

MRSA infection rates drop in Veterans Affairs long-term care facilities

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Four years after implementing a national initiative to reduce methicillinresistant *Staphylococcus aureus* (MRSA) rates in Veterans Affairs (VA) long-term care facilities, MRSA infections have declined significantly, according to a study in the January issue of the *American Journal of Infection Control*, the official publication of the Association for Professionals in Infection Control and Epidemiology (APIC).

The MRSA Prevention Initiative, implemented nationwide in 133 VA long-term <u>care facilities</u> in 2009, led to a 36 percent overall decrease in MRSA infections (from .25 to .16/1000 resident days) over the 42-month study period, despite the fact that admissions with MRSA colonization increased.

The MRSA Prevention Initiative utilizes a bundled approach that includes screening every patient for MRSA, use of gowns and gloves when caring for patients colonized or infected with MRSA, hand hygiene, and an institutional culture change focusing on individual responsibility for <u>infection control</u>. It also created the new position of MRSA Prevention Coordinator at each center.

Residents in long-term care facilities are at risk for infections with multidrug-resistant organisms, and infectious organisms can be difficult to control when introduced into these settings. Because of concerns about MRSA prevalence in long-term care, the VA expanded the MRSA Prevention Initiative into the VA's 133 long-term care facilities throughout the U.S. The initiative had already shown dramatic success in



reducing MRSA healthcare-associated infection (HAI) rates in acute care hospitals.

"We previously reported that a MRSA Prevention Initiative was associated with significant decreases in MRSA HAIs in acute care facilities over a 33-month period in a large healthcare system. Here we show that the initiative was also associated with decreased rates of MRSA HAIs in VA community living centers (CLCs) without a corresponding decrease in MRSA admission prevalence," state the authors. "To our knowledge, declines in MRSA HAIs such as this have not been reported in other large long-term care settings. Our experience suggests that adherence to a simple bundle of infection prevention and control strategies may be of value in controlling MRSA HAIs in CLCs, especially if the program is implemented widely throughout the network of healthcare venues in which an individual may seek care."

More information: "Nationwide reduction of health care-associated methicillin-resistant Staphylococcus aureus infections in Veterans Affairs long-term care facilities," by Martin E. Evans, Stephen M. Kralovic, Loretta A Simbartl, Ron W. Freyberg, D. Scott Obrosky, Gary A. Roselle, and Rajiv Jain appears in the *American Journal of Infection Control*, Volume 42, Issue 1 (January 2014).

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