



Pathogens of Epidemiological Concern Gap Analysis

Use this gap analysis to evaluate and improve strategies to prevent transmission of pathogens of epidemiological concern (PEC) that are included in your current infection prevention and control program.

Component	Current Process	Desired Process	Gaps identified	Action Plan	Evaluation
Develops and updates annually a list of target pathogens of epidemiological concern.	<i>Annual review of IPC program risk assessment to determine if risk score has changed from previous year</i>	<i>Include a list of specific pathogens of epidemiological concern within risk assessment to be scored. Evaluate list annually for updates</i>	<i>Currently grouping MDROs together, not separating them out. Candida auris is not included in IPC program that need to be added.</i>	<i>Update risk assessment to include section for PECS, listed and scored individually.</i>	<i>Updated risk assessment, with PECs included, reviewed, and approved by hospital's IPC committee on 12/20/2022.</i>
Provides criteria used to determine pathogens of epidemiological concern to include on their list					
Provides justification for any epidemiologically important pathogens not on their list and otherwise not targeted at hospital.					
Demonstrates process for surveillance of pathogens of epidemiological concern (e.g., clinical cultures, surveillance cultures)					
Establishes system to ensure prompt					

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notification of the Infection Control Officer/Practitioner when a novel antimicrobial resistance pattern is detected.					
Establishes system to ensure Infection Control Officer/Practitioner is notified when a pathogen of epidemiological concern is identified.					
Establishes systems to ensure adherence to infection control measures, including: <ul style="list-style-type: none"> • Staff training and education • Ready access to necessary supplies (i.e., personal protective equipment (PPE), alcohol-based hand sanitizer, transmission-based precautions signage, cleaning, and disinfecting supplies). Auditing staff infection control practices 					

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<p>and providing feedback</p> <ul style="list-style-type: none"> • Visitor and patient education • Process for communicating patient's isolation status for inter/intra facility transfers 					
<p>Develops process for identifying patients with infectious risks such as colonization or active infections with multi drug resistant organism (MDRO), or symptoms consistent with a communicable disease and placing them in appropriate transmission-based precautions.</p>					
<p>Considers patient's level of risk for being colonized or infected with an MDRO, assessing factors such as:</p> <ul style="list-style-type: none"> • Recent travel or healthcare exposures outside of Washington, particularly 					

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<p>overnight healthcare internationally or in a location in the US with a higher burden of MDROs</p> <ul style="list-style-type: none"> • History of past infection with an MDRO • Chronic conditions that require frequent visits to healthcare facilities or impair immunity • Indwelling devices • Recent care in a long-term acute care hospital or ventilator capable skilled nursing facility 					
<p>Establishes processes for notifying patient, primary caregiver, healthcare personal, and local health jurisdiction of identification of pathogen of</p>					

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epidemiological concern.					
Establishes process for notifying transferring facility if identified pathogen was present on admission.					
Establishes process for conducting a healthcare investigation to determine healthcare exposures where transmission may have occurred.					
Establishes process for conducting contact investigation for epidemiologically linked patients or staff.					
Establishes process for discontinuing transmission-based precautions of patients with history of pathogens of epidemiological concern that is supported by current best practice recommendation. Refer to Resources section for best practice resources.					

References for developing Risk Assessment:

[Health-Response-Contain-MDRO-H.pdf \(cdc.gov\)](#)

[survey-and-cert-letter-15-12-attachment-1.pdf \(cms.gov\)](#)