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

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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 service 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

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

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

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

![Circle diagram showing staff familiar and not familiar with IPC Risk Assessment](http://example.com/circle-diagram.png)