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November 20, 2015

Richard G. Kronick, Ph.D.
Director
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850

Dear Dr. Kronick:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide comments to the Agency for Healthcare Research and Quality's (AHRQ) Draft Technical Brief "Critical Analysis of the Evidence for Resident Safety Practices in Nursing Home Settings." We recognize the need to assure, for the millions of United States residents who are now or will be living in these settings, safe quality care. APIC applauds AHRQ for taking action to review evidence-based safety practices for this vulnerable population.

We note that the Draft Technical Brief has identified catheter-associated urinary tract infections (CAUTI) as the most avoidable type of healthcare-associated infection. CAUTI is a significant cause of healthcare-associated morbidity. APIC is extremely concerned about the suggestion of antimicrobial prophylaxis as a means to reduce CAUTI in this population. The study cited for this suggestion was a meta-analysis on short-term use in mostly surgical patients and did not provide any evidence for antimicrobial use in the nursing home setting. The authors themselves state, "Additional studies should examine medical patients, including those living in long term care facilities, who might be catheterized for longer."¹ Furthermore, the inappropriate use of antibiotics can put these nursing home patients at an increased risk for resistant organisms, *Clostridium difficile*, as well as adverse drug reactions. We would suggest instead that the focus in this population be directed toward avoiding the use of urinary catheters as much as possible, using them only for short periods, and only when clinically needed.²

The Technical Brief also states, "In addition to using aseptic catheter placement and maintenance, the use of silver-alloy catheters has also been recommended and has been shown to reduce CAUTIs, at least compared to the usage of uncoated catheters." However, a recent meta-analysis demonstrated that silver-alloy catheters had no impact on symptomatic UTIs.³ Furthermore, the 2014 Compendium of Strategies for Prevention of Catheter-Associated Urinary Tract Infections states "Do not routinely use antimicrobial/antiseptic-impregnated catheters (quality of evidence: I)."⁴ Since the statement regarding the use of silver-alloy catheters is not consistent with recent evidence-based guidelines representing multiple professional societies, APIC suggests that AHRQ consider removing the reference to these catheters.

In the study referenced in the Draft Technical Brief, it was noted that specific MRSA-focused infection prevention and control activities did not reduce the prevalence of MRSA in nursing home residents. APIC supports the use of standard precautions, a group of infection prevention practices that apply to all

patients, in any setting in which healthcare is delivered. These practices include hand hygiene, the use of personal protective equipment when there is a risk of body fluid exposure, safe injection practices, and the cleaning of both the patient environment and patient equipment.⁵

The Draft Technical Brief did not find strong evidence for influenza immunization in healthcare workers who care for people 60 or older in long-term care. However, influenza immunization is recommended for everyone 6 months and older without contraindications and its use can decrease lost work time for healthcare workers as well as potentially protect patients.⁶ It should also be noted that although AHRQ did not find studies on outcomes and the use of pneumococcal vaccine, this practice is also recommended for use in this population.⁷

Thank you for the opportunity to provide peer review of this important analysis. APIC looks forward to working with the Department of Health and Human Services to ensure patient safety in nursing home settings.

Sincerely,



Mary Lou Manning, PhD, CRNP, CIC, FAAN, FNAP
2015 APIC President

¹ Marschall J, et al. Antibiotic prophylaxis for urinary tract infections after removal of urinary catheter: meta-analysis. *BMJ* 2013;346:f3147.

² Gould CV, et al. Guideline for prevention of catheter-associated urinary tract infections 2009. *Infect Control Hosp Epidemiol* 2010 Apr;31(4):319-26.

³ Lam TBL, Omar MI, Fisher E, Gillies K, MacLennan S. Types of indwelling urethral catheters for short-term catheterisation in hospitalised adults. *Cochrane Database of Systematic Reviews* 2014, Issue 9. Art. No.: CD004013. DOI: 10.1002/14651858.CD004013.pub4. Accessed 11/18/2105.

⁴ Lo E, Nicolle LE, Coffin SE, et al. Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals: 2014 Update. *Infection Control & Hospital Epidemiology* 2014;35(05):464-79.

⁵ Siegel JD, et al. 2007 guideline for isolation precautions: preventing transmission of infectious agents in health care settings. *Am J Infect Control* 35:10 (2007):S65-S164.

⁶ Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2015–16 Influenza Season. *MMWR* 2015;64(30):818-825.

⁷ Kobayashi M, et al. Intervals between PCV13 and PPSV23 vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2015;64(34):944-7.