
Overcrowding And Understaffing In Hospitals Increases Levels Of MRSA Infections

Dr Archie Clements, from the School of Population Health, reported overcrowding and understaffing increased levels of MRSA infections, which lead to increased inpatient hospital stay, bed blocking, overcrowding and more MRSA infections.

The review included information from 140 papers and Dr Clements was part of a team of seven authors.

The article titled: Overcrowding and understaffing in modern health-care systems: key determinants in Meticillin-Resistant Staphylococcus Aureus (MRSA) transmission, was published in the July edition of The Lancet Infectious Diseases.

Dr Clements said MRSA was an antibiotic-resistant type of Staphylococcus Aureus, a common bacteria present on the skin and in the nostrils of many healthy people.

"MRSA often colonises hospital patients to no ill effect but, if present in a surgical wound or carried to the bloodstream by an intravenous catheter, it can cause serious infection and possibly the death of the patient," he said.

Dr Clements said overcrowding and understaffing caused higher levels of MRSA because of its impact on hand hygiene, the number of contacts between healthcare workers and different patients, overburdening of screening and isolation programmes and by causing staff burnout.

"MRSA worsens overcrowding because patients with MRSA stay longer in hospitals and, if isolation in multi-bed rooms is done, beds not occupied by the MRSA patient are also closed to other patients," he said.

"Overcrowding and understaffing, root causes of the MRSA problem, are partly related to policy that promotes high patient throughput and fewer beds, and partly to a diminishing, ageing healthcare workforce. "These problems are likely to continue or worsen, and impact on patient health and safety, unless new ways are found to reduce overcrowding and understaffing of hospitals."

Dr Clements hoped to use the findings to initiate more research into the relationship between overcrowding/understaffing and MRSA to answer questions such as: "What are the optimal bed occupancy and staffing rates for preventing avoidable MRSA infections while maintaining current levels of care?" and "What is the likely impact of MRSA interventions under conditions of overcrowding and understaffing?"

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