

Measure Information Form:
Compliance with MRSA Contact Precautions

Intervention(s): Reduce MRSA Infection

Definition: The percentage of patient encounters in ICU(s) or other designated high-risk area in which there is compliance by health care workers with all components of contact precautions for patients infected or colonized with MRSA

Goal: 100% of encounters in full compliance

Matches Existing Measures: N/A

CALCULATION DETAILS:

Numerator Definition: Number of patient encounters directly observed in which a health care worker performed all components of contact precautions correctly in the calendar month

Numerator Exclusions: None

Denominator Definition: Total number of patient encounters observed in the calendar month

Denominator Exclusions: None

Measurement Period Length: Monthly

Definition of Terms:

- “Complete compliance” is defined by the adherence to the Centers for Disease Control and Prevention ([CDC Contact Precautions](#)), specifically:

Location / Timing	Contact Precaution Requirement
Prior to entering patient room	Health care worker (HCW) dons gloves and gown
While in patient room	During the course of providing care for a patient, HCW changes gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage).
Prior to exiting patient room	HCW removes gloves before leaving the patient's room and washes hands immediately with an antimicrobial agent or a waterless antiseptic agent <u>AND</u> removes gown. After glove removal, handwashing, and gown removal, HCW ensures that hands and clothing do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

Calculate as: (numerator / denominator) x 100; as a percent

Comments: Compliance is monitored with direct observation by a trained observer. A standardized procedure and form should be designed for use by all observers (see Appendix 3 in the [Hand Hygiene How-to Guide](#) for an example used for assessing that intervention). Independent observers are strongly recommended, preferably individuals who routinely are on the ward for other purposes and are not part of the care team. (This independent monitoring can be reinforced with monitoring by the care team during routine multidisciplinary rounds, which permits immediate assessment and feedback.) Observation periods should be 20-30 minutes (repeated if necessary) so that several patient encounters are observed. The emphasis should be on observing complete encounters so that the proper measure of complete compliance with all components of contact precautions can be calculated.

Observers should be as unobtrusive as possible, but do not need to be hidden from health care workers on the unit.

It is also important to periodically assess that contact precautions are being implemented for patients who are colonized or infected with MRSA. This can be done by obtaining a list from the laboratory of all patients with positive cultures for MRSA (either active surveillance, if this is being done, or clinical isolates) and then verifying that contact precautions have been implemented, i.e., private room if available, appropriate sign at door to patient's room, and necessary supplies (gloves and gowns) available at room entry.

COLLECTION STRATEGY:

See measure details and comments above.

Sampling Strategy:

Schedule set time periods in advance, distributed randomly across shifts, days, and units (if measuring on more than one unit). Health care workers should not know the schedule, only the observers.

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.