

HEALTHCARE ASSOCIATED INFECTIONS AND ANTIMICROBIAL STEWARDSHIP

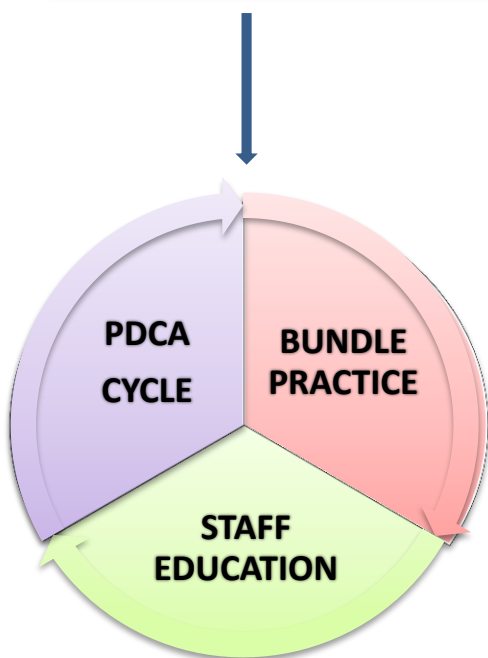
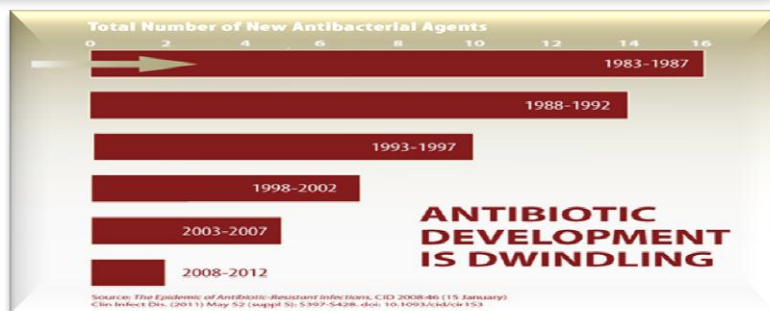
“BEST CARE ALWAYS” FOR THE FOR PREVENTION OF HOSPITAL ACQUIRED INFECTION

Ventilator Acquired Pneumonia (VAP)

Central Line Arterial Blood Stream Infections (CLABSI)

Catheter Associated Urinary Tract Infections (CA-UTI)

Surgical Site Infections (SSI's)



REDUCTION OF BACTERIA



JMH AMS Strategy

- Develop an AMS strategy
- Develop Antimicrobial policy
- Microbiologist/Physician involvement.
- Monitor “Hang Time” of antibiotics closely with the implementation of a red antibiotic chart indicating the STOP Time. (after the 5th day a motivation is required from the physician for antibiotics.
- Send Random SMS to Dr’s /unit managers in the group from the PTC Committee of new updates/recalls/contemporary issues/challenges regarding ethicals.
- Infection Control and PTC members work closely to monitor and report on the use of antibiotics within the Group.
- A monthly quality monitor is used to track improvement indicating progress on the use of antibiotics within the group.
- Attendance at monthly KZN –Antibiotic Stewardship Forums attended by Group Infection Control and Pharmacist to keep up with the latest on AMS updates.
- Regular feedback to physician forum on improvement strategies.
- Evaluation of our best care practices in ICU’s and AMS by external evaluators
- Identifying Hospital organisms via Lancet Escape reports.



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