Infections caused by multi-drug resistant organisms (MDRO) lead to significant morbidity and mortality. Consequently, several states have mandated reporting of C. difficile and MDRO rates such as Methicillin-resistant Staphylococcus aureus (MRSA) and Vancomycin-resistant enterococcus (VRE).

Screening and Isolation/Contact Precautions for Multi-Drug Resistant Organisms (MDRO) in Acute Care Hospitals: Results from a National Survey
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Background
- Infections caused by multi-drug resistant organisms (MDRO) lead to significant morbidity and mortality.
- Consequently, several states have mandated reporting of C. difficile and MDRO rates such as Methicillin-resistant Staphylococcus aureus (MRSA) and Vancomycin-resistant enterococcus (VRE).

Objectives
- To describe policies to screen and isolate for MDRO in U.S. hospitals.
- To examine the relationship between state mandates for reporting of MDRO and implementation of screening and isolation/contact precaution policies.

Methods
- All non-VA hospitals enrolled in the National Healthcare Safety Network were eligible to participate in a web-based survey of infection control departments conducted in Fall 2011 (Stone PW et al. Am J Infect Control. 2014 Feb;42(2):94-9).
- Descriptive statistics were computed and missing data were excluded from estimates.
- Differences in policies between hospitals located in states with and without MDRO reporting mandates at the time of the survey were examined using chi-squared tests.

Results
- 1064 (~30%) of hospitals enrolled in NHSN completed at least 3 sections of the survey.
- By the end of 2011, 11 states had implemented MRSA reporting laws, 6 states had C. diff reporting laws and 3 states had VRE reporting laws.
- Hospitals located in states with mandatory reporting of MRSA were more likely to have a policy for targeted MRSA screening (p<0.001) and less likely to have a policy for presumptive isolation/contact precautions pending a screen (p=0.024).
- Hospitals located in states with mandatory reporting of C. diff rates were more likely to be involved in activities to decrease C. diff infection rates (p=0.001).

Conclusions
- This study found variation in the adoption of MDRO screening and isolation/contact precautions.
- Further research is needed to provide additional insight on effective strategies and to examine the impact of mandatory reporting on implementation of MDRO policies and infection rates in acute care hospitals.

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