

Management of Patients with Antibiotic-Resistant Organisms (ARO) in Surgical Service Areas

Issue

- ❖ Infection Prevention and Control (IPC) along with Surgical Services at Chinook Regional Hospital decided on a change in practice for management of specific patients in surgical services areas known to be colonized with an antibiotic-resistant organism (ARO)
- ❖ Previously managed with Contact Precautions
- ❖ Once the change was implemented these patients were managed following a Routine Practices model, including use of a Risk Assessment and application of additional measures as required based on symptom presentation
- ❖ This approach to managing patients aimed to facilitate a better patient experience and improve patient flow in Surgical Services areas while maintaining a safe environment for patients and healthcare providers



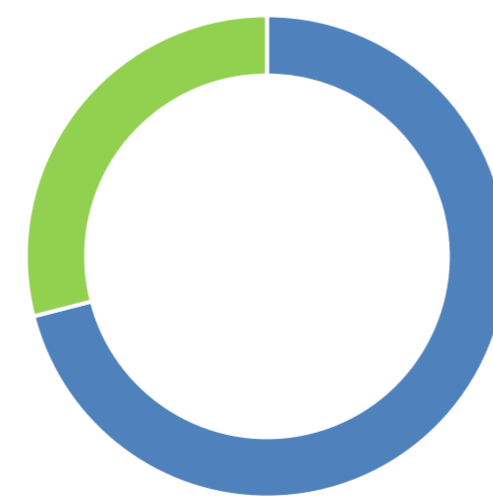
Results

Three months following the training and implementation there was an evaluation which determined sustained knowledge retention and appropriate use of routine practices, based on a comparison to the survey completed by staff prior to receiving training.

61 staff trained



Staff that were familiar with IPC Risk Assessment prior to training



■ Were familiar ■ Were not familiar

Project

- ❖ Tools were developed to support this initiative and education was provided to healthcare providers by IPC
 - ❖ These tools included an algorithm (on the bottom right side of poster) to describe patient management decisions, a risk assessment worksheet and communication pathway.
- ❖ Staff from three units involved in this project and were trained on the, the Routine Practices model, and the tools that were created;
 1. Day Surgery
 2. Operating Room
 3. Post-Anesthetic Care Unit (PACU)
- ❖ These staff also completed a survey prior to this training to assess their knowledge of the Routine Practices model before training had occurred
- ❖ The project focused on just the Surgical Services as opposed to a broader care area due to the very controlled environment the patient is in during their surgical healthcare encounter and the IPC measures already in place

Assessing Patients for Signs and Symptoms of Infection

| | Ask patient: | If patient answers yes: | Additional Precautions Possibly Required Nurse to Assess |
|----|--|--|--|
| 1. | Do you have a new, undiagnosed rash? | <ul style="list-style-type: none"> • Ask patient to wear a mask • Move into exam/treatment room as soon as possible • Have physician assess rash | <ul style="list-style-type: none"> • Airborne • Airborne/Contact |
| 2. | Do you have a NEW or worsening cough? | <ul style="list-style-type: none"> • Ask patient to wear a mask and perform hand hygiene • Ensure good respiratory hygiene • If patient unable to wear a mask, move them at least two metres from other patients • Move into exam/treatment room as soon as possible | <ul style="list-style-type: none"> • Contact/Droplet |
| 3. | Do you have new onset of diarrhea or vomiting? | <ul style="list-style-type: none"> • Ensure patient knows where washroom is located • Ask patient to perform hand hygiene • Move into exam/treatment room as soon as possible • After washroom use, especially if visibly soiled, request terminal cleaning • After exam/treatment, clean surfaces with AHS provided disinfectant wipes | <ul style="list-style-type: none"> • Contact • Contact/Droplet (for uncontrolled vomiting) |
| 4. | Do you have open wounds that are draining and are soiling your clothing? | <ul style="list-style-type: none"> • Cover soiled area with dressing/gown • Move into exam/treatment room as soon as possible | <ul style="list-style-type: none"> • Contact |

Refer to Symptom-based Risk Assessments for more information. <http://www.albertahealthservices.ca/info/Page6854.aspx>

Lessons Learned

- ❖ The project was only somewhat sustained following that due to the COVID-19 pandemic and cancellations of surgeries
- ❖ Need to revisit this project to ensure that it is sustainable
- ❖ New approach will be used based on experiences from other areas in Alberta, applying lessons learned during the COVID-19 pandemic, as well as utilizing evidence-based

