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New Tack in Preventing Hospital Infections

Germ-Killing Soap-Ointment Treatment for all ICU Patients Shown to Be More Effective Than Isolating Some After Screening

By LAURA LANDRO

To prevent deadly infections in intensive-care units, hospitals often screen all patients for the drug-resistant bacteria MRSA, then isolate or treat those found to carry it with germ-killing soap and ointment.

But the largest prevention study of its kind has shown it is far more effective to treat every patient in the ICU with the regimen, without any prior testing.

In the study of nearly 75,000 patients at 74 adult ICUs in 43 Hospital Corp. of America facilities, the protocol, known as universal decolonization, reduced all bloodstream infections, including those caused by other germs, by 44%, and reduced the incidence of MRSA-positive cultures in the ICU by 37%. Patients were washed with cloths containing antimicrobial soap-chlorhexidine and received a nasal antibiotic ointment, mupirocin.

In contrast, there was no significant decrease in infections in a group of patients who were first screened and then isolated if they were found to carry MRSA. And in a third group in which all patients were tested and then isolated and treated with the soap-ointment combination if they tested positive for MRSA, there was only a 22% reduction in infections.

"This will save lives, and sets a new standard for preventing bloodstream infections in the intensive-care unit," says Jonathan Parlin, president, clinical and physician services group and chief medical officer at HCA. HCA is now implementing the protocol in all of its hospital ICUs. The study was published online Wednesday in the New England Journal of Medicine.



A nurse in Largo, Fla., helps a patient use chlorhexidine wipes, which have been found to protect against MRSA.

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