HEN Hot Topics
Working Together to Make Healthcare Better

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Register Now for the Statewide Perinatal Safety Collaborative on March 31

Hospitals Lack Universal Plan for Drug-Resistant Bacteria

Hospitals' lack of standardized infection control practices for multidrug-resistant gram-negative bacteria (MDR-GNB) may contribute to an increase in multidrug-resistant bacteria, according to a study from the Society for Healthcare Epidemiology of America Research Network published in *Infection Control and Hospital Epidemiology*

Researchers analyzed the results of an online survey of 70 hospitals in 26 states and15 foreign nations, measuring criteria such as how hospitals defined MDR-GNB, and whether and how long they treated patients under contact precautions.

Although hospitals often isolated patients for vancomycin-resistant enterococci (VRE), methicillin-resistant *Staphylococcus aureus* (MRSA) and carbapenem-resistant *Enterobacteriaceae* (CRE), one in five hospitals did not isolate patients for MDR *Pseudomonas* or *Acinetobacter,* according to the study.

According to the study, differences in definitions and practices for multidrug-resistant bacteria confuse healthcare workers and hinder communication when patients are transferred between hospitals. The danger these inconsistencies represent affects not only individual hospitals, but the broader community because patients are frequently transferred between healthcare centers, including long-term care facilities, furthering their spread.

Specific isolation protocols also varied widely. Some respondents isolated patients when they found bacteria resistant to at least three antimicrobial classes, while others isolated them if there was resistance to only one. Furthermore, the hospitals surveyed had up to 22 unique definitions of "multi-drug resistant, the study stated.

Three Ways to Manage Patient Pain

A recent study shows pain control is tied to satisfaction, and one way hospitals can help patients manage pain and boost their organizations' satisfaction scores is to follow the lead of an outcomes-driven, interdisciplinary approach developed by the U.S. Department of Veterans Affairs to treat pain.

The program, offered by the VA's award-winning Chronic Pain Rehabilitation at James A. Haley Veteran's Hospital in Tampa, Fla., includes an intense three-week "boot camp" for inpatients that aims to improve function and decrease reliance on pain medications, according to *Pain Medicine News*. The pain clinic also has an outpatient program that follows similar components as its inpatient counterpart.

Both inpatient and outpatient programs boast impressive results, according to the article. Patient function increases an average 400 percent to 800 percent by the end of the program, which is now a model for all VA pain clinics.

Here are three components of the VA program that hospitals may want to incorporate into their own pain-management offerings:

Improve function: Impaired function often leads to patient withdrawal, depression, fatigue, substance abuse, and work and financial troubles, *Pain Medicine News* reports. To improve function, patients receive physical and cognitive behavioral therapies, such as physical therapy, heated pools, walking sessions, relaxation training and recreational and occupational therapy.

Eliminate opioids: Inpatients must agree to stop using opioids while in treatment. Half of the patients who enter the VA program are on opioids. But Jennifer Murphy, Ph.D., clinical director of the program, told the publication that many patients find the medication doesn't effectively manage their pain. She pointed to a four-year study that found patients who stopped taking opioids had as great or greater a decrease in pain and better functional improvement than patients who never took opioids.

Use tools to assess pain: The VA program developed the Pain Outcomes Questionnaire-VA to assess pain criteria, including patient history, pain intensity, pain-related fear and satisfaction with treatment and medication use. The computerized tool is now available to major health systems.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 21 Improving Community Health through Wellness and Nutrition (rescheduled from Nov., available for registration)
March 31 Statewide Perinatal Safety Learning Collaborative
April 4 Transforming Care at the Bedside
May 8 Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13 CUSP for ESRD in New Jersey
May 20 Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29 Adverse Drug Events

Click here to register.