The Isolated Patient Journey in Victoria

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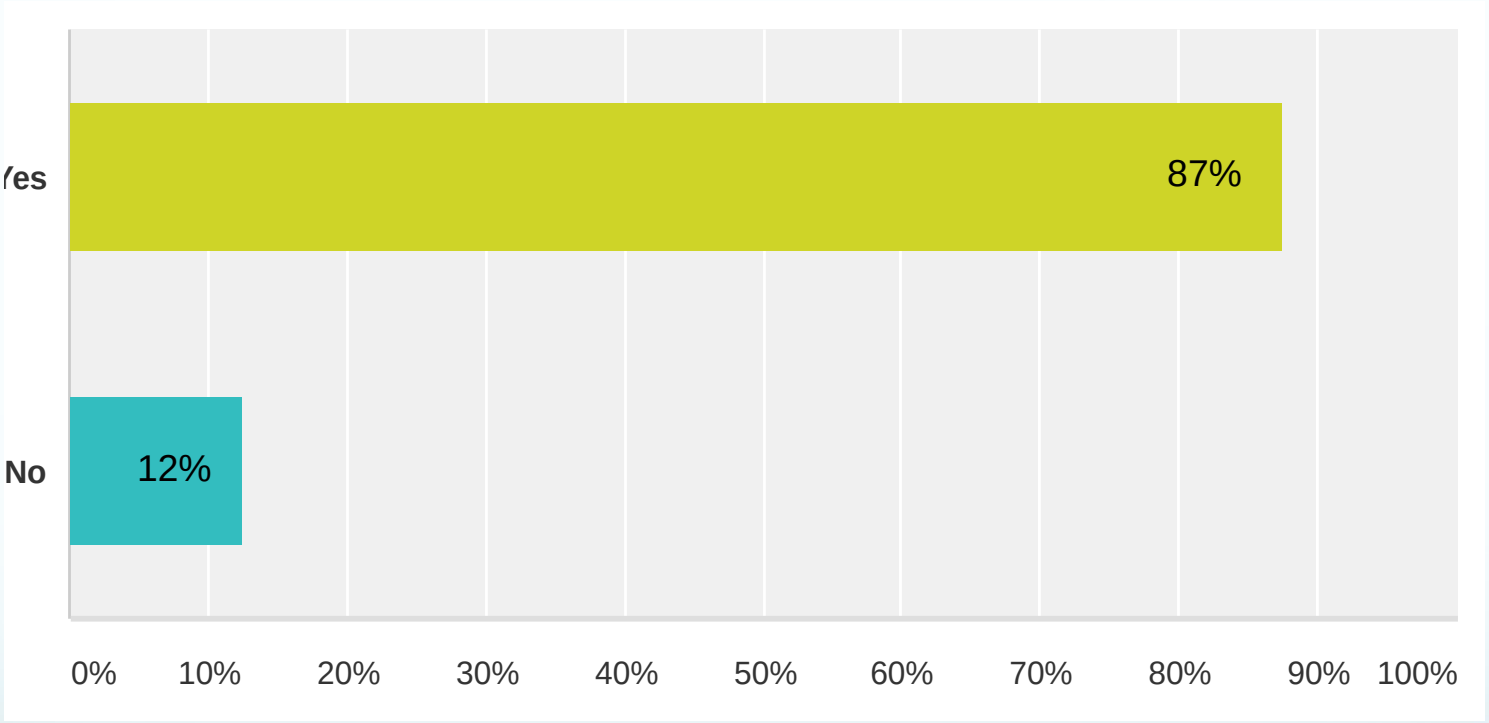
What we know …

- A recent review of the effectiveness of transmission based precautions (TBP) for MDRO is questionable outside of outbreak management
- Concluded that compliance with TBP should be regularly monitored and included in an infection control program
- Future research should include compliance with isolation practice to understand what level of effectiveness can be reasonably expected in practice

Cohen *et al*. Effectiveness of contact precautions against multi-drug resistant organism transmission in acute care: a systematic review of the literature. Journal of Hospital Infection 2015; 90:275-284.

Do we all dare to bare below the elbows?



N = 31

The isolated patient journey in acute care

	MRSA	vanB VRE	vanA VRE	CPE	CRE	MDRO Klebsiella pneumoniae	MDRO Acinetobacter baumannii	MDRO Pseudomonas aeroginosa	ESBLs	Infectious diarrhoea	Influenza like illness	Total Respondents
Risk assess need for isolating	86.21% 25	68.97% 20	48.28% 14	24.14% 7	24.14% 7	44.83% 13	48.28% 14	51.72% 15	62.07% 18	27.59% 8	41.38% 12	29
Always isolate in a single room	39.39% 13	48.48% 16	66.67% 22	96.97% 32	96.97% 32	63.64% 21	54.55% 18	54.55% 18	48.48% 16	90.91% 30	72.73% 24	33
Standards precautions only	55.56% 5	33.33% 3	0.00% 0	0.00% 0	0.00% 0	22.22% 2	22.22% 2	22.22% 2	33.33% 3	0.00% 0	0.00% 0	9
Long sleeve gown	34.38% 11	43.75% 14	68.75% 22	90.63% 29	90.63% 29	56.25% 18	46.88% 15	50.00% 16	43.75% 14	84.38% 27	53.13% 17	32
Apron	92.31% 12	69.23% 9	53.85% 7	38.46% 5	46.15% 6	53.85% 7	53.85% 7	53.85% 7	84.62% 11	53.85% 7	46.15% 6	13
Gloves	62.07% 18	55.17% 16	79.31% 23	93.10% 27	93.10% 27	72.41% 21	65.52% 19	68.97% 20	68.97% 20	93.10% 27	72.41% 21	29
No gloves	75.00% 6	75.00% 6	50.00% 4	50.00% 4	62.50% 5	50.00% 4	50.00% 4	50.00% 4	62.50% 5	50.00% 4	75.00% 6	8
N/A	0.00% 0	0.00% 0	0.00% 0	40.00% 2	40.00% 2	40.00% 2	80.00% 4	40.00% 2	0.00% 0	20.00% 1	40.00% 2	5

N = 33
N = 2 had no acute beds

The isolated patient journey in sub-acute care

	MRSA	vanB VRE	vanA VRE	CPE	CRE	MDRO Klebsiella pneumoniae	MDRO Acinetobacter baumannii	MDRO Pseudomonas aeroginosa	ESBLs	Infectious diarrhoea	Influenza like illness	Total Respondents
Risk assess need for isolating	100.00% 13	76.92% 10	53.85% 7	15.38% 2	15.38% 2	46.15% 6	30.77% 4	53.85% 7	76.92% 10	23.08% 3	38.46% 5	13
Always isolate in a single room	7.14% 1	35.71% 5	64.29% 9	100.00% 14	100.00% 14	42.86% 6	42.86% 6	28.57% 4	21.43% 3	92.86% 13	64.29% 9	14
Standards precautions only	40.00% 2	20.00% 1	0.00% 0	0.00% 0	0.00% 0	40.00% 2	40.00% 2	40.00% 2	60.00% 3	0.00% 0	0.00% 0	5
Long sleeve gown	0.00% 0	21.43% 3	57.14% 8	100.00% 14	92.86% 13	42.86% 6	42.86% 6	28.57% 4	14.29% 2	92.86% 13	42.86% 6	14
Apron	66.67% 4	66.67% 4	50.00% 3	16.67% 1	33.33% 2	16.67% 1	16.67% 1	16.67% 1	50.00% 3	16.67% 1	16.67% 1	6
Gloves	28.57% 4	42.86% 6	71.43% 10	100.00% 14	92.86% 13	50.00% 7	50.00% 7	35.71% 5	35.71% 5	85.71% 12	57.14% 8	14
No gloves	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 1	0.00% 0	100.00% 2	2
N/A	78.57% 11	71.43% 10	71.43% 10	71.43% 10	71.43% 10	71.43% 10	85.71% 12	78.57% 11	71.43% 10	71.43% 10	78.57% 11	14

N = 25

N = ≈10 had no sub-acute beds

The isolated patient journey in residential care

	MRSA	vanB VRE	vanA VRE	CPE	CRE	MDRO Klebsiella pneumoniae	MDRO Acinetobacter baumannii	MDRO Pseudomonas aeroginosa	ESBLs	Infectious diarrhoea	Influenza like illness	Total Respondents
Risk assess need for isolating	100.00% 13	76.92% 10	53.85% 7	15.38% 2	15.38% 2	46.15% 6	30.77% 4	53.85% 7	76.92% 10	23.08% 3	38.46% 5	13
Always isolate in a single room	7.14% 1	35.71% 5	64.29% 9	100.00% 14	100.00% 14	42.86% 6	42.86% 6	28.57% 4	21.43% 3	92.86% 13	64.29% 9	14
Standards precautions only	40.00% 2	20.00% 1	0.00% 0	0.00% 0	0.00% 0	40.00% 2	40.00% 2	40.00% 2	60.00% 3	0.00% 0	0.00% 0	5
Long sleeve gown	0.00% 0	21.43% 3	57.14% 8	100.00% 14	92.86% 13	42.86% 6	42.86% 6	28.57% 4	14.29% 2	92.86% 13	42.86% 6	14
Apron	66.67% 4	66.67% 4	50.00% 3	16.67% 1	33.33% 2	16.67% 1	16.67% 1	16.67% 1	50.00% 3	16.67% 1	16.67% 1	6
Gloves	28.57% 4	42.86% 6	71.43% 10	100.00% 14	92.86% 13	50.00% 7	50.00% 7	35.71% 5	35.71% 5	85.71% 12	57.14% 8	14
No gloves	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 1	0.00% 0	100.00% 2	2
N/A	78.57% 11	71.43% 10	71.43% 10	71.43% 10	71.43% 10	71.43% 10	85.71% 12	78.57% 11	71.43% 10	71.43% 10	78.57% 11	14

N = 25

N = ≈10 had no residential beds

Do you undertake TBP audits?

Answer Choices	Responses	
No	**22.22%**	6
Yes, Monthly	**3.70%**	1
Yes, Quarterly	**7.41%**	2
Yes, Targeted	**66.67%**	18
Total		27

Additional responses included;

- Daily on ward rounds – (6)
- Targeted – (2)
- Weekly – (1) (assess stock availability)
- Twice yearly – (2)
- Three times per year – (2)

What should be audited and how often?

N = 27

Do you require visitors to wear PPE when visiting isolated patients?

	Yes	No	Total	Weighted Average
Droplet	**86.67%** 13	**13.33%** 2	15	1.13
Airborne	**85.71%** 12	**14.29%** 2	14	1.14
Contact	**33.33%** 8	**66.67%** 16	24	1.67

Technical glitch in audit tool and written commentary indicated 20 ‘yes’ to all Others;

- Following education
- Depends on level of interaction
- Only if visiting more than one patient

Is it time to revisit when visitors need to wear PPE?

N = 33

Does all your waste from isolation rooms go into clinical waste?

	Yes	No	Total	Weighted Average
Droplet	**66.67%** 8	**33.33%** 4	12	1.33
Airborne	**44.44%** 4	**55.56%** 5	9	1.56
Contact	**52.00%** 13	**48.00%** 12	25	1.48

- Extra 9 ‘yes’ to all
- 17 responses stated only blood stained waste went into the clinical waste stream all other general waste

Time to change waste management?

N = 32

Summary

- Bare below the elbows has been adopted by majority of the sample that completed the survey
- Variation in isolating practice and level of PPE used when caring for a patient in isolation for different types of infections
- Similar practice for organisms that have clear guidelines i.e. CPE and CRE, ILI and gastroenteritis
- Strong focus for visitors to comply with TBP
- Strong theme on using the general waste stream with only blood stained waste being disposed into clinical waste stream.

Do we need to standardize the isolated patient journey in Victoria?

- Review the Victorian MRO guidelines to include level of PPE guidelines for particular organisms?
- How are we managing CARalert patients?
- Is it still justified to ask visitors to wear PPE?
- What are we auditing i.e. technique, stock, HH, etc
- Do we need to revisit waste?

Patient-centred risk management strategy for multi-resistant organisms

National Alert System for Critical Antimicrobial Resistances: CARAlert