

## Transferring Guidance for MDROs

Updated October 2025

Multidrug-resistant organisms (MDROs) can be transmitted in healthcare facilities in the absence of effective infection prevention practices. To prevent this, it is the responsibility of both the transferring facility to communicate the patient's MDRO status and the receiving facility to seek information on MDRO status –ideally using the LA County Department of Public Health (LAC DPH) [inter-facility transfer form](#) or the [Patient Safety Information Exchange \(PSIE\)](#).

Many regulatory and accrediting organizations have rules regarding discharge/transfer summaries, including the California Code of Regulations §70753 and §72519; Centers for Medicare Service rules §483.12(c)(2), §484.110, and §484.58(b); and the Joint Commission Standard IM.6.10, EP7. **All personnel involved in the patient transfer process play a vital role in ensuring MDRO status is clearly communicated.** This document provides guidance on how transferring and receiving facilities can work to achieve this goal.

The guidance in this document is primarily focused on more concerning MDROs, like carbapenemase-producing organisms (CPO) or *Candida auris*. For a list of the most common MDROs in LA County organized by level of concern, see [here](#).

**When discharging patients/residents:**

- I. **Clearly define all MDRO statuses (including pending or colonization).** See *Figure 1* for definitions.
- II. **Specify what type of transmission-based precautions (TBP)<sup>^</sup> and testing may be needed.** TBP is dependent on each facility's individual policies and may vary by setting. Collaborate with your infection preventionist (IP). See *Figure 1* for TBP, placement, and testing guidance.
- III. **Send an [inter-facility transfer form](#) for all patient transfers**, regardless of MDRO status. Attach all relevant lab reports, medication information, and other documentation needed to ensure quality continuum of care.
  - a. Communicate patient's MDRO status and recommended TBP to designated staff.
    - i. Call the IP of the receiving facility to ensure they're aware. If the IP is unavailable, speak with nursing staff and request they convey the message.
  - b. Inform transportation services of patient's MDRO status and to use an effective disinfectant.

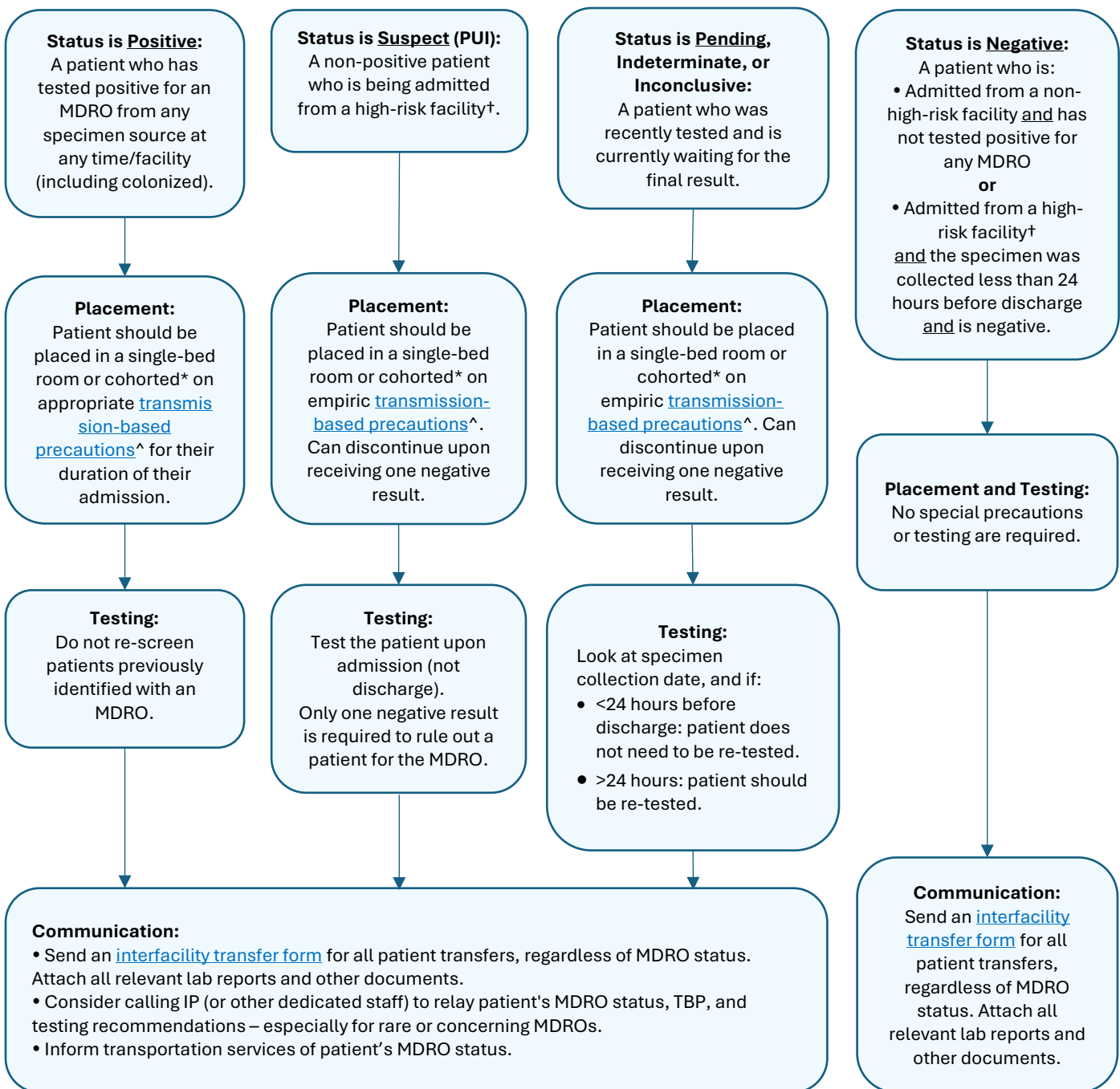
*IMPORTANT NOTE: Facilities can be cited for failing to clearly communicate infectious organism status. Ensure your communication is clear and documented (including date and time of your conversation).*

**When accepting patients/residents:**

- I. **Assess patient's current MDRO status and/or if patient is being admitted from a high-risk facility.**
  - a. Ask the transferring facility to provide the patient's MDRO status. You may also use [PSIE](#).
    - i. If positive, obtain copy of patient's MDRO lab report.
  - b. If the patient is not positive, determine if they're considered suspect for an MDRO by assessing if they're being admitted from a high-risk facility<sup>†</sup>, defined as:
    - i. Facilities having an MDRO outbreak: Ask IP to check LACDPH's monthly Highlights newsletter. Screen upon admission for specific MDRO causing the outbreak. Place patient on empiric TBP<sup>^</sup> while awaiting results.
    - ii. Facilities at high risk for MDRO transmission: All long-term acute care hospitals (LTACHs) or subacute unit of a skilled nursing facility (SAU). See [here](#) for a list of LAC LTACHs and SAUs. Screen upon admission for [C. auris](#) (LTACHs & SAUs) and [CPOs](#) (SAUs). Place patient on empiric TBP<sup>^</sup> while awaiting results.
- II. **Confirm what type of TBP is needed and if/how to cohort.** Collaborate with your IP. See *Figure 1* for TBP, placement, and testing guidance. SNFs should refer to the [LACDPH SNF MDRO Guidance](#).
  - a. When admitted, ensure the IP and all staff caring for the patient are informed of the MDRO status.

*IMPORTANT NOTE: Do not refuse a patient/resident simply because they are positive for an MDRO, like *C. auris*. Similarly, accepting facilities cannot require a negative MDRO test before transfer. Note that facilities can be cited for refusing patients/residents based on infectious organism status alone per [AFL 24-15](#).*

**Figure 1: Flowchart of MDRO status, placement, testing, and communication recommendations**



\* Ideally, facilities should cohort patients/residents in the same room only if they share the same MDRO and other infectious organism status. However, if this isn't feasible, SNFs and other long-term care facilities may cohort with non-positive residents as long as practices to control transmission are maintained. For more details, see [LACDPH SNF MDRO Guidance](#).

^ Hospitals should use Contact Precautions. In SNFs, [Enhanced Barrier Precautions](#) should be followed. Most residents with MDROs (including positive, suspect, or pending) can be managed using EBP and cohorted with other residents.

† High-risk facilities include those experiencing transmission and/or all LTACHs and SAUs for *C. auris* and all SAUs for CPOs.

#### Resources:

[LACDPH MDRO website](#)  
[LACDPH HOU website](#)

[CDPH Carbapenemase-producing organism \(CPO\) Information for Healthcare Facilities](#)  
[CDPH C. auris Information for Healthcare Facilities](#)

If you have any other questions or concerns, please email us at [hai@ph.lacounty.gov](mailto:hai@ph.lacounty.gov).