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A Complimentary Publication

Hospital Acquired Infections



The CDC estimates that one of every 10-20 hospitalized patients develop a healthcare-associated infection [HAI]. In recent years, drug resistant bacteria has been an increasing problem due to widespread, and often inappropriate, use of antibiotics. One of these drug resistant bacteria, known as MRSA or methicillin resistant staphylococcus aureus, comprised a tiny percentage of hospital staph infection in the 1970s. By 2004, two out of three staph infections were MRSA.

Another bacteria that has been increasing for several years is Clostridium difficile or C-Diff. Findings from a recent study sponsored by the Association of Professionals in Infection Control and Epidemiology, suggest that on an average day 7200 hospitalized patients in the US have C-diff. Because the main symptom is diarrhea, it is easily spread through contact with patients, bed rails, sheets, IV poles and other surfaces that may be touched. For this reason these patients are placed in isolation once C-diff is suspected or confirmed. Regular alcohol based hand cleaners are not enough to kill this bacteria, only soap and water handwashing and bleach cleaners should be used.

Prevention of hospital acquired infections has emerged as a national priority. In 2008 the Society for Healthcare Epidemiology of America and Infectious Diseases Society of America Standards and Practice Guidelines Committee appointed a task force to create concise recommendations for the prevention of common hospital acquired infections. These guidelines are different from other previously published guidelines in that it highlights a set of basic prevention strategies plus gives special approaches to use when hospital infections are not controlled by the basic recommendations.

These guidelines covers four device and procedure-related HAI categories involving central line-associated blood stream infections, ventilator acquired pneumonia, surgical site infections, and catheter-related urinary tract infections. It also covers the 2 organism-specific infections mentioned above-MRSA and C-Diff.

Highlights of the strategies from “A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals” are below:

- **Basic strategies to prevent central line infections**
 - A catheter checklist should be used at the time of insertion to ensure adherence to infection prevention practices.
 - Hand hygiene should be performed before catheter insertion or manipulation.
 - The femoral vein should be avoided.
 - An all-inclusive catheter kit should be used.
 - Maximal sterile barrier precautions should be used during insertion.
 - Chlorhexidine based antiseptic should be used to prepare the skin for insertion.
 - Nonessential catheters should be removed as soon as possible.
 - Chlorhexidine-based antiseptic should be used during dressing changes every 5-7 days or when dressings become loose, damp or soiled.
 - Antimicrobial ointment should be used for hemodialysis catheter sites.
 - Central lines and arterial catheters should not be routinely changed.
- **Basic strategies for prevention of ventilator acquired pneumonia [VAP]**
 - Healthcare personnel should be educated about VAP.
 - Doctors should be educated regarding noninvasive ways to ventilate a patient.
 - All patients on a ventilator should have the head of bed elevated at least 30 degrees unless contraindicated.
 - Regular antiseptic oral care should be performed.
- **Basic strategies for prevention of urinary catheter acquired infections**
 - Urinary catheters should only be inserted when necessary for patient care, not convenience, and removed as soon as possible.
 - Other methods for management, like a condom catheter or in and out catheterizations, should be considered.
 - If a catheter is needed, the smallest catheter possible should be used.
 - The catheter should be secured appropriately to prevent movement and traction.
 - Unobstructed urine flow should be maintained..
 - Cleaning with an antiseptic solution is not necessary. Routine hygiene is appropriate.
 - Bacteria in the urine, should not be treated unless the patient is symptomatic, except before invasive

procedures.

- Catheter irrigation should be avoided.
- Catheters should not be routinely changed.

Basic strategies for prevention of surgical site infections

- Hair should not be removed at the operative site unless it will interfere with the operation. If hair removal is necessary it should be clipped, not shaved.
- Blood glucose levels should be controlled in the immediate post operative period for patients undergoing cardiac surgery.

● **Basic strategies for prevention of MRSA transmission**

- Contact precautions [isolation in private room] should be used for MRSA-colonized or infected patients.
- Proper cleaning and disinfection of equipment and the environment should be ensured.
- A laboratory based alert system that immediately notifies hospital personnel of new MRSA-colonized or infected patients should be implemented.
- An alert system that identifies readmitted or transferred MRSA colonized or infected patients should be implemented.

● **Basic strategies for prevention of C-Diff infections**

- Contact precautions should be instituted for any patient with suspected or confirmed infection.
- Cleaning and disinfection of equipment and the environment should be ensured.
- Hospital personnel, patients and their families should be educated about C-diff infections.
- A laboratory based alert system should be implemented, as with MRSA.
- Hand hygiene with soap and water should be done before exiting the patient's room.

- Patients should remain in isolation until discharged.
- Bleach cleaning solutions should be used for environmental cleaning.

Source: *Infection Control and Hospital Epidemiology*, Oct. 2008, Vol. 29. ■

Other Web Sites of Interest . . .

Consumers Union offers information on states requiring hospitals to report infection rates. Go to www.stophospitalinfections.org/learn.html and click on "State Hospital Infection Disclosure Laws". New Mexico does not have a disclosure law, but you can submit a form letter on this site to your state representative to encourage legislation in New Mexico.

The Leapfrog Group's website- www.leapfroggroup.org- provides ratings on 1300 US hospitals and information on infection prevention measures.

The Centers for Medicare and Medicaid Services at www.hospitalcompare.hhs.gov reports quality information on hospitals.

The Committee to Reduce Infection Deaths- www.hospitalinfection.org. A few goals of this site are to help patients reduce their risk of infection, educate the medical community about best practices for infection control and to pressure law makers to require hospital infection reporting.

The Society for Healthcare Epidemiology of America can be found at www.shea-online.org and click on "Patient Guides". ■

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