

February 3, 2010

METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) PREVENTION INITIATIVE

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the implementation of a standardized initiative to reduce methicillin-resistant *Staphylococcus aureus* (MRSA) transmissions and infections in populations served by VHA.

2. BACKGROUND

a. MRSA is a bacterium that is resistant to multiple antibiotics, causes serious disease, and is often difficult to treat. It is the cause of healthcare-associated infections (HAIs) in a variety of settings and can be cultured from the nares and other sites of patients who are colonized or infected with this organism. It can be transmitted by the hands of patients, health care workers, or by contact with inanimate objects contaminated with MRSA. Such transmission amplifies the number of patients who may become colonized and are then at risk for clinical infection.

b. Increased lengths of stay, morbidity, mortality, and costs have been associated with multidrug-resistant organisms (MDROs), including MRSA. When patients with MRSA have been compared to patients with methicillin-susceptible *Staphylococcus aureus*, MRSA-colonized patients more frequently develop systemic infections, including bacteremia and surgical site infections.

c. MRSA mitigation efforts have been attempted with varying degrees of success. Data supports the use of “bundles” of interventions to achieve successful reduction in HAIs. This same concept is being applied in an attempt to reduce MRSA transmissions and infections despite some difficulties in identifying which components of the bundle are most efficacious.

3. POLICY: It is VHA policy to support infection control strategies that are designed to prevent the spread of MRSA. *NOTE: The MRSA Prevention Initiative does not supersede other VHA Central Office generated critical Infection Prevention and Control Initiatives, such as the Inpatient Evaluation Center (IPEC) bundles for the prevention of device-related bloodstream infections and ventilator-associated pneumonia. The MRSA Prevention Initiative should complement these other initiatives and amplify their effectiveness.*

4 ACTION

a. **Veterans Integrated Service Network (VISN) Director.** The VISN Director is responsible for:

- (1) Complying with the MRSA Prevention Initiative;

THIS VHA DIRECTIVE EXPIRES FEBRUARY 28, 2015

VHA DIRECTIVE 2010-006
February 3, 2010

(2) Ensuring that adequate resources for the MRSA Prevention Initiative are available; and

(3) Appointing VISN level MRSA liaison to coordinate functions between facilities and the MRSA Program Office.

b. **Facility Director.** The facility Director is responsible for ensuring that:

(1) A dedicated MRSA Prevention Coordinator (MPC) is appointed to fulfill the duties of the MPC as outlined in Attachment A;

(2) A written facility policy is in place, which describes the personnel and functions in Attachment A;

(3) Adequate resources for the MRSA Prevention Initiative are available; and

(4) Clinical and administrative staff support the MPC and the goals of the MRSA Prevention Initiative.

c. **Clinical Executive Team.** The Clinical Executive Team, the Chief of Staff, and Nurse Executive are responsible for compliance with the clinical components of the MRSA Prevention Initiative.

d. **Service Chiefs or Equivalent.** The Service Chiefs, or equivalent, are responsible for ensuring that personnel under their purview collaborate with other disciplines and contribute strategies relative to their expertise in the prevention of MRSA transmissions and MRSA infections.

e. **MRSA Prevention Coordinator.** The MRSA Prevention Coordinator is responsible locally for:

(1) Coordinating all aspects of the MRSA Prevention Initiative; and

(2) Serving as the focal point and liaison for the day-to-day operations of the MRSA Prevention Initiative.

f. **Infectious Diseases and Infection Prevention and Control Staff.** Infectious diseases and infection prevention and control staff are responsible for expert input in all phases of the MRSA Prevention Initiative, and for providing input regarding analysis of the clinical outcomes in collaboration with Quality Management.

g. **Chief of Pathology and Laboratory Medicine.** The Chief of Pathology and Laboratory Medicine is responsible for ensuring that methods to identify MRSA are in place and that the results are available to patient care providers in a timely manner.

h. **Chief of Environmental Management Service (EMS).** The Chief of EMS is responsible for ensuring that EMS personnel collaborate with other disciplines, the MPC, and

Infection Prevention and Control professional (or equivalent), to optimize housekeeping practices that prevent MRSA transmission from surfaces and other fomites within the medical facility to patients and health care providers.

i. **Information Resources Management.** The Chief of Information Resources Management (IRM), or local equivalent, in conjunction with Pathology and Laboratory Medicine, is responsible for:

(1) Ensuring that parameters for the Emerging Pathogens Initiative automated data extraction system are set correctly to capture the data associated with all *Staphylococcus aureus*, including MRSA.

(2) Supporting the MRSA Prevention Initiative in matters related to the Initiative, such as automated order sets, data extraction, etc.

NOTE: When available, the Healthcare-Associated Infection and Influenza Surveillance System (HAISS) can be used to assist sites to identify MRSA Healthcare-Associated Infections.

5. REFERENCES

a. Centers for Disease Control (CDC) 2006. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006, available at CDC's Web site at:

<http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>

b. CDC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007, available at CDC's Web site at:

<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf>

c. CDC 2008 Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008, available at CDC's Web site at:

http://www.cdc.gov/hicpac/pdf/Disinfection_Sterilization/Pages7_9Disinfection_Nov_2008.pdf

d. VHA Environmental Services Program, available at:

<http://vaww.vhaco.va.gov/dushom/eps/>

e. VHA Office of Ethics, VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, available at:

http://www.ethics.va.gov/docs/policy/VHA_Handbook_1004-01_Informed_Consent_Policy_20090814.pdf

f. Infection; Don't Pass It On Campaign, available at:

<http://vaww.vhaco.va.gov/phshcg/InfectionDontPassItOn/> *This is an internal VA web site not available to the public.*

VHA DIRECTIVE 2010-006
February 3, 2010

g. Veterans Health Administration MRSA Prevention Initiative, available at website: <http://vaww.mrsa.va.gov> . *This is an internal VA Web site not available to the public.*

h. Joint Commission. Critical Access Hospital Accreditation Program. 2010 Chapter; National Patient Safety Goals. Pre-Publication Version, p.10-11, NPSG.07.03.01 available at: http://www.jointcommission.org/NR/rdonlyres/E6FF3F84-280A-48DB-AA67-B9CE7CA693FE/0/RevisedChapter_CAH_NPSG_20090924.pdf

6. RESPONSIBLE OFFICES: The Office of Patient Care Services (11), Medical-Surgical Services (111) is responsible for the contents of this Directive. Questions may be referred to the MRSA Program Office at (412) 360-6231 or the Infectious Diseases Program Office at (513) 475-6398. The MRSA Program Office and the Infectious Diseases Program Office will continue to develop metrics to evaluate the clinical, and other, outcomes of the Initiative.

7. RESCISSIONS: VHA Directive 2007-002, Methicillin Resistant *Staphylococcus Aureus* (MRSA) Initiative, is rescinded. This VHA Directive expires February 28, 2015.

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DISTRIBUTION E-mailed to the VHA Publications Distribution List 2/5/2010

ATTACHMENT A

METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) PREVENTION
BUNDLE

For details on the Methicillin-Resistant *Staphylococcus aureus* (MRSA) bundle, visit the Veterans Health Administration MRSA Program Office Intranet Web site at: <http://vaww.mrsa.va.gov>. *NOTE: This is an internal web site and not available to the public.*

1. DEFINITIONS AND PROCESS

a. **Active Surveillance/Screening.** Screening tests are not necessarily linked to infection or disease; they are done to identify carriers in an attempt to prevent person-to-person transmission. On admission, discharge and transfer to and from units where active surveillance and screening for MRSA has been implemented, following education and non-signature oral consent, patients will have nares swabs performed.

b. **Contact Precautions**

(1) If there is evidence that a patient is colonized or infected with MRSA, they will be placed in contact precautions (CP).

(2) Guidance for implementation of CP has been adapted to meet the needs of special populations of Veterans, including Community Living Centers, Spinal Cord Injury Centers, Polytrauma Units, In-patient Mental Health Units, and Ambulatory Care and Outpatient Settings. The key points of implementation in each specific population can be found in the Guidelines documents, available from the VHA MRSA Program Office or posted at: <http://vaww.mrsa.va.gov> and <http://vaww.teamshare.va.gov/getting2zero/default.aspx> *NOTE: These are internal web sites and are not available to the public.*

c. **Hand Hygiene.** Hand hygiene is the single most important measure to prevent transmission of infectious organisms. It is the cornerstone of all patient encounters, successful infection prevention programs, and is critical to patient and employee safety. Health care workers are expected to comply with recommended hand hygiene practices. Patients and visitors should be engaged in hand hygiene education and encouraged to practice hand hygiene.

d. **Culture Change**

(1) It is the intent of this Initiative to interrupt the person-to-person transmission of MRSA and thereby decrease the number of Veterans at risk for MRSA infection. All staff have a responsibility to define and implement appropriate infection prevention and control precautions for their particular populations to prevent transmission of organisms that can cause disease. The goal should be to nurture culture change to ensure that Infection Prevention and Control is everyone's responsibility and a natural component of care at each patient encounter each day.

VHA DIRECTIVE 2010-006

February 3, 2010

(2) In keeping with the tenets of culture change, staff will be actively engaged in and will work with the facility leadership, the MRSA Prevention Coordinator (MPC) and other staff to implement changes that prevent the transmission of MRSA. Local strategies for communicating data about MRSA transmissions and MRSA infections should be developed. These may include multidisciplinary unit briefings where real time data are shared with staff. Since patients and visitors also have the potential to transmit pathogenic organisms, they should be engaged in education and practice strategies that prevent transmissions and infections.

2. RESOURCES

a. **Facility Leadership.** Active leadership is required to accomplish and maintain the goals of the MRSA Prevention Initiative. Top management of the facility and the critical Service Chiefs (or equivalent) must be engaged in the MRSA Prevention Initiative. Regular and ongoing communication with the MPC, the Infection Prevention and Control Professional or equivalent, and frontline unit staff should be evident in every facility. This should be in the form of short meeting where data, issues and successes are shared.

b. **MRSA Prevention Coordinator (MPC).** The MRSA Prevention Coordinator is integral to success of the MRSA Prevention Initiative. The duties of the MPC are broad in nature, and include, but are not limited to:

(1) Overseeing implementation and compliance with the components of the MRSA Prevention Initiative.

(2) Collaborating with Leadership on local implementation issues.

(3) Collecting and reporting data related to the MRSA Prevention Initiative.

(4) Developing and evaluating policies and procedures related to the MRSA Prevention Initiative.

(5) Engaging and educating front-line healthcare workers about MRSA and the MRSA Prevention Initiative.

(6) Supporting front-line workers in the education of patients, families and visitors.

c. **Laboratory.** The laboratory must have sufficient resources, based on facility size, and complexity to accomplish this mission. This includes staff, reagents, and other laboratory supplies and equipment, as needed. While molecular (DNA) based testing is the most rapid for identification of MRSA carriers, standard cultures on chromogenic media may also be used. For the MRSA Prevention Initiative to be sustainable either a full-time or part-time laboratory technician or technologist must be available to provide full support or equivalent support must be available by contract or fee-basis arrangement.

d. **Program Components and Guidance.** Further Program guidance will be provided as the MRSA Prevention Initiative progresses. The primary source for additional information is <http://vaww.mrsa.va.gov>. *This is an internal VA Web site not available to the public.*