

## PROFESSION

### More than half of hospitals don't screen all ICU patients for MRSA

MRSA and other multidrug-resistant organisms account for most hospital infections. State-mandated screening may prove ineffective.

By KEVIN B. O'REILLY, amednews staff. Posted Oct. 31, 2012.

The majority of hospitals are eschewing aggressive, time-consuming and costly interventions that might help prevent the spread of multidrug-resistant organisms such as methicillin-resistant *Staphylococcus aureus*.

Forty percent of infection-control directors said their intensive care units screen all newly admitted patients for multidrug-resistant organisms, according to a study in the October *American Journal of Infection Control*. About 30% of ICUs do such screening periodically, said the study, based on a nationwide survey of infection-control directors at 250 hospitals operating 413 ICUs.

An estimated 70% of bacteria that cause health care-associated infections are resistant to at least one antibiotic, the study said. Patients with staph infections, vancomycin-resistant *Enterococcus* or *Clostridium difficile* are 40% likelier to be readmitted within a year than other patients, said a study in June's *Infection Control and Hospital Epidemiology* ([ncbi.nlm.nih.gov/pubmed/23021413](http://ncbi.nlm.nih.gov/pubmed/23021413)).

#### Does universal screening help?

Whether so-called universal screening of high-risk patients can help slash the toll of multidrug-resistant organisms has been hotly debated. At least 10 states mandate such screening. A study about a randomized trial published in the April 14, 2011, issue of *The New England Journal of Medicine* found that screening ICU patients for MRSA and VRE had no impact on infection rates after six months ([ncbi.nlm.nih.gov/pubmed/21488763](http://ncbi.nlm.nih.gov/pubmed/21488763)).

However, contact precautions such as wearing gloves and gowns when caring for patients colonized with these bacteria were employed only after their test results came back positive, which takes days. Experts say it is possible that the delay in taking precautions diminished the effect of universal screening.

The Society for Healthcare Epidemiology of America opposes mandatory universal screening for antibiotic-resistant organisms. The organization supports the policy of taking contact precautions and isolating high-risk patients while their test results are pending. Only 31% of ICUs implement such a policy, said the *AJIC* study.

Until stronger evidence emerges of a clear benefit from universal screening, infection-control directors should evaluate their local circumstances when deciding how to proceed, said Monika Pogorzelska-Maziarz, PhD, MPH, the study's lead author.

"It's difficult to recommend infection-control policies that will work across all hospitals," said Pogorzelska-Maziarz, associate research scientist at the Columbia University School of Nursing in New York City. "Hospitals might not have the

resources to do universal screening, so focusing on patients we know are at high risk seems to be a good idea."

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