National and Trust IPC standards. Following reported cases of MRSA bacteraemia and colonisation, and MRSA cases missed through previous routine screening regimes in our Trust, the Team has implemented mandatory routine MRSA screening for patients who fulfilled locally-defined high-risk criteria. This audit aims to determine the standard of MRSA screening for these high-risk patients on the Neonatal and Acute Paediatric inpatient wards.

Methods Patients admitted to Bluebell (Acute Paediatric) ward, the Children’s Assessment Unit (CAU) or the Neonatal unit (NNU) were retrospectively identified and compared against a locally-defined set of criteria for patients at high risk of MRSA colonisation or infection. The criteria included previous MRSA infection or colonisation, transfer from or previous admission in another hospital, recurrent skin lesions or infections, and exposure to family member with known MRSA.

The study began in May 2019 with data collected up to mid-October 2019. Electronic pathology records were then searched. The assumed target of MRSA testing, where appropriate, was 100%, with the Trust’s IPC standard of >90%.

Results Preliminary results yielded 136 high-risk patients and 145 appropriate instances for screening. An overall screening rate of 78.6% (114/145) was noted covering all areas during the audit period. The Neonatal Unit had the highest rate of screening at 97.6% (41/42), followed by CAU at 80% (16/20) and Bluebell at 68.7% (57/83). Month-by-month analysis showed June to have the lowest rate for all areas (50.0% 8/16) and August with the highest rate (95.0% 19/20).

Conclusion The audit highlighted that compliance with guide lines is variable across areas and different months. Despite our study not being able to consider the many factors that contribute towards this, the data has identified gaps in current practice and will guide the goals on education and training of clinical staff regarding IPC guidelines, with the focus on MRSA high risk screening criteria, to ensure robust and safe practice.

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