

PREVENT
HAIs
Healthcare-
Associated
Infections

AHRQ Safety Program for MRSA Prevention



Presenter

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MRSA Is a Serious Threat

- MRSA is one of the **most invasive and deadly** multidrug-resistant organisms¹
- More than **323,000 MRSA cases** are detected in hospitalized patients and over **10,000 deaths reported each year**¹
- Preliminary analysis has found **increases in hospital-onset resistant infections, including MRSA, during the COVID-19 pandemic**²

If you want to reduce invasive MRSA infections in your facility and strengthen team-based infection prevention practices, enroll in the AHRQ Safety Program for MRSA Prevention by May 15, 2022.

1. CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; December 2019. <https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf>.

2. Srinivasan, A. The Intersection of Antibiotic Resistance (AR), Antibiotic Use (AU), and COVID-19. Atlanta, GA: U.S. Department of Health and Human Services, CDC; February 10, 2021. <https://www.hhs.gov/sites/default/files/antibiotic-resistance-antibiotic-use-covid-19-paccarb.pdf>.

AHRQ Safety Program Overview

Funded and Guided by: AHRQ

Led by:

- Johns Hopkins Medicine
- NORC at the University of Chicago

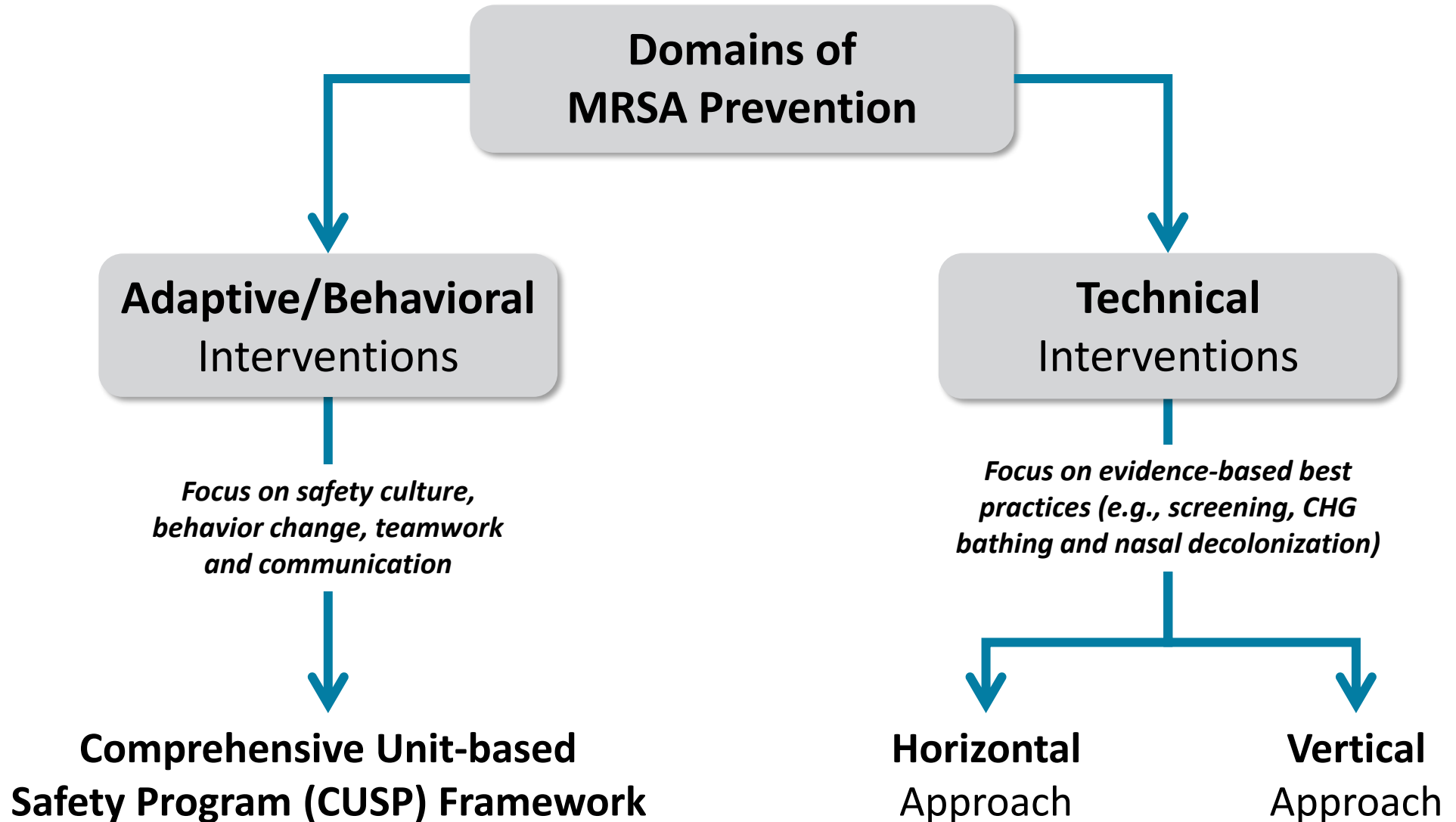
Overarching Goal of Program:

To prevent MRSA infection and transmission among hospitalized patients.

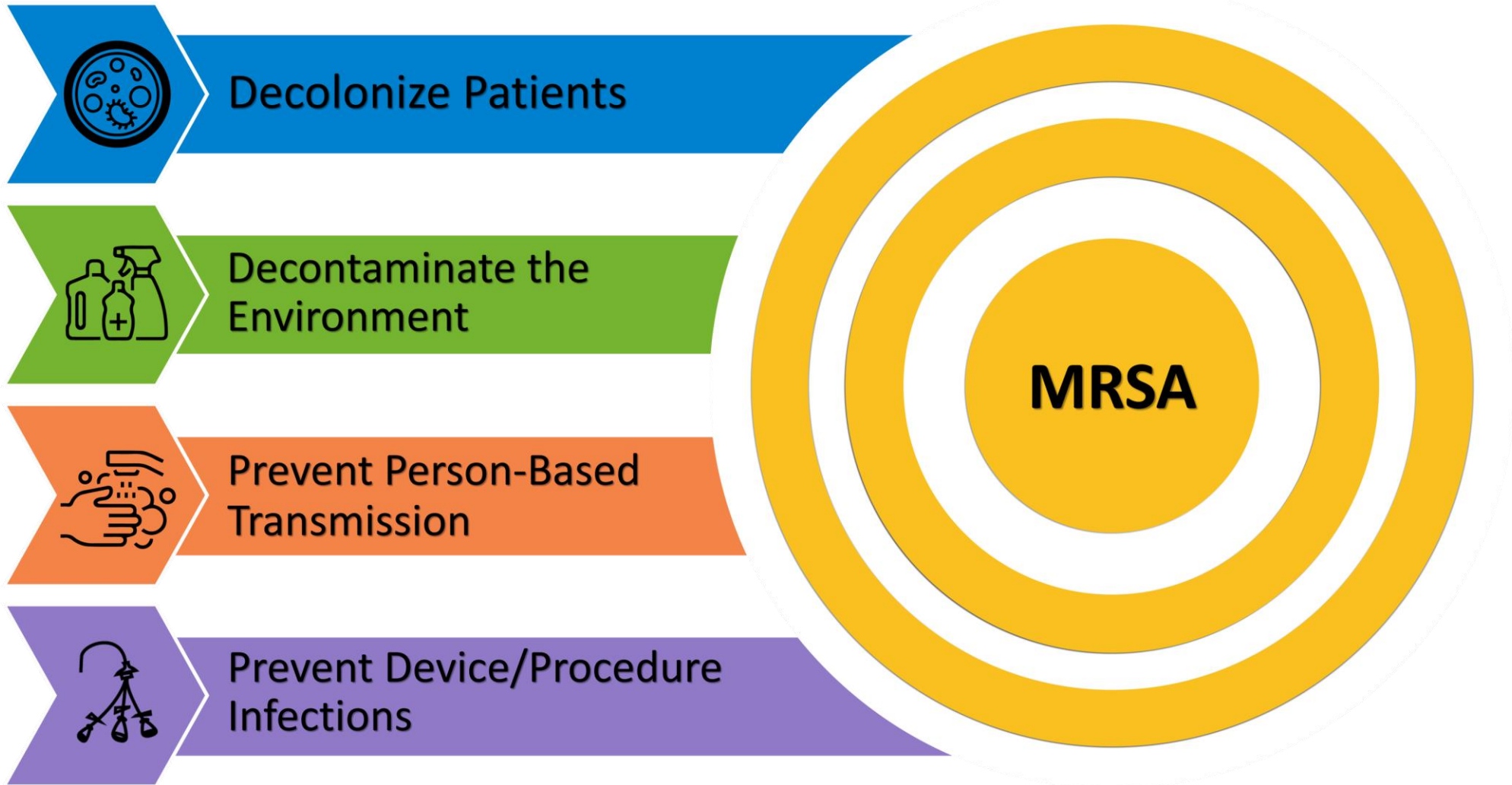
Additional Goals of the MRSA Prevention Program

- To **strengthen the culture of safety and build capacity** for unit-based quality improvement activities.
- To provide technical assistance for the implementation of **evidence-based infection prevention practices** that interrupt MRSA transmission and prevent MRSA infection.

AHRQ Safety Program Structure



Take Aim to Prevent MRSA



AHRQ Safety Program Details

How Long Is the Program?

- 18-month program
- Begins April 2022
- Enrollment deadline is May 15, 2022

Who Eligible To Participate?

- ICUs and non-ICUs with elevated levels of MRSA invasive infection (MRSA bacteremia)
- FREE TO PARTICIPATE

How Much Time Does It Require?

- Minimum of 3 hours per month

Will CME and CEU credits be awarded for participation?

- CME and CEU credits will be available for participating physicians and nursing staff

ICUs

- Adult and pediatric critical care
- Medical critical care
- Medical-Surgical critical care
- Surgical critical care
- Trauma critical care

Non-ICUs

- Adult and pediatric units
- Burn units
- Medical-Surgical units
- Orthopedic units
- Surgical units
- Step down units

AHRQ Safety Program Timeline

Participation Timeline

**April 2022 –
May 2022**

- Assemble a multidisciplinary CUSP team within hospital
- Ensure members of unit have access to the Safety Program website

**April 2022 –
September 2023**

- Participate in educational programs, including an orientation webinar and monthly to twice monthly educational webinars
- Meet regularly with CUSP team and implement evidence-based interventions
- Submit quarterly infection prevention data

July 2022

- Submit quarterly infection prevention data for the past 12 months (April 2021 – March 2022)
- Start quarterly submission of infection prevention data

Data Collection From Participating Hospitals

Monthly Data Required

Electronic data pulls of monthly data on a quarterly basis from April 2022 to September 2023.

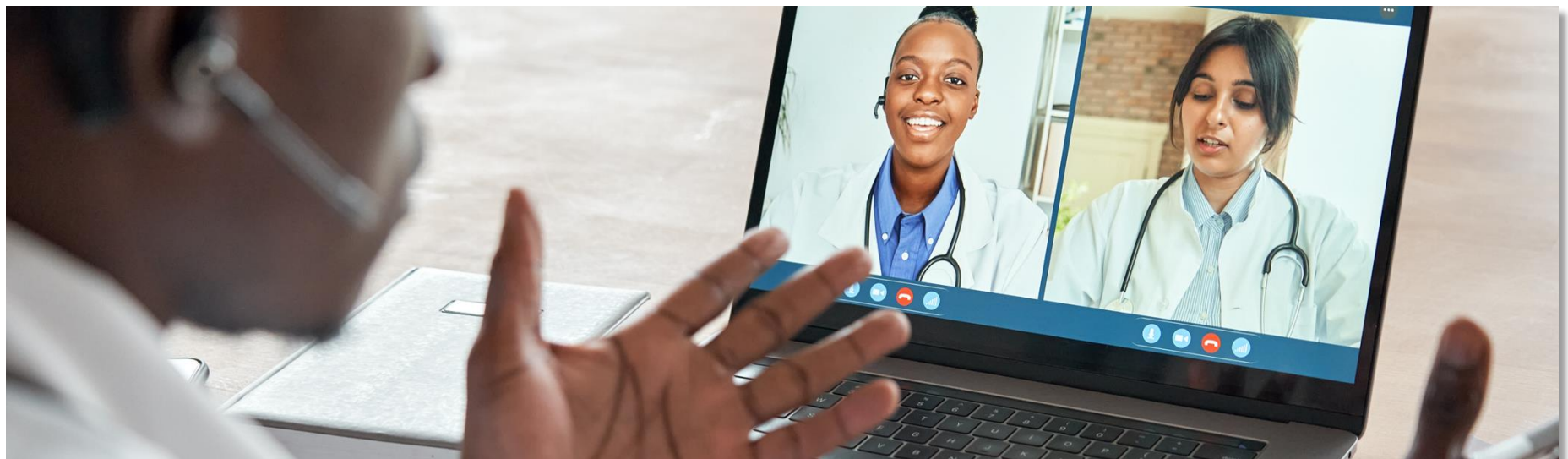
Quarterly Data	Data Source
<ul style="list-style-type: none"> • Hospital-onset MRSA invasive infection (MRSA bacteremia LabID day 4 or after of admission) • Community onset MRSA invasive infection (MRSA bacteremia LabID prior to day 4 after admission) • Patient days • Central line-associated bloodstream infections with causative organism(s) • Central line days 	<p>Your hospital will have the opportunity to confer NHSN data rights to the AHRQ Safety Program for these data points. (Alternatively, hospitals can choose to collect this data.)</p>
<ul style="list-style-type: none"> • Hospital-onset bacteremia (i.e., including <i>methicillin-susceptible Staphylococcus aureus</i>) • MRSA-positive clinical cultures 	<p>Hospitals will collect this data</p>

Other Data Collected

- The Hospital Survey on Patient Safety Culture
- Infrastructure Assessment (Gap Analysis)
- Implementation Assessment (Team Checkup Tool) – *monthly*
- Point Prevalence Survey – *optional data from hospitals already collecting this information*
 - Patients with positive MRSA nasal surveillance tests
 - Total surveillance tests in the unit during the chosen week
 - One day, semi-annually

Benefits of Participating

- Expert coaching in MRSA prevention and CUSP
- Support for data collection, reporting, analysis, and feedback
- Access to Implementation Advisors
- Monthly office hours
- Peer-to-peer learning with other participating facilities
- Monthly/twice monthly webinars
- Facilitator guides
- Posters
- Summary sheets
- Educational material for patients and families



Anticipated Outcomes of Participation

- Reduced MRSA infections
- Reduced healthcare-associated infections (CLABSI)
- Improved team-based infection prevention practices, including environmental cleaning
- Enhanced communication and teamwork regarding prevention of MRSA infections
- Improved patient safety culture



Thank you.

We look forward to working with you on improving the delivery of high-quality care for all patients across the United States

**To learn more
and enroll, visit:**

<http://safetyprogram4mrsaprevention.org>

Or email: MRSAPrevention@norc.org

*The deadline to enroll is
May 15, 2022*

References

1. Antibiotic Resistance Threats in the United States. Atlanta, GA: Department of Health and Human Services, CDC; December 2019. <https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf>. Accessed August 30, 2021.
2. Srinivasan A. The Intersection of Antibiotic Resistance (AR), Antibiotic Use (AU), and COVID-19 – for the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria. February 10, 2021. <https://www.hhs.gov/sites/default/files/antibiotic-resistance-antibiotic-use-covid-19-paccarb.pdf> . Accessed August 30, 2021.