St. Luke's Medical Center
Quezon City
We love life.

INFECTION CONTROL SERVICE

Infection Prevention and Control Updates: "What's Hot and What's Not"

Billexter S. Bonifacio, MHA, MAN, RN, FPSQua
Department Manager, Infection Control Service

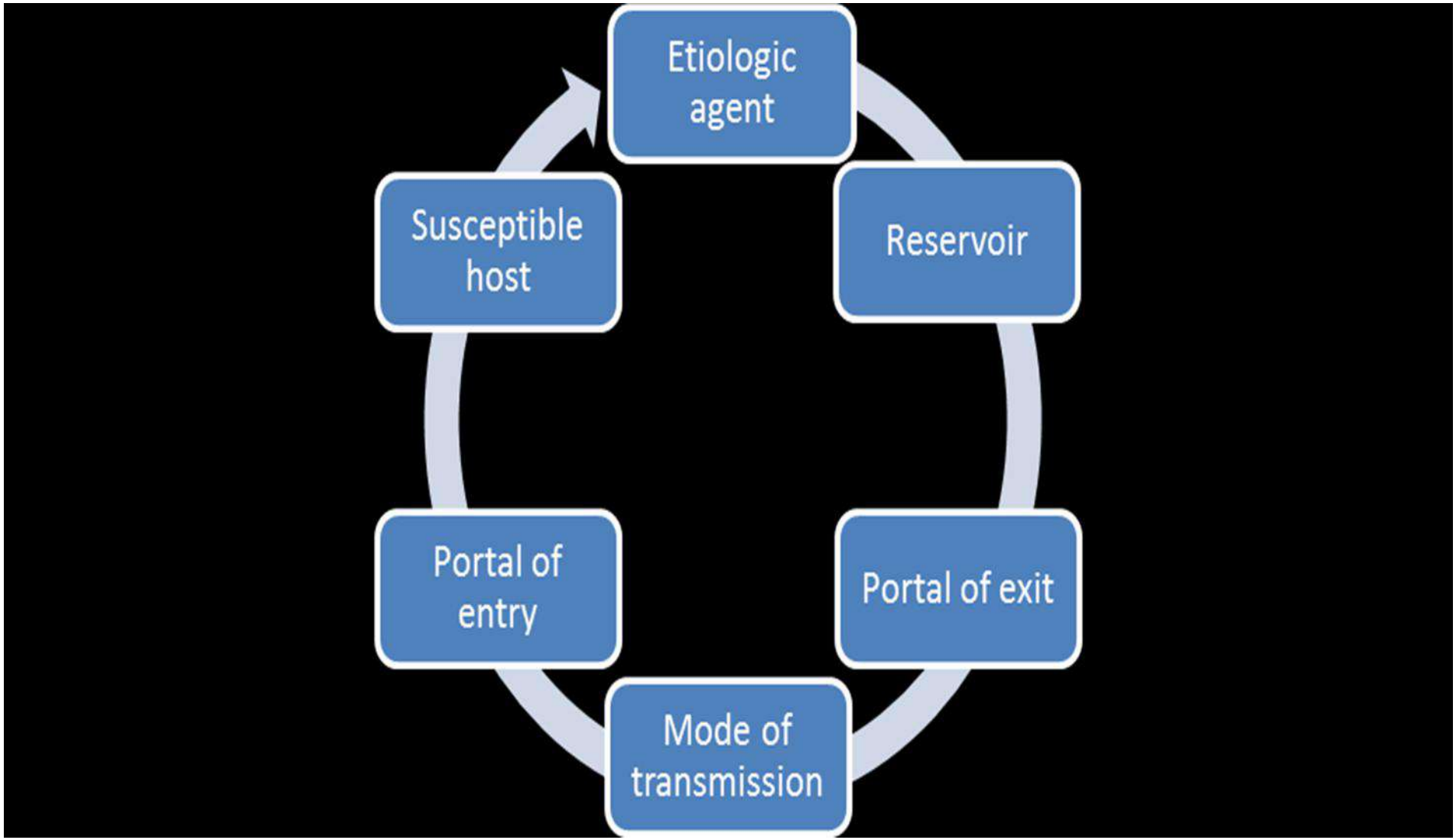


Infection Control

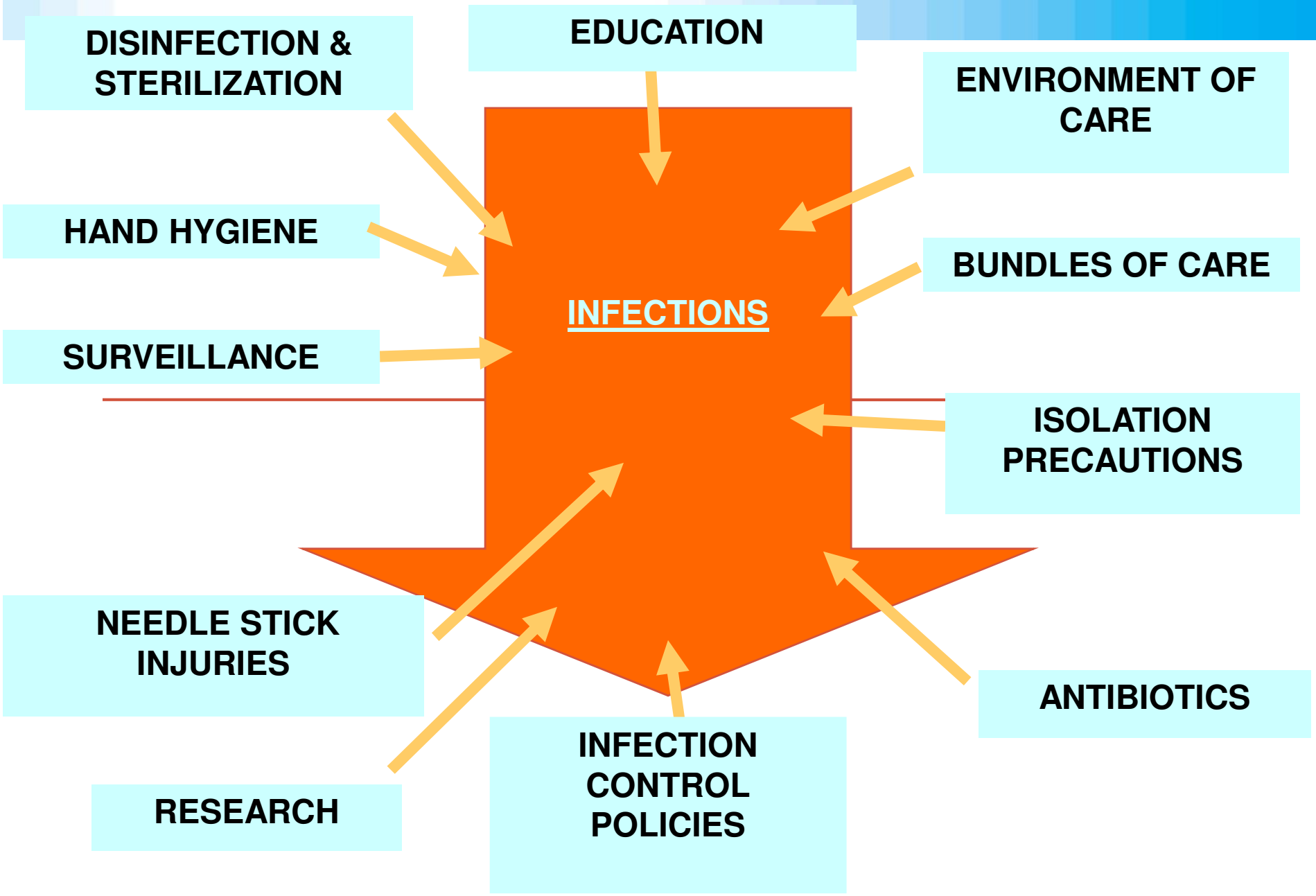


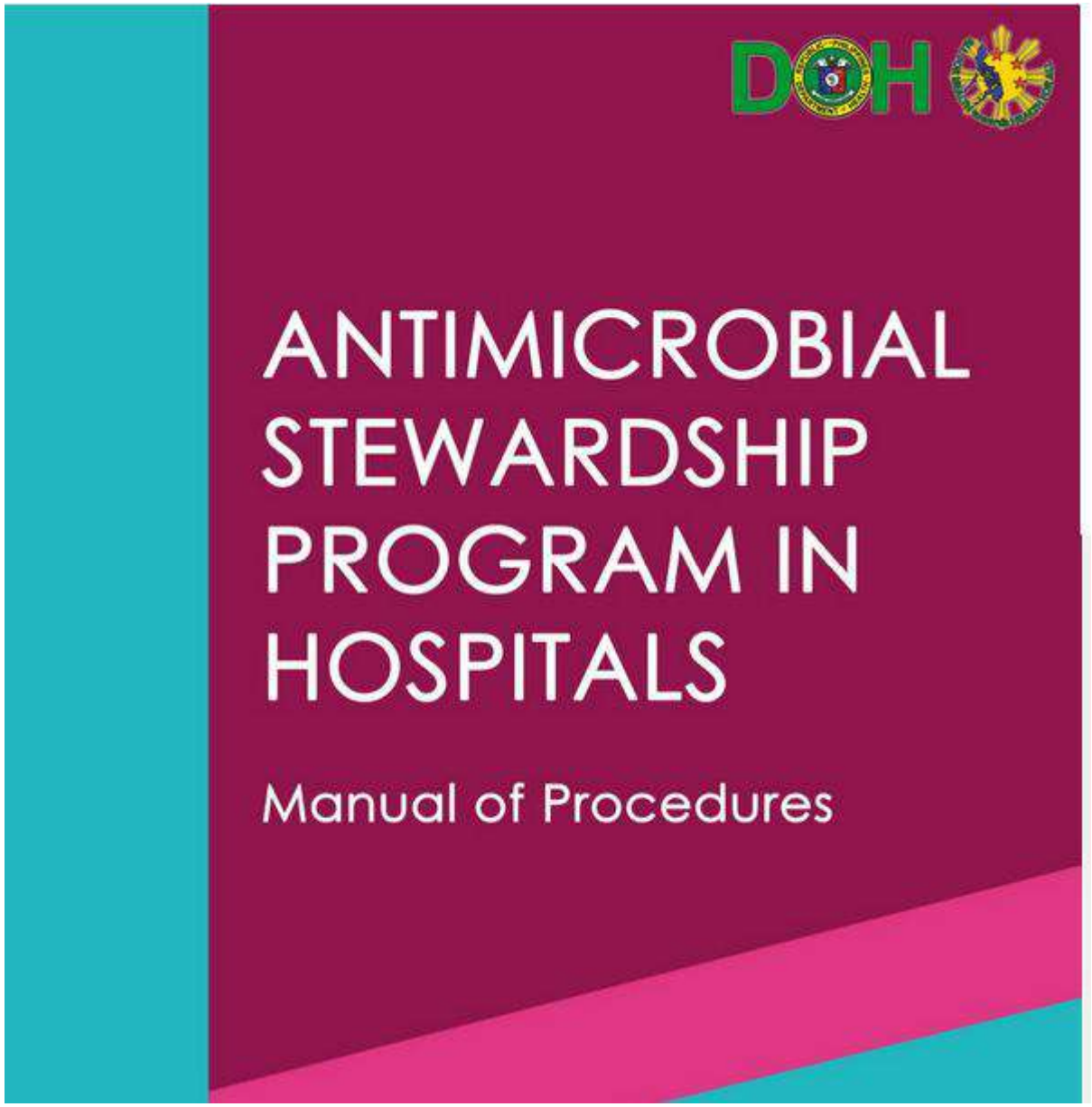
- The Infection Prevention and Control Committee is assigned for the maintenance and promotion of a reduced infection environment.
- Constant exposure and contact of the healthcare providers and patients increase the chances of infections carried from one to the other if precautions are not taken.

CHAIN OF INFECTION



General Infection Control Strategies




DOH
ANTIMICROBIAL STEWARDSHIP PROGRAM IN HOSPITALS
Manual of Procedures

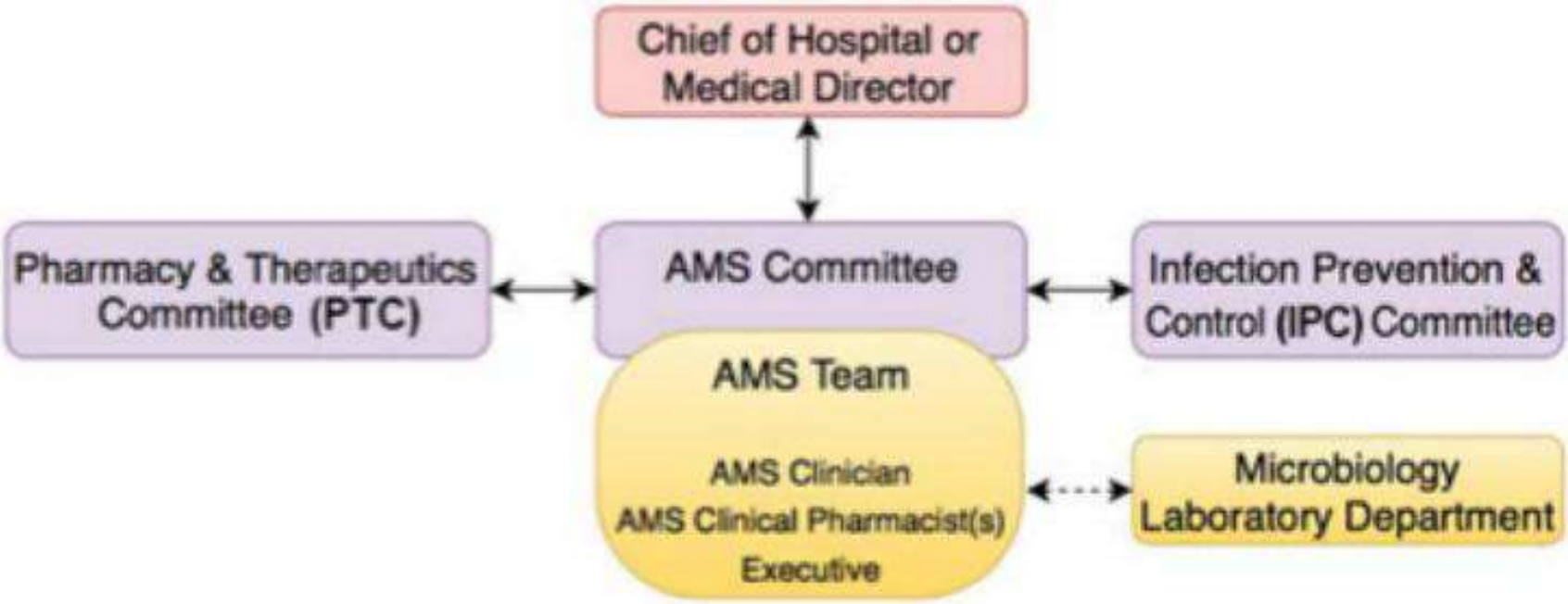


Figure 2: Ideal organizational structure of the AMS Program in a hospital

Table 1: AMS Program requirements and implementation timeline for each level of healthcare facility.

Core Elements	Level I	Level II	Level III
1. Leadership	AMS Team + AMS/ ICC Committee 2018	AMS Team + AMS/ ICC Committee 2018	AMS Team + AMS/ ICC Committee 2018
1. Action: Restriction and Pre-authorization	2019	2018	2018
2. Action: Seventh Day Antibiotic Stop Order	2019	2018	2018
2. Action: Point-Of-Care interventions	NA*	2019	2019
2. Action: Audit-and-feedback	NA*	2019	2019
3. Education	2018	2018	2018

Core Elements	Level I	Level II	Level III
4. Policy, Guidelines and Clinical Pathways	Policy – 2018 Guidelines and Pathways - 2019	Policy – 2018 Guidelines and Pathways - 2019	Policy – 2018 Guidelines and Pathways - 2019
5. Surveillance of AMU and AMR	AMU Surveillance 2019	AMU Surveillance - 2018	AMU Surveillance - 2018
6. Performance Evaluation	2021	2020	2020
AMS Training Implementation	2019	2017 - 2018	2017 - 2018
Full Implementation of AMS Program in the hospital	Jan 2021	January 2020	January 2020
First Performance Evaluation report to be submitted to DOH	Jan 2022	Jan 2021	Jan 2021

In the absence of an AMS committee, the AMS team may report to the ICC committee or any other formal hospital bodies with shared interest in antimicrobial used and resistance.

*** Level I healthcare facilities are encouraged to implement these actions if capability permits.**


HAND
HYGIENE

HAND HYGIENE



MOST

EFFECTIVE

PROCEDURE in

PREVENTING INFECTION

2 International Hand Hygiene Celebration Days

World Health Organization

Clean Care is Safer Care

SAVE LIVES: Clean Your Hands

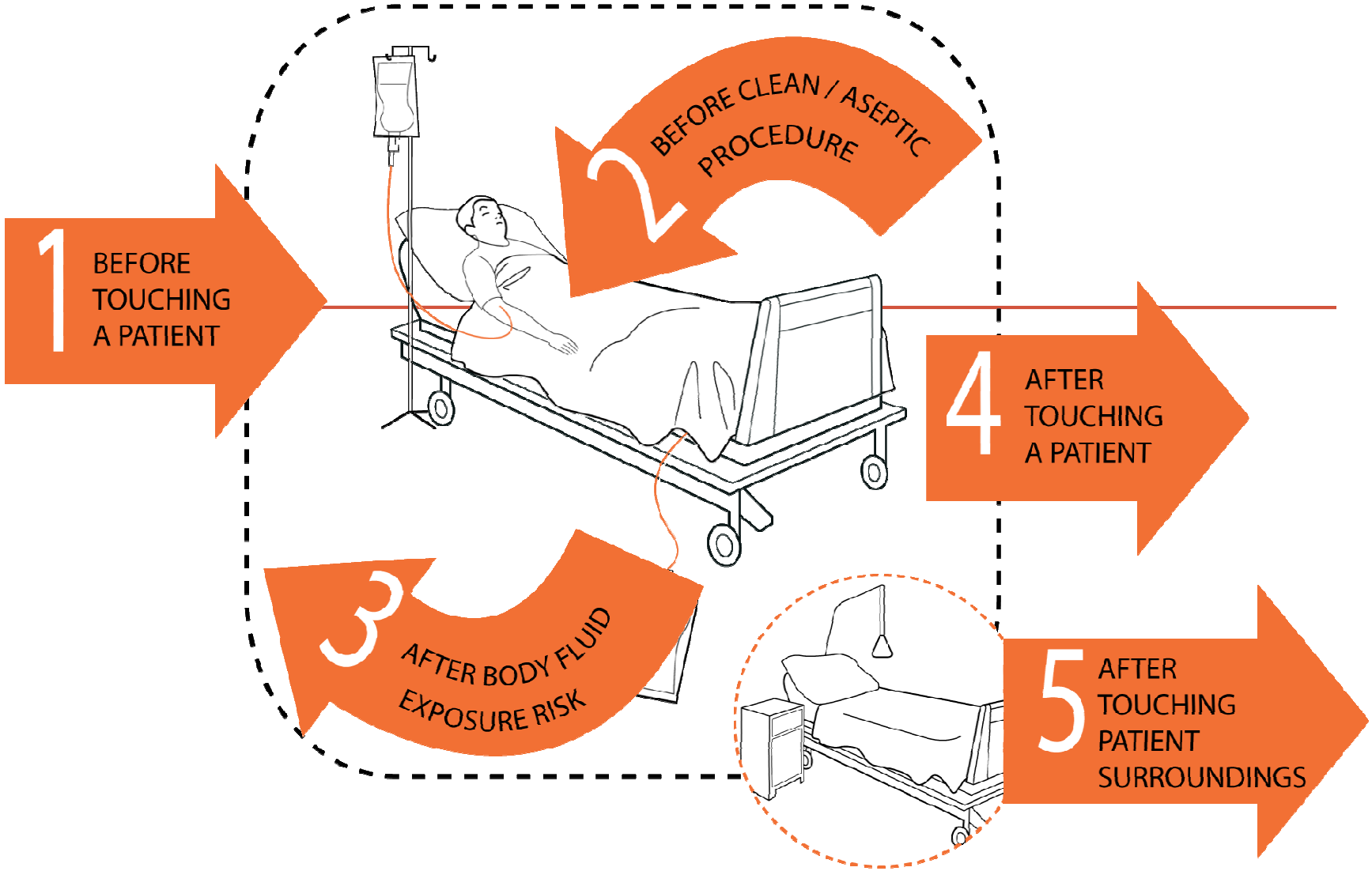
WHO's global annual call to action for health workers





May 5 – World Hand Hygiene Day

YOUR 5 MOMENTS OF HAND HYGIENE




HUG
Hôpitaux Universitaires Genève
CleanHandsSaveLives
UNIVERSITÉ DE GENÈVE
World Health Organization
«My 5 moments for hand hygiene »
Professor Didier Pittet, MD, MS, CBE
Infection Prevention 2017
Manchester, September
Infection Control Programme
WHO Collaborating Centre on Patient Safety - Infection Control & Improving Practices
University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland
2017




Professeur Didier
PRIAT






London Bridge Hospital
Welcome to our hospital. To help reduce the risk of infection to our patients, please use the alcohol santiser when entering and leaving this area.
Thank you for your help.
مرحبا بك في مستشفى لندن بريدج
لمساعدتنا لتخفيض إحتمال الأصابة بالعدوي للمرضانا ارجو استعمال المادة المطهرة عند دخولك وخروجك من مكان الزيارة
وتحن نشكرك لحسن تعاونكم معنا
الادارة

What is the WHO Multimodal Hand Hygiene Improvement Strategy?

Based on the evidence and recommendations from the WHO Guidelines on Hand Hygiene in Health Care (2009), made up of **5 core components**, to improve hand hygiene in health-care settings

ONE System change
Alcohol-based handrubs at point of care and access to safe continuous water supply, soap and towels

+

TWO Training and education
Providing regular training to all health-care workers

+

THREE Evaluation and feedback
Monitoring hand hygiene practices, infrastructure, perceptions, & knowledge, while providing results feedback to health-care workers

+

FOUR Reminders in the workplace
Prompting and reminding health-care workers

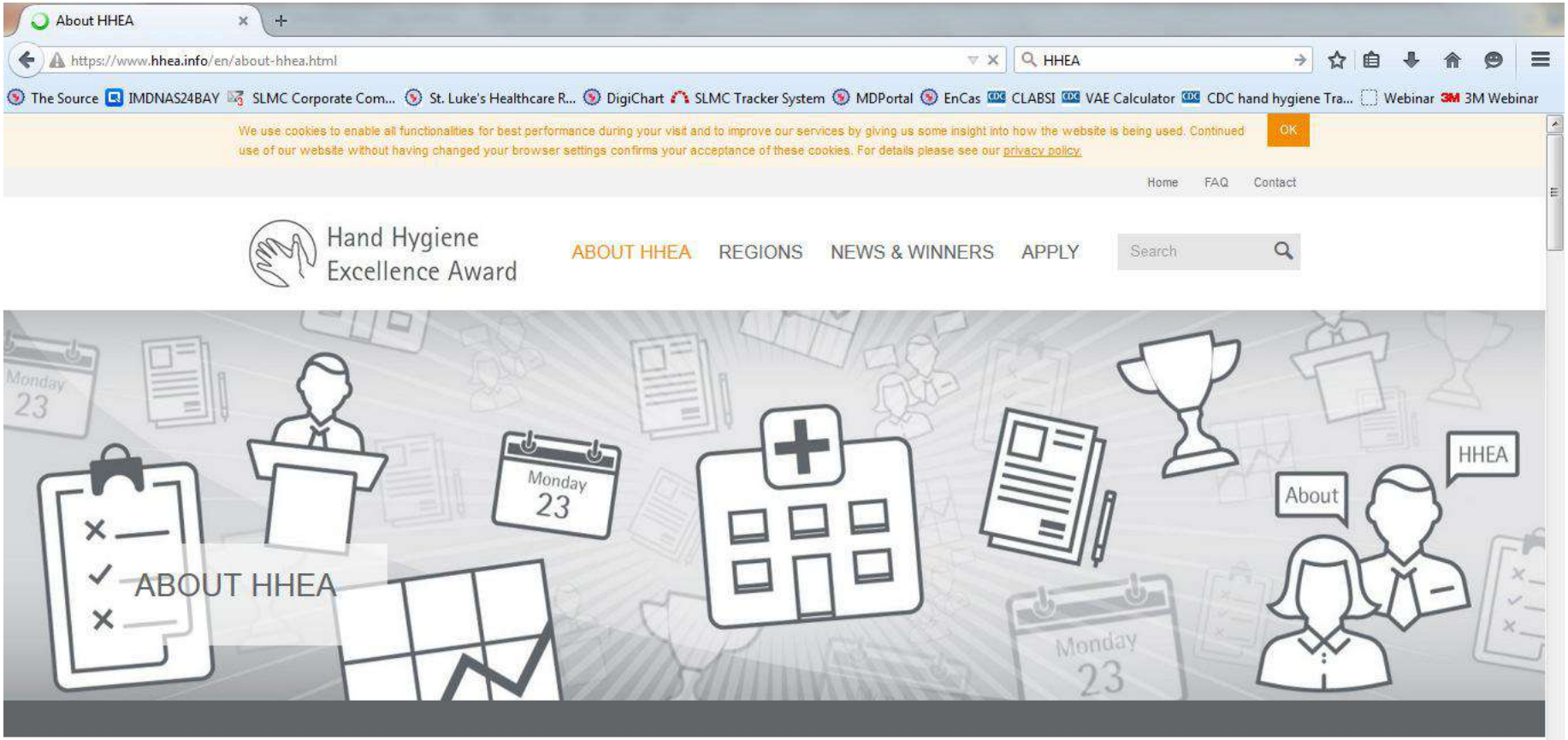
+

FIVE Institutional safety climate
Individual active participation, institutional support, patient participation



Hand Hygiene
Excellence Award

https://www.hhea.info/en.html

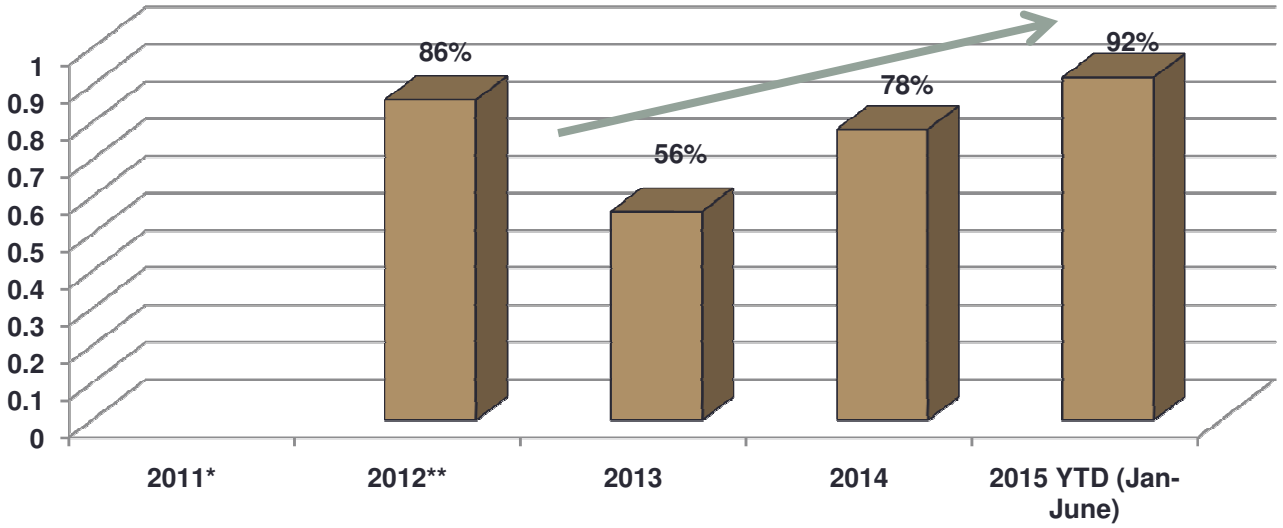


http://www.asianhospitalmanagementawards.com/



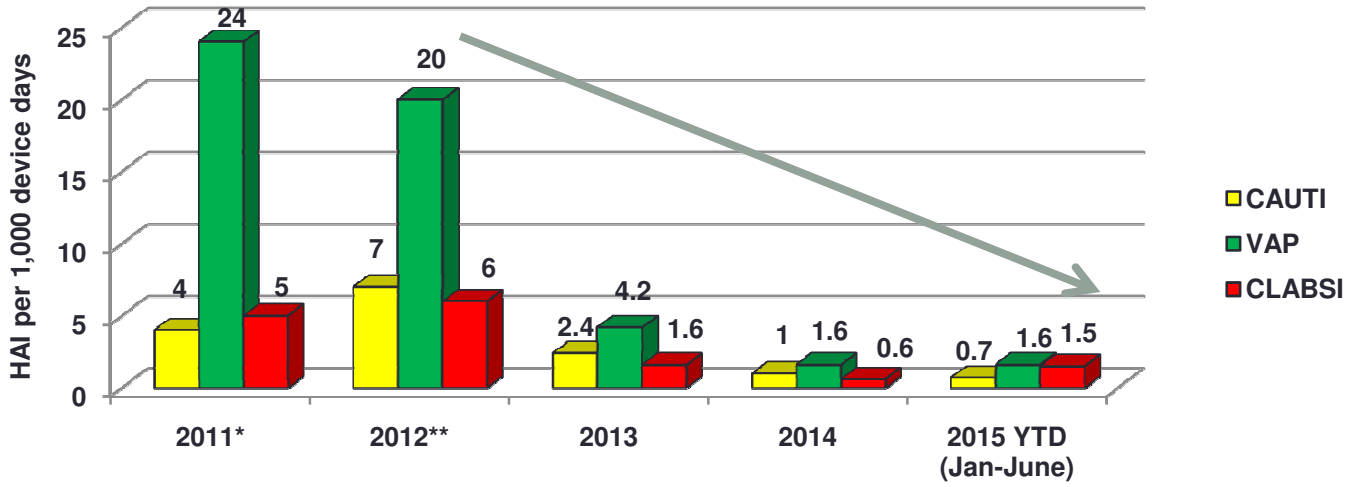


Hospital Wide Hand Hygiene Compliance



*2011 - no HH observation report; **2012 – HH observation limited to ICUs

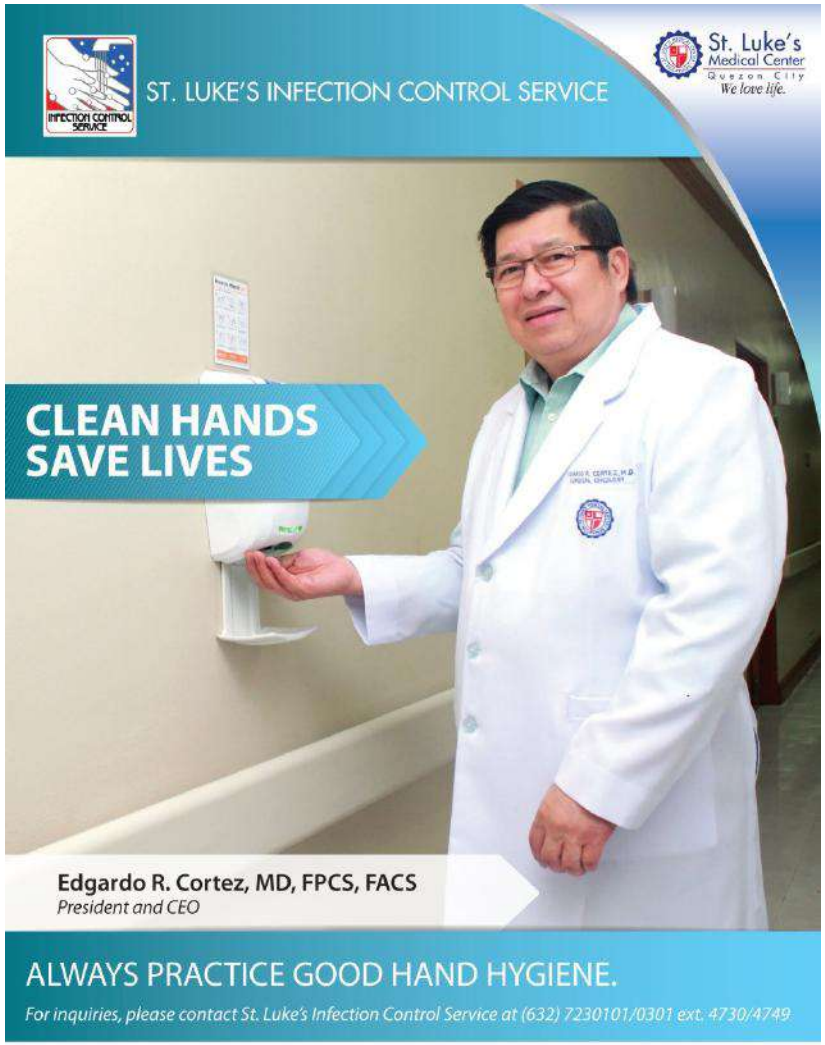
Healthcare-Associated Infections 2011-2015



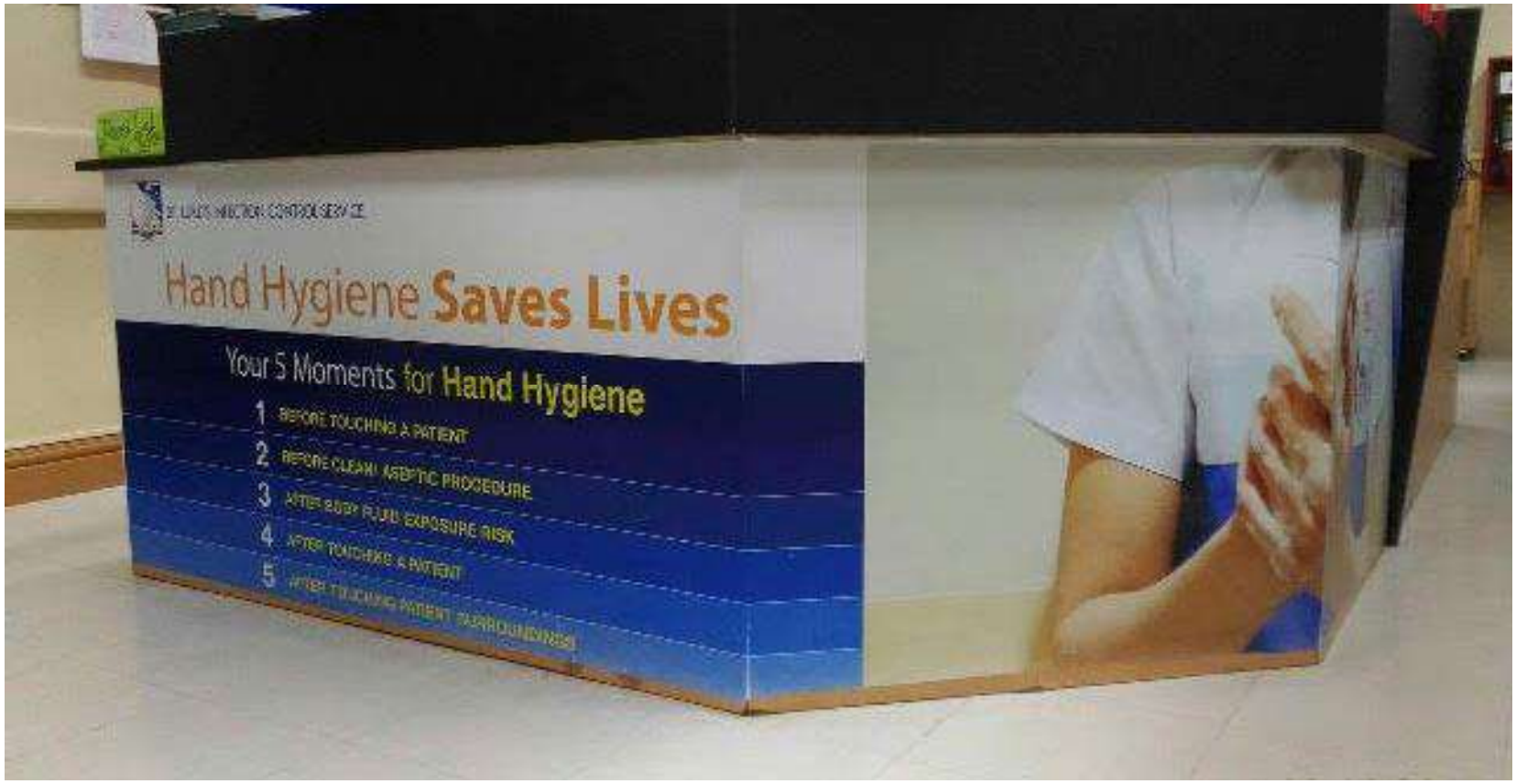

ST. LUKE'S INFECTION CONTROL SERVICE
St. Luke's Medical Center
Quezon City
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PROTECT YOUR PATIENT, PROTECT YOURSELF
Your 5 Moments for Hand Hygiene
- Before touching a patient
- Before clean/aseptic procedures
- After body fluid exposure/risk
- After touching a patient
- After touching patient surroundings




How to Handrub?
Clean Hands Save Lives


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St. Luke's Medical Center
Quezon City
We love life.
CLEAN HANDS SAVE LIVES
Edgardo R. Cortez, MD, FPCS, FACS
President and CEO
ALWAYS PRACTICE GOOD HAND HYGIENE.
For inquiries, please contact St. Luke's Infection Control Service at (632) 7230101/0301 ext. 4730/4749
An International Affiliate Of:
New York-Presbyterian Hospital
Columbia University College of Physicians and Surgeons
Weill Cornell Medical College of Cornell University


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NURSE STATION HAND HYGIENE DESIGN



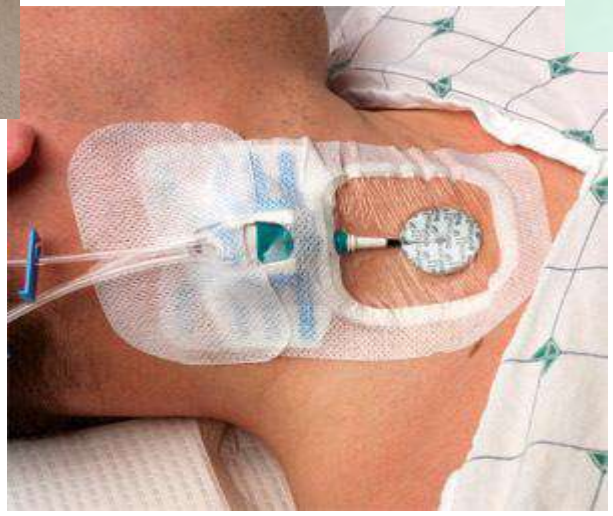
REDUCING HEALTHCARE ASSOCIATED INFECTION

Infection Control Bundles



1. Catheter Associated Urinary Tract Infection (CAUTI)

2. Central Line Associated Blood Stream Infection (CLABSI)





3. Ventilator Associated Pneumonia (VAP)

CAUTI Bundle





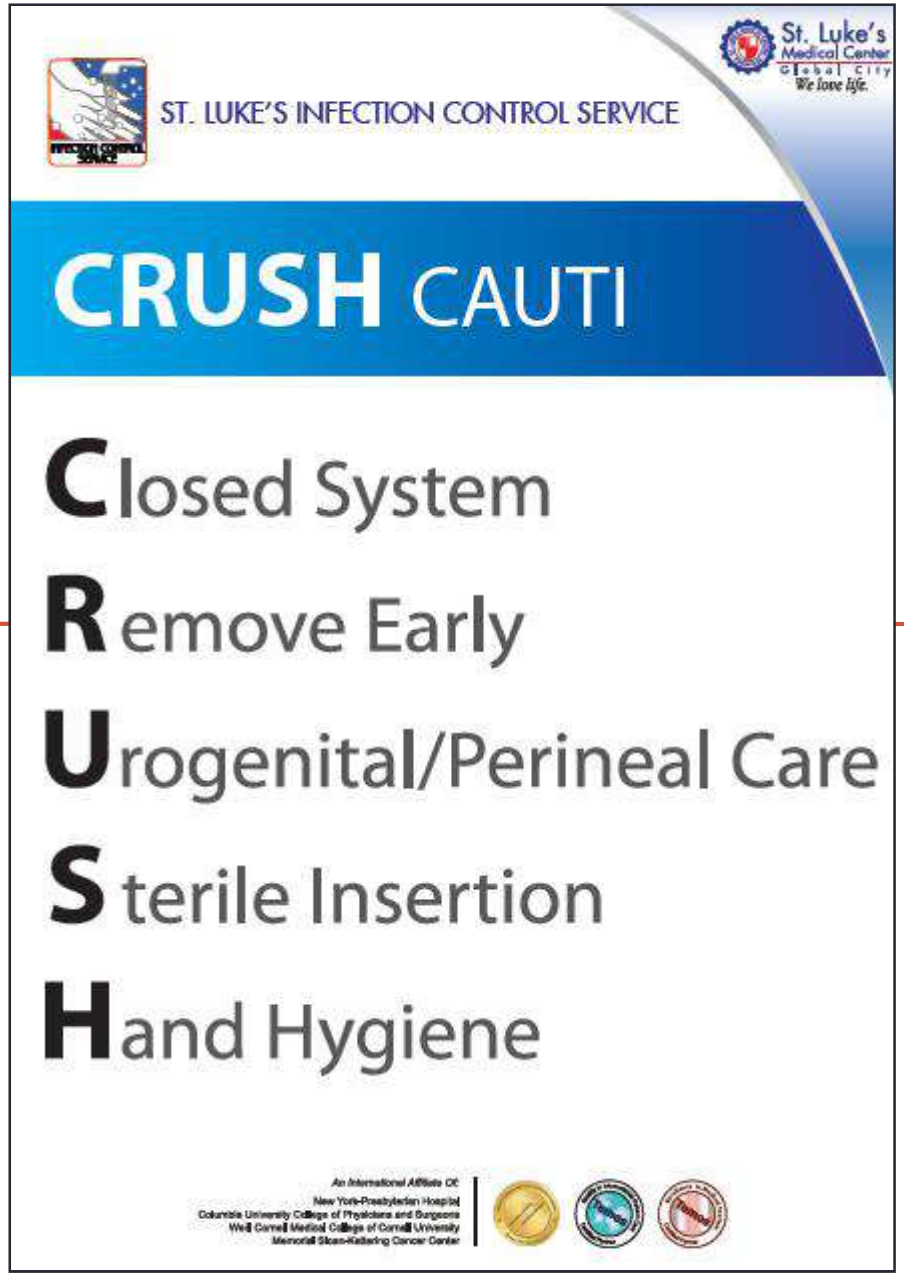
1 Is the sterile technique observed at insertion?

2 Is perineal care provided on a daily basis and after every bowel movement?

3 Is the drainage bag kept lower than the patient's bladder at all times?

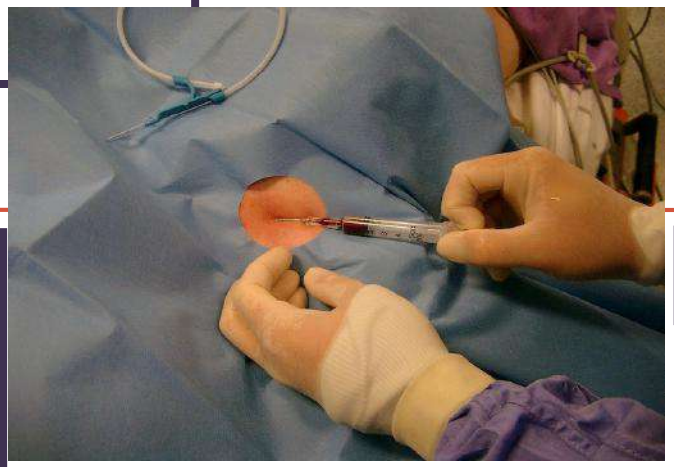
4 Are all catheters secured during transport?

5 Is the need for a catheter assessed regularly?


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ST. LUKE'S INFECTION CONTROL SERVICE
CRUSH CAUTI
Closed System
Remove Early
Urogenital/Perineal Care
Sterile Insertion
Hand Hygiene
An International Affiliate of:
New York-Presbyterian Hospital
Columbia University College of Physicians and Surgeons
Weill Cornell Medical College of Cornell University
Memorial Sloan-Kettering Cancer Center

CENTRAL CATHETER INSERTION CHECKLIST

1. Wash hands with soap and water before procedure.
2. Clean the operative site with Chlorhexidine or Povidone-Iodine antiseptic
3. Wear cap, mask, sterile gown and sterile gloves
4. Put sterile drapes to cover the ENTIRE BODY of patient
5. Put sterile dressing over the catheter site



CENTRAL LINE MAINTENANCE BUNDLE

1. Perform good hand hygiene prior to handling line
2. Assess site/ dressing with routine assessment ***Biopatch** **dressing used?**
3. Scrub connector vigorously with alcohol or chlorhexidine swab for 15 seconds
4. Assess line patency for brisk return and easy flushing
5. Review to determine if patient meets criteria for line necessity



Use and Care of Catheter, Line Tubings and Solusets



Needleless connection and **closed system**

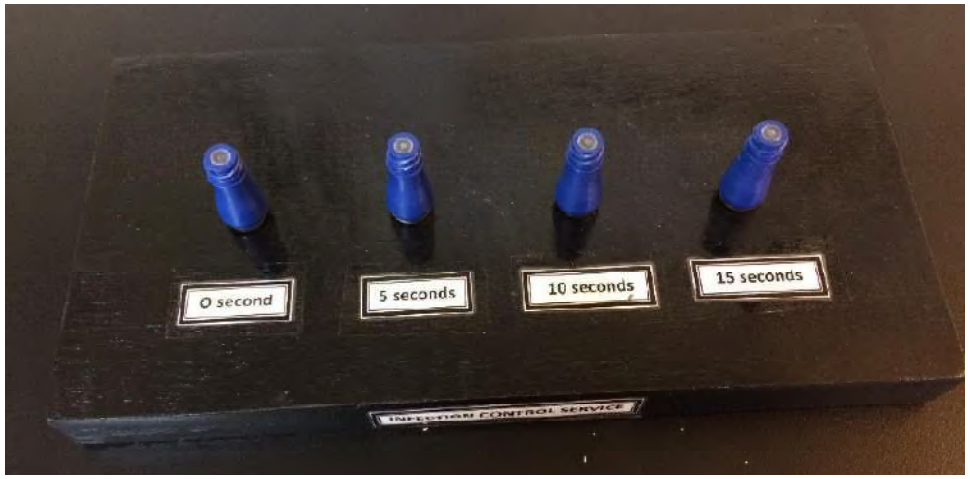
Bundles of Care in insertion of central line





Central line insertion checklist

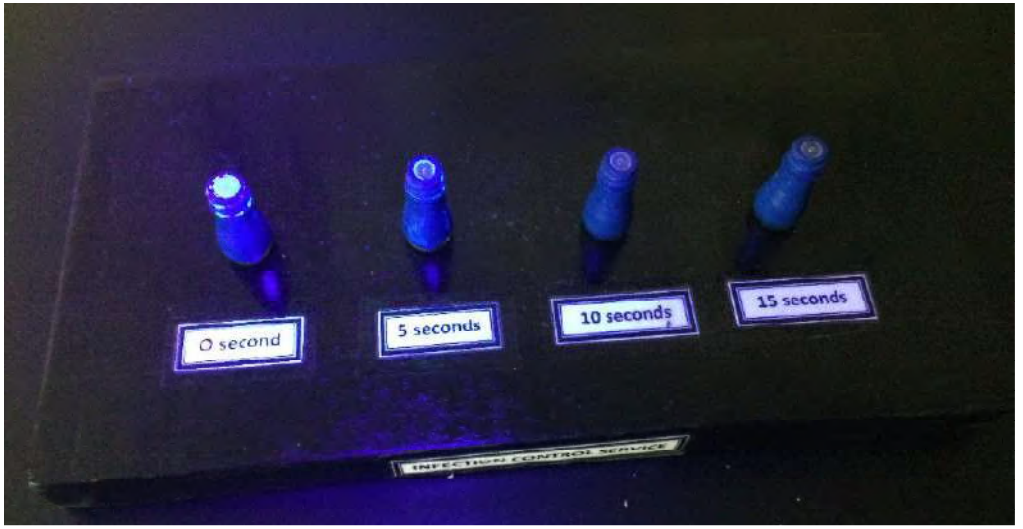
Training…



Invisible with lights on.

Visible with lights off and under UV light

CLABSI Bundles of Care Training using Fluorescent Gel Marker

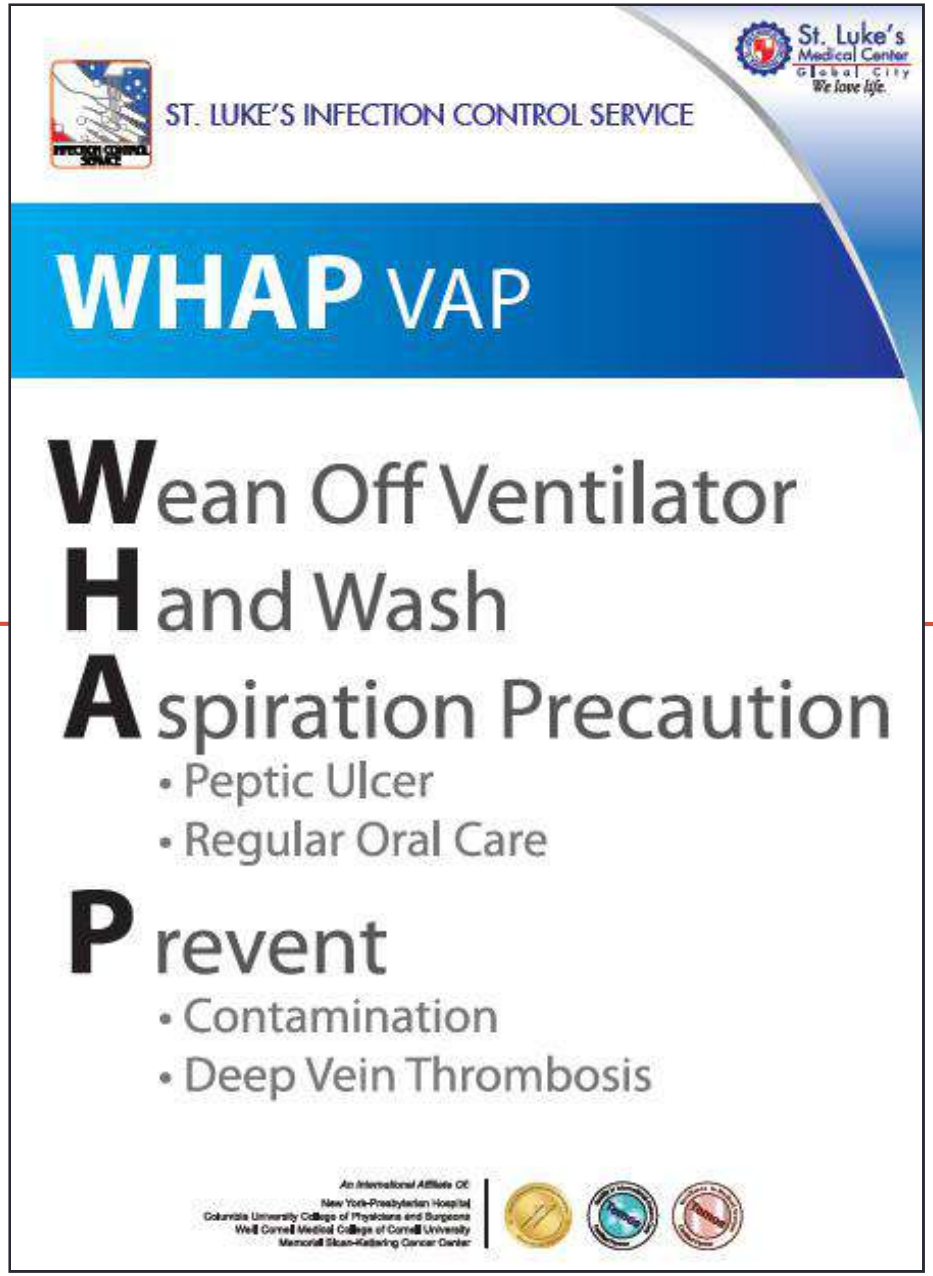



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SMAAC CLABSI
Support Hand Hygiene
Maximum Sterile Barrier
Avoid Femoral Lines
Assess Daily Necessity
Chlorhexidine Antisepsis
An International Affiliate Of:
New York-Presbyterian Hospital
Columbia University College of Physicians and Surgeons
Weill Cornell Medical College of Cornell University
Memorial Sloan-Kettering Cancer Center

VAP Bundle

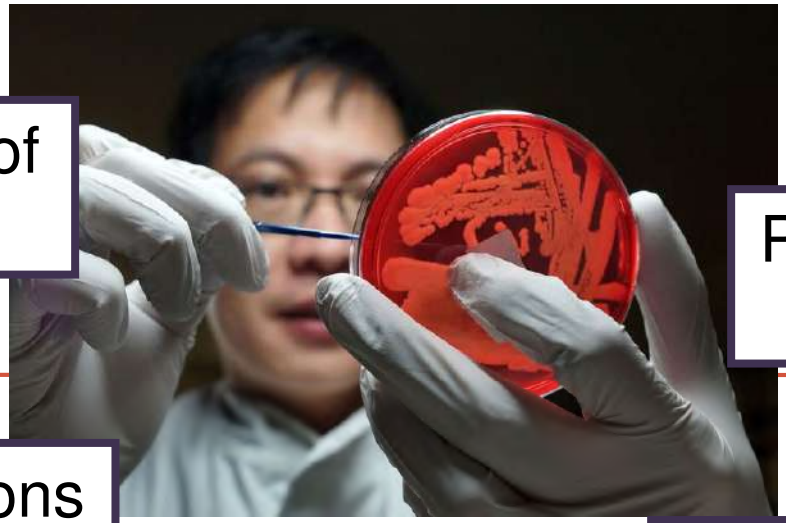


1. Patient should be given oral care with Chlorhexidine
2. Physician should evaluate whether the patient can be put off from sedation (sedation vacation)
3. Peptic ulcer prophylaxis
4. Deep venous thrombosis prophylaxis


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ST. LUKE'S INFECTION CONTROL SERVICE
WHAP VAP
Wean Off Ventilator
Hand Wash
Aspiration Precaution
• Peptic Ulcer
• Regular Oral Care
Prevent
• Contamination
• Deep Vein Thrombosis
An International Affiliate Of:
New York-Presbyterian Hospital
Columbia University College of Physicians and Surgeons
Weill Cornell Medical College of Cornell University
Memorial Sloan-Kettering Cancer Center

MRSA and MDRO Bundle

Active detection of MRSA carriers



Private Room/ NO COHORTING!

Contact precautions and use of dedicated equipment (disposable BP app, thermometer, stethoscope)

Decontamination of the environment and equipment

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MRSA SCREENING

For patients who satisfies the following criteria written below, a nasal swab screening for MRSA is highly recommended.

MRSA screening criteria:

1. Admission in hospital or other healthcare facilities in the previous year
2. Admission to a nursing home or long-term care facility in the previous year
3. Previous receipt of antibiotic therapies for the past 6 months during an admission
4. History of injection drug use
5. Previous MRSA infection or colonization
6. Had undergone hemodialysis
7. Will undergo major surgeries (orthopedic, abdominal, neuro or other major emergency surgeries)
8. Previously and currently admitted to the ICU
9. Professional athlete
10. With co-morbidities : DM, HIV, obesity, skin asthma, skin disease, skin/ soft tissue infection

Please contact Infection Control Service at (632) 7230101/0301 ext. 4730 / 4749 or 0922- 8472144 for any questions.

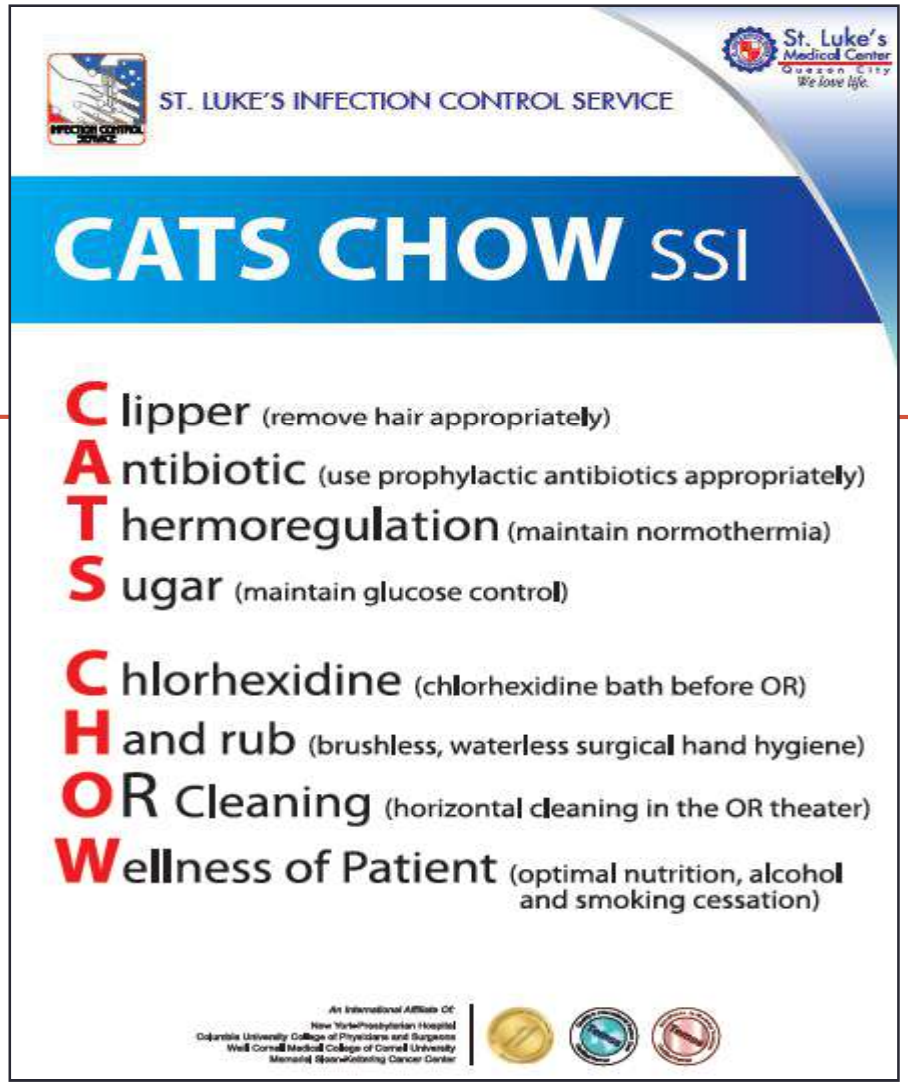
Thank you.

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PREVENTING SURGICAL SITE INFECTIONS

PROGRAM FOR PREVENTION

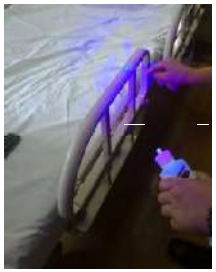


Environmental Cleaning





Fluorescent Marker

Environmental culture (Prior method)	Fluorescent Marking (New Method)
Surfaces within patient's room is swabbed and isolated into a culture medium    Sample are sent to Microbiology Section for culture **(2 days)** 	Fluorescent marker application on high touch surfaces after patient is physically discharged.     Detection of residual marker after cleaning **(immediate)**   



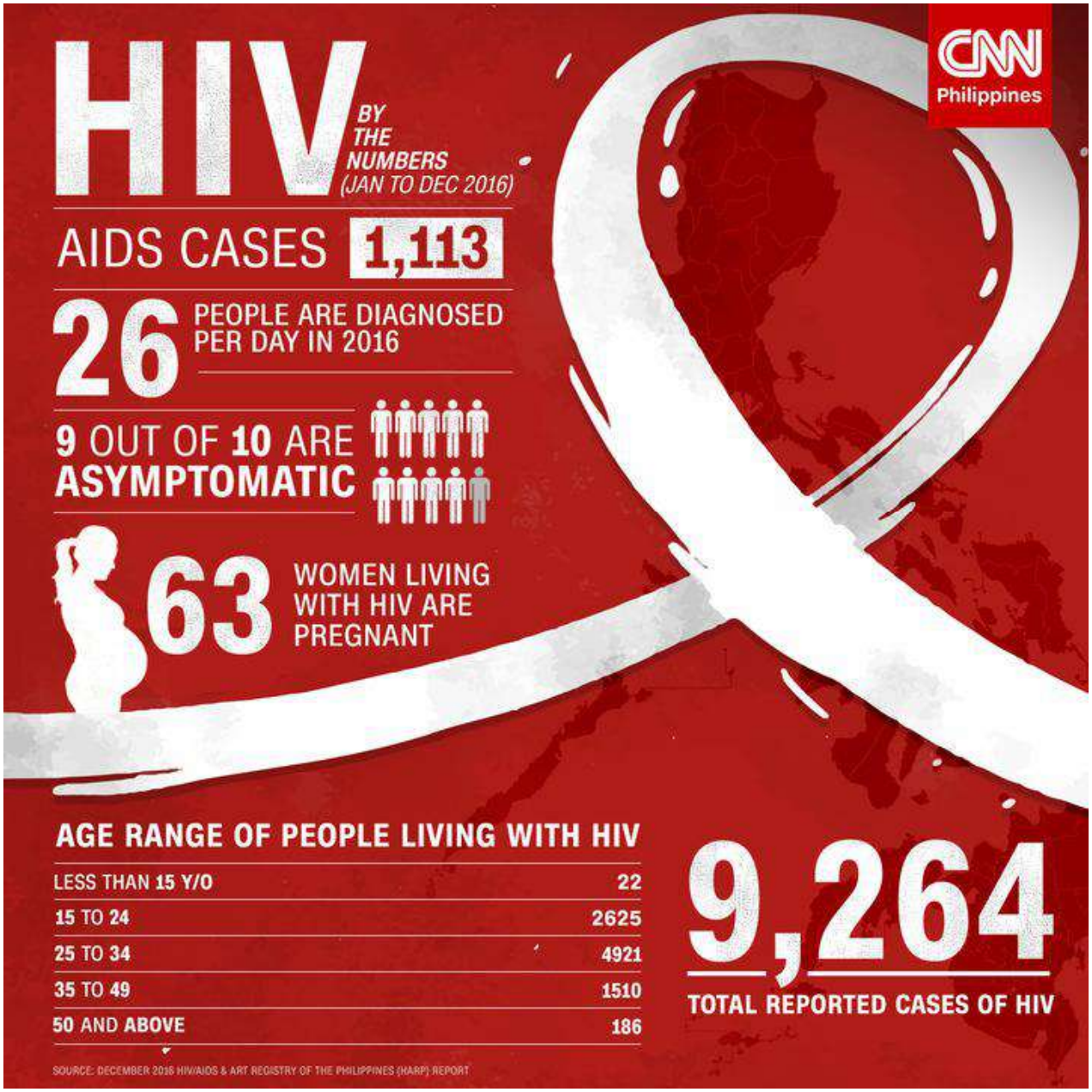
PHA Awards 2016



A-PBA Annual
Conference August
2017,
Ho Chi Minh Vietnam



IPS Annual Conference 2017,
Manchester, UK


HIV
BY THE NUMBERS (JAN TO DEC 2016)
CNN Philippines
AIDS CASES 1,113
26 PEOPLE ARE DIAGNOSED PER DAY IN 2016
9 OUT OF 10 ARE ASYMPTOMATIC
63 WOMEN LIVING WITH HIV ARE PREGNANT
AGE RANGE OF PEOPLE LIVING WITH HIV
LESS THAN 15 Y/O 22
15 TO 24 2625
25 TO 34 4921
35 TO 49 1510
50 AND ABOVE 186
9,264
TOTAL REPORTED CASES OF HIV
SOURCE: DECEMBER 2016 HIV/AIDS & ART REGISTRY OF THE PHILIPPINES (HARP) REPORT

HIV Counselling





For inquiries;

Please send an email to:

bsbonifacio@stluke.com.ph