

Conventional infection control measures found effective in reducing MRSA rates

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Scientists at The Virginia Commonwealth University Medical Center found that an emphasis on compliance with non-pathogen specific infection control practices such as hand hygiene, efforts to reduce devicerelated infections and chlorhexidine bathing (a daily bath with the same antibacterial agent used by surgeons to "scrub in" before an operation), is successful in reducing rates of healthcare-associated methicillin-resistant *Staphylococcus aureus*. The findings were presented today at the Fifth Decennial International Conference on Healthcare-Associated Infections.

In an effort to reduce MRSA rates, some states have mandated active surveillance programs for patients admitted to hospitals. However, screening patients for MRSA remains controversial, with critics pointing to its expense, the tying of scarce infection prevention resources to one particular pathogen and the potential for adverse outcomes when patients who test positive are placed in isolation with reduced contact with healthcare personnel.

Over a seven year period, beginning in 2004, the medical center instituted a series of non-pathogen specific initiatives to reduce HAIs including an increasingly aggressive <u>hand hygiene</u> program, a central line bundle, a ventilator bundle, and chlorhexidine bathing of all adult ICU patients and a recommendation for bare below the elbows, along with compliance monitoring and feedback via unit-specific posters. Active surveillance cultures were not performed.



During this time, Michael Edmond, MD, MPH, MPA, chair of the division of infectious diseases, and colleagues observed a 91percent reduction in MRSA central line associated <u>bloodstream infections</u>, a 62 percent reduction in MRSA catheter-associated <u>urinary tract infections</u> and a 92 percent reduction in MRSA ventilator associated pneumonia. These outcomes were observed in a 16-bed medical ICU, 18-bed surgical ICU and 14-bed neuroscience ICU.

"Our broad approach allowed us to focus on reducing all pathogens, not just MRSA," said Edmond. "Using observation and providing feedback to hospital staff through unit-specific posters showing rates of infection, we were successful at reducing infection rates," he added.

Edmond cautioned this is an observational study using data from a single medical center and was observed in the ICU. Other healthcare facilities may have different results.

"This study demonstrates that a broad focus on implementation of evidenced-based practices designed to reduce all healthcare-associated infections is effective at reducing <u>MRSA</u> infections, and will likely have a more beneficial impact on overall patient outcomes," said Neil Fishman, MD, president of SHEA. These study findings are consistent with guidelines for <u>infection prevention</u> and control in healthcare settings.

Provided by Society for Healthcare Epidemiology of America

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