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# CRITICAL CARE OPTIONS<sup>TM</sup> INFECTIONS IN THE ICU

*Improving Patient Care Through Increased Practice Efficiency*

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## CONTRIBUTING FACULTY



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## EDITOR'S NOTE

Dear Colleague,

Healthcare-associated infections (HAIs) in the intensive care unit (ICU) are common, costly, and associated with significant morbidity and mortality, as well as increased length of stay.<sup>1</sup> Each year, roughly 1 in 20 patients acquire infections during their hospital stay, including ventilator-associated pneumonia (VAP), central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), *Clostridium difficile* infections (CDI), and surgical site infections.<sup>2,3</sup> Of the patients who contracted HAIs in U.S. hospitals in 2002, nearly 100,000 died.<sup>3</sup> These are sobering statistics.

Nosocomial infections can be reduced by up to 70% when guideline-recommended strategies are employed, according to clinical studies.<sup>4</sup> However, strategies that work for one type of HAI are not necessarily effective in preventing another type of HAI.<sup>5</sup> For example, nosocomial methicillin-resistant *Staphylococcus aureus* incidence has tended to plateau or decline slightly in the hospital setting over the past few years, while CDI incidence continues to rise.<sup>6</sup> The absolute number of *C. difficile*-associated diarrhea hospitalizations per 10,000 population nearly doubled from 2000 to 2005.<sup>7</sup>

In this monograph, my section discusses the scope and significance of HAIs on the individual patient and the healthcare system as a whole, including barriers to effective surveillance and reimbursement challenges. Lee Morrow, MD, FCCP, associate professor at Creighton University School of Medicine in Omaha, NE, furthers the conversation with an article on the epidemiology and impact of HAIs in the ICU. Finally, Mark Metersky, MD, FCCP, director of the Center for Bronchiectasis Care in Farmington, CT, provides his personal paradigm to define risks for HAIs, and shares proven strategies to prevent 4 common yet distinct types of HAIs—VAP, CLABSI, CAUTI, and CDI—each of which requires a tailored approach.

Although the aspects of HAIs covered in this monograph are multifaceted, the message is singular: infection control strategies to decrease HAIs, whether initiated by local hospitals, government, or professional organizations, are effective when employed and monitored rigorously. Thank you for taking the time to read this information. We hope you'll find it useful.

Sincerely,

Marya Zilberberg, MD, MPH, FCCP, Editor