

ONE DIRECTORATE'S EXPERIENCE OF REDUCING MRSA BACTERIEMIAS

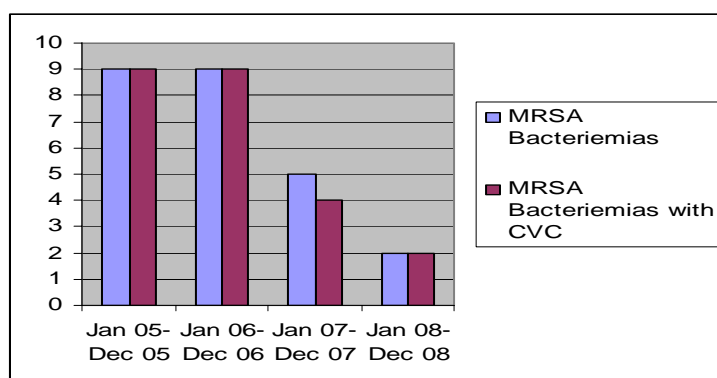
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PROBLEM: The Government in 2004 had set a target for reducing MRSA bloodstream infection rates in hospitals by halve by April 2008. As a directorate in 2005 we had 9 MRSA bacteriemias. The Government had introduced new initiatives and guidance to assist in helping drive the number of infections down. However in 2006 our MRSA rate stayed the same with 9 bacteriemias

PURPOSE: We wanted to change our working practice to reflect the recommendations of the Saving Lives Programme., and reduce our usage of catheters, thus reducing the risks associated with them.

DESIGN: Reducing infection became top priority for the Directorate, and very high profile. A one stop access clinic was developed to prevent delays associated numerous referrals. New guidelines were issued for the elements associated with catheter care. All staff are now assessed annually on aseptic technique & accessing a catheter. Blood culture sampling was reviewed and a new guideline issued. New dressings were introduced for haemodialysis catheters as well as anti-microbial locking. A 2nd access nurse was appointed to take the lead for insertion and ongoing care of haemodialysis catheters, which involved working closely with the medical staff. An access surveillance programme was also introduced using the Transonic machine

FINDINGS: 2007 saw our MRSA bacteraemia rates reduce to 5, and by 2008 down to 2. We also have seen a reduction in our usage of catheters in our chronic haemodialysis population from 27% in April 2005 to 12% in December 2008.



CONCLUSION & RELEVANCE: You cannot continue to work in the same way and expect the outcomes to be different. By following best practice recommendations you can improve your working practice. Though permanent access is preferable in our chronic renal haemodialysis patients, catheters will always play an important role in renal medicine. Our aim now to continue to minimise their use and to achieve 0% MRSA bacteraemias.