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# SHEA News

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## Workshop on Antimicrobial Resistance in Hospitals

The Hospital Infections Program at the Centers for Disease Control and Prevention (CDC) and the National Foundation for Infectious Diseases (NFID) cosponsored a workshop held in Atlanta, Georgia, September 12-14, 1994, on antimicrobial resistance in hospitals. The meeting addressed strategies to improve antimicrobial usage (led by Dr. Robert Weinstein) and to prevent nosocomial transmission of antibiotic-resistant organisms (led by Dr. Richard Wenzel). The 30 participants included experts in the fields of hospital epidemiology, infection control, infectious diseases, clinical microbiology, pharmacy, hospital administration, quality improvement, and outcomes research. The pharmaceutical industry, the CDC, National Institutes for Health, Food and Drug Administration, Council of State and Territorial Epidemiologists, and the Joint Commission on Accreditation of Healthcare Organizations also were represented.

Using continuous quality improvement methodology, the following stra-

tegic goals were identified. For antibiotic use: 1) optimize antimicrobial prophylaxis for operative procedures; 2) optimize choice and duration of empirical antimicrobial therapy; 3) improve antimicrobial prescribing practices by educational and administrative means; 4) establish a system to monitor and provide feedback on the occurrence and impact of antimicrobial resistance; and 5) define and implement institutional or healthcare delivery system guidelines for important types of antimicrobial use.

For preventing transmission: 1) develop a system to recognize and promptly report trends in antimicrobial resistance to leaders in the hospital including physicians, nurses, infection control staff, and pharmacists; 2) develop a system for the rapid detection and reporting of resistant microorganisms from individual patients to the

appropriate personnel to ensure rapid and appropriate responses by caregivers; 3) increase adherence to policies and procedures, especially hand hygiene, barrier precautions, and environmental control measures; 4) incorporate detection and control of antimicrobial resistance into institutional strategic goals and provide the required resources; and 5) develop a plan for identifying, transferring or discharging, and readmitting patients colonized with hospital-specified antibiotic-resistant microorganisms.

Dissemination of this information is intended to provide recommendations for hospitals that will enable them to address these two related facets of the problem of rapidly increasing antimicrobial resistance in bacterial isolates in the U.S.

*Brief items of interest for the SHEA News or Newsletter may be sent to C. Glen Mayhall, MD, SHEA, Newsletter Editor, Division of Infectious Diseases, Route 1092, The Former Shriner's Bldg, Room 2-64B; University of Texas Medical Branch; Galveston, TX 77555-1092; FAX (409) 772-6527. Copy should be typed, double-spaced, and should not exceed 5 pages.*

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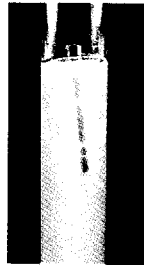
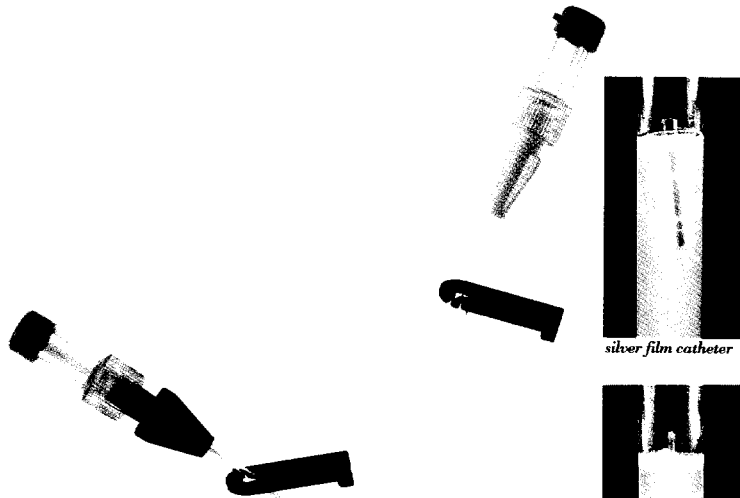
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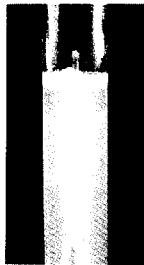
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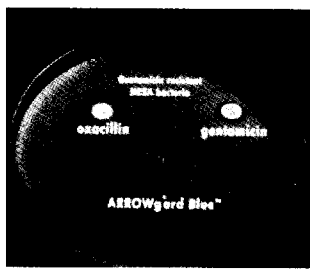


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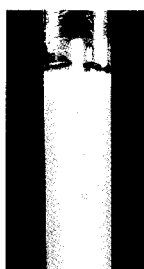


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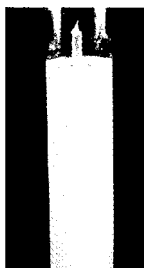
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<sup>1</sup> Pittet, D; Tarara, D; Wenzel, RP Nosocomial Bloodstream Infection in Critically Ill Patients. *JAMA*. 1994; 271: 1598-1601

<sup>2</sup> Elliott, TSJ. Intravascular-device infections. *J Med Microbiol*. 1988;27:161-167.

<sup>3</sup> Maki, DG; Cobb, L; Garman, JK, Shapiro, JM; Ringer, M; Helgerson RB. An Attachable Silver-Impregnated Curt for Prevention of Infection with Central Venous Catheters: A Prospective Randomized Multicenter Trial. *Am J Med*. 1988; 85: 307-314.

Maki, DG; Wheeler, SJ; Stolz, SM; Mermel, LA. Clinical trial of a novel antiseptic-coated central venous catheter. Presented at 31st Interscience Conference on Antimicrobial Agents and Chemotherapy, Chicago, IL, October 1, 1991. Abstract.

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