

# Infection control certification associated with lower MRSA infection rates

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Hospitals whose infection prevention and control programs are led by a director who is board certified in infection prevention and control have significantly lower rates of methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI) than those that are not led by a certified professional, according to a new study published in the March issue of the *American Journal of Infection Control*, the official publication of APIC - the Association for Professionals in Infection Control and Epidemiology.

A team of researchers from the Columbia University School of Nursing surveyed [infection prevention](#) and control departments of 203 acute care hospitals in California to determine if there is an association between structure and practices of their programs, and frequency of infections caused by antibiotic-resistant bacteria. MRSA bloodstream infection data for 91 of these hospitals were analyzed to see if there were factors that were associated with frequency of this infection. Presence of a board certified director and participation in a multifacility performance improvement project were associated with significantly lower MRSA BSI rates. This is one of the first studies that found an association between specific infrastructure elements, [patient care](#) practices, and rates of healthcare-associated infections. MRSA is a type of [staph bacteria](#) that is resistant to certain [antibiotics](#) and can cause serious infections.

Ninety-seven percent of hospitals in the survey reported some type of [screening policy](#) for multidrug-resistant organisms – primarily MRSA –

upon patient admission, with the most commonly targeted populations being transfers from nursing homes (77.8%), readmissions within 30 days (75.6%), ICU patients (72.8%), and dialysis patients (63.3%). By contrast, few hospitals reported the use of universal and targeted screening for two other multidrug-resistant organisms: vancomycin-resistant *Enterococcus* (VRE) and *Clostridium difficile* (*C. difficile*). One major reason for this focus on MRSA is legislative requirements in California for these screening programs, but the authors contend that this level of specification on one type of pathogen may limit the ability to address others like VRE and *C. difficile*.

"The association between a board certified professional and fewer MRSA infections likely reflects greater awareness and level of implementation of evidence-based prevention practices," said APIC 2012 President Michelle Farber, RN, CIC. "This study also adds to an increasing amount of evidence that broad collaborative projects are an effective mechanism to improve performance and patient safety. In addition, the new study is timely as APIC has developed a new competency model for infection preventionists that emphasizes the value of certification. This new data reinforces the value of this credential for enhancing patient safety."

Provided by Elsevier

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