ACIPC
Australasian College for Infection Prevention and Control

ACIPC Victorian SIG

Please come and join us for the September ACIPC Victorian SIG

Presenter: Louise Hobbs
Manager Infection Prevention and Control
Melbourne Health

Topic: The CPE Transmission Risk Area (TRA) experience

- What does being designated a TRA entail?
- What are some of the pitfalls of contact tracing and being 'labelled' a TRA?

Date: Thursday 14th September 2017

Time: 6:30pm (for a 7pm start)

Venue: Supernormal
180 Flinders Lane, Melbourne
https://supernormal.net.au/
Parking $15 parking special available for those who are driving

Menu: Sharing plates of entrée, main and dessert

RSVP: Monday 11th September 2017 to
donna.cameron@unimelb.edu.au

Our focus:

- **What was the impact:**
  - on patients
  - on staff
  - on our organisation

Discussion points:

- Sustainability
- Alternatives

CPE TRA:
the frequent flyer's experience

Ward 6 South-West:

- 28 beds
- Renal transplant
- Nephrology
- Endocrinology

Ward 6 South-West:

- 1 – 11 admissions daily; average 4 – 6
- TRA period 24/2/17 – 30/6/17
- 181 initially rising to 420 contacts
- Letters to patients and GPs

Background:

13/4/17:

Case 1: KPC + Kleb. pneum. in urine

5/5/17:

Case 2: KPC + Kleb. pneum. in BAL

14/4/17 – 16/4/17:

Both admitted on 6SW (beds 50 and 40)

Number of patients screened since 7/6/17:

- 503 screens on 304 patients

Number of CPE-positive results from contact screening to date:

- 3

Of these, number of KPC-positive *Kleb. pneumoniae*

- 1

Timeline from commencement of TRA

Time of ward contact to receipt of CPE exposure notification letter:

- Up to 18 weeks

Time from receipt of notification letter by patient to receipt of first phone enquiry to IPSS:

- 1 business day

Resources: IPSS team

Patient stories

Patient Impact

- Lack of trust and safety
- Confusion regarding what this meant at the time and long term implications
- Fear regarding future transplantability
- Fear of losing a transplanted kidney
- Fear of isolation and peer rejection/exclusion
- Fear of passing on infection risk to families

Patient Impact cont:

- Carers responsibilities and implications
- Rejection by their usual service providers
- Delays and rescheduling of OP services and interhospital relationships
- Loss of dignity

PPE Requirements and Understanding by both Staff and Patients

- Staff need to don PPE vs patients families
- Non restricted access to the ward and other hospital areas for patients and families
- Confusion for isolation requirements for IP throughout the TRA where whilst within the TRA no PPE required however any movement outside of ward area required full donning of PPE and precautions

Staff Impact

- CPE point prevalence surveys (PPS)
- Patient Awareness activites
- Heightened Patient anxiety and perceived risk
- Nursing staff education and ambiguity
- Review of infection prevention standards including medical, nursing, allied health, cleaning and non clinical staff

Ward Based Management Impact

- Review of Hand Hygiene and Cleaning Standards
  - Clinical Assistants (bedspace)
  - Cleaning Staff (Ward and bathrooms)
  - Nurses (shared equipment)
  - Medical Staff (personal/shared equipment)
- Nursing Staff workload and burnout
- Consumables cost and scrutiny

Hospital Impact

- Perceived Risk affected IP flow and admissions
- Uncertainty regarding IP process for off ward activities
- General widespread alert and panic if inpatients required procedures
- Inter-hospital transfers
- Uncertainty regarding OP procedure process and alerts
- Lack of consensus regarding hospital wide notification (communication strategy)

Hospital Impact

- Lack of consensus regarding hospital wide notification (communication strategy)

- Hospital associated laboratory costs including offsite service providers

Flow-On Effects

- Inter-hospital transfers both to acute and subacute destinations
- Dialysis outpatient facilities both metro and rural, public and private
- Inability to govern or impact education, information sharing to facilitate seamless transition between services

With 20/20 vision:

Patients, families and carers:

- First contact verbal, not written
  - Phone support from the outset

- Information resources for patients: online, packs, meetings or appointments

- Utilise health literacy experts and community representatives to review provide surveyed response to communication tools

With 20/20 vision:

RMH staff, on and off-site service partners:

- Real time Q and A sessions: impact on staff, patients and patient flow
- Learning package
- Timely access to CPE guidelines
- Information resources for external healthcare providers, e.g. dialysis centres, rural OP services

With 20/20 vision:
Organisation:

- Convening of org. management and key stakeholders
  - Nominate dedicated incident coordinators
    - Identify scope of impact
    - Coordinate notification activities
- Devise and implement business continuity plan (ward and wider hospital community)
- Consensus for targeted communication pathways to ensure accurate, timely and appropriate dissemination

PRIMARY LEARNING:

- Fundamentally **communication** is the key to successful outcome

Homework: health literacy: are we hitting the mark??

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