

Wide discrepancy in surveillance and control of infections in ICUs

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Screening practices for multidrug-resistant organisms (MDROs) in intensive care units (ICUs) vary widely from hospital to hospital, according to a new study by researchers at Columbia University School of Nursing and published in the October 2012 issue of the *American Journal of Infection Control*.

Researchers found that of the hospitals surveyed, a little more than half (59 percent) routinely screened for methicillin-resistant *Staphylococcus aurea*, or MRSA. Other potentially deadly MDROs were screened for far less frequently: [vancomycin](#)-resistant *Enterococcus* (22 percent), gram-negative rods (12 percent), and *C. difficile* (11 percent).

The survey showed that not all hospitals follow a comprehensive screening and surveillance policy for infectious disease in the ICU, including the isolation of at-[risk patients](#) both during and after laboratory tests for infection. For example, although almost all of the ICUs (98 percent) reported a policy for contact precautions following a positive culture, less than a third reported a policy requiring isolation/contact precautions pending screening results.

While lead author Monika Pogorzelska-Maziarz, PhD, MPH, advocates hospitals tailoring their response to the types and frequency of infection in their local areas, she thinks that some measures included in her study make good sense from a precaution perspective. "It seems prudent to isolate possibly infected patients admitted into the ICU until lab tests come back giving an 'all clear,'" she says.

The researchers found that a larger infection-control staff and longer infection-control staffing hours were associated with better implementation of policy to isolate culture-positive patients. They also found that ICUs with mandatory reporting and electronic surveillance systems were more likely to have a policy of periodic screening for infection after admission.

Provided by Columbia University Medical Center

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