Table C-1. Overview of the studies of patient safety practices (PSPs) focused on infection surveillance for MRSA

| **Author, Year** | **Study Design** | **Objectives** | **Study Years** | **Clinical Setting****Country** | **Number of Participants, n** | **Funding** | **PSP** | **Main Findings** |
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| Petersen, 202318 | Pre-post | Determine if stopping weekly MRSA surveillance with active detection and contact isolation was associated with a change in infection rate. | 2013-2021 | 2 neonatal ICUsUS | Pre-intervention: 4,299Post-intervention: 4,107 | Department of Pediatrics, Saint Louis University; and SSM Health Cardinal Glennon Children’s Foundation | Weekly active surveillance of all admitted patients for MRSAcolonization | * No difference in MRSA infections in active surveillance vs. no surveillance groups (3.0% in both groups; p=0.89)
* No difference in rate of MRSA infections per 1,000 patient-days (0.197 vs. 0.201; p=0.92)
* No difference in MRSA bloodstream infection rate (OR 2.3, 95% CI 0.80-6.6; p=0.18)
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| Sun, 202219 | Retrospective cohort | Examine the prevalence of MRSA colonization in patients prior to cardiac surgery; evaluate the effectiveness of decolonization; and assess active surveillance. | 2012-2020 | A cardio-vascular surgery department at an academic medical centerChina | Intervention: 1,757Control: 530 | Clinical Research Plan of Shanghai Hospital Development Center; and Shanghai Jiao Tong University School of Medicine | Active surveillance of all patients undergoing cardiac surgery to detect MRSA colonization | * No difference in MRSA infections in active surveillance vs. no surveillance groups (0.171% vs. 0.566%; p=0.282)
* Statistically significant reduction in all *S. aureus* infections (RR 0.251, 95% CI 0.077 – 0.820; p=0.035)
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CI = confidence interval; ICU = intensive care unit; MRSA = Methicillin-resistant *staphylococcus aureus*; n = sample size; OR = odds ratio; PSP = patient safety practice; RR = risk ratio; US = United States