

MRSA policies differ among hospitals, study shows

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Hospitals vary in how they detect and treat drug-resistant staph infections, but most follow national guideline recommendations, according to researchers at the University of Illinois at Chicago.

Researchers sent a 61-item questionnaire to pharmacy directors at 263 acute-care hospitals in the U.S. to learn of their policies and practices regarding methicillin-resistant *Staphylococcus aureus*, or MRSA. All of the hospitals are members of Broadlane, a health care cost management company based in Dallas.

Among the 102 hospitals that responded, 43 percent said they had a procedure to screen patients for MRSA, a strain of [staph bacteria](#) that has become resistant to the antibiotics commonly used to treat ordinary staph infections, says Yoojung Yang, a fellow in the Center for Pharmacoeconomic Research who led the study.

MRSA is a leading cause of health care-acquired infections in hospitals or other health care settings, such as nursing homes and dialysis centers.

Staph is commonly found on skin and other body surfaces. Most of the time, the bacteria cause no harmful effects. Staph becomes a problem when the bacteria invade the system. MRSA can spread through direct contact with an infected person or by sharing personal items that have touched infected skin.

Prevention is the best treatment for MRSA. Nearly all of the hospitals surveyed have adopted hand-hygiene practices, Yang said. Other preventive practices include the use of gowns and gloves, and isolation of MRSA-positive patients, she said.

Nearly 75 percent of the responding hospitals review antimicrobial prescription orders and place restrictions on the use of select [antimicrobials](#) in an effort to ensure optimal use of the drugs and to reduce the risk of [bacterial resistance](#), Yang said.

"The results of our survey suggest that pharmacists play a key role in the treatment of [MRSA infections](#), because they have the knowledge of how best antimicrobials can be used," she said.

Vancomycin, the traditional drug of choice, was on the formulary in all of the hospitals, and only three hospitals had restrictions placed on its use, Yang said. Newer drugs such as linezolid, daptomycin and tigecycline were on the formulary in the vast majority of the respondent hospitals. Restrictions of their use were reported by more than half.

According to Glen Schumock, professor and director of the Center for Pharmacoeconomic Research who assisted Yang, this is the first survey of hospital pharmacy directors to address comprehensive MRSA treatment options. The results, he said, could identify areas for potential improvement in the prevention and management of the potentially deadly pathogen.

Provided by University of Illinois at Chicago

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