# Quality Improvement Conference

# MRSA-Free Healthcare: A Quality Improvement Approach

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#### **Problem Statement Overall MRSA Bacteremia Rates in TTSH** Period: January 2022 to December 2022 MRSA Bacteremia Rate —2022 Median 2.5 Overall Baseline Median (Jan 2022 to Dec 2022) 2 = 0.80Out of the 52 cases PIVC ■ Skin from Jan to Dec 2022, 21% Pneumonia 3 were recurrences. ■ Post-Procedural 31% 2% Line Line and Skin were the Soft Tissue, Bone & Joint predominant sources Urinary in Year 2022. Unclear

## **Project Aim**

To achieve a 50% reduction for MRSA Bacteremia rates in TTSH, from median 0.80 per 10,000 patient days in 2022 to 0.40 per 10,000 patient days by 2025.

Reason(s) for Choosing Ward 5A as Pilot Site

(A) Patients with positive status upon admission form 44% of the hospital-wide cases. As this is the group that is most easily identified, it means that we can apply interventions as soon as upon patient's admission.

**(B)** % of cases attributed to cohort wards are significant at 30.8%, of which

**(C)** Ward 5A has the 2<sup>nd</sup> highest no. of cases. It may also be easier to get the ground's buy in if we want to introduce any intervention.

**(D)** GMD is attributed with 2 out of 5 cases in Ward 5A. GMD is also the highest attributed department from Year 2021 to 2022. They account for 38% of MRSA bacteremia cases in Year 2021

and 23% of MRSA bacteremia cases in Year 2022.

### **Lessons Learnt**

- Strong leadership support and commitment to a culture of safety are crucial for sustaining MRSA improvement efforts and ensuring that infection control measures remain a priority.
- Regularly assessing the effectiveness of interventions, learning from successes and failures, and making necessary adjustments are key to the ongoing improvement of MRSA control strategies in hospital.
- Enforcing strict adherence to infection control protocols, including hand hygiene, isolation precautions and cleaning procedures are fundamental to reducing MRSA transmission.



