



Service Priorities and Programmes Electronic Presentations

Convention ID: 647

Submitting author: Ms Connie Wai Han CHAN

Post title: Advanced Practice Nurse, Alice Ho Miu Ling Nethersole Hospital, NTEC

Innovative Infection Control Enhancement Strategies

Chan WHC(1), Lo KMC(1), Ching KC(1), Chak KW(1), Wong YY(1), Lam YCW(1), Kwok KBC(1), Fan CH(1), Ngai WL(1), So HW(1), Yu WYC(2), Chow CYV(2)

(1) Department of Orthopaedics & Traumatology, Alice Ho Miu Ling Nethersole Hospital

(2) Infection Control Team, Alice Ho Miu Ling Nethersole Hospital

Keywords:

Acinetobacter

Infection

Zone

Orthopaedics

Outbreak

Introduction

Acinetobacter species is a heterogeneous group of organisms found in fresh water and soil, and is also found frequently as a skin and throat commensal in human.

Outbreaks of Acinetobacter infections have been documented due to contaminated respiratory therapy equipment, intravascular access devices, environmental surfaces and transmission via the hands of hospital personnel. (CID April, 2008) There have been two episodes of Multiple-drug Resistant Acinetobacter (MDRA) outbreak in 2014 and 2015 in Orthopaedics & Traumatology department of AHNH. It revealed there was widespread environmental contamination in the affected ward including Nurses Station and Store Room. A series of infection control enhancement strategies had been carried out since September 2015 to prevent the outbreak of infectious disease.

Objectives

To implement strategies of preventing MDRA hospital acquired infection in wards.

Methodology

A Working Group was set up in July 2015 including Doctor, Nurses and supporting staff to run the program. Infection control Team (ICT) colleague has also been consulted and invited for their input in our improvement plan. Four innovative strategies were highlighted and listed as follows: 1) Segregation of clean zone, yellow zone (for suspected infectious cases) and red zone (for infectious cases): Patients were assessed and assigned into respective zone whenever indicated. 2) Application of designated trolley: Each cubicle and side ward was equipped with one designated trolley, which contained medical equipment and consumables, and served for that area. 3) Defining ultra clean area for consumables and equipment: Unused items or newly ordered items could only be placed in that area. 4) Record for cleansing routine: Involved staff including nurses, clerks and supporting staff had to sign the record after cleansing equipment, nursing station and patient case notes daily.

pm shift.

Result

With the help of ICT, the progress and effectiveness of the program is to be monitored and evaluated by periodical audit result of Hand hygiene compliance and monthly alert report on ward organism. No infectious disease outbreak was reported after implementation of the series of strategies.