Reduction of the Duration of Contact Precautions in Patients with a Positive MRSA Swab

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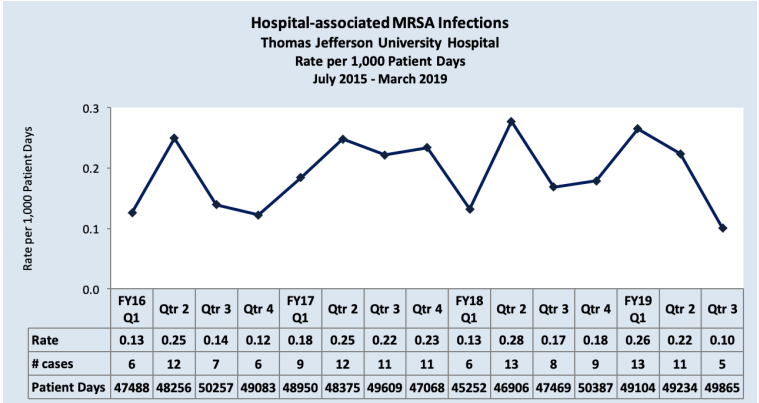
Background

Contact precautions (CP) in hospitals are a method of infection control in the transmission of multi-drug resistant organisms. Unfortunately, even though colonization with nasal methicillin-resistant *Staphylococcus aureus* (MRSA) is common in asymptomatic patients (3.8-4.5%) (6,7), patients are screened for nasal MRSA since it associated with higher morbidity and mortality. However, those who test positive for nasal MRSA are kept on CP even with a cleared MRSA infection(1). At TJUH, patients were kept on CP for 24 months after a positive swab regardless of location. This, unfortunately, led to unintended negative consequences: delay in patient transfer to other facilities (e. g. rehabilitation) (3), lower patient satisfaction (4), decreased health care provider time with patients (5), and increased health care expenditures.

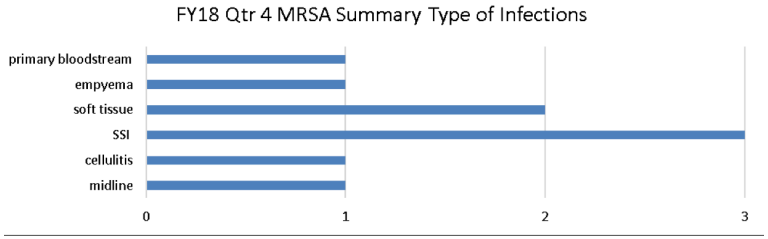
Methods & Intervention

In early phases of the quality improvement initiative, we performed a systematic review of the literature and a review of our institutional MRSA infection rates. Due to the compelling findings we obtained, the infection control committee approved shortening the duration of CP to 12 months – effectively cutting it in half.

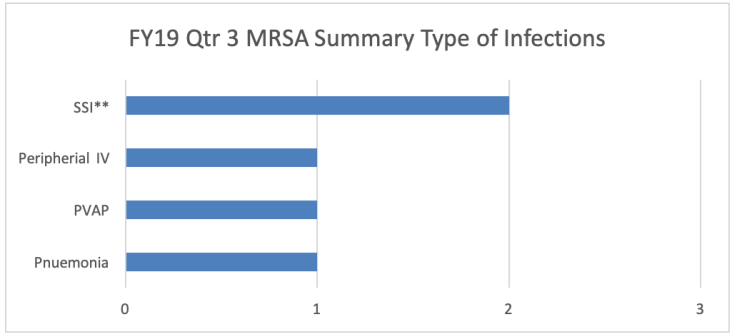
Results



	FY16 Q1	Qtr 2	Qtr 3	Qtr 4	FY17 Q1	Qtr 2	Qtr 3	Qtr 4	FY18 Q1	Qtr 2	Qtr 3	Qtr 4	FY19 Q1	Qtr 2	Qtr 3
Rate	0.13	0.25	0.14	0.12	0.18	0.25	0.22	0.23	0.13	0.28	0.17	0.18	0.26	0.22	0.10
# cases	6	12	7	6	9	12	11	11	6	13	8	9	13	11	5
Patient Days	47488	48256	50257	49083	48950	48375	49609	47068	45252	46906	47469	50387	49104	49234	49865



*SSI – amputation, spine fusion and craniotomy



**SSI –right total knee revision, hernia

Process and Outcome metrics

Our preliminary results do not indicate an increase in the MRSA infection rate. In fact there appears to be a trend down which maybe due to increased compliance and adherence to policies with less cases. In addition to the patient infections, we will also monitor the expenditure the hospital spends on gowns, gloves, disposable stethoscopes, and other materials required to maintain CP. We intend to compare the data before and after the intervention. If the results are encouraging, we will likely forego CP altogether, which has become policy in several other institutions.

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