

## Infection Control Mount Carmel Hospital 2011

The prevention and control of infection is part of Mount Carmel Hospital's overall risk management strategy. The rapidly changing healthcare system both nationally and internationally requires a more flexible response from infection prevention and control practitioners to address the challenges that healthcare associated infection presents.

In order to improve the quality of healthcare and respond to the patient safety agenda a zero tolerance culture to healthcare associated infection is implemented at Mount Carmel Private Hospital. We frequently review our practices and guidelines to improve the safety and quality of care delivered to patients and through collaboration with members of the multidisciplinary team and the Infection Control Committee (ICC) seek to provide advice, expertise, support and guidance to all members of staff involved in patient care.

Mount Carmel Hospital is committed to ensuring that appropriate resources are allocated for prevention of healthcare associated infection and the effective protection of patients, their relatives, staff and visiting members of the public.

As part of our Infection Control Plan, systematic collection and analysis of data relating to infection rates is carefully monitored through ongoing surveillance and audit. This audit and surveillance includes but is not limited to the following healthcare associated infections:

- Surgical site infections (SSIs) by specialty
- Multiple resistant organisms including MRSA and Clostridium Difficile
- Ongoing audit of catheter associated urinary tract infections (CAUTI)
- Device associated Blood Stream Infections (BSI)

Strict adherence to hand hygiene and environmental cleanliness ensures our infection rates remain low, with ongoing training and education for all staff a priority for the safety and quality of care delivered to all our patients.

The overall Infection rate for 2011 at Mount Carmel Hospital was **1.14%** which by any international benchmark is extremely low.

### **What is Staphylococcus aureus?**

*Staphylococcus aureus*, or “*Staph aureus*” for short, is a common bacteria (or “germ”) that can cause a wide variety of infections in people, both in community and hospital settings.

*Staph aureus* is commonly carried on the skin and in the nose of humans, where it mostly causes no harm (this is termed as carriage or colonisation by the bacteria). It has been documented that

30% of people continuously carry *Staph aureus* in their noses, while many other people carry the bacteria, without any ill effects, from time to time.

Colonisation with *Staph aureus* is **NOT** the same as infection with *Staph aureus*:

Colonisation is when someone carries a bacteria around with them without any ill effects

Infection is when a bacteria manages to get through the skin (for example through a cut) or into other parts of the body where it can multiply and cause a person to become ill.

### **What is MRSA?**

MRSA stands for Meticillin-Resistant Staphylococcus aureus. MRSA is a subgroup of *Staph aureus* that is resistant to a range of antibiotics, including penicillin antibiotics. MRSA first appeared in 1961 soon after the introduction of the antibiotic meticillin (an antibiotic that is no longer in use). Since then MRSA has spread widely in many countries and has been particularly associated with hospitals and other healthcare facilities. (HPSC, 2007)

The following audit and surveillance data shows our low rates of Infection at Mount Carmel Private Hospital:

- MRSA bacteraemia remains at **0%** below national benchmark
- MRSA colonisation **0.3%** with **0.26%** of total cases non hospital acquired colonisation successfully treated as inpatients.
- Norovirus Infection (winter vomiting bug) no outbreaks/no individual cases
- Clostridium Difficile Infection (*C.Diff*) no outbreaks/no individual cases
- Intravascular device infection rate remains at **0%**

**Infection Control Department January 2012**