



# Highly Informative Tips (HITs) for Implementation

## Methicillin-resistant *Staphylococcus aureus* (MRSA)

**Involve Leadership.** Focused, committed hospital leadership is a prerequisite to achieving breakthrough control of an intractable problem such as MRSA. Leadership commitment has the following major elements:

- Acknowledgment that the MRSA problem is serious, causes needless morbidity and mortality, and is associated with real costs that go to the hospital's bottom line
- Intolerance of the status quo, and a sense that major reductions in the rate of MRSA infection—even "getting to zero"—is possible
- Empowerment of front-line multidisciplinary teams to get the job done, including provision of necessary supplies, personnel, and infection control, microbiological, and environmental services resources
- Accountability for reliable performance of basic infection control practices such as hand hygiene, once appropriate systems of care and supplies are in place
- Engagement of clinical staff
- Regular review of data and prompt removal of barriers to success

**Create multidisciplinary team.** Active MRSA prevention stakeholders (in addition to physicians and nurses) include personnel from infection control and infectious diseases, the microbiology laboratory, environmental services, physical therapy, respiratory therapy, patients, and others depending on the nature of care being provided.

**Start small to test reliability of your process.** Hospitals that have focused on MRSA prevention in one high risk area actually showed a reduction in house-wide MRSA infection because they were able to fine tune the process for issues such as transfer.

**Focus efforts initially on hand hygiene.** Out of the suggested interventions for MRSA, hand hygiene is the biggest driver for prevention and transmission. Teams should start by addressing hand hygiene and then expanding efforts into other areas.

- Ask staff to place Post-It notes where it would be useful to place hand sanitizer dispensers.

**Increase environmental services reliability.** Educate staff on the importance of cleaning and proper methods, and verify competency. Have a checklist for each cleaning, documenting that all areas were cleaned, including "high touch". Schedule cleaning times for rooms of patients in isolation or on contact precautions.

**Consider using Active Surveillance Cultures (ASCs) in high risk areas.** Hospitals that rely only on clinical culture data to assess the extent of their MRSA problem will always underestimate the magnitude of their MRSA burden. Some hospitals report that the required additional microbiology resources and staff time were cost-beneficial in the long run when their rate of MRSA declined and precautions were needed less frequently. Hospitals that only use ASCs in the ICU showed MRSA reduction hospital-wide.

**Ensure patients on contact precautions continue to get proper care.** Studies have shown that patients on precautions or isolation are seen less often and do not get proper timely care. All patients should receive the same level of care regardless of precaution status.