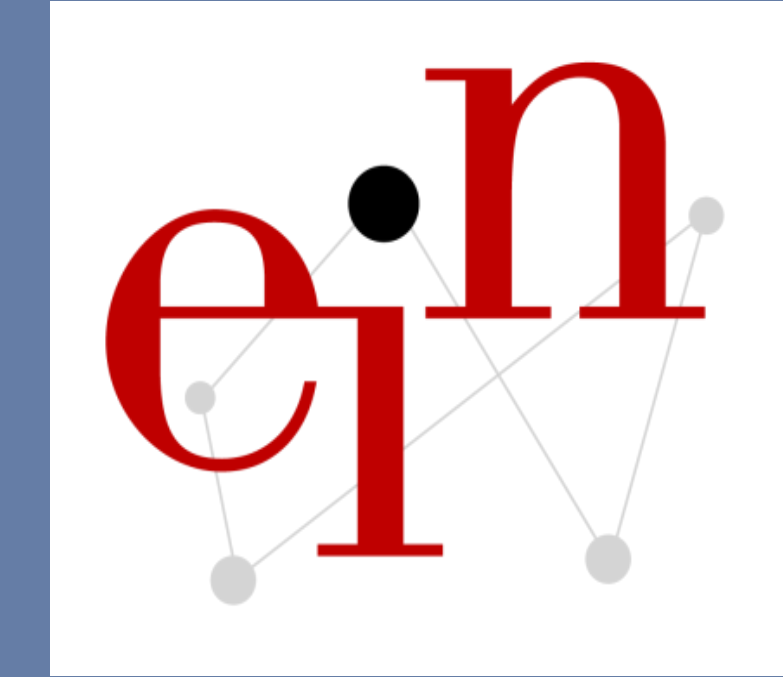


Present State of CRE Prevention: What are U.S. Hospitals Doing?



BACKGROUND:

- The CDC recommends Contact Precautions (CP), CHG bathing, and active surveillance testing (AST) for prevention of CRE transmission in healthcare settings.
- CRE-specific recommendations for duration of CP & environmental disinfection do not exist.

OBJECTIVE: assess present state interventions used for CRE in U.S. hospitals.

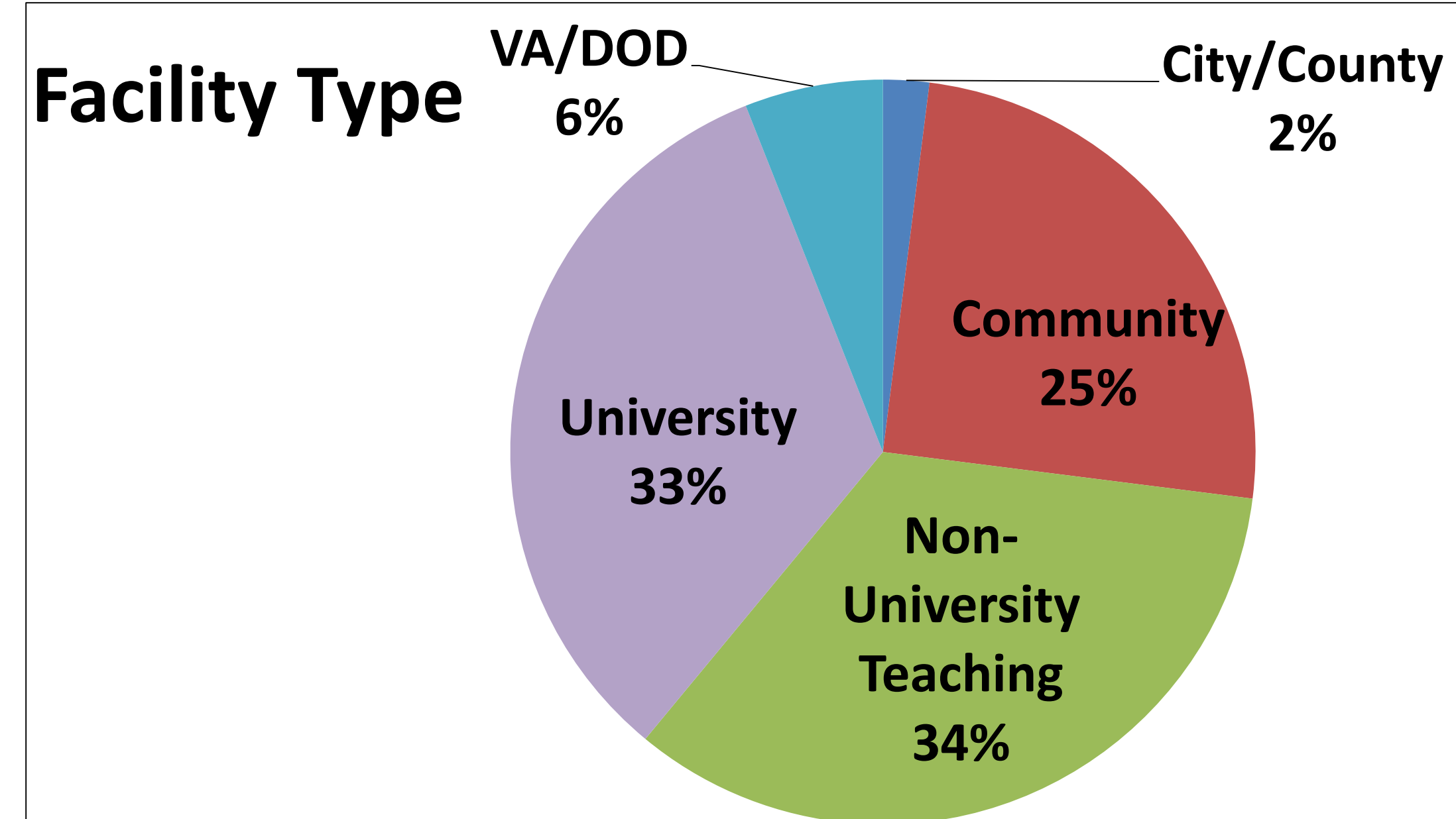
DESIGN: Cross-sectional survey

METHODS:

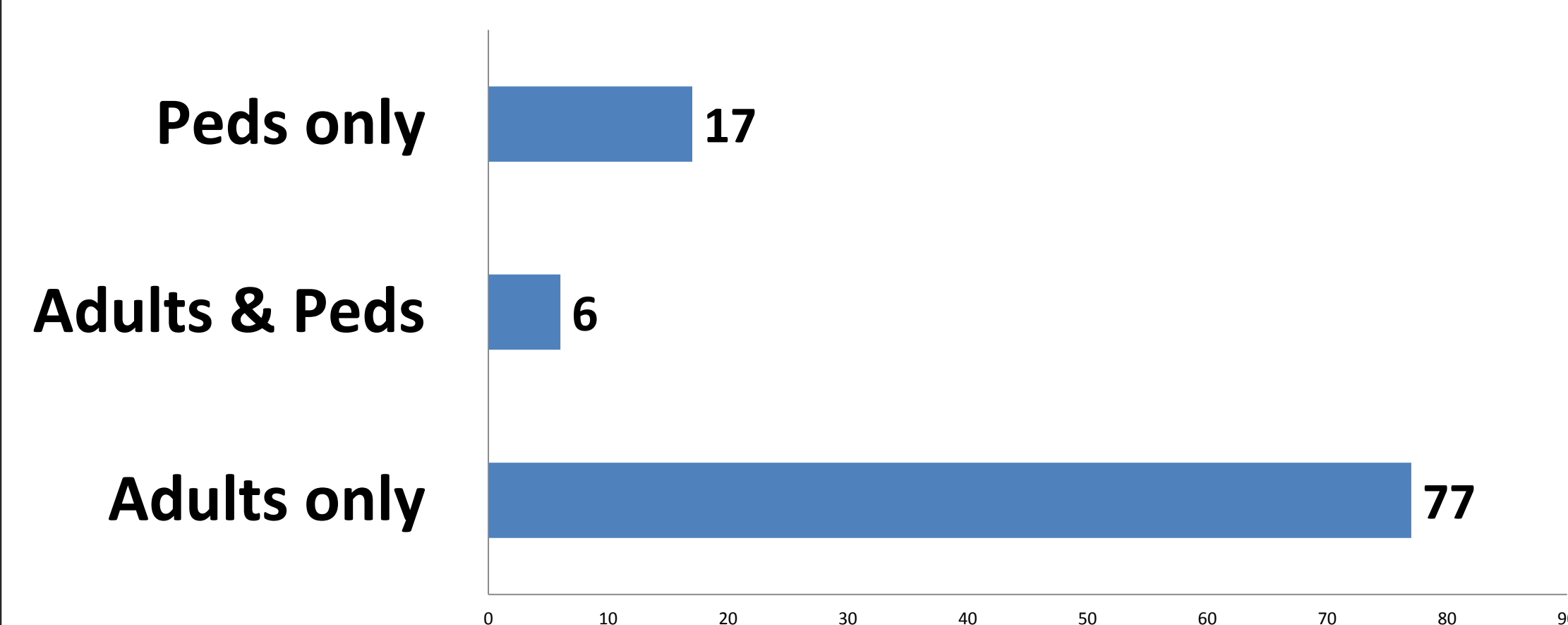
- electronic survey, 8 questions, open 3 weeks

STUDY POPULATION:

- 362 physician members of the EIN
- interest or involvement in infection prevention



Practice



97% use routine Contact Precautions for CRE.

Trigger

Clinical culture
97%

Surveillance culture
53%

Alert in EHR
75%

Suspect infection
23%

18% perform active surveillance testing for CRE.

Duration

Indefinitely once positive
38%

Until cleared or decolonized
43%

No formal policy/case by case
4%

Encounter only
13%

Duration of CP*	n
3 months	6
6 months	3
12 months	34
18 months	1
24 months	3

*data from discrete fields and comments

ADJUNCTIVE MEASURES TO REDUCE RISK OF TRANSMISSION:

Microbial burden – patients, environment

CHG BATHING

85% report bathing a subset of patients.

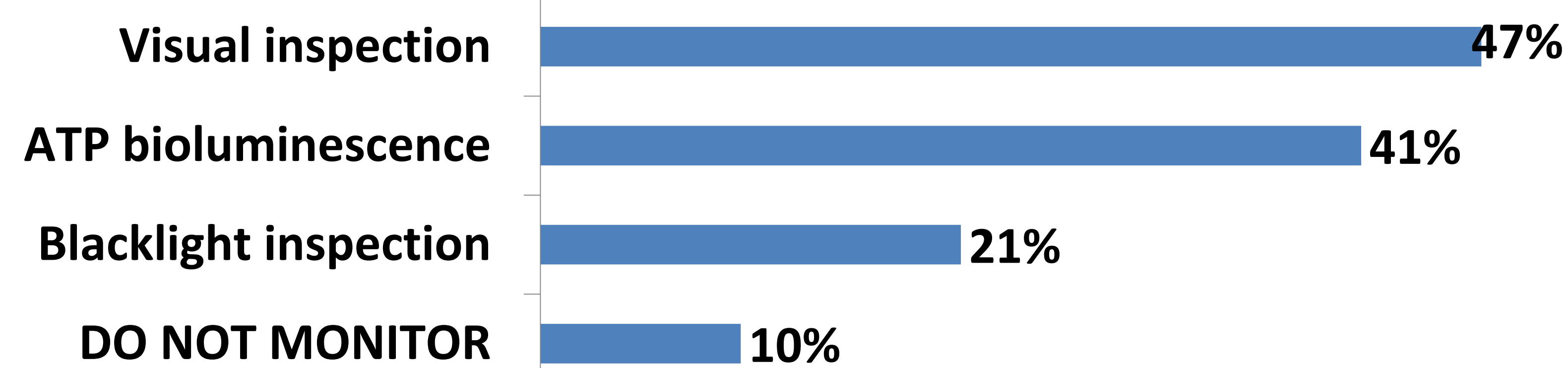
*11 reported bathing is per MD order only

ICU patients 73%
Surgical pre-op 55%
Central lines 15%
All patients unless contraindicated 7%
Other 20% (variation)*

Microbial burden – environment

UVC or H2O2 vapor for room disinfection @ discharge: 23%

Monitoring performance of environmental cleaning in inpatient areas*



*respondents were instructed to select all that apply; most common combination is visual inspection + ATP

COMMENTS REVEAL:

- Need for clear guidance from CDC
- Institutional policies regarding CRE prevention are evolving as:
 - evidence is published
 - CRE prevalence increases

LIMITATIONS:

- Sampling/nonresponse bias
- More than 1 respondent per facility possible
- Answers to questions not required

RESULTS:

- 751 surveyed, 429 responded, 67 excluded
- 97% use routine CP for CRE.
- Practices for duration of CP is heterogeneous.
- 18% perform AST for CRE.
- 85% perform CHG bathing on one or more subsets of inpatients.
- 23% use H2O2 vapor or UVC light for room disinfection at discharge.
- The most common method for monitoring performance for environmental cleaning is a combination of visual inspection plus ATP bioluminescence.

CONCLUSIONS:

- CDC recommended strategies CP and CHG bathing are widely used.
- Triggers for isolation as well as practices for discontinuation are highly variable.
- Measures to decrease environmental bio burden are in use, even though they are not recommended by CDC specifically for CRE.
- Evidence-based guidelines from professional organizations regarding the use CP plus horizontal interventions are needed.