Improving the Rate of Admission MRSA Screening and Intervention

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Abstract

Methicillin Resistant Staphylococcus Aureus (MRSA) is a leading cause of hospital acquired infection (HAI) and healthcare-associated pneumonia (HCAP) which results in poor patient outcomes including increased length of stay, morbidity, cost, and mortality.

Screening and testing newly admitted patients for MRSA colonization or infection, and providing treatment, are effective management strategies in combating MRSA infections in hospitalized patients.

Background

- Adult oncology unit admission MRSA screening benchmark for August 2020 and 2021: 74% and 70% respectively.
- There was suboptimal recognition and completion of Best Practice Alerts (BPA).

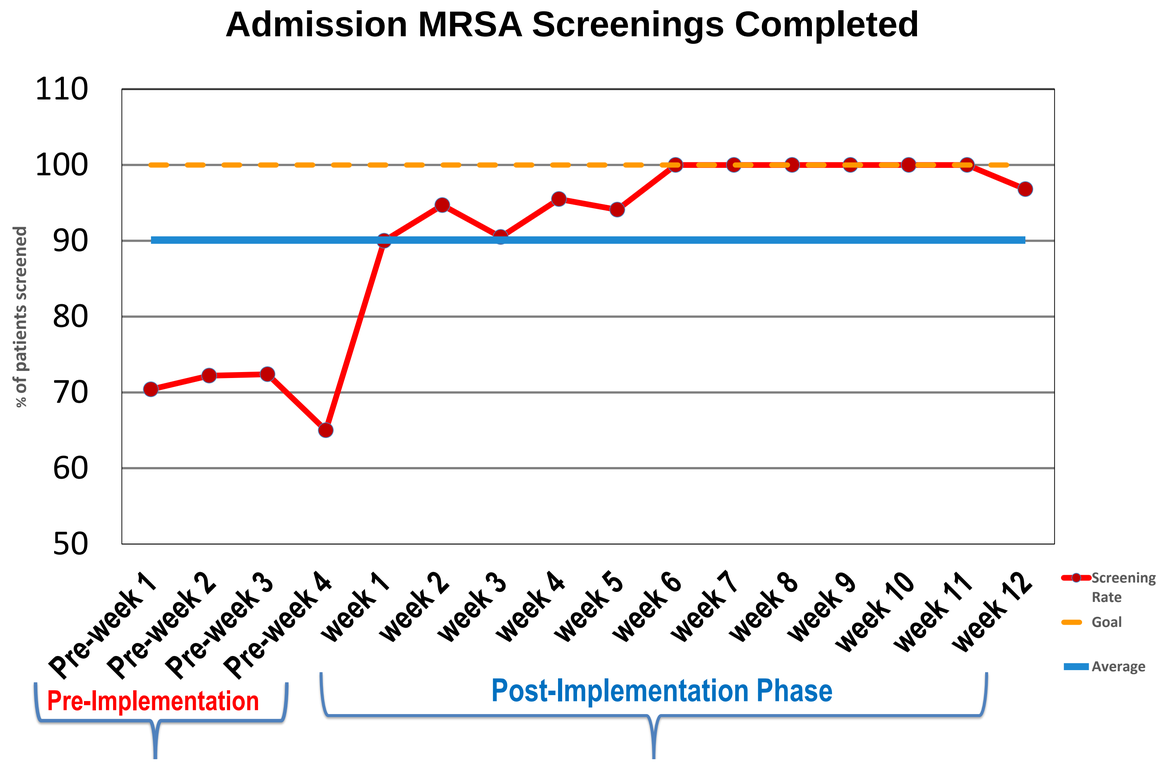
Objectives

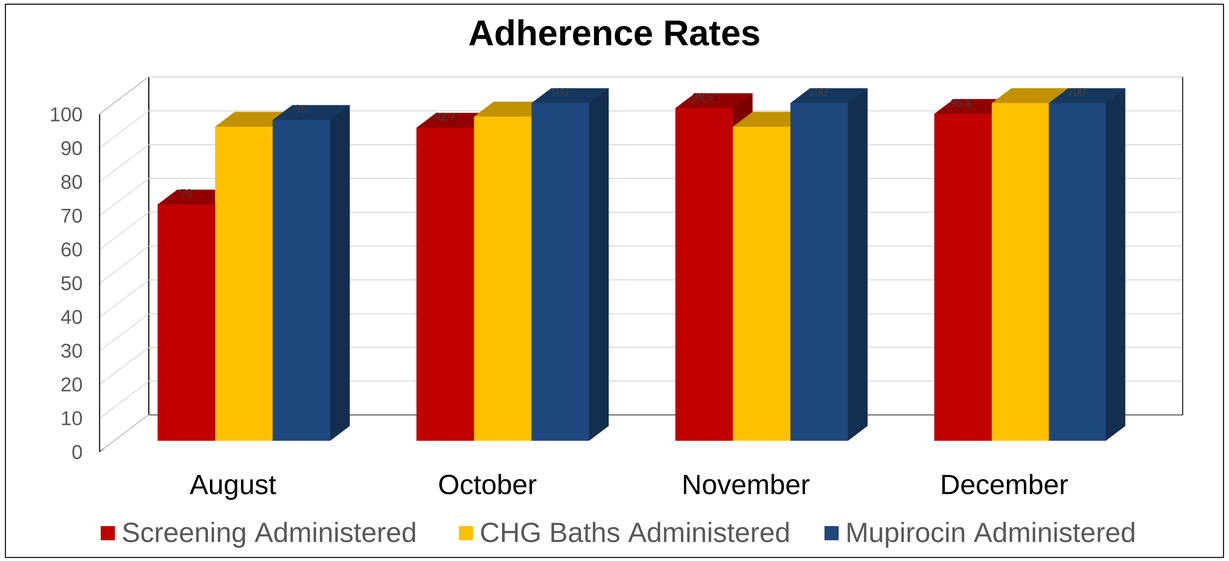
- Improve the rate of admission MRSA screening and management to 100%.
- Improve the rate of Chlorhexidine (CHG) baths.
- Improve rate of Mupirocin use.

Methods

- Targeted Education on patient outcomes, MRSA Protocol and personnel roles, and admission screening process.
- An electronic clinical task reminder (Hard-Stop) and EMR documentation supports.
- Clinical supervisor reminders and feedback.
- Lab ID data: All nasal swab testing used to identify hospital acquisition cases.

Final Results





Conclusions

The use of an electronic clinical task reminder (Hard-Stop), nurse supervisor reminder and feedback, and tailored education helped improve admission MRSA screening and management of adult patients. This project improved adherence to best practices of CHG baths and Mupirocin administration for reducing MRSA in hospitalized patients.

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Poster & References

Poster

References