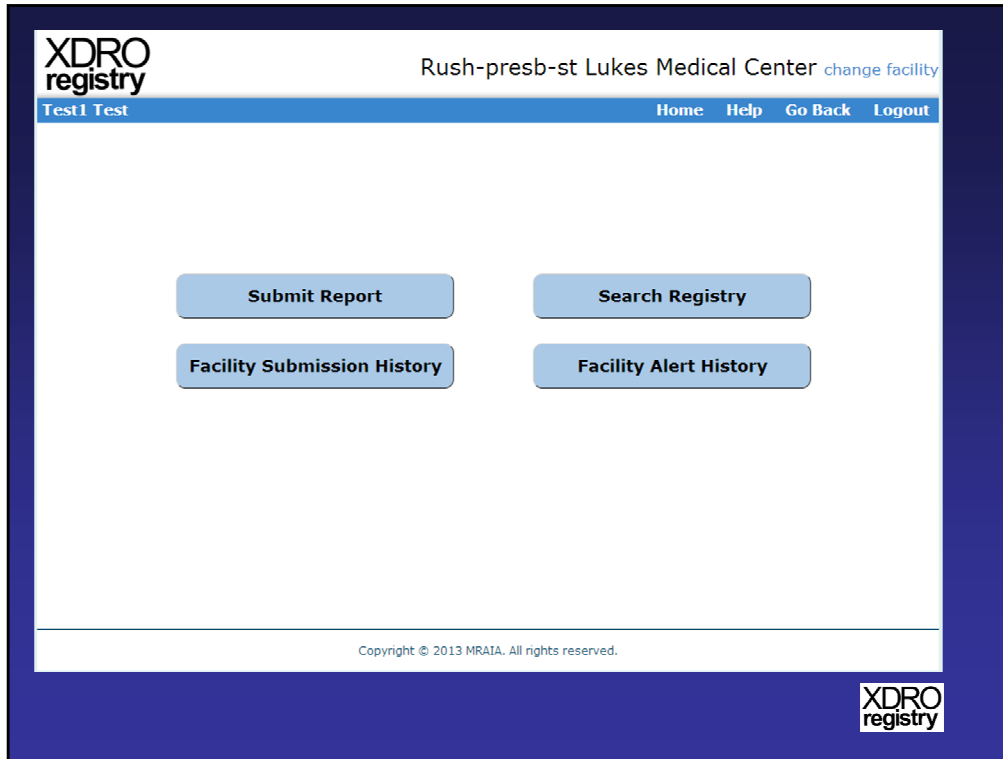
For new users, the registration process begins with this form. The I-NEDSS and XDRO registry systems are combined so that users who sign up for I-NEDSS also will be signed up to access the XDRO registry. Existing I-NEDSS users will automatically be given access to the XDRO registry.



After registering for an account this page will allow you to sign in and access the applications for which you have privileges (e.g., I-NEDSS and the XDRO registry).



After logging in to the Web Portal, the applications are available for the user to select.



After selecting the XDRO registry application, you will arrive at this page. You may select one of these four options. The Search Registry function allows the user to search patient admissions to their facility for inclusion in the registry; the Facility Submission History will show all entries for your facility, regardless of which user entered the information; the Facility Alert History will only be active for facilities that automate submission of their daily admissions to the XDRO registry, the Alert History will display a historical record of all prior alerts. In the initial stages of the XDRO registry, we will not have automated submission of admissions.

XDR0 registry Rush-presb-st Lukes Medical Center [change facility](#)

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XDR0 Report

Facility information

Facility name *** Patient MRN** *** Date of admission**

Patient demographics

*** First name** *** Last name** **Maiden name(if applicable)**

*** Gender**
 Male Female

*** Date of birth(mm/dd/yyyy)** **Social Security Number(last4)**

Race
Please Select One:

Ethnicity
 Hispanic or Latino
 Not Hispanic or Latino

*** Street address** *** City** *** County** *** State** *** Zip code**

XDR0 culture information

*** Organism name(genus/species)** *** Date (culture acquisition)**

Specimen source **Mechanism of resistance, if known**

XDR0 criteria
 Molecular test (e.g. PCR) specific for carbapenemase
 Phenotypic test (e.g. Modified Hodge) specific for carbapenemase production
 For E. coli and Klebsiella spp. only
Resistant to all 3rd generation cephalosporin antibiotics tested and resistant to a carbapenem antibiotic

Comments

XDR0 registry

After selecting “Submit Report”, the user will see this form. The red asterisk denotes fields that are required for submission. Partially filled forms can be saved and completed later “Save Draft”. Once submitted, the report can be updated to change information or deleted; however, the deleted records and reason for deletion can still be viewed under an individual patient’s historical record—available under “Search Registry”.

XDR0 registry Rush-presb-st Lukes Medical Center [change facility](#)

Test | Test Home Help Go Back Logout

XDR0 Report

Facility information

Facility name: Rush-presb-st Lukes Medical Center
 Patient MRN: _____
 Date of admission: mm / dd / yyyy

Patient demographics

First name: _____
 Last name: _____
 Maiden name(if applicable): _____
 Gender: Male Female
 Date of birth(mm/dd/yyyy): mm / dd / yyyy
 Social Security Number(last4): _____
 Race: Please Select One: _____
 Ethnicity: Hispanic or Latino Not Hispanic or Latino
 Street address: _____
 City: Chicago County: Cook State: Illinois Zip code: _____

XDR0 culture information

Organism name(genus/species): Please Select Organism:
 Please Select Organism:
 Citrobacter freundii
 Citrobacter koseri
 Citrobacter spp.
 Enterobacter aerogenes
 Enterobacter cloacae
 Enterobacter spp.
 Escherichia coli
 Klebsiella aerocola
 Klebsiella pneumoniae
 Klebsiella spp.
 Morganella morganii
 Pantoea agglomerans
 Proteus mirabilis
 Proteus spp.
 Providencia stuartii
 Providencia spp.
 Salmonella spp.
 Serratia marcescens
 Serratia spp.

Date (culture acquisition): mm / dd / yyyy

Mechanism of resistance, if known: Please Select Mechanism: _____

XDR0 criteria

Molecular test (e.g. PCR) specific for carbapenemase
 Phenotypic test (e.g. Modified Hodge specific for carbapenemase production
For E. coli and Klebsiella spp. only:
 Resistant to all 3rd generation cephalosporin antibiotics tested and resistant to a carbapenem antibiotic

COH

CANCEL SAVE DRAFT SUBMIT

XDR0 registry

This slide shows the drop down menu for the user to select the organism name (optional).

XDR0 registry Rush-presb-st Lukes Medical Center [change facility](#)

Test1 Test **XDR0 Report** Home Help Go Back Logout

Facility information

Facility name: Rush-presb-st Lukes Medical Center * Patient MRN: * Date of admission: mm / dd / yyyy

Patient demographics

* First name: * Last name: Maiden name(if applicable):
 * Gender: Male Female * Date of birth(mm/dd/yyyy): mm / dd / yyyy Social Security Number(last4):
 Race: Please Select One: Ethnicity: Hispanic or Latino Not Hispanic or Latino
 * Street address: * City: Chicago * County: Cook * State: Illinois * Zip code:

XDR0 culture information

* Organism name(genus/species): Please Select Organism: * Date (culture acquisition): mm / dd / yyyy
 Specimen source: Please Select Specimen: Mechanism of resistance, if known: Please Select Mechanism:
 KPC (Klebsiella pneumoniae carbapenemase)
 NDM-1 (New Delhi Metallo-β-lactamase)
 OXA
 Other
 Unknown

XDR0 criteria

Molecular test (e.g. PCR) specific for carbapenemase
 Phenotypic test (e.g. Modified Hodge) specific for carbapenemase production
 For E. coli and Klebsiella spp. only
 Resistant to all 3rd generation cephalosporin antibiotics tested and resistant to a carbapenem antibiotic

Comments

CANCEL SAVE DRAFT SUBMIT

XDR0 registry

This slide shows the drop down menu for the user to select the mechanism of resistance (optional).

XDRO registry Rush-presb-st Lukes Medical Center [change facility](#)

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XDRO Report - Rush-presb-st Lukes Medical Center

Patient information

Patient name: J, J	MRN: 1234567	Admission date: 01/01/1993
Date of birth: 01/01/1975	SSN (last 4):	Race: Other
Address: 1234, Chicago, IL 12345		

XDRO culture information

Organism: Klebsiella pneumoniae	Culture date: 01/04/1993
XDRO criterion: For E. coli and Klebsiella spp. only	Specimen source: Blood
Mechanism of resistance: KPC	

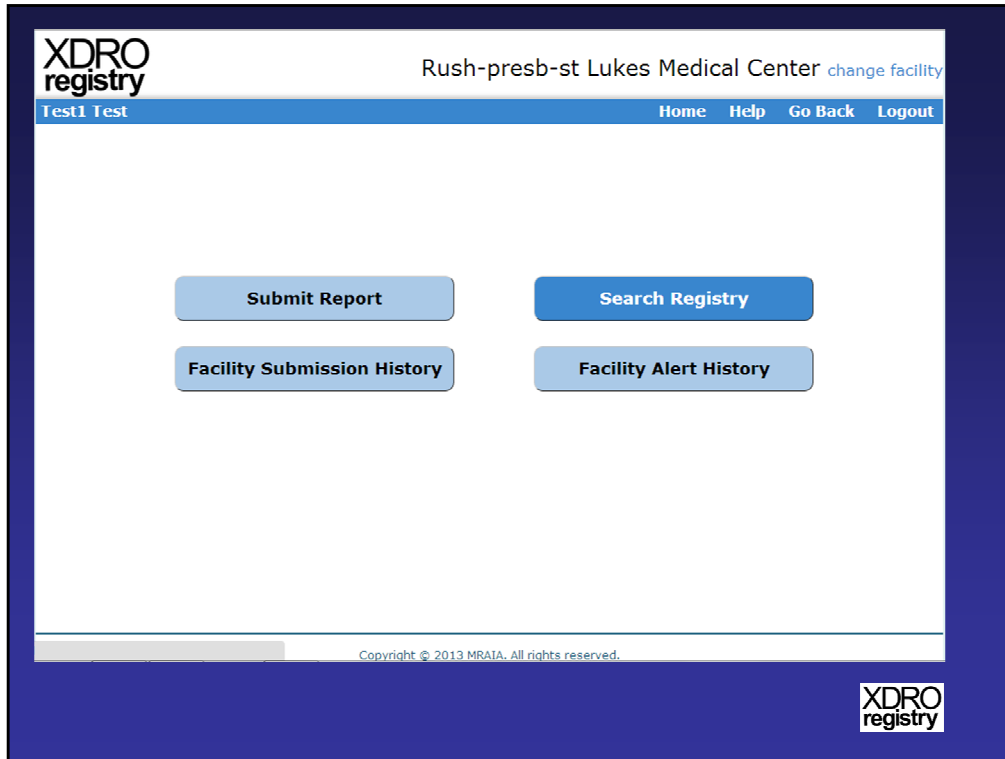
Comments:
Submitted by Test1 Test, 10/11/2013, Rush-presb-st Lukes Medical Center

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XDRO registry

After submitting the prior form, a concise summary is displayed for the user to view, edit, delete, or print.



The subsequent slides will display the “Search Registry” operation.

XDRO registry Rush-presb-st Lukes Medical Center [change facility](#)

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Search Patient

* Last name * Date of birth / / First name

Search Instruction

a. Available fields:
Last name (required), first name (optional), DOB (required).

b. Search algorithm:

- i. If you enters all 3 fields, then attempt to match (exact; case insensitive) on all 3 fields.
- ii. If no match returns on 3 fields, then attempt to match (exact; case insensitive) on last name and DOB (ignore first name completely)

c. Results display

- i. In general, the results should give the you feedback on exactly how the search was made, and what the results are (including NULL result)

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XDRO registry

For facilities that are interested in finding out whether patients admitted to their facility previously have been colonized by a CRE, there is the option to search the registry. The last name and date of birth are required and must be an exact match. The first name can also be entered to narrow down the search, but it is not required.

XDRO registry Rush-presb-st Lukes Medical Center [change facility](#)

Test1 Test Home Help Go Back Logout

Search Patient

* Last name: J * Date of birth: 10 / 10 / 1999 First name:

Showing results for J, DOB 10/10/1999 (FIRST NAME IGNORED):

Name	Date of Birth	SSN	Organism	Culture Date	Last Transaction	Facility
J, J	10/10/1999		Other Enterobacteriaceae	10/10/2012	submitted, 10/10/2013	Rush-presb-st L..

Disclaimer: A match on name and date of birth only may not be 100% accurate. We recommend that you verify XDRO status with the patient or by contacting the facility that entered the result.

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XDRO registry

Above is an example in which the first name was left blank and there was an exact match on the last name and date of birth. There is a disclaimer that there is the possibility that a last name and date of birth match may not represent a true match and that the first name will provide additional clarification. Also, the patient can be evaluated to confirm hospitalization, or residency, in the reporting facility at the time of prior culture acquisition. Alternatively, the reporting facility can be contacted to evaluate supporting information, such as patient address.

XDRO registry Rush-presb-st Lukes Medical Center [change facility](#)

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XDRO Report - Rush-presb-st Lukes Medical Center

Patient information

Patient name: J, J	MRN:	Admission date: 10/10/2012
Date of birth: 10/10/1999	SSN (last 4):	Race: Black/African American
Address: 2200, Chicago, IL 60612		

XDRO culture information

Organism: Other Enterobacteriaceae	Culture date: 10/10/2012
XDRO criterion:	Specimen source: Blood
Mechanism of resistance:	
Comments:	

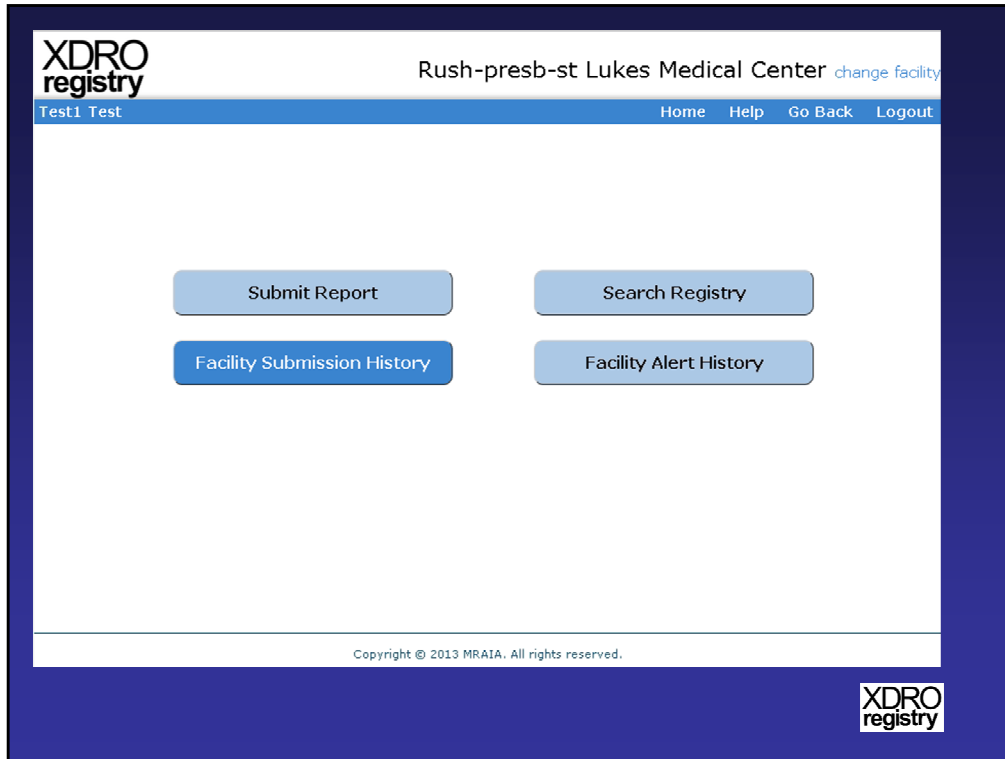
Submitted by Vicky G, 10/10/2013, Rush-presb-st Lukes Medical Center

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XDRO registry

For matches from the “Search Patient” function, a historical record from the XDRO registry can be displayed by selecting the patient’s name.



The subsequent slides will show the “Facility Submission History” operation.

XDRO registry Rush-presb-st Lukes Medical Center [change facility](#)

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Rush-presb-st Lukes Medical Center Submission History

First name Last name Date of birth / / SSN(last4) Report

Name	Date of Birth	MRN	Organism	Culture Date	Status	Username
J, J	01/01/1975	1234567	Klebsiella pneumoniae	10/02/2013	Submitted	Test1
Rushlast, Rushfirst	12/15/2012	1111222a	Klebsiella spp.	08/01/2013	Deleted	test
Test2, Dtt	12/02/1952	555444	Klebsiella pneumoniae	06/12/2013	Deleted	test
Test, Test1a	05/20/1986	321111adbd	Enterobacter doacae	05/21/2013	Submitted	test
Smith, Lucy	01/05/1965	2434123	Klebsiella spp.	05/16/2013	Deleted	test
T, Test2	01/11/1977	2111111	Enterobacter aerogenes	05/05/2013	Deleted	test
Bond, James	08/08/1988	65423	Proteus mirabilis	04/22/2013	Deleted	test
Green, Lucy	01/01/2000	3219835	Providencia stuartii	04/02/2013	Deleted	test
Test2, Test2	12/02/1952	12345678	Providencia stuartii	03/03/2013	Deleted	test
BBB, AAA	11/11/2000	231313	Enterobacter aerogenes	02/20/2013	Deleted	test

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XDRO registry

Initially, the user will view a sortable list of all patients how have been entered into the system for all users at their facility. The list is searchable, can be sorted by the headers, and individual patients can be selected to view the patient’s entire historical record. In this example, the status often is “deleted” because the delete options was being tested during development of the registry; deleted patients should be uncommon.

XDRO registry Rush-presb-st Lukes Medical Center [change facility](#)

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XDRO Report - Rush-presb-st Lukes Medical Center

Patient information

Patient name: J, J	MRN: 1234567	Admission date: 10/01/2013
Date of birth: 01/01/1975	SSN (last 4):	Race:
Address: 1234 Street Ave, Chicago, IL 12345		

XDRO culture information

Organism: Klebsiella pneumoniae	Culture date: 10/02/2013
XDRO criterion: For E. coli and Klebsiella spp. only	Specimen source: Blood
Mechanism of resistance: KPC	
Comments: Submitted by Test1 Test, 10/11/2013, Rush-presb-st Lukes Medical Center	

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XDRO registry

Selecting a patient from the “Facility Submission History” provides the user the opportunity to edit, print, or delete the patient record.

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XDRO Report - Rush-presb-st Lukes Medical Center

Patient information
 Patient name: J, J MRN: 1234567 Admission date: 10/01/2013
 Date of birth: 01/01/1975 SSN (last 4): Race:
 Address: 1234 Street Ave, Chicago, IL 12345

XDRO culture information
 Organism: Klebsiella pneumoniae Culture date: 10/02/2013
 XDR criterion: For E. coli and Klebsiella spp. only Specimen source: Blood
 Mechanism of resistance: KPC
 Comments:
 Submitted by Test1 Test, 10/11/2013, Rush-presb-st Lukes Medical Center

Reason for deleting the above record: Comment:

De-colonization or infection resolution to delete the record.

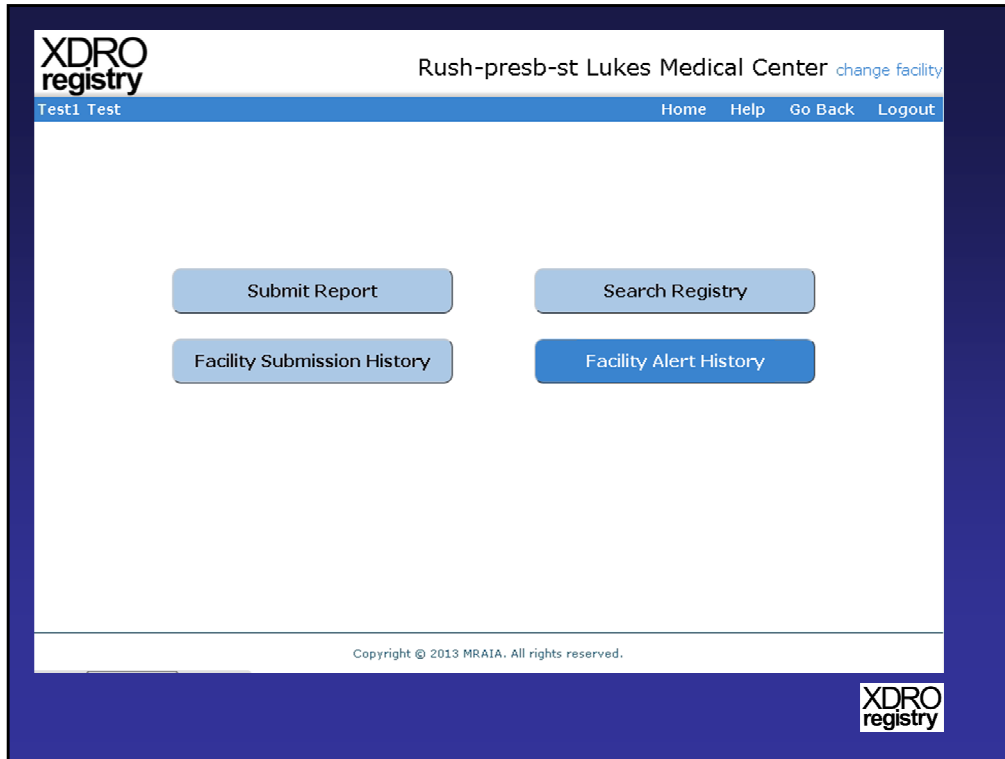
- Data entry error
- Laboratory testing error
- Other

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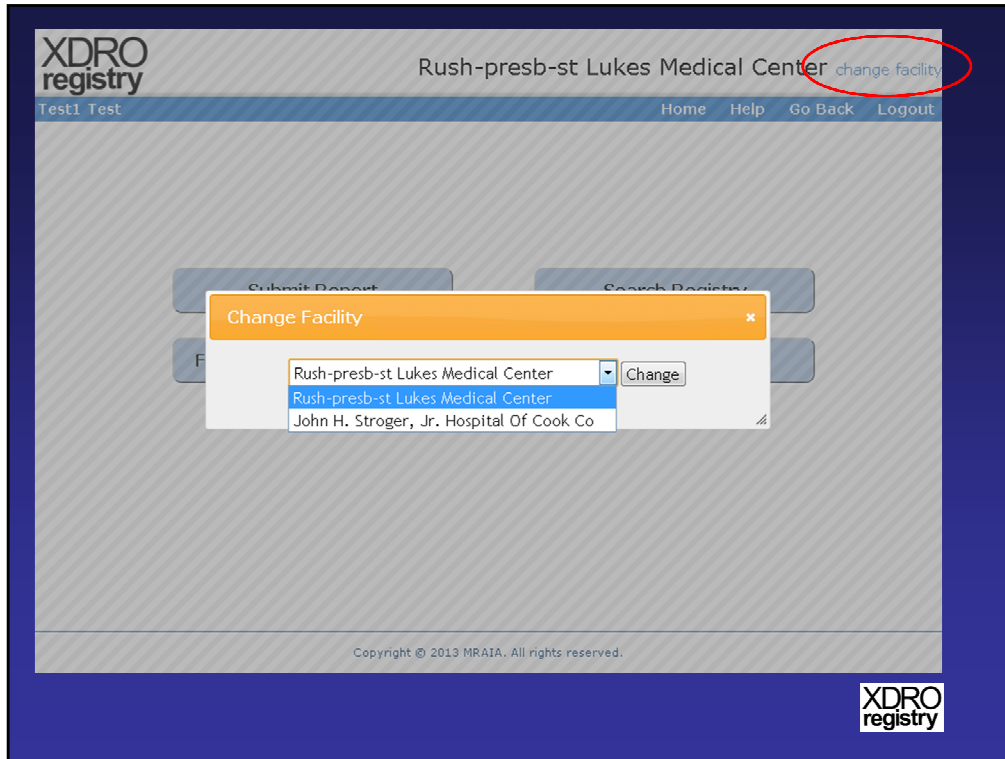
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XDRO registry

If the “Delete” option is selected, the user needs to enter the reason that they intend to delete the record. Decolonization or infection resolution are not valid reasons to delete a record. We expect that either “Data entry error” or “Laboratory testing error” will be the most common reasons for deletion.



“Facility Alert History” will be meaningful for those facilities that are able to automate submission of their daily admission information. This is a planned future state of the system.



For users who are signed up through the IDPH portal to view multiple facilities, there is the option to select a different facility.

Future vision

XDRO
registry

The XDRO registry is poised to add new functionality as the system matures and is developed.

System Maturation



XDRO
registry

The value of the XDRO registry will be enhanced after facilities and the registry develop the capacity to exchange patient admission data. When this occurs, the registry will be able to notify personnel at the admitting facility when they have admitted a patient who is in the registry. This will allow for prompt initiation of contact isolation precautions. Such a system does not obviate facility-to-facility communication, but historically, such communication often is lacking.

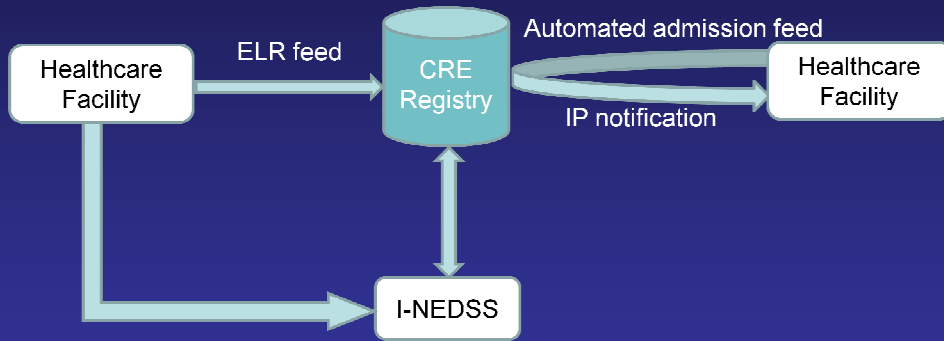
System Maturation



XDRO
registry

An additional enhancement of the XDRO registry will be the inclusion of automated data streams that can populate the registry with patients for whom a culture has detected a CRE. For facilities that have automated Electronic Laboratory Reporting (ELR), this will improve the timeliness and possibly the completeness of reporting.

System Maturation



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Further, synchronization with I-NEDSS will allow ELR feeds that go directly to I-NEDSS to also populate the CRE registry.

Frequently asked questions

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Now we will go through frequently asked questions.

Q: How much work is needed to participate in the registry?

- We estimate that most facilities will have 0 to 3 CRE per month to report

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Answer: We estimate that most facilities will have 0 to 3 CRE per month to report.

Q: Does the registry take the place of standard facility-to-facility communication at the time of transfer?

- No. Standard communication should still be followed and documented at the time of transfer.

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Question: Does the registry take the place of standard facility-to-facility communication at the time of patient transfer?

Answer: No. Standard infection control communication should still be followed and documented at the time of transfer.

Q: My hospital sends lab data electronically to INEDSS, can that suffice for the registry?

- Currently, all reporting to XDRO registry is manual entry. This is because new infrastructure (separate from INEDSS) was needed to allow for both reporting and querying. We hope to develop automated reporting in the future.



Question: My hospital sends lab data electronically to INEDSS, can that suffice for the registry?

Answer: Currently, all reporting to the XDRO registry is manual entry. This is because new infrastructure, separate from INEDSS, was needed to allow for both reporting and querying. We hope to develop automated reporting in the future.

Q: How can I incorporate CRE querying into my workflow?

- Currently, querying the registry is manual.

For facilities with few admissions/day (nursing homes, LTACHs):

Querying 1-10 admission/day is likely feasible

For facilities with many admissions/day (most acute care hospitals):

Most will not routinely perform manual query. Consider querying for high risk patients (ICU admissions, or patients transferred from outside facilities)

- In the future, automated query will be ideal method for high-volume hospitals

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Question: How can I incorporate CRE querying into my workflow?

Answer: Currently querying the registry is manual. Practically speaking what that means is that for facilities with few admissions per day, such as nursing homes and LTACHs, querying 1-10 admissions/day is likely feasible. For facilities with many admissions per day, which represents most acute care hospitals, most will not routinely perform manual query. Consider querying for high risk patients (such as ICU admissions or patients transferred from outside facilities). In the future, automated querying will be the ideal method for high-volume hospitals.

Q: Can I report patients who had CRE detected before November 1, 2013?

- Yes. Although not mandatory, you may choose to report CRE-positive patients from any time period, including prior to the start of the reporting rule (Nov 1, 2013)



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Answer: Yes. Although not mandatory, you may choose to report CRE-positive patients from any time period, including prior to the start of the reporting rule (November 1, 2013).

Q: Is the registry HIPAA compliant?

- Yes, based on the public health exemption listed under HIPAA.

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Question: Is the registry HIPAA compliant?

Answer: Yes, the XDRO registry is HIPAA compliant, based on the public health exemption listed under HIPAA.

Question and answer forum



Now, we will begin the question and answer forum. [Please note that questions generated from the webinar sessions have been incorporated into the “Frequently asked questions” section of the XDRO.org website]