Letters to the Editor

The Expanding Horizons of Infection Control

To the Editor:

We thoroughly appreciated the editorial by Dr. Stratton in the April issue of *Infection Control and Hospital Epidemiology* (1995;16:192-193) concerning the expanding horizons of infection control. We would like to share another role we have been involved in at Tampa General Healthcare.

Our hospital has organized an Environment of Care Rounds Team, comprised of personnel from the departments of infection control, safety, plant operations, facilities, dietary, pharmacy, environmental services, central sterile processing, laboratory, and biomedical engineering. This team of managers surveys each clinical area twice per year using checklists designed by each specialty, to assess a variety of infection control and safety issues. By dividing up the tasks of surveillance, we can survey 175 issues in approximately 15 minutes. This also provides a time for clinical managers to voice infection control or safety concerns to our management team.

The results are discussed with the department manager briefly before leaving the area, and a summary report is compiled and mailed to the manager. The reports are submitted quarterly to the safety committee, and unresolved problems are forwarded to the administrative quality improvement committee.

Since this multidisciplinary team of managers has dedicated the time to make these rounds, the team has been received very well and has emphasized the importance of infection control and safety practices in every aspect of patient care, at the bedside, and in support departments. The surveys also have allowed us to meet the Joint Commission on Accreditation of Hospital Organizations' requirements for safety management and documentation of processes to reduce the risks of endemic and epidemic nosocomial infections.(EOC 1.2.1, 1.3.1, 1.5.1, 2.3.1, IC.2). Sample survey forms are available from the undersigned upon request.

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Ciprofloxacin Resistance Among Nosocomial *Pseudomonas aeruginosa* and *Staphylococcus aureus* in the United States

To the Editor:

The study by Coronado et al[1] provided important information about the epidemiology of ciprofloxacin resistance in *Staphylococcus aureus* and *Pseudomonas aeruginosa.* In the discussion section of the paper, the authors cited our paper that reported results of epidemiological typing of *S aureus* by DNA restriction fragment-length polymorphisms of rRNA genes (ribotyping).[2] Coronado et al have misquoted results from our study and have attributed results from typing studies of methicillin-susceptible *S aureus* (MSSA) to methicillin-resistant *S aureus* (MRSA). Our report indicated that ribotyping demonstrated that a number of different strains or clones of MRSA existed at the Atlanta VA Medical Center and that ciprofloxacin resistance had emerged in multiple strains of MRSA as opposed to primarily a single strain or clone of MSSA. Selective pressure appeared to play an important role in the development of ciprofloxacin resistance in MRSA, as resistance was not documented until after the drug was introduced into the hospital formulary in late May 1988 and increased rapidly from 0% to approximately 80% in a 1-year period.[3] Currently, 89% of MRSA isolates and 8% of MSSA isolates recovered from the Atlanta VA Medical Center are resistant to ciprofloxacin.

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REFERENCES

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The author replies.

We thank Drs. Blumberg and Rimland for their comments. While the results from their paper[1] were attributed incorrectly to methicillin-resistant *Staphylococcus aureus* (MRSA) in our manuscript,[2] the authors' finding that a rapid increase in ciprofloxacin resistance occurred among MRSA isolates provides additional evidence of the rapidly increasing ciprofloxacin resistance suggested by our analysis. Indeed, the current Atlanta VA Medical Center data on ciprofloxacin resistance among *S aureus* isolates are remarkably similar to the pooled means provided in our report. Additionally, Drs. Blumberg and Rimland related the increase in resistance to ciprofloxacin introduction, which our analysis was

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