



NEW SOUTH WALES

Symposium 2016

Harry Collins Award

Say no to multi resistant organisms (MROs) South Eastern Sydney Local Health District

Challenge

In 2014, The Sutherland Hospital Intensive Care Unit experienced an increased volume of Multi Resistance Organism (MRO) acquisitions. Many of the acquisitions had similar genotypes which indicated that we were transferring MROs between patients.

Unit functional design and patient mix led to co-horting of MRO and Non-MRO patients which we believe increased acquisitions.

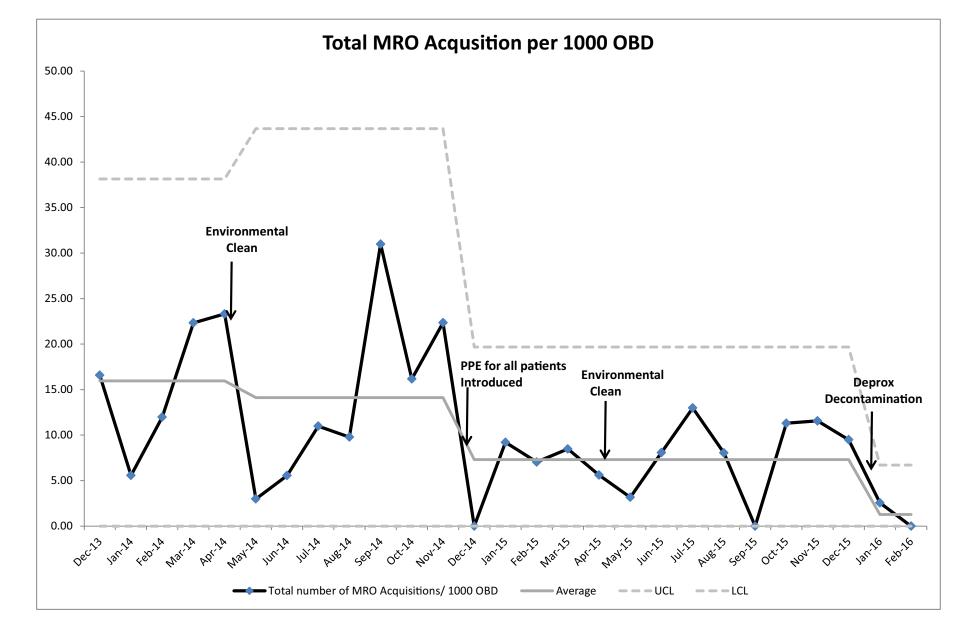


schedule

- Hand hygiene education
- Implementation and education regarding single use equipment and reprocessing of bed areas as well as equipment after patient discharge

Acknowledgments

Critical Care Medicine Team, The Sutherland Hospital



Delays between screening swab collection and positive MRO results also contributed to increased MRO acq-uisitions.

Could we significantly reduce and if possible eliminate MRO acquisitions in Intensive Care Unit without completely redesigning our unit?

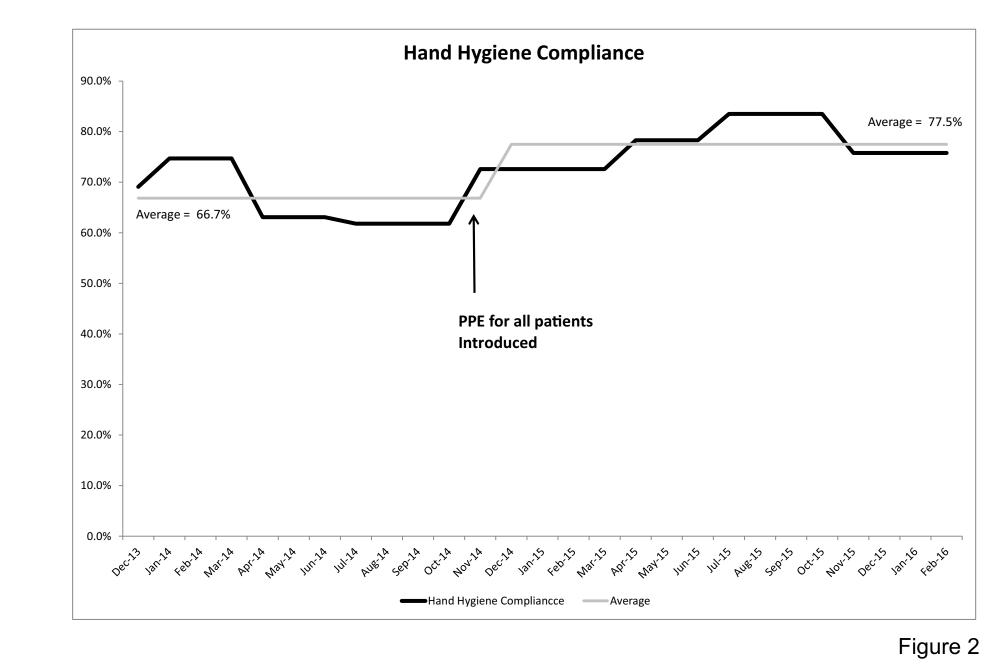
Say NO to MRO Strategy

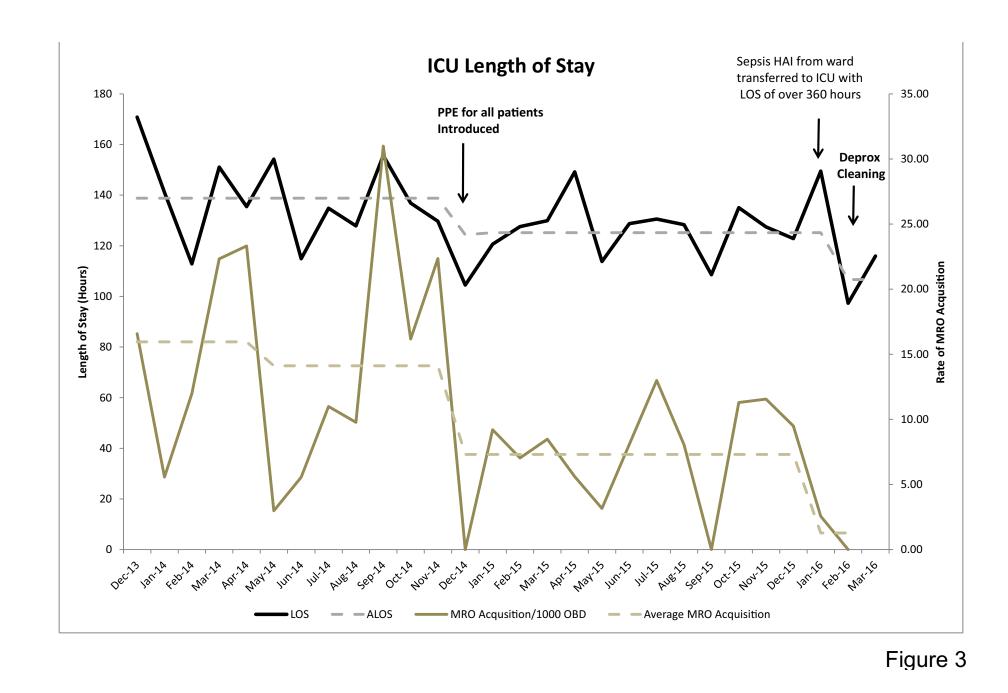
- Treat all patients with the same precautions
- All patient bays treated as isolation zones
- Bed areas marked off (tape on the floor)
- Impervious yellow gowns during all patient contact for ALL STAFF including: medical staff, cleaning staff, orderlies) regardless of MRO status for the duration of their critical care medicine stay.
- Limiting movement of patients around the department (i.e. bed moves for acuity)
- Improve the environmental cleaning

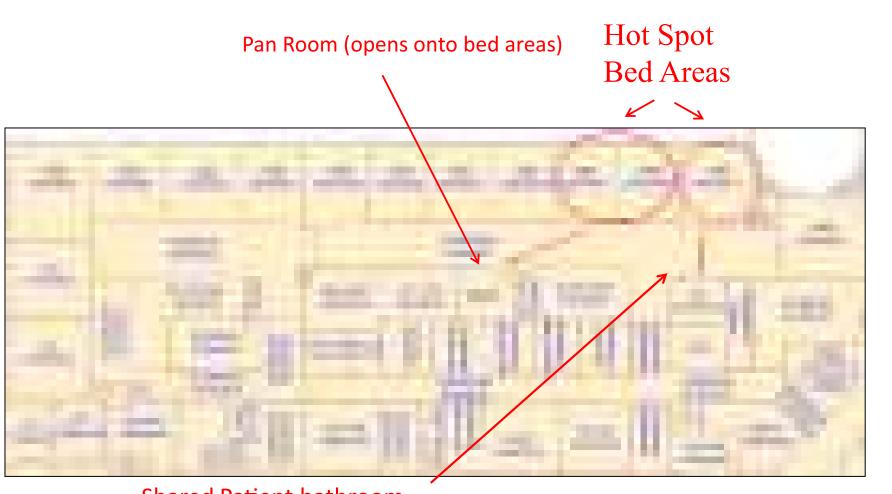
 Implementation of a single cleaning product to reduce confusion and improve compliance with equipment cleaning

Key Outcomes/Results

- Identification of 'hot spot' bed areas with recurrent acquisitions
- Deprox environmental decontamination arranged for these bed areas and common patient bathrooms as well as dirty utility room (see figure 4)
- Significant reduction in MRO acquisitions after initial project implementation with further improved outcomes after deprox decontamination (See figure 1)
- Reduction in intensive care unit length of stay (25 hours) per patient (See figure 3)
- Improvement in hand hygiene compliance (10 per cent increase) (See figure 2)







Shared Patient bathroon ntification of 'Hot spot' Bed areas with

recurrent acquisition: