

Admission Screening: What to do with the results?

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Points to Ponder About Screening:

- What screening?
- Who?
- Where?
- Why?
- And then what?

Admission Screening:

All AROs	vs	MRSA
High Risk	vs	Universal
Above	vs	Below neck
Stool Samples	vs	Who Cares?

WHO CARES!?

- Antibiotic-resistant organisms appear to be biologically fit and are capable of causing serious, life-threatening infections that are difficult to manage because treatment options are limited.
 - Mulvey & Simor. (2009) *Canadian Medical Association Journal*. 180(4): 408-415
- "MRSA infection reduced the chance of survival...the risk of mortality was three times higher in patients with MRSA than in those with MSSA."
 - Ibelings et al. (2003) *British Journal of Surgery*. 164(6): 411-418
- "Methicillin-resistant *Staphylococcus aureus* (MRSA) is well-recognised as a major cause of infection in the healthcare setting...Recent evidence also supports the transfer of genetic material among bacteria as contributing to the development of VRSA."
 - Appelbaum. (2006) *Clinical Microbiology & Infection*. 12(ss1): 16-23(8)
- "These findings suggest that in spite of antibiotic therapy against VRE, patients with VRE bacteremia eventually have a higher risk of death because of severe illness at the onset of bacteremia."
 - Han et al. (2009) *Journal of Infection* 58(3): 182-190

Very True.

- So, we have to care.
- BUT...
- What do you do with positive patients?

The Voices of CHICA-MHIG Weigh In:

- "I believe each case needs to be assessed and the risks identified. If in doubt, we always use the higher level of precautions."
 - Deborah Brown, RN, BN, IPAC Hillsborough Hospital, PEI
- "...all effort must be made to maintain client in a single room, use of contact precautions (by staff), educate on effective hand hygiene practices...prior to taking part in any community activities..."
 - Obed Adore, RN, BScN, BASc, CPHI(c), IPAC Centre for Addition and Mental Health
- "When we have a client with an ARO...we try to accommodate them in a private room, but they are generally not restricted to their room..."
 - Sharon Kelly, RN, CIC, IPAC Eastern Health
- "...we would isolate if swabs are refused...but not necessarily."
 - Berlee Penny, BN, RN, CIC, IPAC Atlantic Health Services Corporation.

In other words...

- Every patient is different
- Every institution is different
- Isolation may or may not be appropriate

The BIG questions:

- What can your patient tolerate?

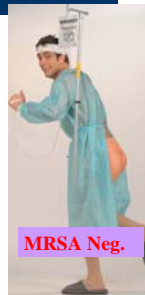
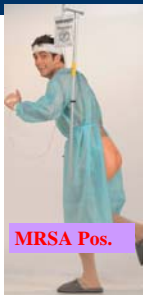
Isolation is bad for the soul...

- "Compared with controls, patients isolated for infection control precautions experienced more preventable adverse events, express greater dissatisfaction with their treatment, and have less documented care."
- Stelfox et al. (2003), *JAMA*, 290(14): 1899-1905
- "Infected subjects who were isolated demonstrated feelings of anxiety, and depression that were significantly higher, and feelings of self-esteem and sense of control that were significantly lower than those demonstrated by hospitalised subjects. Thus it could be argued that isolation has an even greater negative impact on their coping."
- Gammon, (1998), *International Journal of Nursing Practise*, 4: 84-96
- "The psychological impact of spending weeks in isolation is considerable and these patients receive much less stimulation than their uncolonised counterparts. Morale declines, anxiety rises..."
- Peel, et al. (1997), *British Medical Journal*, 315: 58.

The BIG questions:

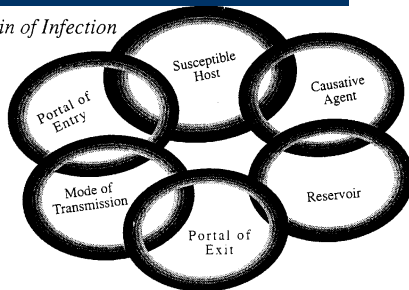
- What can your institution tolerate?
 - Enough single rooms?
 - Enough money to screen?
 - Enough staff to cohort?
- But the biggest question...

...What's the difference?



Let's Remember the Big Picture:

Chain of Infection



Admission Screening:

- Only shows what the patient has *at that time*
- Only screens for what you're screening for
- Is only worthwhile if you can do something about it
- Does not guarantee patient safety

In conclusion:

● Routine Practice
will save the
world

- Or, in the words of Jim Gauthier...

WARNING!!

This patient has:

- Skin!
- Feces!
- Mucous Membranes!

PERFORM HAND HYGIENE AFTER
CONTACT WITH THIS PATIENT OR
THEIR ENVIRONMENT!

Thank you!

- Questions?

References:

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- Han, S., Chin, B., Lee H., et al. (2009) *Vancomycin-resistant enterococci bacteremia: Risk factors for mortality and influence of antimicrobial therapy on clinical outcome*. *Journal of Infection* 58(3): 182-190
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- Peel, R.K, Stolarek, I., Elder, A.T. (1997). *Isolating Patients with MRSA Can Have Long-Term Implications*. *British Medical Journal*, 315: 58.
- Steffox, H.T., Bates, D.W., Redelmeier, D.A. (2003). *Safety of Patients Isolated for Infection Control*. *JAMA*, 290(14): 1899-1905
