



## Service Priorities and Programmes Electronic Presentations

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**Control of the Emerging Vancomycin-Resistant Enterococci (VRE) in Department of Surgery, Pamela Youde Eastern Hospital: One Year Experience**  
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**Keywords:**

Vancomycin-Resistant Enterococci  
Infection Control

**Introduction**

On 2016, there were 2 episodes of small scale of VRE out-break in a male acute surgical ward. The origin of VRE came from 2 bile culture samples which were saved during Endoscopic Retrograde Cholangio-Pancreatogram (ERCP) and Laparoscopic Operation. With collaboration with the Infection Control Team (ICT) colleagues, tailor-made bundles of infection control measures are retrieved and sustained in ward. A ward-based VRE screening program has been implemented since 11 April 2016.

**Objectives**

To achieve early detection and early cohort of VRE colonized patient;  
To consolidate the alertness of colleagues in VRE control;  
To evaluate the standard of infection control measures of the ward.

**Methodology**

With verbal agreement from patients with hospital length of stay (LOS) more than 14 days, a rectal swab is taken for VRE screening. Every morning, the target patients are identified by ward clerk or shift in-charge. Then, team nurse takes the rectal swab and sends to laboratory. Rectal swabs are also taken for every 14 days, which means on Day 28, Day 42 etc. To unify the operation, statistics regarding ward occupancy and proportion of patients with length of stay  $\geq 14$  days are also done. Team approach and specific record forms are worked out for this program. An alert form is placed on those target patients' file. Ward Manager, Advanced Practice Nurses and IC ward Linked Nurse monitor the program daily and notify ICT about the progress of the program weekly. Furthermore, the compliance of infection control measures of all ward staff are regularly educated and monitored.

**Result**

From 11 April, 2016 to 31 January, 2016, the average occupancy rate is 100.50% in the ward.

The average proportion of patients with LOS >14 is 25.25%.

345 rectal swabs among 231 patients were taken for VRE screening. (231 samples with LOS >14 days, 66 samples with LOS >28 days, 24 samples with LOS >42 days, 11 samples with LOS >56 days, 7 samples with LOS >70 days, 4 samples with LOS

>84 days, 1 sample with LOS >98 days, and 1 sample with LOS >112 days)  
All screening results were NEGATIVE. The bundle of infection control measures and team approach implemented in ward are observed to be successful. It can also increase staffs' alertness in VRE control. This proactive VRE screening program is effective for detecting potential VRE colonized cases. This systematic approach for infection control is undoubtedly, vital and significant.  
In view of nature similarity, this program is high reference value for high risks VRE or carbapenemase-producing Enterobacteriaceae (CPE) emerging units to trial and follow.