Quality Improvement Program for control of MRSA colonization in an Infirmary Ward of Grantham Hospital by an “MRSA decolonization bundle”

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Introduction
In 17/2/2012, a patient of 7TCI (TBCU) suffering from COPD, and chest infection was found to have Community Acquire MRSA isolated from her sputum. Relevant Infection control measures had been implemented. Contact was traced in prevalence group. Total 25 nasal swab specimens screened from CAMRSA and MRSA yielded from patients, 18 of the 25 in-patient (75%) found to have positive MRSA in their Nasal swab specimen. In response to the high proportion of MRSA colonization rate in 7TCI infirmary ward. A task group was formed in JUNE 2010 to review current practice in 7TCI. An “MRSA decolonization bundle” was implemented and achieved a favorable outcome.

Objectives
1. Resolving the problem of the high MRSA carrier. Emphasizing the implementation of prevention bundles 2. The expansion of Infection Control concept: Infection Control is Everyone’s business

Methodology
1. Hand Hygiene Regular alcohol handrub (AHR) round 3 times per day for all patients and staff and visitors present in ward 2. Environmental hygiene Use of disposable wiper for environmental cleaning for areas nursing MRSA colonizers 3. Decolonization therapy Use of 4% Chlorhexidine Gluconate for bathing of MRSA carrier 4. Dedicated equipment BP cuff, stethoscope, thermometer for MRSA carriers 5. Project Warden Staff working in ward (delegated staff) monitor the compliance of the application of the bundle 6. MRSA screening Weekly screening nasal swab (or sputum) for all patients colonized with MRSA Take nasal swab (or sputum) for MRSA for new admissions. 7. Infection Control Audit Weekly monitor MRSA surveillance, report and feedback Instruct to cohort all laboratory confirmed MRSA cases in designated areas

Result
1. MRSA clearance to 73% within 28 days 2. MRSA colonizer prevalence decrease to 27% 3. No hospital acquired MRSA detected in 7TCI 13 of them cleared the MRSA during monitoring