

Part 3: Multi-Drug Resistant (MDR) Acinetobacter- The CDC Recommendations

/EINPresswire.com/ The Centers for Disease Control and Prevention (CDC) have published recommendations for hospital facilities to prevent outbreaks of infection. It is my experience that these recommendations are difficult and costly and have not been universally implemented. Compounding this problem is that acute rehabilitation facilities and skilled nursing facilities have not universally implemented policies and procedures to handle this problem. This is particularly troubling considering a patient with a [serious injury](#) such as a spinal cord injury, traumatic brain injury, ventilator dependent patients, and burn patients who are all at higher risks of infection because of the lengthy and recurrent hospitalizations which are often necessary.

The Centers for Disease Control and Prevention (CDC) have recognized that management of MDR Acinetobacter requires a comprehensive approach involving the entire medical staff and support staff of a given entity. The CDC recognizes that it is essential for strong administrative support to ensure communication within the walls of a hospital facility, providing the infrastructure regarding isolation rooms, adequate sinks, maintaining adequate staffing, and enforcing interventions required to control outbreaks. Also, the administration will need to participate in the community with other hospital systems to identify potential outbreaks of MDR Acinetobacter in the community.

Education is a key intervention to control the spread of a MDR Acinetobacter. According to CDC recommendations, education must be carried out both on a facility wide basis and then at individual unit-targeted educational, and then to individual disciplines that provide services to patients in multiple units. All staff, from food service, housekeeping, the physical plant, nursing, therapy departments, radiology, to the physicians; they all must be familiar and knowledgeable of the hospital policies and procedures regarding infection control.

The CDC recommends a judicious use of antimicrobial agents. The recommendation on how this is accomplished is unclear and its ultimate effect has not been demonstrated. It must be recognized that the era of MDR Acinetobacter is a relatively new phenomena and that many physicians have yet to be educated on the bacteria.

The most effective way for a healthcare facility to monitor infection is simply follow all cultures that have been done on every in-house patient. For any culture that is positive for the MDR organism, the in-house director of infection control should be notified and the hospital policies and procedures and isolation protocols would need to be followed. There should be a physician

involved in the infection control process to follow culture trends, identify high risk units, and facilitate any changes in infection control protocols that can be recommended to the hospital's executive committee.

It is my opinion that these recommendations should be widely implemented, states [Concord Serious Injury Lawyer](#) Greg Vigna. Unfortunately funding is the constant challenge when implementing interventions such as these to provide a safe environment for patients in this country. Not only is the funding inadequate for our acute hospitals, it is dreadfully underfunded in the long-term facilities that care for the chronically ill and disabled. These facilities are slowly becoming the great incubators for this organism.

It is my opinion that the CDC and the Department of Health will need to analyze the issues to best control infection and issues regarding the lack of adequate funding to implement facility wide interventions. Only if adequate funding is made possible, should the government require facilities to meet bench marks for performance.

Please visit the [Life Care Solutions Group Blog](#) for parts 1 & 2 of this article.

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