Service Priorities and Programmes

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MRSA Decolonization Program in a Long-term Care Setting (Multi-disciplinary Approach)

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Introduction

Methicillin-resistant staphylococcus aureus (MRSA) pose a potential danger to people whose are in poor health condition that may result in higher rates of morbidity and mortality. Those patients would also be the carriers and transmitted MRSA to the others. For the sake of MRSA eradication from colonized group and control of the spread, MRSA decolonization program was implemented. SCH is a pioneer hospital of long-term care setting in implementing this program. It joined forces of multi-disciplines, included doctors, nurses, infection control team, allied health profession and central supporting service.

Objectives

1. To enable effective management of MRSA patients 2. To prevent MRSA transmission from colonized patients or environment to other individuals

Methodology

1. Screen and destroy: MRSA patients would undergo decolonization therapy then continue monitoring of re-colonization through periodically screening. Three consecutive negative screens indicated immediate success of MRSA decolonization. 2. Prevention & Control of MRSA spread: Cohort MRSA infected or colonized patients. Provide dedicated equipment and intensive environmental cleaning to high touch area of MRSA patients. 3. Reinforce staff awareness and knowledge: A series of trainings included MRSA preventive measures, briefing on MRSA decolonization program, and environmental cleaning were conducted. Followed by hand hygiene audit.

Result

From August 2012 till June 2013, A total of 39 patients received MRSA decolonization therapy. The overall success rate was 48.7%. Remarkable success rate 63.6% (7 out

of 11 cases) was achieved in the 3rd stage, which had significantly higher than the 1st stage, 40.7% (11 out of 27 cases). Gender, catheter and wound were found to be significantly associated with risk of MRSA re-colonization: Males had a risk of 4.21 (95% CI 1.72, 10.33; p=0.002) compared with females. Patients with catheter used was 1.96 times risk (95% CI 1.19, 3.22; p=0.008) that for ones without catheter used. Patients with wound was 2.08 times risk (95% CI 1.22, 3.57; p=0.008) that for ones without wound.