Title: Policies and Practices for Multidrug Resistant Organisms in a National Sample of NHSN Hospitals.

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Background/Objective: Identification of infections caused by multi-drug resistant organisms (MDRO) in high risk populations is an important component of some infection prevention and control programs. The objective of this study was to determine the range of MDRO policies and practices employed by infection preventionists in Intensive Care Units (ICUs) across the nation and to investigate whether the presence and/or implementation of these practices varied with certain hospital characteristics.

Methods: A web-based survey was sent to 441 eligible hospitals. Respondents were asked to indicate whether an ICU had a policy to routinely screen for any of the following MDRO: Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant Enterococcus (VRE), multi-drug resistant Gram Negative Rods (GNR), *C. difficile* and other. They were also asked if the ICU: screened “all patients upon admission” or “periodically”, the use of presumptive isolation/contact precautions and cohorting, as well as monitoring these policies and the percent of time correctly implemented. Descriptive statistics and logistic regressions were conducted.

Results: 250 hospitals provided data on 415 ICUs (response rate 57%). Forty percent of the ICUs had a written policy in place regarding screening all patients upon admission; an additional 27% reported a written policy requiring periodic screening. A written policy for presumptive isolation/contact precautions pending an MDRO screen existed in 31% of the ICUs and 43% of the ICUs had a written policy to cohort patients colonized with an MDRO in the same room.

Conclusions: This study provides a description of current policies and practices dealing with MDROs and shows that these policies and practices varied in this select group of hospitals. Published recommendations on appropriate practices also vary which indicates the need for more research.