

Date: 5/18/2010

Source: Senator McConnell

Inquiry from: (redacted)

Context of inquiry: (redacted) contacted our office seeking the results of a MRSA study (a study regarding staph infections found in VA hospitals).

Response:

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.

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.

RESULTS:

The most recent Veteran Health Administration (VHA) evaluation of the data for Methicillin-Resistant Staphylococcus Aureus (MRSA) Healthcare Associated Infections (HAI's) shows the following:

- MRSA HAI rates in the Intensive Care Unit (ICU) setting declined 76% (from 1.62/1,000 Bed Days of Care (BDOC) in October 2007 to 0.39/1,000 BDOC in June 2009)
- MRSA HAI rates in the non-ICU setting declined 28% (from 0.46/1,000 BDOC in October 2007 to 0.33/1,000 BDOC in June 2009)

Program Office: Frank Miles (11)