



Prevent MRSA Transmission Clinical Study Baseline Report

Aggregate and Peer Group Results

Data Collection: Dec 2010
Number of cases: 357 cases
Report date: January 2011

PROJECT SUMMARY

Abstract The transmission of community-acquired MRSA from colonized and actively infected patients admitted to the CAH to other hospitalized patients and/or staff is recognized nationally to be a significant patient and staff safety issue. The routine screening of all admitted patients for MRSA colonization and/or active infection using current polymerase chain reaction (PCR) and/or culture testing is cost-prohibitive for many hospitals, including most CAHs. At the same time, patient factors associated with a higher-than-average risk of transmission of community-acquired MRSA to others are fairly well defined in the literature.

In response to patient safety concerns and fiscal constraints, participating PIN members have initiated a clinical improvement study to develop and implement a facility-approved paper and/or electronic approach to community-acquired MRSA transmission risk screening. The study will clarify current best-practice interventions to reduce MRSA transmission risk when patients being admitted appear to be more likely to transmit MRSA to other patients and staff.

Participants submitted case data representing acute care CAH admissions from the 2nd Q 2010 to establish a baseline for current practice in the use of an MRSA paper or electronic tool based risk assessment.

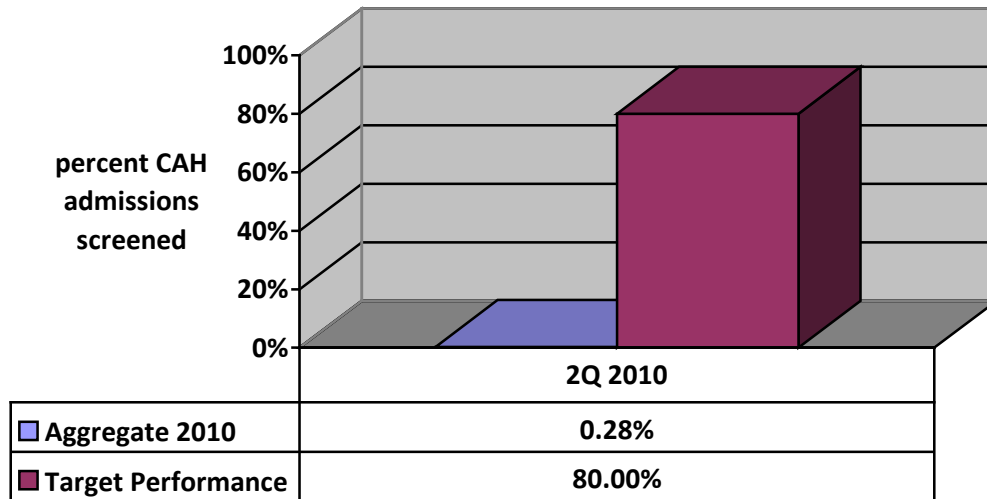
Participants Fifteen PIN participating facilities submitted baseline data from 2nd Q 2010 CAH inpatient admissions. Participants from all five PIN peer groups submitted data.

Limitations The small number of screened cases (n = 1) has resulted in the absence of significant variation between facility, peer group and aggregate performance. Therefore, peer group performance is not displayed in this report.

Findings

Only 1 case among the 357 submitted (0.28%) had documentation providing evidence of paper or electronic tool MRSA Transmission Risk screening. Participating PIN members do not appear to routinely use a paper or electronic tool to screen admissions for potential risk of MRSA transmission to other patients or staff at the present time.

MRSA Transmission Risk Paper/Electronic Admission Screening



Opportunities for improvement include:

- Develop a standardized approach to community-acquired MRSA Transmission Risk screening of patients admitted to participating CAHs in MT
- Develop a paper community-acquired MRSA Transmission Risk Assessment tool to aid in the identification of patients who might be more likely to transmit community-acquired MRSA to other patients or staff; support CAH adoption of the tool as a paper or electronic tool.
- Provide education to select CAH staff about current best-practice interventions for patients who might have an increased risk of transmitting community-acquired MRSA to other patients or staff
- Support CAH development and implementation of a program for patient/family education about community-acquired MRSA and transmission risk reduction practices.



Prevent MRSA Transmission Clinical Study Re-measurement Report

Aggregate and Peer Group Results

Data Collection: Dec 2010; March 2012
Number of cases: 357 cases; 283 cases
Report date: May 2012

PROJECT SUMMARY

Abstract The transmission of community-acquired MRSA from colonized and actively infected patients admitted to the CAH to other hospitalized patients and/or staff is recognized nationally to be a significant patient and staff safety issue. The routine screening of all admitted patients for MRSA colonization and/or active infection using current polymerase chain reaction (PCR) and/or culture testing is cost-prohibitive for many hospitals, including most CAHs. At the same time, patient factors associated with a higher-than-average risk of transmission of community-acquired MRSA to others are fairly well defined in the literature.

In response to patient safety concerns and fiscal constraints, participating PIN members have initiated a clinical improvement study to develop and implement a facility-approved paper and/or electronic approach to community-acquired MRSA transmission risk screening. The study will clarify current best-practice interventions to reduce MRSA transmission risk when patients being admitted appear to be more likely to transmit MRSA to other patients and staff.

Participants submitted case data representing acute care CAH admissions from the 2nd Q 2010 to establish a baseline for current practice in the use of an MRSA paper or electronic tool based risk assessment. After a year-long improvement period, re-measurement data was collected.

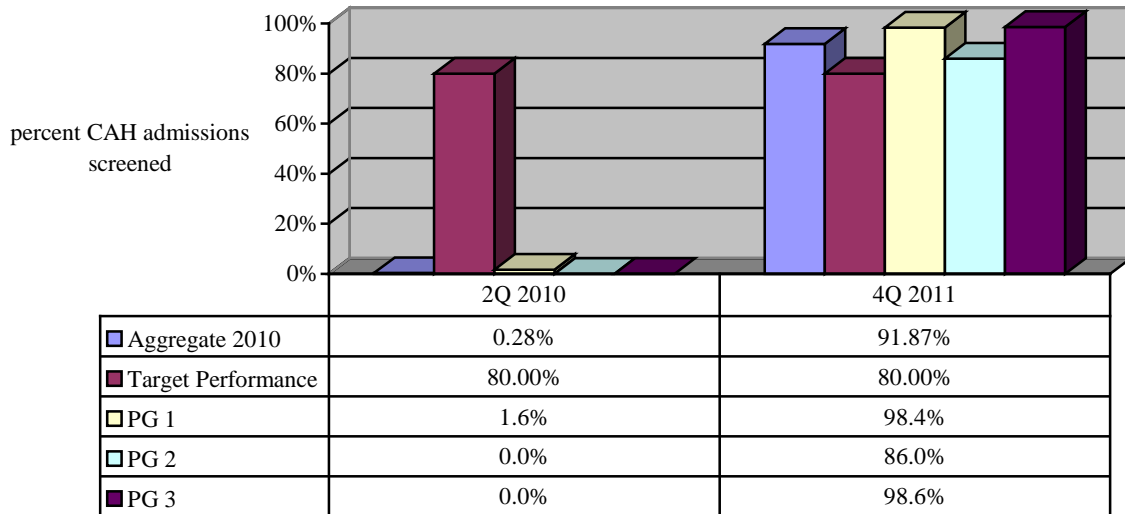
Participants Fifteen PIN participating facilities submitted baseline data from 2nd Q 2010 CAH inpatient admissions. Nine facilities submitted 283 cases for re-measurement. Participants from all five PIN peer groups submitted either baseline or re-measurement data.

Limitations At baseline, the small number of screened cases ($n = 1$) has resulted in the absence of significant variation between facility, peer group and aggregate performance. Therefore, baseline peer group performance is not displayed in this report. Facilities from peer groups 4 and 5 did not submit re-measurement data.

I. Admission Screening for Community-Acquired MRSA

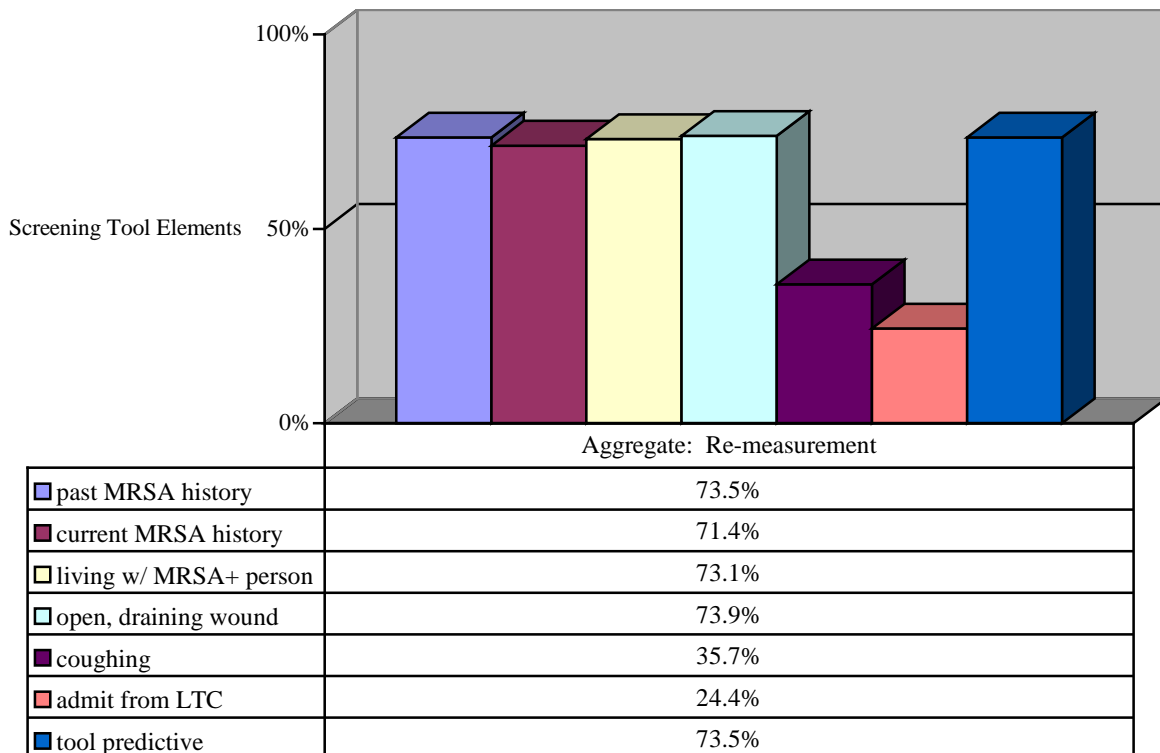
It appears significant improvement has been made in screening admitted patients for community-acquired MRSA using a paper or electronic screening tool. PIN members submitting re-measurement data screened 92% of admitted patients, compared with less than 1% at baseline.

Paper or Electronic MRSA Admission Screening of CAH Patients



II. Recommended MRSA Transmission Risk Screening Tool Elements

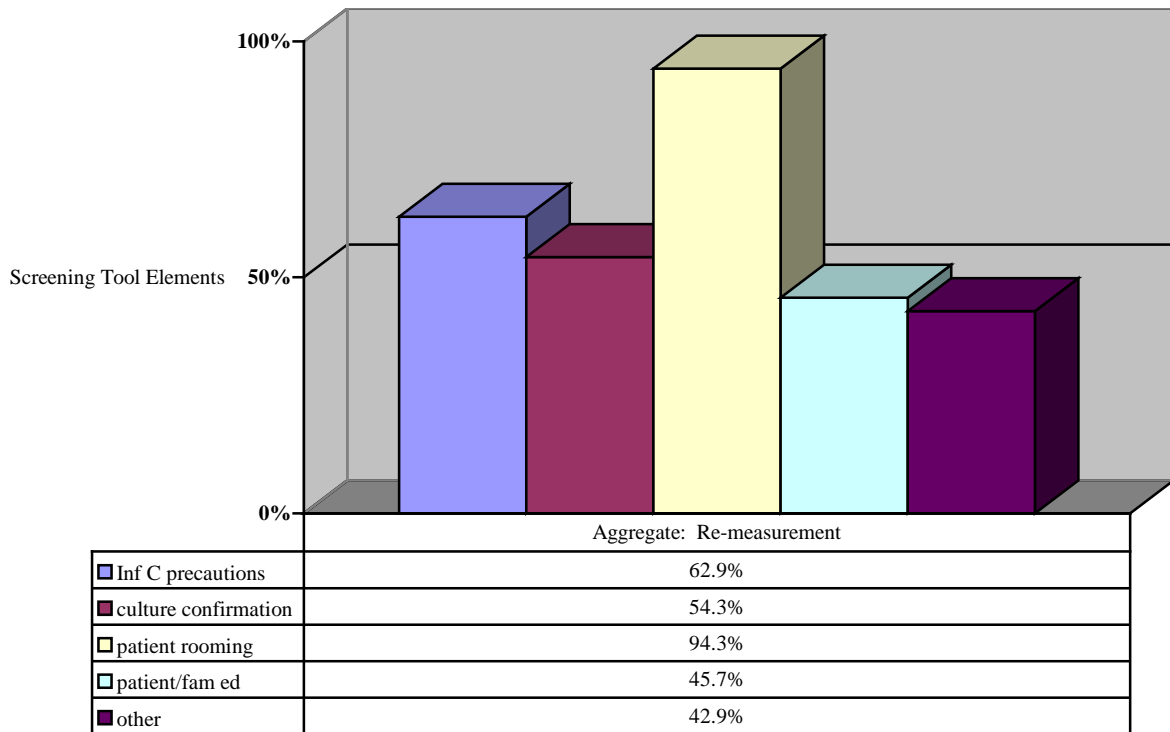
A recommended MRSA transmission risk screening tool, developed in collaboration with the MT DPHHS HAI Prevention Program Coordinator, was distributed to PIN members in the improvement cycle portion of this study. The inclusion of those elements, as part of the facility's approved tool and each patient's screening, is shown below.



III. Transmission Risk-Reduction Interventions

Overall, 12.4% of the patient admissions included in the re-measurement data submission were found to have a higher risk of transmitting community-acquired MRSA to other patients or staff, based on the results of the implemented screening tool.

When the patient was found to have risk factors for transmitting community-acquired MRSA to other patients or staff, the following interventions were documented as completed, as appropriate for the patient, during the re-measurement data collection period:



IV. Ongoing Opportunities for improvement include:

- Maintain benchmark performance achieved in screening to reduce the risk of admitted patients transmitting community-acquired MRSA transmission to other patients or staff.
- Consider including the patient coughing and admission from LTC elements of the study tool in the current facility-approved tool, and/or increase consistency of documenting all of the elements of the tool.
- Develop and implement a patient/family MRSA education program.
- Improve consistent documentation of all of the study interventions for patients at risk for transmitting MRSA to others, or document the reason why they are not indicated.



Prevent MRSA Transmission Data Tool- Baseline Data Collection

Use this tool for abstracting medical records for the baseline data collection period, May 1 – July 31, 2010 cases. Data is due Dec 15, 2010, 5 pm.

Cases to Include: For facilities with less than or equal to 10 total admissions a month: all inpatients admitted to the CAH each month, including intensive care and swing beds. Include observation patients if stay was greater than 24 hrs. For patients admitted to two or more locations, abstract each admission separately. Do not submit more than 30 total cases.

For facilities with greater than 10 total admissions a month, abstract a random sample of 10 admissions for each month, including intensive care and swing beds. Include observation patients if stay was greater than 24 hrs. For patients admitted to two or more locations, abstract each admission separately. Do not submit more than 30 total cases.

Cases to Exclude: All newborns and hospice patients; all patients with a length of stay (LOS) less than 24 hours, including observation patients with a stay less than 24 hrs, same day surgery, emergency department and other ambulatory care patients.

Facility Name: _____ PIN Member Number: _____

Facility Contact: _____ Case Number: _____

1. Date of admission (mm/dd/yy): _____ - _____ - _____

2. Admitted to: _____ acute care _____ obs > 24 hr _____ intensive care _____ swing bed
_____ other (STOP ABSTRACTION; not a qualifying case)

3. Length of stay (LOS): _____ equal to or greater than 24 hours
_____ less than 24 hours (STOP ABSTRACTION; not a qualifying case)

4. Does the organization have a facility-approved MRSA transmission paper or electronic tool risk assessment in place?

_____ No (STOP; submit this case)

_____ Yes: complete the following table



<i>For organizations with a facility-approved MRSA transmission paper or electronic tool risk assessment in place, were the following elements included?</i>	Yes	No
a. patient's past history of MRSA		
b. patient's current history of MRSA		
c. patient lives with someone who has had MRSA diagnosed, past or current		
d. patient has an open, draining wound		
e. patient is coughing		
f. was admitted from a long term care unit		
g. your tool predicts the likelihood of this patient transmitting MRSA to other CAH patients or staff		

5. If the organization has a MRSA transmission paper tool risk assessment in place, was the patient identified as being at risk for transmitting MRSA to another CAH patient or staff?

_____ No (STOP; submit this case)

_____ Yes: complete the following table

<i>For at-risk patients, are the following interventions documented:</i>	Yes	No
a. initiate appropriate precautions (respiratory, contact, etc)		
b. culture confirmation ordered if there is an active infection or wound draining		
c. patient roomed in a single patient room or with another MRSA+ patient		
d. patient/family education about MRSA transmission precautions		
e. other (please list other prevention interventions you take)		

Submit this case using the web page, by mail, or email no later than Dec 15, 2010.

Contact for questions:

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