Updating Contact Precautions Practices for Endemic MRSA, VRE, and Stenotrophomonas

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Purpose

- To utilize a transmission based risk assessment to safely reduce the number of patients in contact precautions.
- To improve the quality and quantity of health provider interactions enhancing patient and family experience.

Background

Studies have shown that care for patients in contact precautions is often “bundled,” leading to a lack of care-provider interaction and the potential for hospital acquired conditions. Although CDC guidelines (2007) do not provide clear guidance on discontinuing transmission-based precautions for various MDROs, literature review provided criteria to consider.

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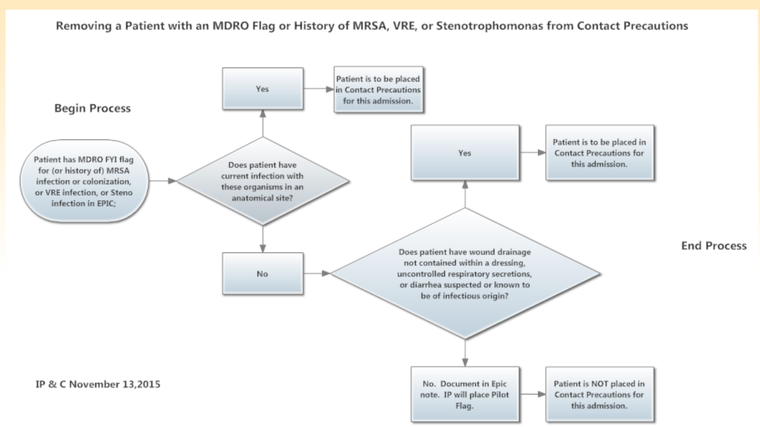
Methods

Three urban hospitals varying in size from 160 beds to 276 beds with hand hygiene rates observed to be >90% conducted a 6-month practice change to evaluate updating contact precautions practices for MRSA, VRE and Stenotrophomonas. Patients with a history of these organisms were assessed on admission to determine the need for contact precautions based on current clinical presentation.



Results

	Baseline	Pilot 6 mos.
• Morbidity		
○ VRE HAI rate	2 (0.20/10,000)	4 (0.36/10,000)
○ Steno HAI rate	0 (0.00/10,000)	2 (0.18/10,000)
○ MRSA HAI rate	11 (1.08/10,000)	12 (1.07/10,000)
• Healthcare Acquired Pressure Ulcer patients in contact precautions	33%	7%
• Falls patients in contact precautions	7%	4%
• Savings		
○ Materials		$ 82,238
○ Time (hours)		1512

Conclusion

- No statistically significant increase in healthcare acquired morbidity was noted.
- The significant and unexpected results included a reduction in healthcare acquired pressure ulcers from 33% to 7%.
- The percentage of falls involving patients in contact precautions decreased from 7% to 4%.
- Financial impact included a significant savings in materials and time without negatively impacting patient safety.

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