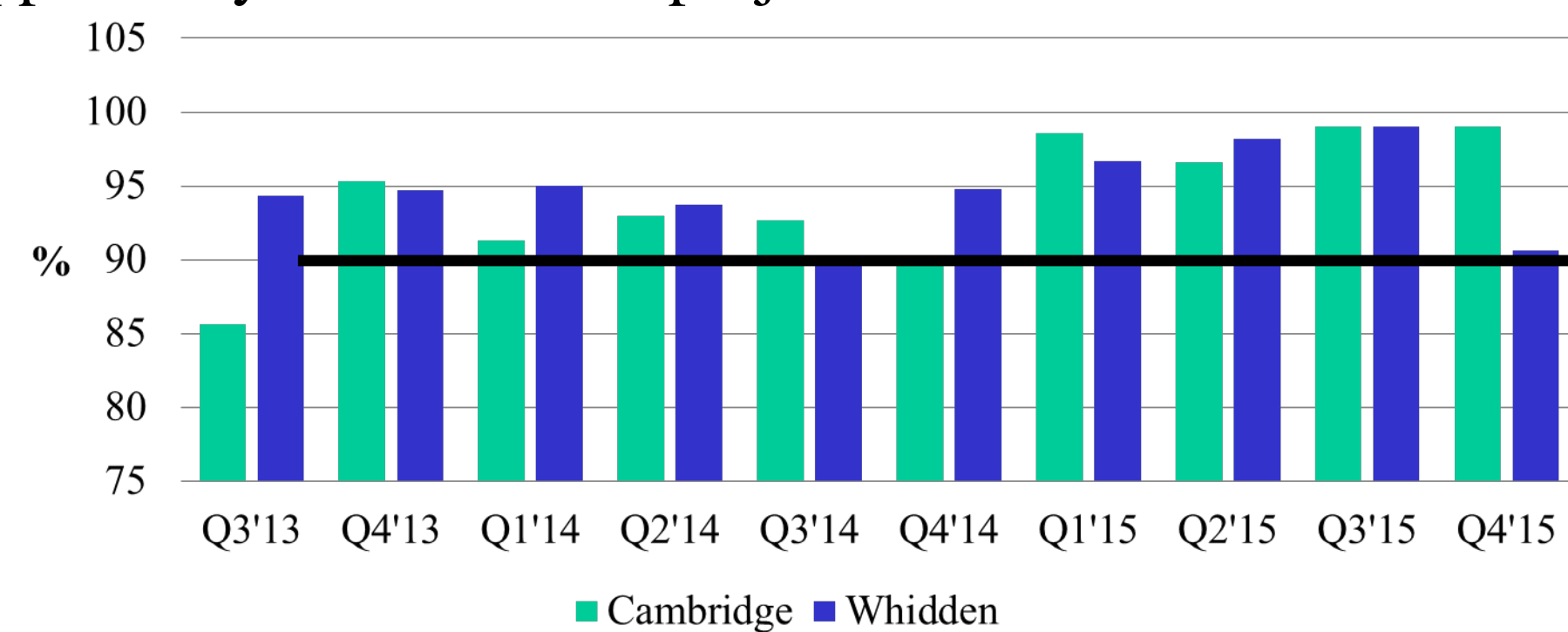


Lou Ann Bruno-Murtha, D.O. Medical Director of Infection Prevention;
Anne Burgess, MT-CIC Manager Infection Prevention; Virginia Caples, RN, CIC, Infection Prevention

Introduction

Background

- No evidence demonstrates the efficacy of routine contact precautions (CP) in preventing cross-transmission of MRSA or VRE in non-endemic settings.
- The assumption that pathogens on contaminated clothing can subsequently be transmitted to other patients has not been demonstrated.
- There is no regulation mandating CP.
- The most effective means to prevent hospital-acquired infections can be achieved with:
 - Exceptional hand hygiene
 - Adherence to standard precautions
- Exceptional hand hygiene compliance provided the opportunity to initiate this project:



Collateral Issue

- There is no evidence-based practice defining the appropriate duration of CP.
- Most patients remain indefinitely flagged, resulting in an ever-increasing burden of patients in need of an isolation room, creating delays in patient throughput and care.

In Reality

- We are not aware of the majority of patient with MRSA or VRE.
- Standard practice should be based on the assumption that any patient could have MRSA or another resistant organism.
- Standard Practice = Standard Precautions
 1. Hand Hygiene
 2. Gloves for contact with blood, body fluids, non-intact skin and contaminated items.
 3. Discretion about use of a mask, eye protection and gown or personal protection depending on circumstances.

Drivers

Patients on Contact Precautions 1-2

- Experience less contact time with physicians and nurses
- May suffer psychological harm (increased anxiety, depression, anger and delirium)
- May experience more adverse events (falls, pressure ulcers, electrolyte disturbances and medication errors)
- Are less satisfied with their care

Interventions

On December 1st, 2014, CHA:

1. No longer required visitors to don gown and gloves.
2. No longer required healthcare personnel to routinely don gown and gloves prior to room entry for patients colonized or infected with MRSA or VRE.

Results After One-Year

- House-wide infection prevention surveillance identified the following infections in 2015:
 - MRSA: No MRSA central line-associated bloodstream infections (CLABSI) or ventilator-associated pneumonias occurred. One MRSA bloodstream infection and one MRSA surgical site infection (SSI) among 218 procedures with active surveillance were identified, both in at-risk patients without evidence to support cross-transmission.
 - VRE: No VRE CLABSI or SSIs were seen. One VRE catheter-associated UTI occurred in a nursing home resident.
- Annualized cost savings attributed to merely a reduction in gown and glove use in 2015 (29,400 patient days) was \$178,666.67.
- One patient complained about no longer being assigned to a private room.

Results Continued

Other Benefits

- Improved healthcare-worker efficiency (eliminating the time required for donning, doffing gowns and gloves, restocking materials, trash removal)
- Other cost savings (potentially \$500,000 annually, when considering nursing time, supplies, private room accommodations, blocked beds and trash disposal)³
- Less compliance fatigue
- More environmentally responsible
- More patient centered

New Paradigm

- Patients with MRSA colonization or infection are only placed on CP for:
 - The emergence of an outbreak identified with routine surveillance
 - At the discretion of Infection Prevention & Control Team
- MRSA and VRE flags were removed from Epic
- Core infection prevention strategies:
 - Nearly perfect compliance with hand hygiene
 - Adherence to standard precautions

Conclusion

- Discontinuing routine CP for MRSA & VRE has not resulted in patient harm.
- CHA reduced the costs for gowns & gloves in 2015. We intend to assess staff satisfaction in the near future.

Acknowledgements

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References:

1. Morgan DL et al. Am J Infect Control 2009;37:85-93.
2. Morgan DL et al. Infect Control Hosp Epidemiol 2013;34:69-73.
3. Conterno LO et al. Infect Control Hosp Epidemiol 2007; 28:1134-1141.