

Measure Information Form:
Compliance with Active Surveillance Cultures on Admission

Intervention(s): Reduce MRSA Infection

Definition: The percentage of patients who have an MRSA surveillance culture collected on admission

Goal: 100%

Matches Existing Measures: N/A

CALCULATION DETAILS:

Numerator Definition: Number of patients in an ICU or other designated high-risk area who have an MRSA surveillance culture collected within 12 hours of admission during the calendar month

Numerator Exclusions: Same as denominator exclusions

Denominator Definition: Total number of patient admitted to an ICU or other designated high-risk area for the calendar month

Denominator Exclusions:

- Patients admitted with confirmed MRSA colonization or infection

Measurement Period Length: Monthly

Definition of Terms:

Calculate as: (numerator / denominator); as a percent

Comments:

COLLECTION STRATEGY:

Active surveillance cultures (ASCs) of the anterior nares will identify 80% of colonized adult patients. Using a combination of cultures from the anterior nares and wounds will increase sensitivity of detecting colonized adult patients to over 92%. Additional cases can be detected by adding cultures of other sites, such as the perineum, axilla, and rectum, but such aggressive culturing probably is not cost-effective, except perhaps for intractable problems or in epidemics. Each organization should consider the evidence and determine sites for obtaining cultures. The definition should be consistent when measuring over time.

Sampling Strategy:

We suggest using a sampling strategy—for example, all patients on a randomly selected day of the week. It may be possible to reduce the frequency of measurement when compliance rates are very high and sustained over a period of months.

If you are beginning this intervention within a pilot unit or units, limit your initial measurement to only those units. As you spread the implementation, expand your measurement accordingly.