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Medical News

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Effect of Moving to a New Hospital Facility on the Prevalence of Methicillin-Resistant *Staphylococcus aureus*

The influence of hospital design on nosocomial transmission of methicillin-resistant *Staphylococcus aureus* (MRSA) is unknown. Vietri et al. described their hospital's relocation to a new building with a radically different ward design. The old hospital facility had open bay wards and intensive care units, and few poorly located sinks for handwashing (bed to sink ratio, 4:1). The new hospital facility had optimized handwashing geography and distribution of ward beds into mostly single or double rooms (bed to sink ratio, 1.3:1). The authors compared the prevalence of MRSA in the two institutions by obtaining nasal swabs from all patients on eight selected wards and intensive care units at two time points—one before and one after the move. In addition, passive surveillance rates of MRSA for all hospitalized patients for 2 years both before and after the move were compared. Hand hygiene practices, although unrelated to the study periods, were directly observed.

Eight of 123 patients who underwent cultures before the move had positive results for MRSA, compared with 5 of 138 patients who underwent cultures after the move (*P* was not significant). MRSA prevalence determined by passive surveillance of all hospitalized patients before and after the move was also unchanged. An insignificant increase in the frequency of hand hygiene performance following the move (20% to 23%) was observed. The authors concluded that radical changes to facility design, which would be permissive of optimal infection control practices, were not sufficient, by themselves, to reduce the nosocomial spread of MRSA in their institution.

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