Cessation of Contact Isolation for Endemic MRSA and VRE is Not Associated with Increased Infections

Mark E Rupp, MD¹, Teresa Fitzgerald, RN², Trevor Van Schooneveld, MD¹, Angela Hewlett MD, MS¹, Ryan Clevenger, BS², Elizabeth Lyden, MS³ (1) Division of Infectious Diseases, (2) Department of Infection Control & Epidemiology, (3) Department of Epidemiology, University of Nebraska Medical Center & Nebraska Medicine, Omaha, NE

ABSTRACT

In January 2015, CI for patients infected or colonized with MRSA/VRE was discontinued. The change in policy was communicated broadly to all providers via electronic and print modalities and verbal reports at clinical unit and leadership meetings. Compliance with standard isolation measures was emphasized and it was noted that gowns/gloves should be utilized in the care of patients with uncontained secretions and wherever contact with blood and body fluids was anticipated. Horizontal infection control measures were in place and compliance was monitored through 2014 and 2015 including hand hygiene, environmental cleaning, and chlorhexidine patient bathing. Hospital monthly rates of MRSA and VRE acquisition and infection from 2014 and 2015 were analyzed by Poisson regression to determine whether the change in practice was associated with a change in infection rates. There was no significant difference in the rate of acquisition or infection due to MRSA/VRE when comparing rates in the 12 months before and after the cessation of routine contact isolation precautions. Table 1 catalogs the rate of acquisition and infection due to MRSA and VRE for 2014 and 2015, high rates of hand hygiene (2014: 93.5% compliance, 2015: 91.4% compliance) and environmental cleaning (2014: 93.6% of 22,805 surfaces cleaned, 2015: 96.3% of 27,411 surfaces cleaned) were documented. The method of CHG bathing and monitoring program were changed during the observation period precluding comparison. Results: There was no significant difference in the rate of acquisition or infection due to MRSA or VRE when comparing rates in the 12 months before and after the cessation of routine contact isolation precautions. Table 1 catalogs the rate of acquisition and infection due to MRSA and VRE for 2014 and 2015.

METHODS

The project was performed to determine whether discontinuation of CI precautions for the care of patients with endemic MRSA/VRE would be associated with changes in the institutional rate of acquisition or infection due to MRSA or VRE.

RESULTS

There was no significant difference in the rate of acquisition or infection due to MRSA or VRE when comparing rates in the 12 months before and after the cessation of routine CI. Table 1 catalogs the rates and model estimates.

CONCLUSION & FUTURE DIRECTION

When hand hygiene, environmental cleaning/disinfection, and CHG bathing are adequately maintained, routine CI for endemic MRSA and VRE is unnecessary.

REFERENCES