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Antimicrobial Resistant Organism (ARO) Admission Screening Compliance Monitoring Protocol

Introduction

Antimicrobial-resistant organisms (AROs) such as methicillin-resistant *Staphylococcus aureus* (MRSA), carbapenemase-producing organisms (CPO), and *Candida auris* pose significant threats in acute care environments due to limited treatment options, increased morbidity and potential for transmission. Early identification of colonized patients through admission screening is a cornerstone of infection prevention and control (IPAC), enabling timely implementation of precautions, targeted decolonization (where applicable), and appropriate patient management.

Despite the importance of screening, compliance with ARO admission screening is often inconsistent, influenced by workflow interruptions, reliance on paper-based tools, variable staff awareness, and completing clinical priorities. These gaps can lead to missed identification, delayed isolation, and increased transmission risk.

To address these challenges, this protocol outlines a standardized, repeatable audit process to evaluate ARO admission screening practices across acute care facilities in Interior Health. The audit supports quality improvement, identifies inequities in screening practices and informs targeted interventions to strengthen patient safety.

Objectives

Primary Objective

Assess frontline compliance with ARO admission screening tools and determine proportion of eligible patients that received appropriate screening, including:

- Completion of the ARO admission screening tool.
- Collection of indicated MRSA, CPO, and *C. auris* screening swabs.

Secondary Objectives

- Identify risk factors associated with screening eligibility and evaluate whether screening is applied equitably across patient populations.
- Standardize audit methodology across sites to ensure consistent, comparable data.
- Generate actionable insights to guide staff education, workflow design, policy updates, resource allocation, culturally safe and equitable IPAC practices.

Patient Population

Inclusion Criteria

Patients newly admitted to an acute care inpatient unit during the designated seven-day audit period (24 hours per day) – including new admits from the community and inter-facility transfers.

Exclusion Criteria

- Patients not formally admitted (ED only, outpatient clinics, day surgery).
- Emergency Inpatients (EIPs) discharged home directly from the ED.
- Admissions to:
    - Psychiatric or Mental Health & Substance Use (MHSU) units
    - Labour and Delivery (Obstetrics)
    - Well-baby/mother-baby units (such as Nursery, Rooming In)
    - NICU
- Admissions occurring outside of the audit window.

Methodology

The audit is designed to evaluate the completeness and accuracy of ARO admission screening practices across acute care facilities in IH. Each audit cycle focuses on determining whether screening indications were correctly identified, and whether appropriate MRSA, CPO and *C. auris* swabs were collected. The audit also examines the extent to which screening practices reflect equitable care by assessing whether screening decisions vary across demographic and clinical risk factors (including self-reported Indigenous identity, incarceration, IV drug use, no fixed address, LTC admission, indwelling medical devices, recent surgical procedure or hemodialysis).

Sampling Strategy

The sampling strategy involves conducting audits for each facility or unit on a bi-annual or annual basis (depending on facility size and patient volume).

- Infection Control Professionals (ICPs) review all new admissions occurring within a defined consecutive seven-day period, beginning at 8:00am on Day 1 and ending at 7:59am on Day 7.
    - For example, an audit follows all admissions starting at 8:00am Monday until 7:59am on the following Monday for seven full days of 24-hour admission auditing.
- Smaller acute care sites with ≤ 20 beds: two audits per year at the **facility** level.
- Larger acute care sites with >20 beds: each eligible **unit** is audited at least once per year (Table 1).

Audits may be completed prospectively, with ICPs reviewing admissions in real time or retrospectively through chart review, depending on staffing capacity and operational needs. This flexible approach ensures that all facilities, regardless of size, travel requirements or resources can participate in a standardized audit process without compromising data quality.

If the ARO admission screening form is not completed within 24 hours of admission, you may document that the screening was not performed.

The auditing period aligns with the fiscal year, running from April 1 – March 31 of the following year (e.g. April 1st, 2026, to March 31st, 2027). All audits must be completed within one month of the close of the audit period (e.g., by April 30th 2027).

Please note that if it is standard practice to send reminders to frontline staff about completing ARO admission screening, these reminders should be paused during the audit period (whether retrospective or prospective) to ensure that compliance is captured accurately and without influence.

Table 1: Audit Level and Frequency by Acute Care Site

Acute Care Site	Audit Level	Audit Frequency
Arrow Lakes Hospital	Facility level	Twice per year
Boundary District Hospital	Facility level	Twice per year
Cariboo Memorial Hospital	Unit Level	Once per year
Creston Valley Hospital	Facility level	Twice per year
Dr. Helmcken Memorial Hospital	Facility level	Twice per year
East Kootenay Hospital	Unit Level	Once per year
Elk Valley Hospital	Facility level	Twice per year
Golden District Hospital	Facility level	Twice per year
Invermere District Hospital	Facility level	Twice per year
Kelowna General Hospital	Unit Level	Once per year
Kootenay Boundary Hospital	Unit Level	Once per year
Kootenay Lake Hospital	Unit Level	Once per year
Lillooet Hospital	Facility level	Twice per year
Nicola Valley Hospital	Facility level	Twice per year
100 Mile District Hospital	Facility level	Twice per year
Penticton Regional Hospital	Unit Level	Once per year
Princeton General Hospital	Facility level	Twice per year
Queen Victoria Hospital	Facility level	Twice per year
Royal Inland Hospital	Unit Level	Once per year
Shuswap Lake Hospital	Unit Level	Once per year
South Okanagan General Hospital	Facility level	Twice per year
Vernon Jubilee Hospital	Unit Level	Once per year

Data Collection

Data collection is carried out using a structured REDCap collection tool to capture all relevant information for each patient admission. The collection tool includes fields for patient demographics, admission details, documented risk factors, screening eligibility, tool completion, swab indication and collection.

Data for each admission are collected from the electronic and paper medical record, the ARO screening tool, laboratory information systems, and transfer documentation.

- Appendix A: detailed instructions on how to locate relevant patient information in Meditech.
- Appendix B: contact details for Medical Records to retrospectively request all paper charts for the audit period (e.g., the ARO screening tool).
- REDCap collection tool: ARO Admission Screening Collection Tool

All information is entered into a secure REDCap form, with one form completed for each patient admission to an inpatient unit. All data are de-identified at the point of entry to protect patient privacy and ensure compliance with quality-improvement standards.

The REDCap platform supports real-time validation through programmed skip logic, required fields, and standardized response options where applicable, which collectively enhance data completeness and reduce variability between auditors.

Data Analysis

Data analysis focuses on quantifying compliance with ARO admission screening requirements and identifying any patterns that may indicate inequities or workflow challenges.

- Descriptive statistics are used to calculate overall, facility and unit-level compliance rates, including the proportion of eligible patients who had a completed screening tool and the proportion who received indicated swabs.
- Confidence intervals are applied to key indicators to support interpretation and comparison across audit cycles.
- Trend analyses are conducted on an annual basis to identify persistent gaps, emerging issues, or improvements over time.
- Where appropriate, comparative analyses between units or facilities are performed to highlight high-performing areas and identify opportunities for targeted support.
- Equity analyses focus on determining whether ARO admission screening is applied consistently across all patient groups by comparing screening tool completion and swab collection rates among patient with documented social or clinic risk factors. Differences in screening frequency may indicate over or under-screening driven by workflow gaps or unintentional bias.
- Qualitative insights, when available, are reviewed to contextualize quantitative findings and to identify operational barriers such as workflow interruptions, documentation gaps, or inconsistent understanding of screening criteria.

Reporting

- Audit findings are compiled into an annual report and shared by the IPAC Epidemiologist with IPAC leaders, site managers, Quality and Patient Safety teams, and Medical Microbiology to support informed decision-making and targeted quality improvement initiatives.

- Unit level compliance data will also be shared by ICPs using the Power BI Unit Surveillance Reports that are posted on the Unit Quality Boards for front-line staff awareness.

Ethical Considerations

This audit is conducted as a quality improvement initiative. All data collected are de-identified and used solely for the purpose of improving ARO admission screening practices. No identifiable patient information is included in reports or shared outside of the IPAC program.

The patient equity findings are reviewed collaboratively with clinical and culture safety partners to ensure interpretations are respectful and informed, and are used to guide targeted education, workflow improvements, and policy refinements that promote equitable, consistent, and culturally safe ARO screening practices.

Limitations

Several limitations may influence the interpretation of audit findings. Retrospective audits rely on the completeness and accuracy of documentation, which may result in under- or over-estimation of compliance. Variability in documentation practices across units or facilities may also introduce inconsistencies. Smaller sites may generate limited sample sizes, reducing the precision of compliance estimates.

Additionally, some risk factors may be undocumented or inconsistently recorded, which can affect the accuracy of equity analyses. Despite these limitations, the standardized audit structure and validation processes help ensure that findings remain robust, actionable, and reflective of real-world practice.

Appendix A: Meditech Search Guide for Demographic and Clinical Information

Demographic or Clinical Information	How to Locate in Meditech
Electronic ARO Screening Form (in eChart)	• Open patient chart for the relevant visit and go to the "Nurse/Allied Health" tab. • Expend the "Nursing" folder. • Scroll down to find the "NUR Admission Screening for ARO" – click to open/review the document.
Self identifies as Indigenous	• On the right side of the patient chart under "Demographic Data", check for: Indigenous Self ID.
Incarcerated	• Check ED triage notes from RN or ERP.
History of IV Drug Use	• Check summary box, check recent admit/discharge reports including Reason for Visit, MRP notes, Triage notes, History & Problems Tab in chart, Provider Tab in chart, MHSU consults. • Once in a patient's chart, the right-side quick access box has demographic data and community MRCs and Care Plans that can indicate if MHSU.
No Fixed Address	• Can find under MRP notes, Triage notes, History & Problems Tab in chart, Provider Tab in chart, social work notes, can also have MHSU consults. • Once in a patient's chart, the right-side quick access box has demographic data and community MRCs and Care Plans that can indicate if unhoused.
Prior LTC Admission	• Check patient visit history for IH LTC sites (registration type = ADM RCIN or DIS RCIN). • Check summary box, recent admit/discharge report.
Indwelling Medical Device	• Check summary box, check recent admit/discharge reports. • Can find under "Reason for Visit", MRP notes, triage notes, History & Problems Tab in chart, Provider Tab in Chart.
Surgical Procedure	• Under Provider Notes, under "Surgery" look for an Operative report. • Check patient visit history under past "reason for visit".
Dialysis	• Look for Renal Indicator under "Special Indicators". • Can find under Provider Notes tab and Nurse/Allied Health tab in chart. • Check patient visit history under past "reason for visit"

Appendix B: Health Record Contact Information when Requesting Patient Medical Records

Acute Care Site	Contact(s)*
Arrow Lakes Hospital	Brittany Horbul
Boundary District Hospital	Shannon Calhoun and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Cariboo Memorial Hospital	Shalla Guertin
Creston Valley Hospital	Jarrett Nixon and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Dr. Helmcken Memorial Hospital	Kim Stuart and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
East Kootenay Hospital	Shannon Croston
Elk Valley Hospital	Shannon Croston
Golden District Hospital	Jarrett Nixon and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Invermere District Hospital	Jarrett Nixon Cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Kelowna General Hospital	Nicole Langevin
Kootenay Boundary Hospital	Brittany Horbul
Kootenay Lake Hospital	Brittany Horbul
Lillooet Hospital	Kim Stuart and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Nicola Valley Hospital	Kim Stuart and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
100 Mile District Hospital	Kim Stuart and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Penticton Regional Hospital	Nicole Langevin
Princeton General Hospital	Sherralee Sailes and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Queen Victoria Hospital	Natalie Mann and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Royal Inland Hospital	Shalla Guertin
Shuswap Lake Hospital	Janell Austin
South Okanagan General Hospital	Sherralee Sailes and cc: IHHealthRecordsAcuteClericalSupport@interiorhealth.ca
Vernon Jubilee Hospital	Nicole Langevin

**These individuals may be subject to change and will be reviewed on an annual basis with Health Records.*

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Owner	Infection Prevention and Control		
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