

## Contact Isolation Precautions for the Prevention of MRSA

#### ICU/Non-ICU





Postgraduate Institute for Medicine Professional Excellence in Medical Education







#### Program Support and Target Audience

#### **Program Support**

- Jointly provided by Postgraduate Institute for Medicine and Johns Hopkins Medicine/Armstrong Institute
- This activity is supported by a contract from the Agency for Healthcare Research and Quality (AHRQ)

#### **Target Audience**

 This activity is intended for physicians, physician assistants, nurse practitioners, and registered nurses engaged in the care of patients in hospital settings.

#### **Educational Objectives**

- Describe the key best practice recommendations for use of contact isolation precautions for MRSA
- Discuss the advantages and potential disadvantages of contact isolation precautions
- Review the current recommendations for discontinuation of contact precautions for patients with a history of MRSA colonization or infection

#### Presenter

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- Dr. Lisa Maragakis has nothing to disclose.
- The PIM planners and others have nothing to disclose.
- The Johns Hopkins University/Armstrong Institute planners and others have nothing to disclose.

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- 1) Go to <u>www.cmeuniversity.com</u>.
- 2) Login or Create a New Account (will take less than 1 minute)
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  - b) After logging in, you may be asked to verify/update your information; after doing so, click Save at the bottom of the page
- 3) Type in 17100 at the top of the page, "Find Post-Test/Evaluation by Course", and click enter Click on the activity title when it appears
- 4) Choose the type of credit you desire
- 5) Complete the online Evaluation
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If you have questions regarding the certification of this activity, please contact PIM via email at <u>inquiries@pimed.com</u>.

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#### **Physician Continuing Medical Education**

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#### Interprofessional Continuing Education

This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

#### **Computer System Requirements**

This activity uses Zoom videoconference software. Minimum system requirements to use Zoom include:

- Internet connection broadband recommended
- Computer or mobile device with speaker and microphone
  - Operating systems
    - MacOS X with macOS 10.9 or later
    - Windows 11, 10, 8.1, 8, 7
    - Ubuntu 12.04 or higher
    - Mint 17.1 or higher
    - Red Hat Enterprise Linux 6.4 or higher
    - iOS 7.0 or later
    - iPadOS 13 or later
    - Android 4.0x or later
  - RAM requirements
    - Processor: Single-core 1Ghz or higher (2+ Ghz is recommended)
    - 4GB of RAM recommended
  - Supported browsers
    - Safari 7+,Edge 12+, IE 11+, Firefox 27+, Chrome 30+



#### Disclosure of Unlabeled Use

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The planners of this activity do not recommend the use of any agent outside of the labeled indications. The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of the planners. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

#### Disclaimer

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications and/or dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

#### Polling Question 1

#### What Is Your Role?

A.	Frontline physician
Β.	Physician's Assistant
C.	Nurse Practitioner
D.	Nurse
E.	Quality Improvement
F.	Infection Preventionist
G.	Administration
١.	Other



#### Key Strategies To Take Aim & Target MRSA Infection



#### **MRSA Transmission Pathways**



#### **Standard Precautions**

Standard Precautions should be used with ALL patients during EVERY encounter! Hand Hygiene

Personal Protective Equipment (PPE)

Respiratory Hygiene / Cough Etiquette



**Cleaning and Disinfection** 

**Textiles and Laundry** 

Safe Injection Practices

Sharps Safety



 Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html. Accessed October 24, 2022.

# Contact Isolation Precautions for MRSA Prevention

A form of Transmission-based Precautions



#### **Contact Isolation Precautions**

- 1. Patient placement
- 2. Hand hygiene
- 3. Gloves
- 4. Gowns
- 5. Discard PPE prior to leaving the patient's room
- 6. Dedicated patient care equipment and disinfect any reusable equipment between patients





<sup>1.</sup> Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html. Accessed October 24, 2022.

<sup>2.</sup> Calfee DP, Salgado CD, Milstone AM, et al. Strategies to prevent methicillin-resistant *Staphylococcus aureus* transmission and infection in acute care hospitals: 2014 update. Infect Control Hosp Epidemiol. 2014 Sep;35 Suppl 2:S108-32. PMID: 25376072.

Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Multidrug-Resistant Organisms (MDRO) Management. <u>https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html</u>. Accessed October 24, 2022.

Aureden K, Arias K, Burns LA, et al. Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) Transmission in Hospital Settings. 2nd ed. Washington, DC: APIC; 2010. <u>https://apic.org/wp-content/uploads/2019/07/MRSA-elimination-guide-2010.pdf</u>. Accessed October 24, 2022.

#### Contact Isolation Precautions as Part of a Comprehensive MRSA Prevention Approach

#### **Decreasing MRSA Infections**



- 5. Jain R, Kralovic SM, Evans ME, et al. Veterans Affairs initiative to prevent methicillin-resistant *Staphylococcus aureus* infections. N Engl J Med. 2011 Apr 14;364(15):1419-30. PMID: 21488764.
- Joint Commission on Accreditation of Healthcare Organizations. Raising the bar with bundles: treating patients with an all-or-nothing standard. Joint Commission Perspectives on Patient Safety. 2006 Apr;6(4):5-6. <u>https://www.ihi.org/resources/Pages/Publications/RaisingtheBarwithBundles.aspx</u>. Accessed October 24, 2022.
- Center for Disease Control and Prevention. Preventing Infections in Healthcare. <u>https://www.cdc.gov/mrsa/healthcare/inpatient.html</u>. Accessed October 24, 2022.

#### Patient Placement and MRSA Surveillance

## Patients with known or suspected MRSA colonization or infection should be placed in a private room.

If a private room is not available, patients should be cohorted:

- >3 feet between patient beds
- Another patient with the same organism
- Another patient with low-risk for adverse outcome
- Avoid cohorting patients with draining wounds, uncontrolled secretions, or who are incontinent



<sup>1.</sup> Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html. Accessed October 24, 2022.

Calfee DP, Salgado CD, Milstone AM, et al. Strategies to prevent methicillin-resistant Staphylococcus aureus transmission and infection in acute care hospitals: 2014 update. Infect Control Hosp Epidemiol. 2014 Sep;35 Suppl 2:S108-32. PMID: 25376072.

Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Multidrug-Resistant Organisms (MDRO) Management. <u>https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html</u>. Accessed October 24, 2022.

Aureden K, Arias K, Burns LA, et al. Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) Transmission in Hospital Settings. 2nd ed. Washington, DC: APIC; 2010. <u>https://apic.org/wp-content/uploads/2019/07/MRSA-elimination-guide-2010.pdf</u>. Accessed October 24, 2022.

### PPE Use and Donning and Doffing



#### Patient Care Equipment



• Use dedicated equipment whenever possible.

- Ensure that shared equipment is disinfected between patients with an approved disinfectant.
  - Verify that staff are familiar with wet/contact times.



- 1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html. Accessed October 24, 2022.
- 2. Calfee DP, Salgado CD, Milstone AM, et al. Strategies to prevent methicillin-resistant *Staphylococcus aureus* transmission and infection in acute care hospitals: 2014 update. Infect Control Hosp Epidemiol. 2014 Sep;35 Suppl 2:S108-32. PMID: 25376072.
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Multidrug-Resistant Organisms (MDRO) Management. https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html. Accessed October 24, 2022.
- Aureden K, Arias K, Burns LA, et al. Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) Transmission in Hospital Settings. 2nd ed. Washington, DC: APIC; 2010. <u>https://apic.org/wp-content/uploads/2019/07/MRSA-elimination-guide-2010.pdf</u>. Accessed October 24, 2022.
- Kramer A, Schwebke I, Kampf G. How long do nosocomial pathogens persist on inanimate surfaces? a systematic review. BMC Infect Dis. 2006 Aug 16;6:130. PMID: 16914034.

### Communication, Signage, Flagging

Use of **contact precautions** in conjunction with other evidence-based best practices interrupts MRSA transmission from healthcare personnel to patients.



#### Sample poster from CDC

(https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf)

- 1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html. Accessed October 24, 2022.
- 2. Calfee DP, Salgado CD, Milstone AM, et al. Strategies to prevent methicillin-resistant *Staphylococcus aureus* transmission and infection in acute care hospitals: 2014 update. Infect Control Hosp Epidemiol. 2014 Sep;35 Suppl 2:S108-32. PMID: 25376072.
- 3. Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Multidrug-Resistant Organisms (MDRO) Management. https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html. Accessed October 24, 2022.
- 4. Aureden K, Arias K, Burns LA, et al. Guide to the Elimination of Methicillin-Resistant *Staphylococcus aureus* (MRSA) Transmission in Hospital Settings. 2nd ed. Washington, DC: APIC; 2010. <u>https://apic.org/wp-content/uploads/2019/07/MRSA-elimination-guide-2010.pdf</u>. Accessed October 24, 2022.
- Centers for Disease Control and Prevention. Contact Precautions. <u>https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf</u>. Accessed October 24, 2022.

- Establish a policy
  - Include inclusion/exclusion criteria
- Collect screening cultures (1 3) from the anterior nares
  - Ensure the patient has not received antibiotics effective for MRSA
- Consider extra-nasal specimens if applicable/warranted
- Consider extending CP for high-risk patients
  - Chronic wounds
  - Admitted from long-term care facility
- Consider discontinuing CPs at discharge from index hospitalization
  - Do not consider during outbreaks or if the facility's endemic rates of MRSA are high



Banach DB, Bearman G, Barnden M, et al. Duration of contact precautions for acute-care settings. Infect Control Hosp Epidemiol. 2018 Feb;39(2):127-144. PMID: 29321078.

#### Sample Contact Isolation Precautions Policy



A copy of this sample contact isolation precautions policy is accessible on the program website: https://safetyprogram4mrsaprevention.org/page/topic-prevent-transmission-from-healthcare-personnel

## Does your unit currently utilize contact isolation precautions for patients with MRSA?

- A. Yes, for all patients with MRSA infection or colonization
- B. Yes, for all patients infected with MRSA but <u>NOT</u> for patients with MRSA colonization
- C. No

## The Controversy Around Contact Isolation Precautions for MRSA



- 7. Center for Disease Control and Prevention. Preventing Infections in Healthcare. https://www.cdc.gov/mrsa/healthcare/inpatient.html. Accessed October 24, 2022.
- Young K, Doernberg SB, Snedecor RF, Mallin E. Things we do for no reason: contact precautions for MRSA and VRE. J Hosp Med. 2019 Mar;14(3):178-180. PMID: 30811326.
- Maragakis LL, Jernigan JA. Things we do for good reasons: contact precautions for multidrug-resistant organisms, including MRSA and VRE. J Hosp Med. 2019 Mar;14(3):194-196. PMID: 30811332.

## Advantages of Contact Isolation Precautions

for patients colonized or infected with MRSA

#### **CP** Reduce MRSA Transmission

## Benefits of Universal Gown and Gloves (BUGG) Trial

- Assessed whether universal gloves and gowns for all patient contact in ICU affected acquisition of MRSA or VRE
- When reviewing the acquisition of MRSA alone, universal gown and gloves significantly decreased MRSA acquisition in comparison to usual practices<sup>13</sup>
- Additional data modelling estimated that 44% of the decrease in MRSA transmission was from universal contact precautions, 38.1% from hand hygiene upon exiting a patient's room, and 14.5% from reduced contact with patient.<sup>14</sup>

- Hand hygiene compliance upon exiting a patient's room increased among healthcare personnel when universal contact precautions was implemented<sup>13</sup>
- Universal contact precautions reduced healthcare worker clothing contamination by 70%<sup>15</sup>





- 13. Harris AD, Pineles L, Belton B, et al. Universal glove and gown use and acquisition of antibiotic-resistant bacteria in the ICU: a randomized trial. JAMA. 2013 Oct 16;310(15):1571-80. PMID: 24097234.
- 14. Harris AD, Morgan DJ, Pineles L, Perencevich EN, Barnes SL. Deconstructing the relative benefits of a universal glove and gown intervention on MRSA acquisition. J Hosp Infect. 2017 May;96(1):49-53. PMID: 28410760.
- Williams C, McGraw P, Schneck EE, et al. Impact of universal gowning and gloving on health care worker clothing contamination. Infect Control Hosp Epidemiol. 2015 Apr;36(4):431-7. PMID: 25782898.

### Other Evidence of the Benefits of CP

#### **Veterans Affairs study**

- Analyzed surveillance data from over 100 Veterans Affairs acute care hospitals<sup>16</sup>
- Found that contact precautions
   reduced MRSA transmission by 47%
- Findings attributed to Veterans Affairs MRSA Prevention Initiative which included universal surveillance, use of contact precautions, emphasis on hand hygiene and institutional culture change<sup>5,16</sup>



- 5. Jain R, Kralovic SM, Evans ME, et al. Veterans Affairs initiative to prevent methicillin-resistant *Staphylococcus aureus* infections. N Engl J Med. 2011 Apr 14;364(15):1419-30. PMID: 21488764.
- 16. Khader K, Thomas A, Stevens V, et al. Association between contact precautions and transmission of methicillin-resistant *Staphylococcus aureus* in Veterans Affairs Hospitals. JAMA Netw Open. 2021 Mar 1;4(3):e210971. PMID: 33720369.

## Potential Disadvantages of Contact Precautions

for patients colonized or infected with MRSA

#### Costs vs. Benefits

Some argue that implementing contact isolation precautions is unnecessary and costly, especially in an endemic population.<sup>11</sup>



#### Healthcare Personnel Contact and Adverse Events

- A number of studies posit that contact precautions negatively impact the amount of time that healthcare worker spend with patients and report an increase in adverse events as a result.
  - Falls
  - Pressure Injury
  - Post-operative Complications



 The BUGG study validated that HCW contact was negatively affected by CP but did not find an increase in adverse events among units with universal contact precautions compared to the control group.

#### Patients' Psychological Wellbeing

- Some studies have found an increase in anxiety and depression among patients on contact precautions; however, many of these studies did not control for the patient's anxiety and depression upon admission and their severity of illness.<sup>17-19</sup>
- However, when other studies controlled these confounding variables, they did not find an association between the use of contact isolation precautions and increased incidence of anxiety, depression or discomfort.<sup>20</sup>

## Educate patients on why they are on contact precautions and address any concerns they may have.<sup>21</sup>

- 20. Day HR, Perencevich EN, Harris AD, et al. Depression, anxiety, and moods of hospitalized patients under contact precautions. Infect Control Hosp Epidemiol. 2013 Mar;34(3):251-8. PMID: 23388359.
- 21. Kullar R, Vassallo A, Turkel S, Chopra T, Kaye KS, Dhar S. Degowning the controversies of contact precautions for methicillin-resistant *Staphylococcus aureus*: a review. Am J Infect Control. 2016 Jan 1;44(1):97-103. PMID: 26375351.

<sup>17.</sup> Stelfox HT, Bates DW, Redelmeier DA. Safety of patients isolated for infection control. JAMA. 2003 Oct 8;290(14):1899-905. PMID: 14532319.

<sup>18.</sup> Day HR, Morgan DJ, Himelhoch S, Young A, Perencevich EN. Association between depression and contact precautions in veterans at hospital admission. Am J Infect Control. 2011 Mar;39(2):163-5. PMID: 21356434.

<sup>19.</sup> Day HR, Perencevich EN, Harris AD, et al. Do contact precautions cause depression? a two-year study at a tertiary care medical centre. J Hosp Infect. 2011 Oct;79(2):103-7. PMID: 21664000

#### Importance of Proper PPE Use

- Studies found frequent errors in PPE doffing, particularly when gloves are removed, that can lead to hand contamination.<sup>22,23</sup>
- Improve healthcare personnel PPE use by focusing on education, training and practice sessions.
  - Provide hands-on training sessions that demonstrate how to don and doff PPE without self-contamination
  - Emphasize the importance of hand hygiene upon removing gloves and exiting a patient's room
  - Give participants time to practice PPE donning, doffing, and hand hygiene techniques

<sup>22.</sup> Okamoto K, Rhee Y, Schoeny M, et al. Impact of doffing errors on healthcare worker self-contamination when caring for patients on contact precautions. Infect Control Hosp Epidemiol. 2019 May;40(5):559-565. PMID: 30890193.

<sup>23.</sup> Andonian J, Kazi S, Therkorn J, et al. Effect of an intervention package and teamwork training to prevent healthcare personnel self-contamination during personal protective equipment doffing. Clin Infect Dis. 2019 Sep 13;69(Suppl 3):S248-S255. PMID: 31517976

#### Measuring Adherence to Contact Precautions



APIC sample data collection tool

(https://apic.org/wp-content/uploads/2019/07/MRSA-elimination-guide-2010.pdf)

 Aureden K, Arias K, Burns LA, et al. Guide to the Elimination of Methicillin-Resistant *Staphylococcus aureus* (MRSA) Transmission in Hospital Settings. 2nd ed. Washington, DC: APIC; 2010. <u>https://apic.org/wp-content/uploads/2019/07/MRSA-elimination-guide-2010.pdf</u>. Accessed October 24, 2022.

#### Key Takeaways

- Contact isolation precautions reduce MRSA transmission, especially when used as part of a multifaceted approach.
- In this project, we encourage you to consider implementing contact isolation precautions for patients known to be colonized or infected with MRSA.
- Your unit(s) can use either active or passive MRSA surveillance to identify patients who are colonized or infected with MRSA
- Important elements of contact isolation precautions are patient placement, hand hygiene, appropriate use of PPE, and dedicated patient care equipment.
- Communication, signage, and a system for flagging in the medical record are also important aspects the implementation of contact isolation precautions
- We must consider and balance the benefits and potential disadvantages of contact isolation precautions, including spending appropriate amounts of time with patients on precautions and promoting their wellbeing.

3. Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Multidrug-Resistant Organisms (MDRO) Management. <u>https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html</u>. Accessed October 24, 2022.

## Teamwork and Communication Daily Goals



#### Setting Daily Goals Improves Communication

- Standardizes communication and creates independent checks
- Helps ensure diverse input
- Adds convergent thinking to often divergent rounds
  - Divergent thinking explores multiple possibilities and creative solutions.
  - Convergent thinking focuses efforts towards determining the most effective solution.<sup>31</sup>
- Reduces encoding and decoding errors

<sup>24.</sup> Shrestha P. Convergent Vs Divergent Thinking. <u>https://www.psychestudy.com/cognitive/thinking/convergent-vs-divergent</u>. Accessed October 24, 2022.

## Daily Goals Form

- Conducted at morning rounds
- Specific to each patient
- Systematic review of
  - Patient systems: Head to toe assessment plan to move patient towards discharge
  - Patient Safety Risks
  - o **Testing**
  - $\circ$  Activities for the day

#### https://www.ahrq.gov/hai/cusp/toolkit/daily-goals.html

	Daily Goals		
Room Number	AM Obith (7 a m.)	Date / /	
	AM Shift (7 a.m.)	Note Changes From AM in This Column	
	Safety		
What needs to be completed for this patient to be discharged from the unit? Patient's greatest safety risk? How can we decrease			
TISK? What events or deviations			
need to be reported?			
	Patient Care		
Pain management/sedation	Pain goal/ 10 w/		
Cardiac	Human Resources Goal		
Review EKGs Volume status Net goal for midnight	At goal Increase Decrease Beta Block Net even Net positive Net positive		
	Patient-determined		
<ul> <li>Pulmonary:</li> <li>Ventilator: (vent bundle; head of bed elevated), (ready to wean)</li> </ul>	Out of bed     Pulmonary toilet     Ambulation     Maintain current support     Wean as toierated     Mechanics every morning     % inspired oxygen FIO2     <		
	Positive and expiratory     pressure     Pressure     support/tracheostomy     tripl		

#### Daily Goals Topics for MRSA Prevention

- Is the patient receiving CHG bathing?
- Is the patient receiving nasal decolonization?
   How many days until it is complete?
- Is the patient on contact precautions? Is everyone compliant, including the patient and their family?
- Are surveillance cultures pending?

#### Evidence for the Daily Goals Tool

- Studies have shown that the Daily Goals tool really does help with communication.
- Timmel et al, 2010
  - Improved teamwork and communication culture
  - Reduction in nurse turnover
- Pronovost et al, 2003
  - Significant improvement in understanding of plan of care among house staff and bedside nurse
  - Reduced length of stays
- Narasimhan et al. 2006
  - Improved communication scores
  - Reduction in length of stays

- 26. Pronovost P, Berenholtz S, Dorman T, Lipsett PA, Simmonds T, Haraden C. Improving communication in the ICU using daily goals. J Crit Care. 2003 Jun;18(2):71-5. PMID: 12800116.
- Narasimhan M, Eisen LA, Mahoney CD, Acerra FL, Rosen MJ. Improving nurse-physician communication and satisfaction in the intensive care unit with a daily goals worksheet. Am J Crit Care. 2006 Mar;15(2):217-22. PMID: 16501141.

<sup>25.</sup> Timmel J, Kent PS, Holzmueller CG, Paine L, Schulick RD, Pronovost PJ. Impact of the Comprehensive Unit-based Safety Program (CUSP) on safety culture in a surgical inpatient unit. Jt Comm J Qual Patient Saf. 2010 Jun;36(6):252-60. PMID: 20564886.

## MRSA Prevention Program – Timeline

Where should you be in the process?

#### **CUSP** Implementation Timeline



#### Completed CUSP Activities – Month 8

- CUSP meetings regularly scheduled
- ✓ Staff Safety Assessment
  - Strategies to address one or two defects in place and assessment underway

#### **Upcoming Implementation Activities**



#### Upcoming Activities – Month 7

- ✓ During next CUSP meeting:
  - Decolonization plans Review progress.
  - Surveillance Share date and use findings to improve care.
  - Environmental cleaning Review your progress in setting up the assessment program.
    - Involve all stakeholders in the process.
  - Revisit the CLABSI prevention protocols in your unit and make sure they are being adhered to.
  - Re-evaluate your contact precautions protocols. Evaluate the use of contact precautions on your unit.

We are here

### **Upcoming Data Submission Dates**

Data Collection Tool	Submission Date
Quarter 1 Unit-Level Clinical Outcomes (April-June 2022)	12/30/2022

Note: If you feel you are unable to meet or have missed the submission date for the Retrospective Unit-Level Clinical Outcomes data, please let your Implementation Adviser know. They may be able to help you with your data submission.

#### **EHR Tutorials**

Tutorials for EPIC and Cerner were held in September and recorded. They are available on the program website.

If your facility uses a different EHR and you need help developing a query, please reach out to your Implementation Adviser.

## **Thank You**



Materials from this webinar and others are available on the website:

http://safetyprogram4mrsaprevention.org

- The findings and recommendations in this webinar are those of the authors, who are responsible for its content, and do not necessarily represent the views of AHRQ. No statement in this webinar should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services.
- Any practice described in this webinar must be applied by health care practitioners in accordance with professional judgment and standards of care in regard to the unique circumstances that may apply in each situation they encounter. These practices are offered as helpful options for consideration by health care practitioners, not as guidelines.

- Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). <u>https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</u>. Accessed October 24, 2022.
- Calfee DP, Salgado CD, Milstone AM, et al. Strategies to prevent methicillin-resistant Staphylococcus aureus transmission and infection in acute care hospitals: 2014 update. Infect Control Hosp Epidemiol. 2014 Sep;35 Suppl 2:S108-32. PMID: 25376072.
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Multidrug-Resistant Organisms (MDRO) Management. <u>https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html</u>. Accessed October 24, 2022.
- Aureden K, Arias K, Burns LA, et al. Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) Transmission in Hospital Settings. 2nd ed. Washington, DC: APIC; 2010. <u>https://apic.org/wp-content/uploads/2019/07/MRSA-elimination-guide-</u> 2010.pdf. Accessed October 24, 2022.
- Jain R, Kralovic SM, Evans ME, et al. Veterans Affairs initiative to prevent methicillinresistant *Staphylococcus aureus* infections. N Engl J Med. 2011 Apr 14;364(15):1419-30. PMID: 21488764.

- Joint Commission on Accreditation of Healthcare Organizations. Raising the bar with bundles: treating patients with an all-or-nothing standard. Joint Commission Perspectives on Patient Safety. 2006 Apr;6(4):5-6.
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