



**Reducing healthcare associated
infections outside of hospital**

Integrated Care Pathways

A whole healthcare focus for patients and
carers

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Chair MRSA Action UK

Trustees/Memorial Event



Using care pathways to enable planning with the patient and everyone involved in the patient's care

- Ensures patient is well informed about what care they are receiving and why
- Increases confidence that they will be receiving planned, safe quality care
- Helps understand screening prior to surgery
 - Patients and carers are contacting MRSA Action UK asking about screening and outcomes of positive tests

Using the Integrated Care Pathway as an accurate record to document the required care

Addressograph		
Patient NHS No Patient Name		
Clinical Area	1 st Admission	2 nd Admission
Consultant		

MRSA Integrated Care Pathway

THIS DOCUMENT MAY BE USED FOR TWO SEPARATE ADMISSIONS

Is the patient following another Integrated Care Pathway?.....Yes / No

If yes, record which other Integrated Care Pathway/s is/are in use:

.....
.....

Inclusion Criteria

This Integrated Care Pathway is for use with known and newly diagnosed MRSA adult patients.

Exclusion Criteria

This Integrated Care Pathway is not for use with patients 16 years or younger. Contact Infection Control Team for risk assessment.

For further advice, please contact the Infection Control Nurses.

This Integrated Care Pathway is intended as a guide to care only and does not replace clinical judgement.

Integrated Care Pathway Document Information	
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Addressograph		1 st Admission			2 nd Admission		
Patient NHS No Patient Name		Initials	Date	Time	Initials	Date	Time
1	Summary of colonisation details and initial actions						
2	The initial date the patient was identified as being colonised was Site						
3	The patients notes were labelled on.....						
4	The nurse in charge of the ward is advised to follow the MRSA policy						
5	Does the patient have a resistance to any of the treatment, e.g. Mupirocin, Gentamicin? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:						

Screening		1 st Admission			2 nd Admission				
5	A full MRSA screen has been taken, labelled as per policy and submitted to microbiology.	Yes Initial	No Initial	Date	Time	Yes Initial	No Initial	Date	Time

Initial screening and results		1 st Admission			
	Site of swab	Date swab taken	Result	Date of result	Initial
6	Nasal				
7	Groin				
8	Urine (if urinary catheter in situ)				
9	Wound (state site)				
10	IV1				
11	Peg Site				
12	Other (state site)				

Initial screening and results		2 nd Admission			
	Site of swab	Date swab taken	Result	Date of result	Initial
6	Nasal				
7	Groin				
8	Urine (if urinary catheter in situ)				
9	Wound (state site)				
10	IV1				
11	Peg Site				
12	Other (state site)				



Using care pathways to communicate

Addressograph

Patient NHS No
Patient Name

	Communication	1 st Admission				2 nd Admission			
		Yes Initial	No Initial	Date	Time	Yes Initial	No Initial	Date	Time
13	The Infection Control Team is informed of the patient's admission if previously identified as a carrier.								
14	If newly identified patient, Infection Control Nurse has labelled notes and provided information to ward staff, e.g. Booklets.								
15	The patient is informed of the isolation measures to be undertaken and the rationale. (see risk assessment page 10)								
16	The patient is given information leaflets to support this explanation e.g. pictorial pathway, MRSA and isolation leaflet.								
17	Does the patient have any questions? If yes, specify in patient's own words on Additional Information / Variance sheet.								
18	The patient agrees to be compliant with ICP. If no, liaise with the Infection Control Team and record patient reasons on the Additional Information sheet.								
19	A yellow "Standard Isolation" card is displayed at the entrance to the room. The lower portion of the card is completed and returned to the Infection Control Nurses. <input type="checkbox"/> Not applicable								
20	The Domestic Team is informed to maintain high standard of ward cleaning.								
21	The medical team responsible for care decisions is informed of the patient's positive MRSA status.								
22	Medical team have discussed the antibiotic regime with microbiologist, if required. Medical team to ensure antibiotic levels are checked and reviewed as discussed with Consultant Microbiologist.								
23	Medications are prescribed. <input type="checkbox"/> Patient Group Direction <input type="checkbox"/> Doctor								
24	Prescribed medications are obtained from Pharmacy.								

Addressograph

Patient NHS No
Patient Name

	Treatment / Decolonisation of positive patients	1 st Admission				2 nd Admission			
		Yes Initial	No Initial	Date	Time	Yes Initial	No Initial	Date	Time
25	The patient is isolated in a side room. <input type="checkbox"/> Not appropriate for patient group, discussed with Infection Control Nurse.								
26	Universal precautions are in use i.e. gloves, aprons, hand hygiene solutions as per Trust policy.								
27	Skin and nasal decolonisation treatment to be given for 5 days as instructed on p.7. NB nasal mupirocin 2% should not be used for more than 10 days in total								
28	Superficial wounds treatment to be given for 2 days as instructed on p.7.								
29	The patient has a two day rest period from treatment. State dates.....								
30	The next day the patient has a full re-screen ensuring swabs are taken as per policy.								
31	Treatment is recommenced. This treatment continues until a full negative screen is received. The Infection Control Team will advise the clinical area of a negative screen.								
32	Once a negative screen is received continue treatment until 3 consecutive full negative screens are received. Screen 1 – state date..... patient is re-swabbed. Screen 2 – state date..... patient is re-swabbed.								
33	If patient is positive, continue treatment.								
34	If patient is negative, go to number 38 and re-integrate the patient onto the ward.								

PICTORIAL CARE PATHWAY FOR PEOPLE WITH MRSA

IDENTIFYING MRSA



MRSA has been identified from swabs taken from your nose or skin.



Source Isolation/Blood Precautions
Visitors must report to the Nurses' Station
BEFORE entering a patient's room

You may be cared for in a single room.

Further swabs will be taken during your stay to establish if the MRSA has gone.



TREATING



If you are a skin carrier you will be advised to bathe or shower for 5 days using an antiseptic wash. Hair should be washed twice in this period with the same solution.

To treat MRSA in your nose a nasal ointment will be applied 3 times a day for 5 days.



You may be given antibiotics either orally or through a drip.

REDUCING THE SPREAD OF GERMS



Clean hands can reduce the spread of germs. Use the hand rub solution at your bedside. Rub into hands as you would when normal hand washing. There is no need to rinse off with water.

The doctors and nurses will be available to answer questions. A leaflet about MRSA is also available.



VISITORS



Visitors should wash their hands or use the available hand rub on entering your room and before leaving.



Please ask visitors not to sit on your bed.



Keep your belongings to a minimum. This makes general cleaning easier.

DISCHARGE HOME

You may be asked to continue with treatment at home.



This Pathway has been developed to give you a guideline of what to expect during your hospital stay. Variations may occur based on your individual situation.

This pictorial pathway supports the MRSA ICP
ULHT Infection Control Team April 2005

Informal carers

- Informal carers look after their partners, spouses, relatives, friends, and neighbours on an informal basis. They often have no formal training in care, but need to be informed and trained about any clinical procedures they may undertake

Need to communicate with everyone involved in the patient's care

- Patricia left hospital after recovering from an MRSA surgical wound and MRSA pneumonia
- Information was not recorded systematically and not passed on for her continuing care
- Undergoing chemotherapy
- Later found to be colonised with MRSA and no follow-up



NICE guidance – reducing surgical site infection

- Offer patients and carers clear, consistent information and advice throughout all stages of their care. This should include the risks of surgical site infections, what is being done to reduce them and how they are managed
- Offer patients and carers information and advice on how to care for their wound after discharge
- Offer patients and carers information and advice about how to recognise a surgical site infection and who to contact if they are concerned. Use an integrated care pathway for healthcare-associated infections to help communicate this information to both patients and all those involved in their care after discharge
- Always inform patients after their operation if they have been given antibiotics

In conclusion.....

- So anyone providing care to patients needs to be aware of good infection prevention and control, and patients' vulnerability to infection, whether this is in a care setting or helping at home, formal carers and informal carers all need to understand simple infection prevention and control
- The Infection Control Teams in the Primary Care Trust can help provide advice and there are sources of information that you can access to help on the internet too. Our good practice pages link to the Department of Health Saving Lives programme and to the National Patient Safety clean**your**hands campaign that can help guide carers and inform patients. These can be found at <http://mrsaactionuk.net/bestpractice.html>
- Communication is key in working to reduce infections and save lives