Prevention of Nosocomial Infections & Cost Effectiveness Refined: The P-NICER Study

Results Brief: Screening and Isolation Policies for Multi-Drug Resistant Organisms

Infection Prevention and Control in U.S. Hospitals

Thank you to the 1,092 hospitals that participated in this study. Thanks to your contributions, this is the largest comprehensive survey of infection control departments in the United States!

This report provides a cross-sectional overview of policies related to the surveillance, screening and isolation precautions for Multi-Drug Resistant Organisms (MDRO) in hospitals around the country.

For more information about this important study, please contact the Principal Investigator, Patricia Stone, (ps2024@columbia.edu) or the Project Director, Carolyn Herzig, (cth2115@columbia.edu).

The research team would like to give thanks to all those who participated in the 2011 national survey!

I,092 infection control departments contributed to this study.

The average bed size of participating hospitals was 238.

Over two thirds of participating hospitals had an Infection Control Director position.

Methicillin Resistant Staphylococcus aureus (MRSA)

Patients Screened for MRSA
(Among Hospitals That Implemented Targeted Screening for MRSA Upon Admission, N=613)

- ICU patients
- Transfers from skilled nursing/long term care
- Transfers from other hospitals
- Dialysis patients
- Surgical patients with documented conditions
- Readmissions within 30 days of discharge

- Eleven percent of hospitals reported having a written policy to screen all new patients for MRSA on admission.
- A majority of hospitals, 60%, had a written policy in place for targeted screening for MRSA on admission.
- Among hospitals that implemented targeted screening for MRSA on admission, ICU patients were the populations most commonly screened (72%).
- A majority of the hospitals with a written targeted MRSA screening policy, 82%, reported the policies were correctly implemented most of the time (at least 75%) during the last period monitored. Only a small portion reported not monitoring implementation.
A majority of respondents, 90%, reported collecting surveillance cultures for MRSA. Standard cultures were the most commonly used method.

MRSA Surveillance and Isolation/Contact Precautions

Among hospitals with MRSA isolation or contact precaution (CP) policies in place, a majority had implemented them prior to 2009.

Vancomycin-Resistant Enterococci (VRE)

- Over two-thirds of hospitals (68%) were involved in activities to decrease healthcare-associated VRE infections.
- Among hospitals involved in activities to decrease VRE, the most common activity was isolation/contact precautions for patients with positive cultures (93%).
- Screening for VRE among all patients upon admission was rare.
- Eighteen percent of hospitals implemented targeted screening for VRE upon admission. Populations most commonly screened were transfers from skilled nursing facilities and long term care (46%), transfers from other hospitals (39%) and ICU patients (38%).
**Activities to Decrease C. difficile Infections**

(Among Hospitals That Are Involved in Such Activities, N=877)

- Isolation/contact precautions with positive cultures
- Promote use of soap and water after caring for infected patients
- Presumptive isolation/contact precautions
- Screen select patients

- A majority of hospitals (86%) were involved with activities to decrease healthcare-associated *C. difficile* infections.
- Among hospitals that were involved in activities to decrease *C. difficile*, 93% promoted the use of soap and water after caring for patients with *C. difficile*-associated diarrhea.
- Only 5% of hospitals involved in these activities implemented targeted screening for *C. difficile* upon admission.

**Other Precautions and Antibiotic Stewardship**

**Organisms Routinely Screened**

(Among Hospitals That Routinely Screen for Other Organisms, N=191)

- Methicillin-sensitive *S. aureus*
- *Acinetobacter spp.*
- *Klebsiella pneumonia*
- *Pseudomonas spp.*

*Only 19% of respondents reported routinely screening for organisms other than MRSA, VRE and *C. difficile*.***
Selected publications


For full copies of publications, please go to http://cumc.columbia.edu/studies/pnice/publications.html

For more information please contact
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