

Service Priorities and Programmes Electronic Presentations

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Unification of Infection Control Measures in Surgical WardsYuen LY(1), Yu WL(1), Hoi HS(1), Law YP(1), Fan CM(1), Tam YF(1)
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Introduction

Multi-Drug Resistant Organisms (MDROs) is threatening the global healthcare system. Their significant impacts included increasing healthcare cost, longer lengths of hospitalization, and higher morbidity and mortality rates. From August 2011 to July 2012, 80 out of 613 (13%) new Methicillin-Resistant Staphylococcus Aureus (MRSA) cases in TMH were emerged in surgical wards. Proper healthcare process is crucially to prevent bacterial transmission via wound dressing, catherization or any bedside nursing care. Supporting fund for Continuous Quality Initiatives (CQI) successfully applied from TMH Accreditation Team. It provided a precious opportunity to enhance the current infection control measures and practices in the wards.

Objectives

1. Unify the infection control measures for all patients requiring contact precaution in Surgical wards by standardizing the care practices. 2. Promote visual alert for supporting safe practice for health care workers. 3. Ensure a safe environment for patients and health care workers.

Methodology

The project implemented in 5 Surgical wards on May 2012. It included standardization of equipments and infection control measures: (1)Isolation Equipment Box- contain equipments for vital signs monitoring at bedside for individual patient (2)Visual Alert Signage- a 'Contact Precaution' magnet marked on the bed location board to alert staff plus a contact precaution list posted in pantry to facilitate handover by support workers (3)Assigned Physiologic Monitor (4)PPE Trolley (5)Twin Bag Carrier with yellow cover- to collect soiled linen and garbage (6)Bed making procedure- flow chart (7)Daily cleansing routine by ISS worker. Equipments for patient requiring contact precaution are colour coded in yellow. Education program with assessment for support workers is one method to ensure competent infection control practices. It also included in department orientation/ preceptorship program for new comers. Infection Control Notice Broad for up-to-date information sharing.

Result

Pre and Post-Program Staff Feedback Survey were conducted in June and November of 2012 respectively. 185 questionnaires were being distributed with 144 returned (response rate 77.8%) in pre-program staff feedback survey. 185 questionnaires were being distributed with 150 returned (response rate 81.1%) in post-program staff feedback survey. The post-program staff feedback survey result showed that 98.6%(>7.7%) of staff agreed the instruction of contact precaution is clear and enough for daily patient care; 78%(>15.5%) agreed the existing equipments and materials for contact precaution patient were easy to find around patients' areas; 70.7%(>15.2) agreed the visual alert signage for contact precaution is clear. Internal audit will be carried out in early of 2013 to review the compliances of the measures. Conclusion An infection control program with a higher compliance rate is essential in preventing MDROs outbreak. With the launch of this program, we hope to enhance staff awareness on infection control policy and ensure a safe environment for patients and health care workers.