

**Association for Professionals in Infection Control & Epidemiology (APIC)
Chicago Metropolitan Chapter (APIC Chicago)**

**DRAFT Resolution
On
Multi-Drug Resistant Organisms (MDRO's) including Methicillin Resistant
Staphylococcus Aureus (MRSA)**

WHEREAS, Infection Control Professionals (ICPs) and Hospital Epidemiologists are dedicated to developing, validating and promoting a wide array of methods to combat antimicrobial-resistance and all healthcare-associated infections, including the use of active surveillance in appropriate circumstances; and

WHEREAS, APIC Chicago recognizes that antimicrobial-resistant pathogens, including MRSA, contribute to a significant number of infections in a population no longer limited to persons who have had a recent encounter with the healthcare system; and

WHEREAS, bills submitted thus far to state legislatures have mandated active surveillance for MRSA and/or vancomycin-resistant enterococci (VRE) in all patients or patients considered to be at high risk on admission, isolation of colonized or infected patients, and reporting of positive cultures to the state health department; and

WHEREAS, the leading experts on infection prevention and control in the nation, the Association for Professionals in Infection Control & Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA) do not support legislation to mandate active surveillance cultures for MRSA, VRE or other antimicrobial-resistant pathogens; and

WHEREAS, surveillance systems already exist that allow for reporting of data regarding MRSA and hospital infections to the Illinois Department of Public Health, and any new reporting requirements for MRSA must be based on clear objectives, and should not redirect resources away from other essential infection control and public health activities; and

WHEREAS, there are many complexities surrounding a “one-size fits all” approach to antimicrobial resistance and infection prevention and control in healthcare facilities, and based on local circumstances, dedication of resources to MRSA screening may detract from established and effective strategies that are more important to patient safety; and

WHEREAS, public and health care provider education on effective infection prevention and control practices (e.g., hand hygiene, environmental cleanliness, respiratory etiquette, isolation precautions and the appropriate use of antibiotics) must be scientifically driven, evidence-based and part of a state-wide public health plan; and

WHEREAS, at least 50,000 blood stream infections and 24,300 deaths occur yearly among hospitalized inpatients with intravenous catheters; and

WHEREAS, catheter-related bloodstream infections may be due to a variety of organisms, including MRSA; and

WHEREAS, 103 intensive care units in 67 Michigan hospitals demonstrated a 66% reduction in catheter related bloodstream infections using evidence-based interventions; and

WHEREAS, all acute care hospitals in Illinois should demonstrate a similar commitment to reducing catheter-related bloodstream infections; and

WHEREAS, reporting of infection related information should be performed in a manner that is efficient and valid; and

WHEREAS, a multi-center clinical trial – Strategies to Reduce Transmission of Antimicrobial Resistant Bacteria in Intensive Care Units (STAR*ICU) has been conducted by the National Institute of Allergy and Infectious Diseases. The findings of this study are likely to inform the utility of active surveillance cultures and the role such surveillance has in prevention and control of transmission; and

WHEREAS, after discussion of these issues by the APIC Chicago Legislative Affairs Committee, APIC Chicago proposes amendments to the Hospital Licensing Act by the addition of alternative language to Section 6.23 as follows:

(210 ILCS 85/6.23 new)

The State Department of Health shall adopt rules requiring hospitals licensed under this act to comply with the following:

- A) Conduct an annual, hospital-wide, infection control risk assessment to evaluate the presence and distribution of multi-drug resistant organisms (MDRO's) including MRSA, at the hospital.
- B) Develop a written plan to implement routine strategies to control transmission of MDRO's that must include the following:
 - 1) Measures for enforcing hand hygiene and contact isolation precautions
 - 2) Hand hygiene staff education and compliance monitoring
 - 3) Appropriate environmental cleaning
 - 4) Efforts to reduce central venous catheter-associated bloodstream infections caused by susceptible and antimicrobial resistant microorganisms
 - 5) Compliance with recommendations for preventing all device-related infections and with the Institute for Healthcare Improvement's (IHI) guidelines for use of central venous catheter and ventilator bundles
 - 6) Selective screening of high risk patient populations, as necessary, based on the annual infection control risk assessment, ongoing surveillance, and CDC Guidelines
- C) Adjust infection prevention and control strategies, as necessary, based on the outcome of the annual risk assessment and ongoing surveillance.

D) Information to be made available on a yearly basis by IDPH should include Hospital Discharge data for *Clostridium difficile*, Methicillin sensitive *Staphylococcus aureus*, and Methicillin resistant *Staphylococcus aureus* infections. In addition, the Hospital Report Card Act shall include reporting of central venous catheter infections including the top three organisms causing central venous catheter infections. MRSA shall be included regardless of whether or not it is one of the top three organisms.

E) Maintain records of overall MDRO rates and rates of specific antimicrobial resistant organisms including MRSA and make this information available upon request in a statistically valid and meaningful manner for comparison among hospitals.

APIC Chicago further recommends that the Communicable Disease Control Act be amended as follows:

The State Department of Health shall establish a multidisciplinary advisory committee including representatives from the state, local and regional public health departments, public and private hospitals, direct-care nursing staff, hospital epidemiologists, infection control professionals, academic researchers, consumers and health insurance companies.

The advisory committee will:

1. Meet regularly to discuss the rapidly changing information about multi-drug resistant organisms (MDRO's).
2. Make recommendations regarding surveillance, prevention and control of MDRO's.
3. Develop a public education campaign for MDRO's.