

*HA Convention 2026- Group 7 (F7.2)*  
*Healthcare Advances, Research and Innovation*

# Innovating Infection Control: The Kowloon West Cluster Smart MDRO Screening System

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Presented By: **Hui Yuen Yee**

PMH ICT APN

# Background

## Antimicrobial resistance (AMR) – Uprising health threat in Hong Kong



Hong Kong  
Strategy and Action Plan on  
Antimicrobial Resistance  
2023 – 2027

- ▶▶ 10-fold increase in MRSA colonization prevalence in RCHE from 2005 to 2017
- ▶▶ 10-fold increase of CPE cases in RCHE from 2016 - 2021

▶▶ Since 2019,  
**C. auris outbreaks** reported in KWC and KCC hospitals  
**Outbreaks also detected in RCHE/D** in under KWC (Kwai Chung, Sham Shui Po, Tsuen Wan, Tung Chung )

(Centre for Health Protection, 2022)



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### FEATURE IN FOCUS

#### Review of *Candida auris* Infection in Hong Kong

Reported by Dr Cynthis LAM, Dr Wenhua LIN, Dr Benjamin WF Fung and Dr Zenith HY Wu from Communicable Disease Branch, and Dr SY SHING and Dr Leo LUI from Infection Control Branch, CHP.

*Candida auris* (*C. auris*) is an emerging multidrug-resistant fungus which presents serious threat to public health. It was first reported in 2009 after being isolated from external ear canal of a patient in Japan. *C. auris* is harmless for most healthy people, and it may colonise carriers without causing symptoms and persist in the environment for a long time. However, it may cause severe and fatal infections, especially in vulnerable groups such as the immunocompromised. *C. auris* is posing severe burden for healthcare settings worldwide as it has caused outbreaks in healthcare facilities, including hospitals and residential care homes, in various countries. The known characteristics of *C. auris* (rapid acquisition and spread within affected facilities, challenging environmental decontamination, and long and intermittent carriage) has made the control of *C. auris* spread particularly challenging.

#### Local situation of *C. auris* in Hong Kong

In Hong Kong, following detection of the first imported case of *C. auris* carrier in a public hospital in June 2019, public hospitals have been implementing active screening including admission screening of high-risk patients, screening of close contacts, performing stringent infection control measures, and reporting every positive case to the Centre for Health Protection (CHP) of the Department of Health.

From 2019 to September 19 2023, the CHP recorded 470 *C. auris* cases. They included 319 males and 151 females with age ranged from 20 to 105 years. Upon investigation, three were found to be sporadic cases and 467 cases were involved in a total of 49 epidemiologically linked clusters. An increasing trend of number of cases recorded has been observed since 2023 (Figure 1). Majority (41, 83.7%) of the clusters occurred in hospitals affecting a total of 400 persons while the remaining (8, 16.3%) occurred in residential care homes for the elderly (RCHEs) affecting a total of 67 persons. The number of persons affected in each cluster ranged from 2-51 (median: 6 persons) in hospital clusters and 3-31 (median: 4 persons) in RCHE clusters.

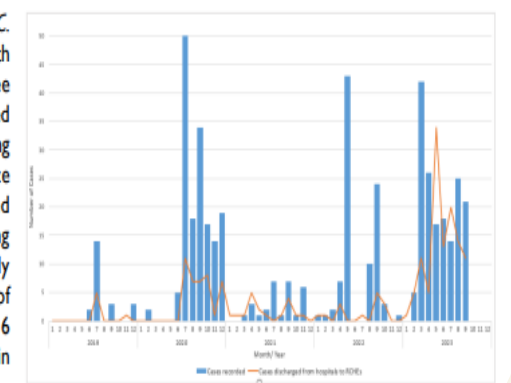
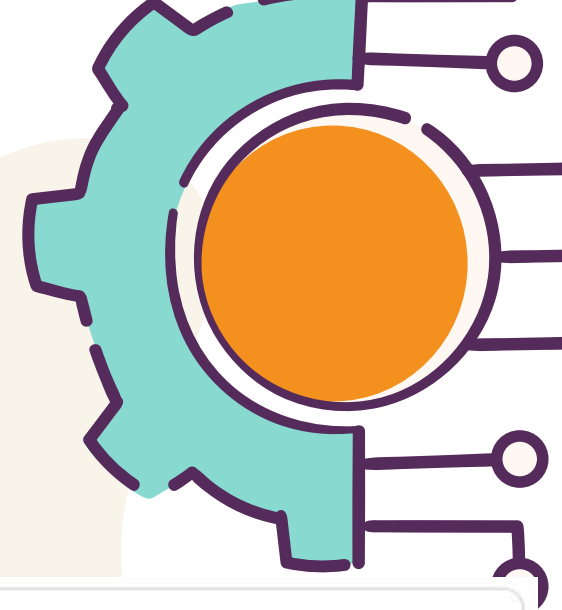


Figure 1 – Monthly number of *C. auris* cases recorded in Hong Kong and monthly number of cases discharged from hospitals to RCHEs since 2019


(Centre for Health Protection & Department of Health, 2023)

RCHE: Residential Care Homes for the Elderly  
RCHD: Residential Care Homes for the Disability

# Hierarchy of Controls




▶ **Elimination** is the most effective strategy in infection control

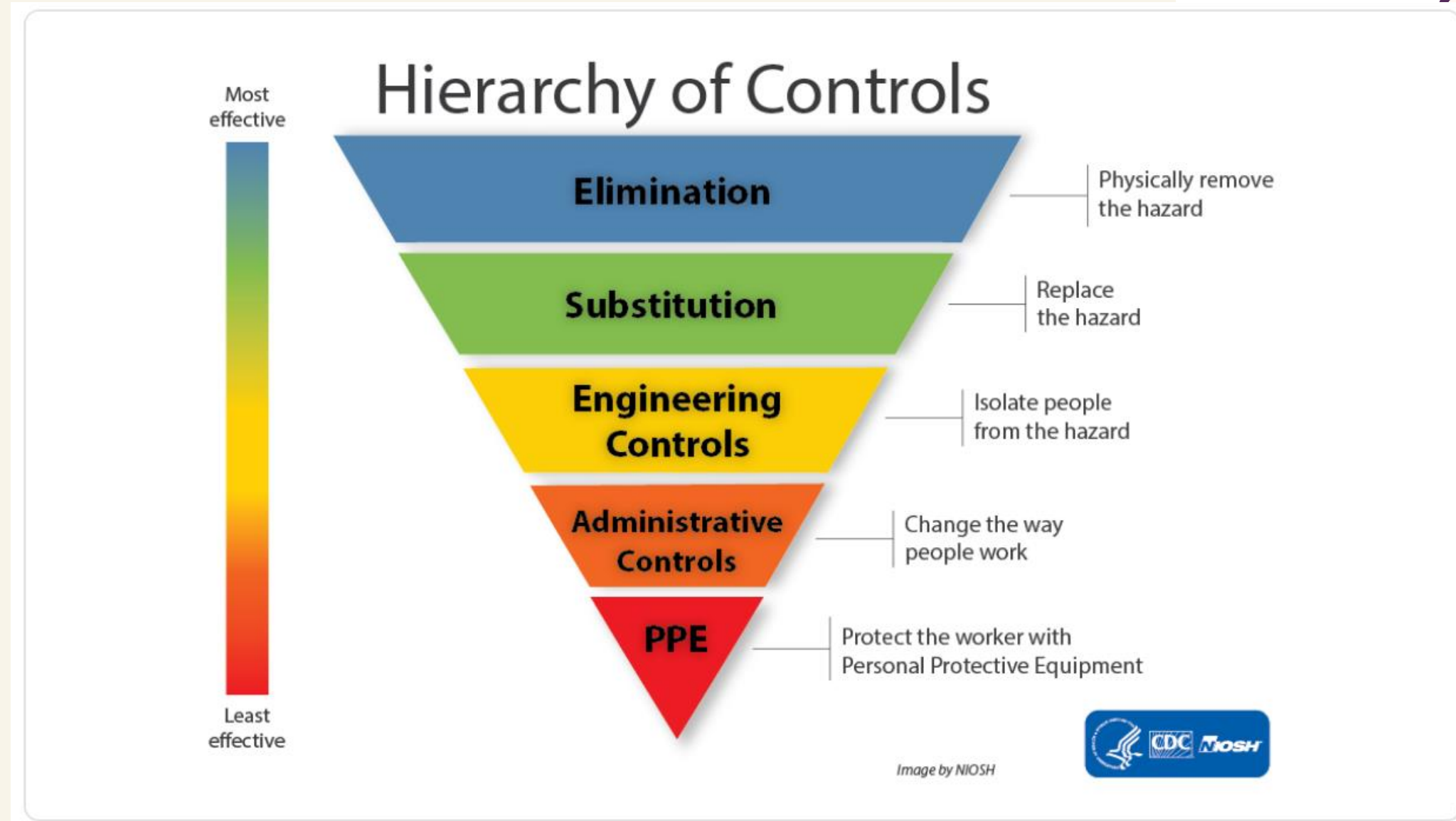


Early identification and isolation of MDRO cases?

▶ **Engineering Controls** reduce barriers to our action



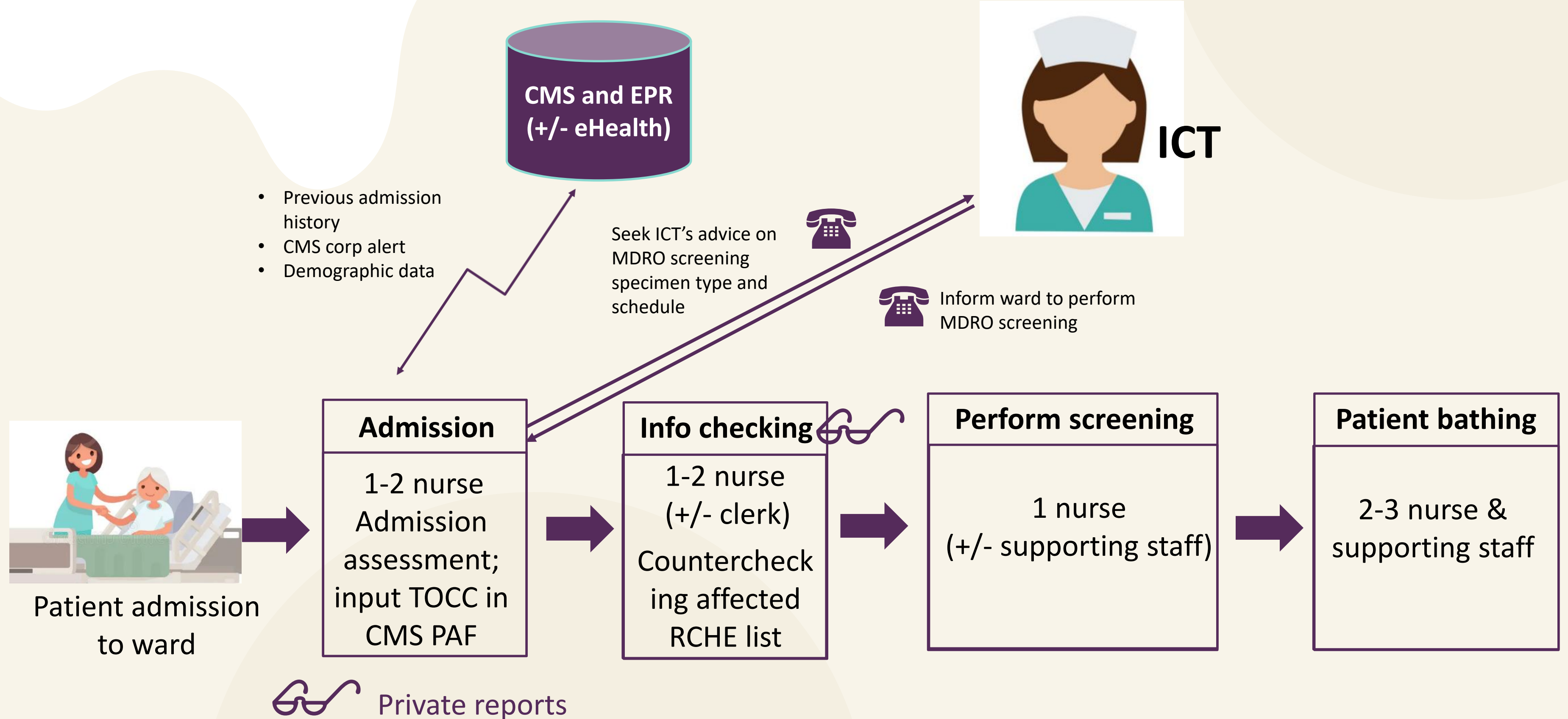
Take minimal steps to perform MDRO screening?



National Institute for Occupational Safety and Health (NIOSH) (2024)

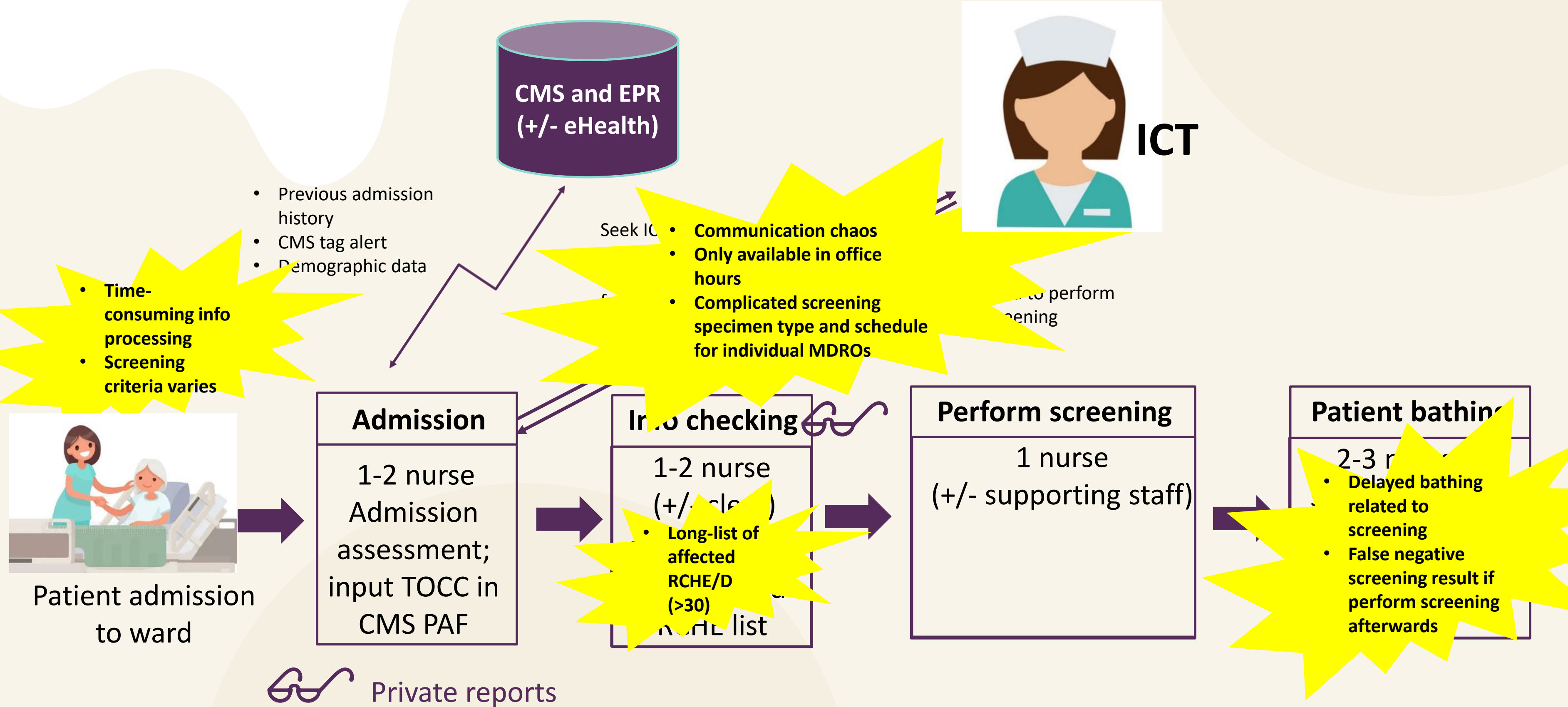


# Previous workflow for MDRO screening



TOCC: Travel/ Occupation/ Contact/ Clustering  
RCHE: Residential Care Homes for the Elderly  
PAF: Patient Assessment Form

# Previous workflow for MDRO screening



TOCC: Travel/ Occupation/ Contact/ Clustering  
 RCHE: Residential Care Homes for the Elderly  
 PAF: Patient Assessment Form



# Project Objectives

1. **Early identification of hidden MDRO carriers** to prevent nosocomial outbreaks.
2. **Facilitate seamless communication** between wards and ICT to ensure timely updates and collaboration on screening efforts.
3. **Enhance resource utilization** by reducing inappropriate specimen collection and manual administrative workloads for frontline staff



# Methodology

KWC ICT collaborate with KWC IT to establish an smart MDRO system in 2022-2023:

- 1. MDRO dashboard to retrieve data** from multiple source → CMS alert system, Patient Assessment Form (PAF) and CDARS
- 2. MDRO screening reminder to display patient list requiring MDRO screening on ward e-whiteboard**



## Inclusion criteria

- ★ Any patients admitted to wards in KWC hospitals

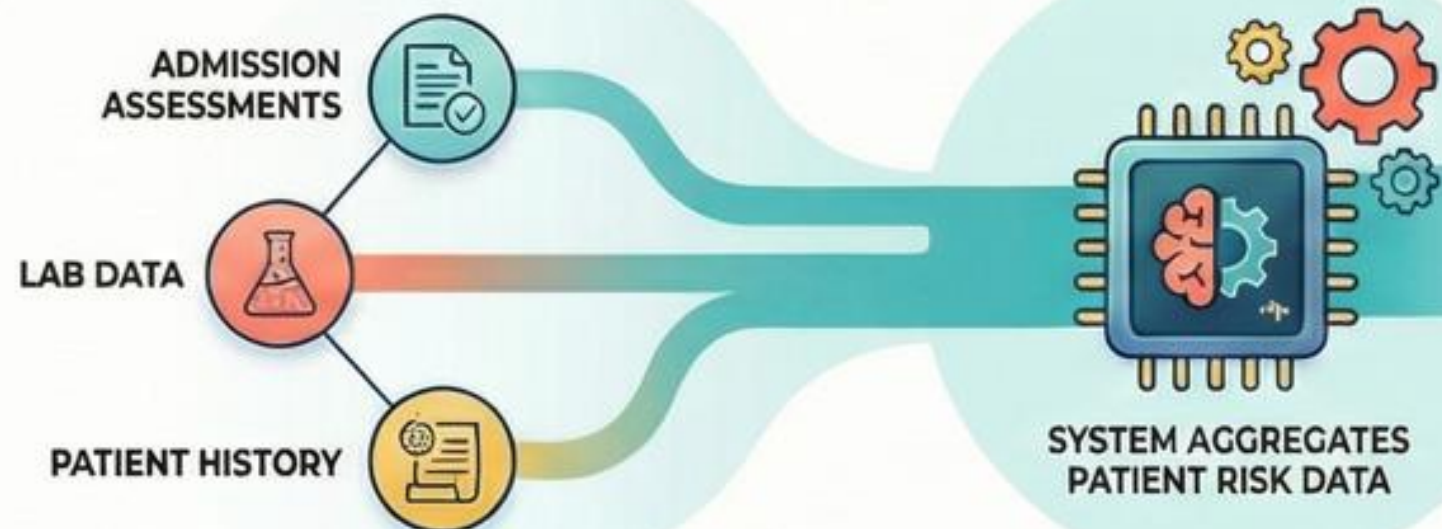
## Exclusion criteria

- ★ Any patients in AED and daycare settings



# Smart MDRO Screening: From Complex Rules to Simple Tasks

## STEP 1: DATA INTEGRATION & SMART RULES



INFECTION CONTROL TEAM SETS DYNAMIC RULES

MDRO TYPE (C. auris, VRE, CPE)

SCREENING CRITERIA

- Specific Institutions
- Active Transmission
- Close Contact

EXAMPLE RULE LOGIC

PATIENT SCENARIO	DAY 1 TEST	DAY 3 TEST	DAY 7 TEST
From institution with ACTIVE CASES	PCR	-	CULTURE
From institution with ACTIVE TRANSMISSION	CULTURE	PCR	CULTURE
Identified as a CLOSE CONTACT	CULTURE	PCR	CULTURE

## STEP 2: AUTOMATED TASK GENERATION & SCHEDULING

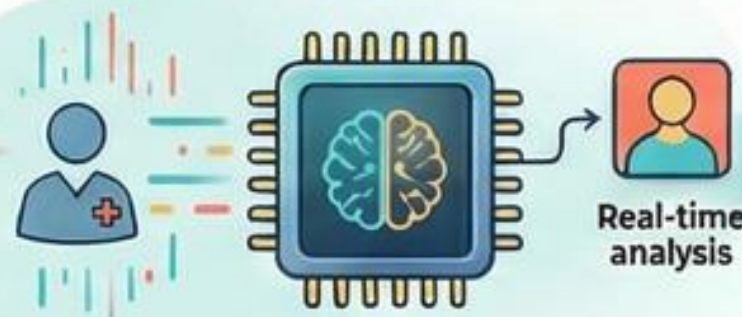
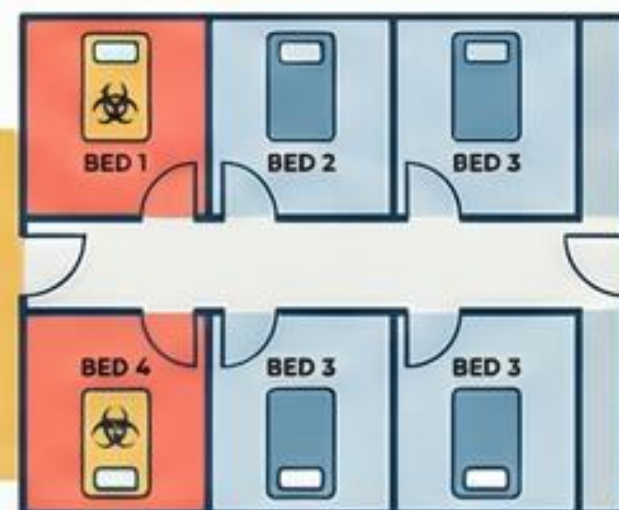
### STEP 3: SIMPLE, VISUAL TASKS FOR STAFF

**BED 1: JOHN D.** - DUE  
- PCR (C. auris)

**BED 4: MARY S.** - DUE  
- CULTURE (VRE)

WARD eWHITEBOARDS DISPLAY CLEAR INSTRUCTIONS

MDRO CUBICLE VIEW VISUALIZES PATIENT STATUS



CREATES A PRECISE SCREENING SCHEDULE



# System design

## Dynamic Configuration of MDRO Test Parameters for Operational Needs

Affected OAHs | History of Hospitalization | Patient tagged Candida auris | Patient tagged VRE | Patient tagged CPE

Patient admitted from institution with active cases (MDRO Type): C. auris D: 1 Test: PCR

Patient admitted from institution with active cases (MDRO Type): C. auris D: 7 Test: Culture

Patient admitted from institution with active transmission (MDRO Type): C. auris D: 1 Test: Culture

Patient admitted from institution with active transmission (MDRO Type): C. auris D: 3 Test: PCR

Patient admitted from institution with active transmission (MDRO Type): C. auris D: 7 Test: Culture

Patient who had history of hospitalization outside HK in the last 12 months (MDRO Type): C. auris, VRE, CPE D: 1 Test: Culture

Patient who had history of hospitalization in local hospitals with ongoing outbreak (MDRO Type): C. auris D: 1 Test: Culture

Patient who had history of hospitalization in local hospitals with ongoing outbreak (if direct transfer-in) (MDRO Type): C. auris D: 1,7 Test: Culture

Patient tagged Candida auris close contact (MDRO Type): C. auris D: 1 Test: Culture

Patient tagged Candida auris close contact1 (MDRO Type): C. auris D: 3 Test: PCR

Save

## Institution List with active Candida auris cases

Home Name (English)	Home Name (Chinese)	Institution	Hospital Catchment	Last Update
HONG LOK HOME FOR THE AGED	康樂護老院	Institution with cleared cases < 6 months	YCH	30 Jan 2026
LAI LAI NURSING CENTRE (ALLWAY) LIMITED	來來護老中心 (荃威) 有限公司	Institution with cleared cases < 6 months	YCH	30 Jan 2026
LOC LING ELDERLY HOME	樂齡護老院	Institution with active transmission	CMC	30 Jan 2026
KONG TAI CARE FOR THE AGED CENTRE	港泰護老中心	Institution with active cases		30 Jan 2026
CHI LIN NUNNERY CHI LIN CARE AND ATTENTION HOME	志謙淨苑志謙護理安老院	Institution with active cases		30 Jan 2026
TUNG MING CONVALESCENT HOME	東明護老院	Institution with active cases		30 Jan 2026
CHUN FAI HOME FOR THE AGED	春輝護老院	Institution with active cases		30 Jan 2026
HO HO GEROCOMY CENTRE	好好護老中心	Institution with active cases		30 Jan 2026
TSUEN TAK ELDERLY HOME	荃德護老院	Institution with active cases	YCH	30 Jan 2026
THE ARCH HOME FOR THE ELDERLY	雅居護老院	Institution with active cases		30 Jan 2026
BESTSON ELDERLY CARE CENTRE	百順護老中心	Institution with active cases	YCH	30 Jan 2026
EVERGREEN NURSING HOME CUM DAY CARE CENTRE	松悅園耆欣護理院暨日間護理中心	Institution with active cases	PMH	30 Jan 2026
TWGHs D&M WONG WILLOW LODGE	東華三院黃氏伉儷翠柳頤庭	Institution with active cases		30 Jan 2026
GRAND RESIDENCE	嘉爾薈	Institution with active cases		23 Jan 2026
EVERGREEN NURSING HOUSE NO 8	長春8號	Institution with active cases		30 Jan 2026
THE LONGEVITY HOME FOR THE AGED	壽星堂	Institution with active cases		30 Jan 2026
CHOI WAN ELDERLY HOME LIMITED	彩雲居護理安老院有限公司	Institution with active cases		30 Jan 2026
PINE VALLEY HOME	青逸居	Institution with active cases		30 Jan 2026
JUBILANT	禧老樂	Institution with active cases		30 Jan 2026
GLORIOUS CLOUD ELDERLY CENTRE LIMITED	雲起護老中心有限公司	Institution with active cases		29 Jan 2026
PARC VILLA ELDERLY HOME LIMITED	栢賢雅居有限公司	Institution with active cases		29 Jan 2026
VANGUARD (SS) ELDERLY HOME LIMITED	護康 (上水) 安老院有限公司	Institution with active cases		29 Jan 2026
PO LEUNG KUK ECO - HOME FOR THE SENIOR	保良局吳永年樂頤居	Institution with active cases	CMC	30 Jan 2026
SENIOR CARE (TAI WAH) ELDERLY CARE HOME	善頤 (大華) 護老院	Institution with active cases		30 Jan 2026
SENIOR CARE (MAN KEE) ELDERLY CARE HOME	善頤 (萬基) 護老院	Institution with active cases		30 Jan 2026
KWONG FUK ELDERLY CARE CENTRE (TSUEN WAN) LIMITED	廣福護老院 (荃灣) 有限公司	Institution with active cases	YCH	30 Jan 2026
TWGHs CHU SAU CHEUNG NURSING HOME	東華三院朱善祥護理院	Institution with active cases	CMC	30 Jan 2026
CHUNG TAO ELDERLY CENTRE (FIRST BRANCH)	松濤護老中心 (第一分院)	Institution with active cases	PMH	30 Jan 2026
DELIGHTFUL RCHE LIMITED	欣穎護老院有限公司	Institution with active cases		30 Jan 2026
PAK LOK ELDERLY CARE CENTER LIMITED	百樂護老院有限公司	Institution with active cases		30 Jan 2026
HONG KONG SHENG KUNG HUI WELFARE COUNCIL HONG KONG SHENG KUNG HUI NURSING HOME	香港聖公會福利協會香港聖公會護理院	Institution with active cases		30 Jan 2026
HIU KWONG (TO KWA WAN) NURSING CENTRE	曉光 (士瓜灣) 護老中心	Institution with active cases		30 Jan 2026

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## Patient with history of hospitalization in local hospitals with ongoing outbreak

➤ Adjustable coverage extensiveness (hospital ↔ specialty ↔ ward)

Update Hospitalization

Hospitalization Details (Click row to view/edit)

Hospital Code	Hospital Name	Affected Wards	Affected Date
WTS	Wong Tai Sin Hospital	4V	08 Feb 2024
TPH	Tai Po Hospital	4DL	31 Jan 2025
QEH	Queen Elizabeth Hospital	A10, A2, A5, A6, A6G, A7C, A7I, A8, ALG, B10, B5, B5T, B8C, B8DB, B8G, B8ID, B8MD, C10, C11, C5, C6,...	12 May 2024
PMH	Princess Margaret Hospital	F3	01 Feb 2025
KWH	Kwong Wah Hospital	14A2	22 Nov 2024
AHN	Alice Ho Miu Ling Nethersole Hospital		
BBH	Bradbury Hospice		
BH	Hong Kong Buddhist Hospital		
BTS	Hong Kong Red Cross Blood Transfusion Service		
CHC	Cheshire Home, Chung Hom Kok		
CHS	Cheshire Home, Shatin		
CMC	Caritas Medical Centre		
CPH	Castle Peak Hospital		

Affected Ward Details [WTS]

Affected Date: 08 Feb 2024

Is Affected	Ward Code	Description
<input checked="" type="checkbox"/>	4V	TB & Chest
<input type="checkbox"/>	5A	Palliative Care
<input type="checkbox"/>	5B	Medical
<input type="checkbox"/>	5C	MEDICAL
<input type="checkbox"/>	CEDU	CEDU
<input type="checkbox"/>	DUMM	DUMMY WARD FOR TEST
<input type="checkbox"/>	O2A	Med & PC Ward of OLMH
<input type="checkbox"/>	1F	INFIRMARY
<input type="checkbox"/>	2F	MEDICAL
<input type="checkbox"/>	3AB	Rehabilitation
<input type="checkbox"/>	3B	GERIATRIC
<input type="checkbox"/>	3C	INFIRMARY
<input type="checkbox"/>	3F	Rehabilitation
<input type="checkbox"/>	4A	TB & CHEST
<input type="checkbox"/>	4AMC	OTIC AMBULATORY MEDICAL

ICT would timely update screening criteria  
 ➔ High flexibility ensures prompt responsiveness to evolving MDRO strategies and facilitate ICT communication with ward staff

# System design

## Retrieve data from CMS corp alert

Alert				
Details	Additional Information	Validity From	Validity To	Up
Candida auris	[Confirmed] in pooled swab on 9/10/2022 and CSU on 14/11/2022. For single room contact precautions. Inform ICT on admission/transfer/discharge.	14-11-2022		^

### MDRO Type:

- Candida auris
- CPE
- VRE

### MDRO status:

Cleared Case	<b>[Confirmed] Cleared</b> on 21/10/2024 (by CHP). Screening and single room contact precautions on admission. For day care/procedure, preemptive contact precautions.
Close Contact	<b>[Contact] [CLOSE CONTACT]</b> For contact precautions & screening on admission.
Contact	<b>[Contact]</b> For contact precautions & screening on admission. Inform ICT on admission/transfer/discharge. "without close contact"
Confirmed	<b>[Confirmed]</b> in pooled swab on 03/03/2025. For single room contact precautions. Inform ICT on admission/transfer/discharge. "Without cleared"

# MDRO screening gadget on eWhiteboard



On the next  
calendar day

## Screening gadget design prototype

C2		Search by Bed No, Task Description	
Today's O/S Task List			
Screening			
CPE Culture	47		
VRE Culture	47		
C. auris Culture	29	45	
C. auris PCR	26		
Yesterday's O/S Task List			
Screening			
VRE Culture	42		
C. auris PCR	25		

Automation of patient list for MDRO screening (culture or PCR)

**\*\*bed number(s) update every 30 mins\*\***  
**\*\* bed number(s) disappear if GCRS specimen is acknowledged by laboratory\*\***

- Target patient group: **ALL patients** admitted to ward
- Admission screening criteria according to ICT recommendations and CMS corp alert

The bed number(s) would appear in **Yesterday's O/S Task List on the next calendar day** for at most 24 hrs if no GCRS screening is acknowledged by laboratory

# MDRO screening gadget on eWhiteboard

Example of screening gadget in eWhiteboard

The screenshot displays a grid of clinical categories on an eWhiteboard. Key categories include:

- Stroke Case Dr. CHAN, Yat Kwan:** Lists beds 1-8, 9-17, 18-19, 20-27, 28-35, and MNEU.
- Stroke Case Dr. CHAN Tin Ham:** Lists beds 1-8, 9-17, 18-19, 20-27, 28-35, and MNEU.
- Stroke Round (Wed):** A simple 'Bed' indicator.
- Consultation to Neurosurgery:** A simple 'Bed' indicator.
- Consultation to Stroke:** A simple 'Bed' indicator.
- On Call M.O.:** Lists on-call doctors for Monday, Tuesday, and Wednesday.
- Fall Risk & Care:** A grid showing high risk patients across various beds.
- Physical Restraint:** Lists limb holders and safety vests for specific beds.
- DNACPR Care:** Lists DNACPR status for specific beds.
- Suicidal Observation:** A simple 'Bed' indicator.
- BGA:** Lists BGA status for various beds.
- Insulin Switch:** A simple 'Common' indicator.
- Wound dressing:** Lists beds 1-8, 9-17, 18-19, and 20-27.
- Ripple Bed:** Lists beds AB6 and C6.
- Pressure Injury Prevention & Care:** Lists high and severe risk patients across various beds.
- CNS Referral Status:** Lists incomplete, accepted, and cancelled items for various beds.
- Infection Precaution:** Lists contact precautions, CPE/VRE, and MRSA for various beds.
- Yesterday's O/S MDRO Smart Screening:** Shows CPE Culture for bed 19.
- Today's O/S MDRO Smart Screening:** Shows CPE Culture for bed 18A.
- 0700 CT Brain:** Lists beds AB6, 12, and C6.
- CT Brain Tonight:** A simple indicator.
- CT Brain Urgent:** A simple indicator.
- Holiday Physio:** Lists beds 19, 18A, 20, 21, 22, 23, 26, and 27.
- Home Leave:** Lists bed 31.
- On call Stroke nurse:** Lists on-call nurses for Tuesday, 31/03/2026.
- Nursing In-Charge:** Lists the on-call nursing in-charge for Tuesday, 31/03/2026.

This magnified view shows two side-by-side panels for MDRO screening:

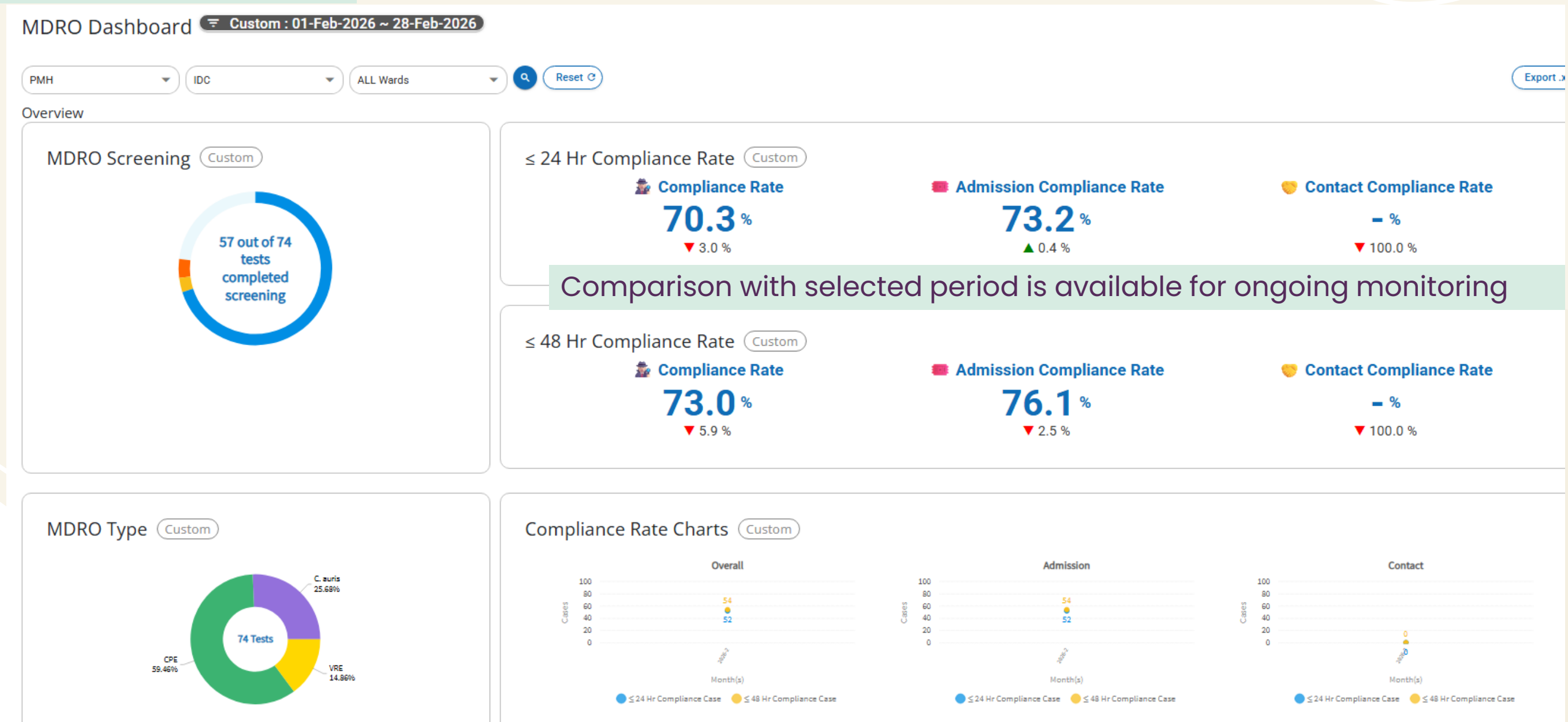
- Yesterday's O/S MDRO Smart Screening:** Shows a 'Common' status and 'CPE Culture' for bed 19.
- Today's O/S MDRO Smart Screening:** Shows a 'Common' status and 'CPE Culture' for bed 18A.

# MDRO System Screening Compliance Report

The system generates screening compliance dashboard and reports

**\*\* Compliance rate is stratified into indications and collection duration (24-hr and 48-hr)\*\***

Period of compliance check is adjustable



Comparison with selected period is available for ongoing monitoring



**Facilitate ongoing reviews and enable continuous improvement**

# New workflow for MDRO screening

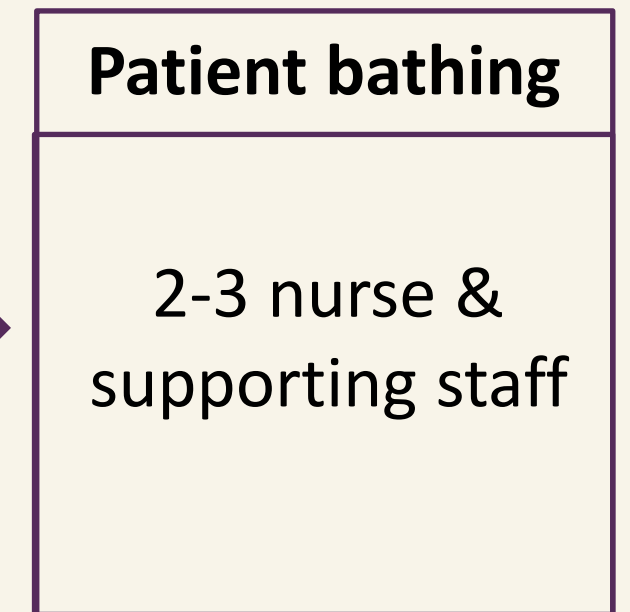
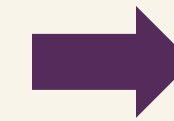
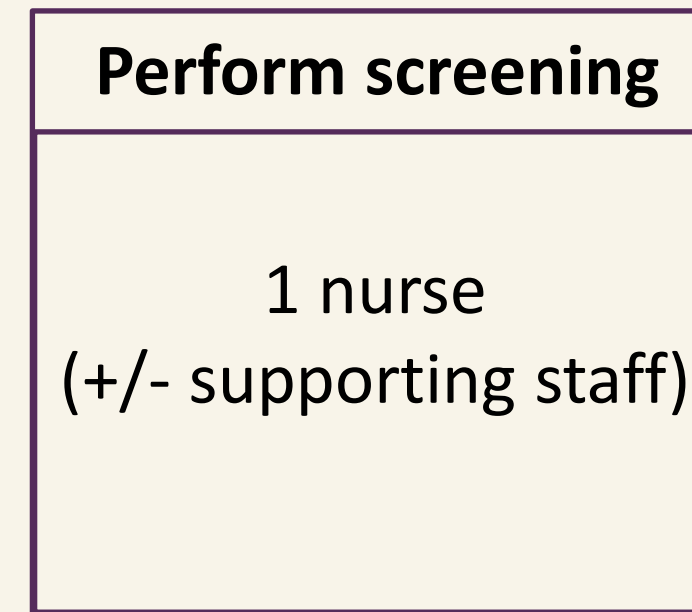
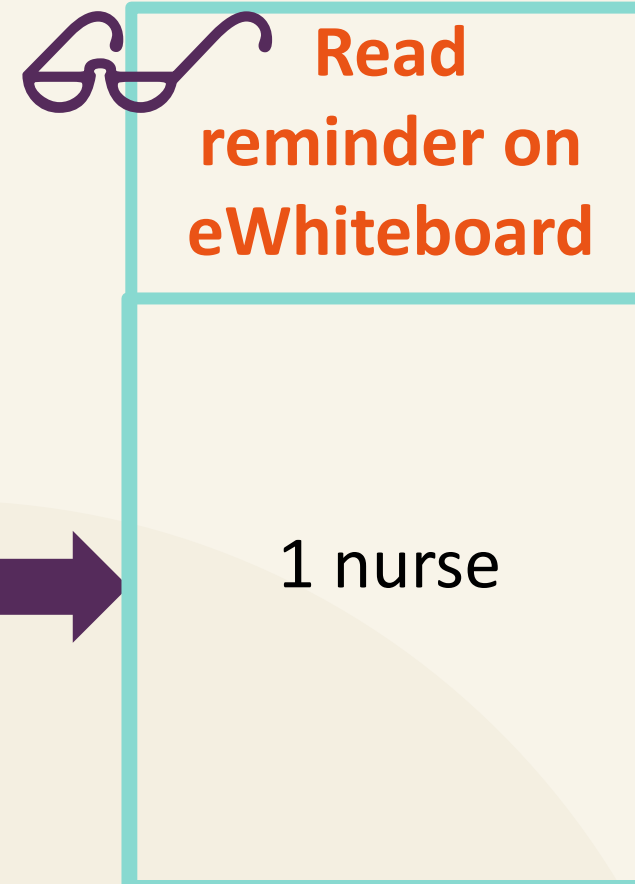
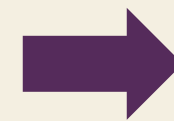
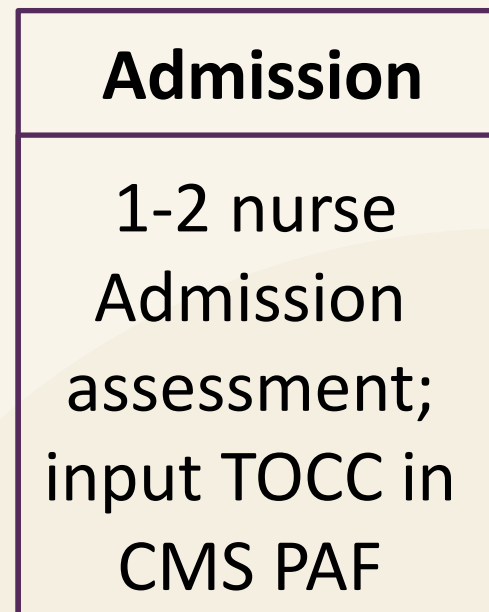


**ICT**

- Monitor screening compliance
- Timely update MDRO screening criteria and RCHE/D list



Patient admission to ward



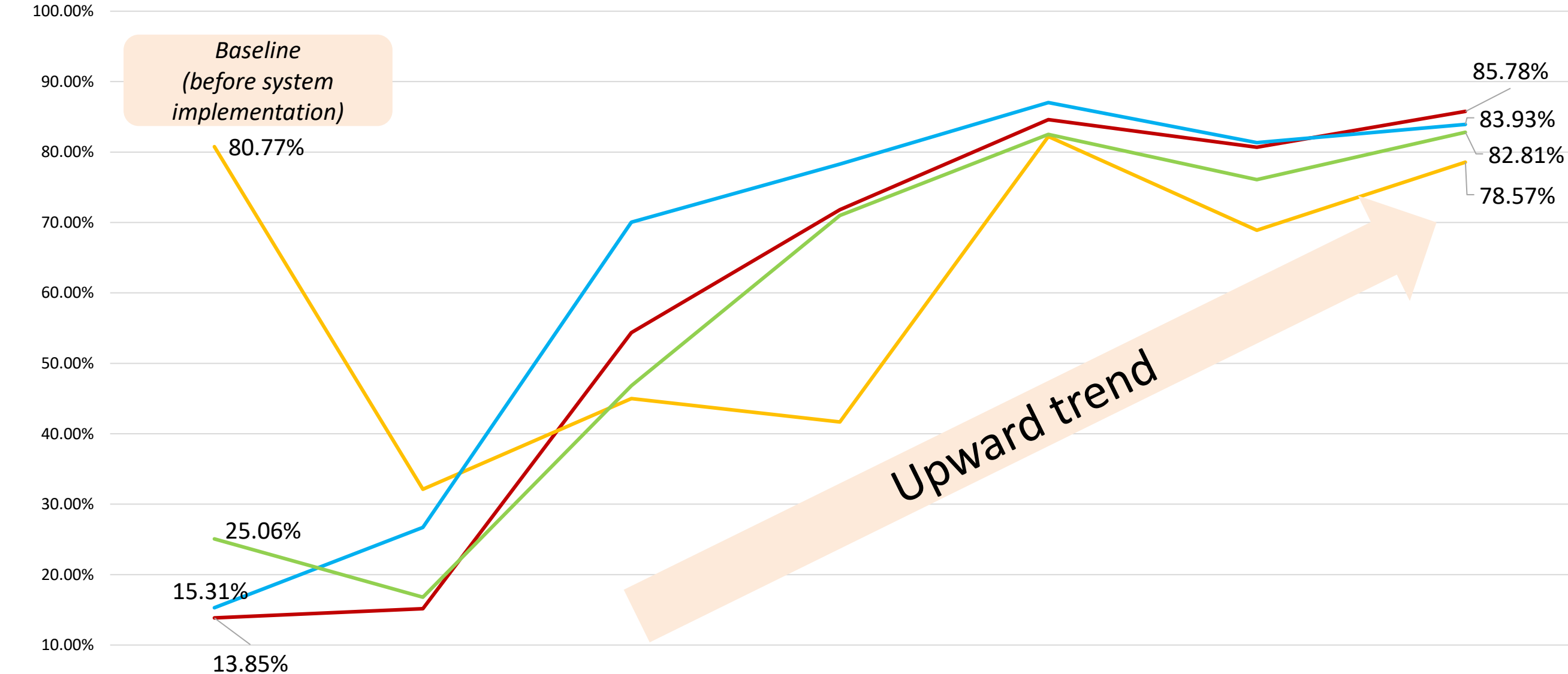
Private reports

# Outcomes

MDRO: C. auris, CPE, VRE

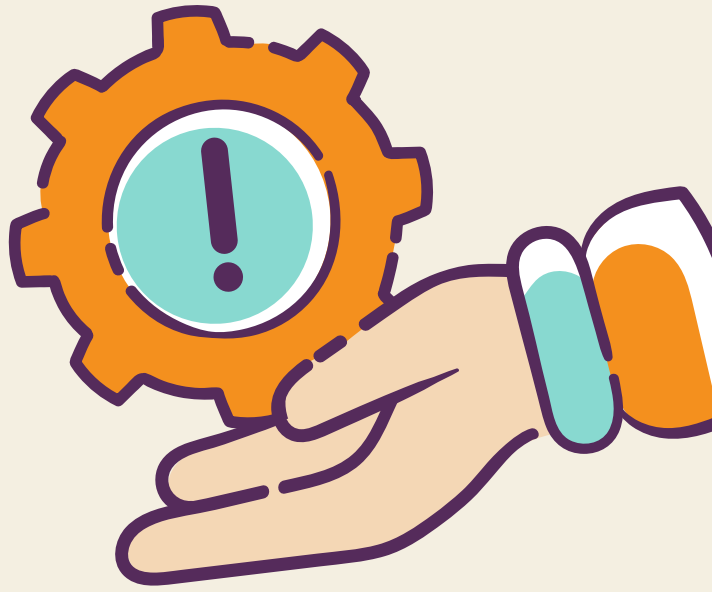
## Boost in MDRO screening compliance

MDRO Admission Screening Compliance within 48hrs in KWC hospitals (exclude day cases)



	2024 Dec	2025 Mar	2025 Jun	2025 Sep	2025 Dec	2026 Jan	2026 Feb
CMC	13.85%	15.16%	54.37%	71.81%	84.62%	80.68%	85.78%
NLTH	80.77%	32.13%	45.00%	41.67%	82.22%	68.89%	78.57%
PMH	15.31%	26.70%	70.03%	78.29%	87.04%	81.33%	83.93%
YCH	25.06%	16.79%	46.82%	71.00%	82.52%	76.09%	82.81%

CMC NLTH PMH YCH

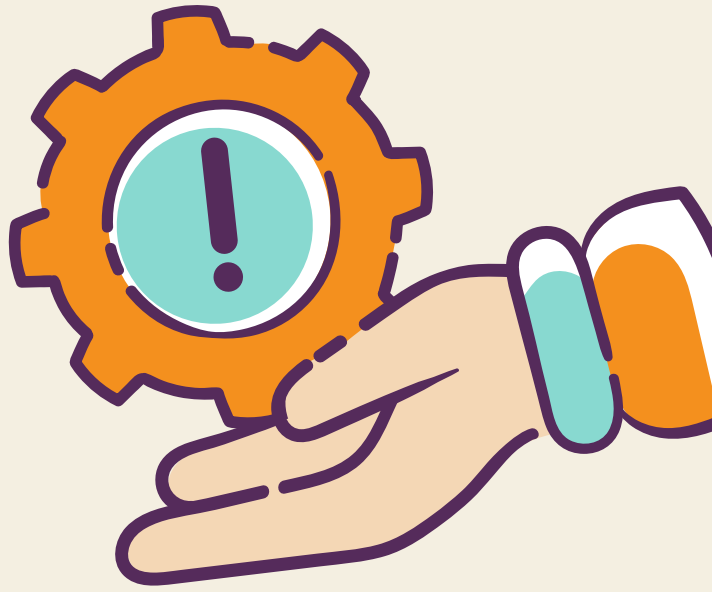


Initiation of Smart MDRO System in KWC: 2025 Jan -Apr

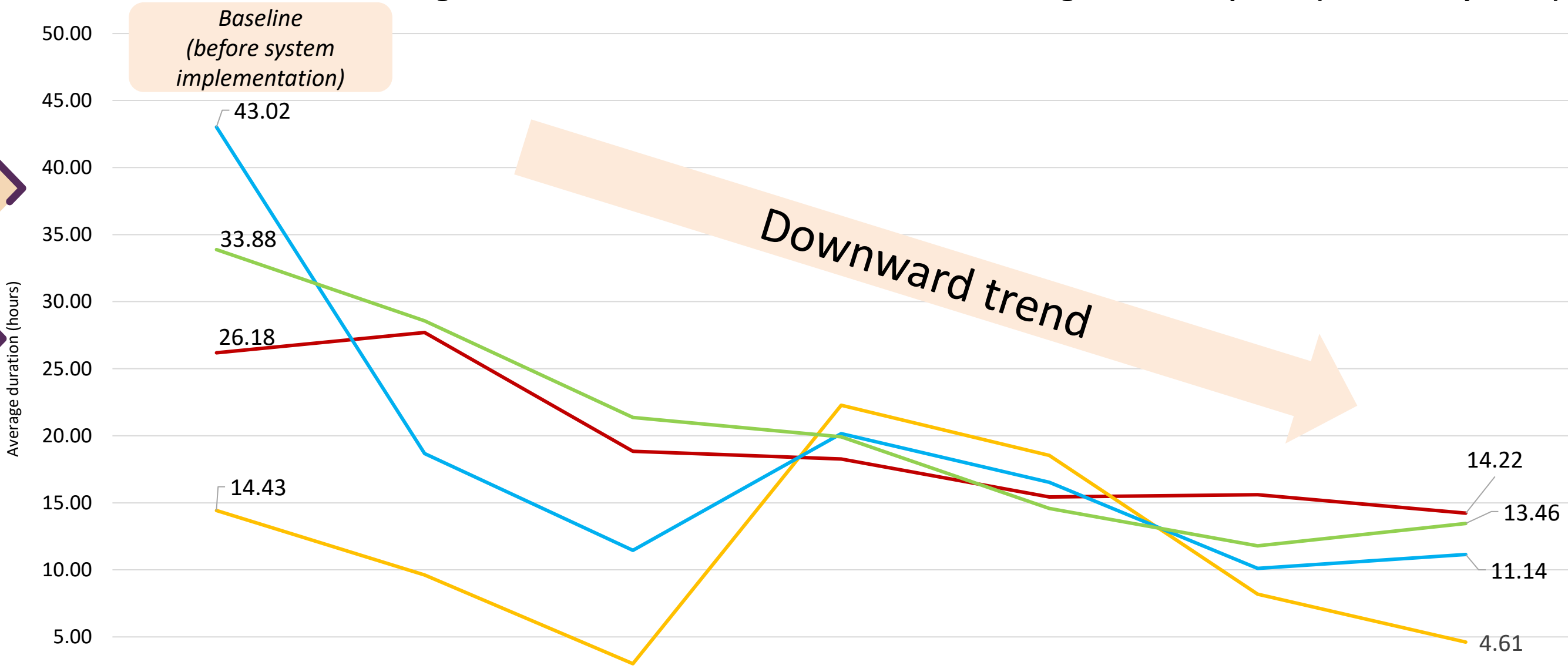
# Outcomes

MDRO: C. auris, CPE, VRE

## Plummet in MDRO screening collection time



Average Duration From Admission for MDRO Screening in KWC hospitals (exclude day cases)

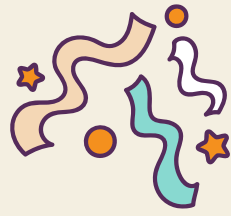


Initiation of Smart MDRO System in KWC: 2025 Jan -Apr

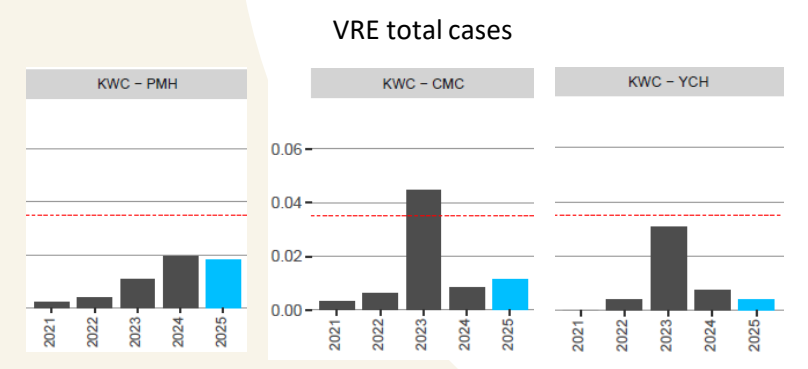
	2024 Dec	2025 Mar	2025 Jun	2025 Sep	2025 Dec	2026 Jan	2026 Feb
CMC	26.18	27.70	18.83	18.27	15.43	15.61	14.22
NLTH	14.43	9.61	3.00	22.28	18.53	8.19	4.61
PMH	43.02	18.68	11.45	20.16	16.53	10.11	11.14
YCH	33.88	28.57	21.37	19.92	14.58	11.79	13.46

— CMC — NLTH — PMH — YCH

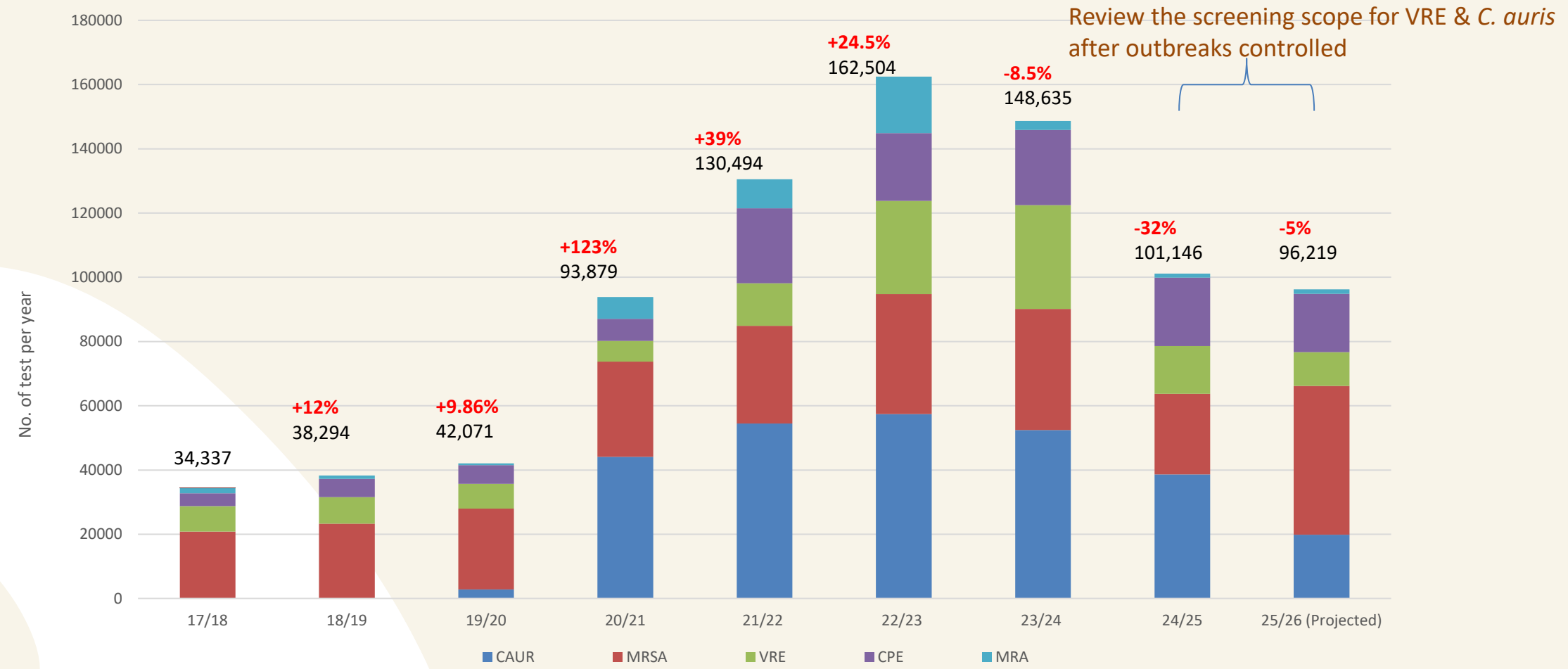
# Outcomes



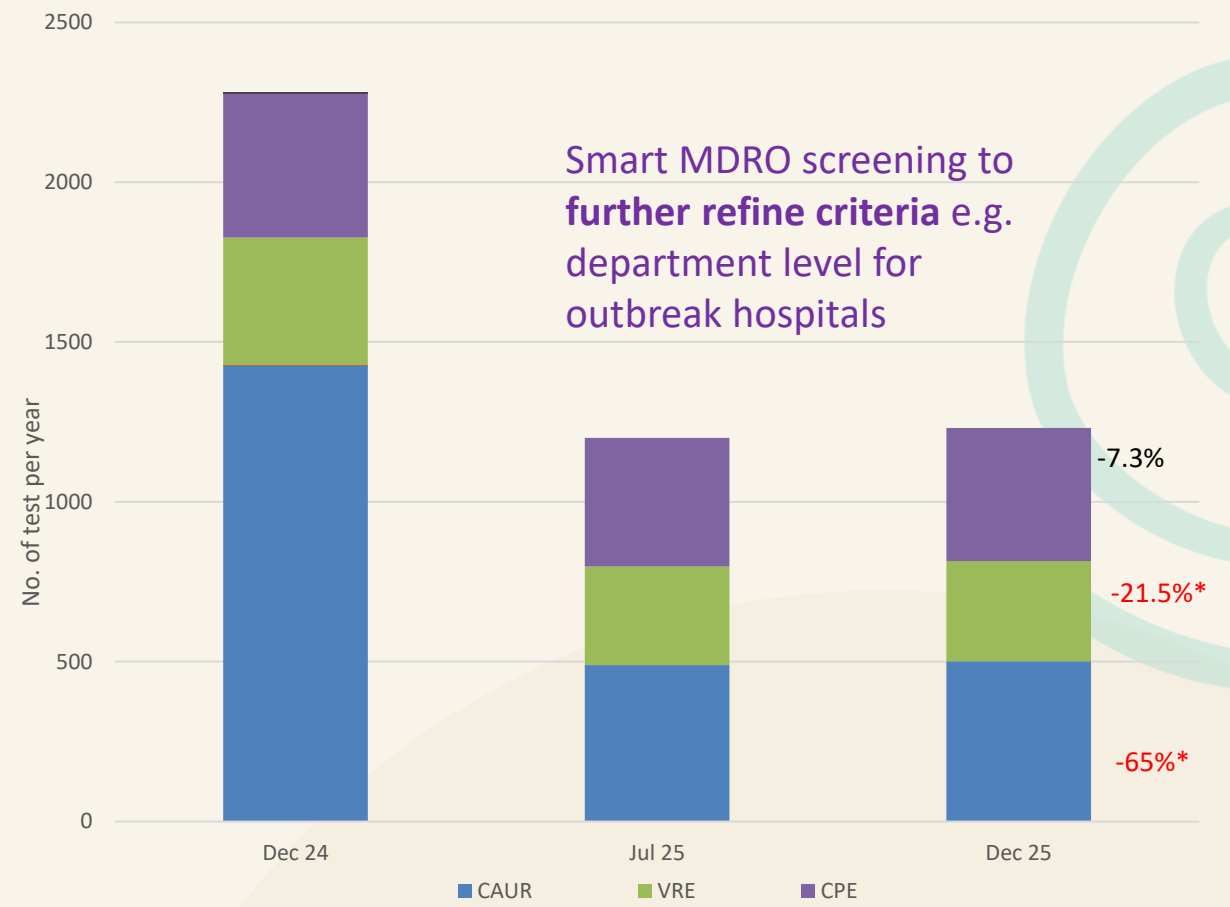
## Reduction in MDRO Test Counts



Total Number of MDRO Screening Tests in KWC



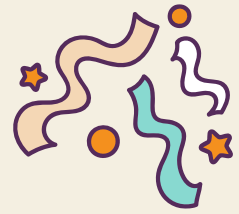
Total Number of MDRO admission screening test



*C. auris* guideline updated in Jan 25

\*confounded by reduced readmitted tagged contacts due to reduced ward contact tracing

# Outcomes



## Decline in man-hours in manual checking

### 1 Ward (Overall)

	2025 Dec
Total number of patients admitted to ward (data source: CDARS)	1007
Total man-hrs on manual checking for admission screening	1007 x 5 mins =5035 man-mins =83.92 man-hrs

Assume ward requires 5 mins for checking screening eligibility for each patient

### 2 ICT

	Baseline (2024 Dec)	12 months after system implementation (2025 Dec)	Difference (2024 Dec vs 2025 Dec)
Average man-hrs for manual checking for newly admitted patients for MDRO screening	4 man-hrs daily = 80 man-hrs monthly	0.5 man-hrs daily = 10 man-hrs monthly	
Total man-hrs to remind ward for screening	Total number of E-Fax with verbal reminder to ward: 654  654 x 5 mins = 3270 man-mins = 54.5 man-hrs	Total number of E-Fax with verbal reminder to ward: 37  37 x 5 mins = 185 man-mins = 3.08 man-hrs	
Total man-hrs on checking and reminder to ward	80+54.5 = 134.5 man-hrs	10+3.08 = 13.08 man-hrs	121.42 man-hrs

Assume total number of working days in Dec: 20  
Assume ICT requires 5 mins for eFax and verbal reminder for each patient

Estimation of man-hours saved annually:  $83.92 \times 12 = 1007$

Estimation of man-hours saved annually:  $121.42 \times 12 = 1457$



**Estimation of total man-hours reduction for both ward and ICT annually: 2464**



# Limitations

1. Compliance statistics do not include any specimen collection other than GCRS
  - **May underestimate actual compliance rate**
2. The system relies on ward users to integrate usage of eWhiteboard into routine workflow
3. The affected RCHE/D list relies on ICT update:  
ICT would regular review own cluster RCHE/D list but may not be notified of changes in other clusters
  - **Screening discrepancy related to inconsistent update frequency by cluster and CICO**
4. The system relies on accurate and timely data input in CMS PAF
  - **Delayed input/ data amendment may lead to missing data and non-compliance**

# Confounding Factors

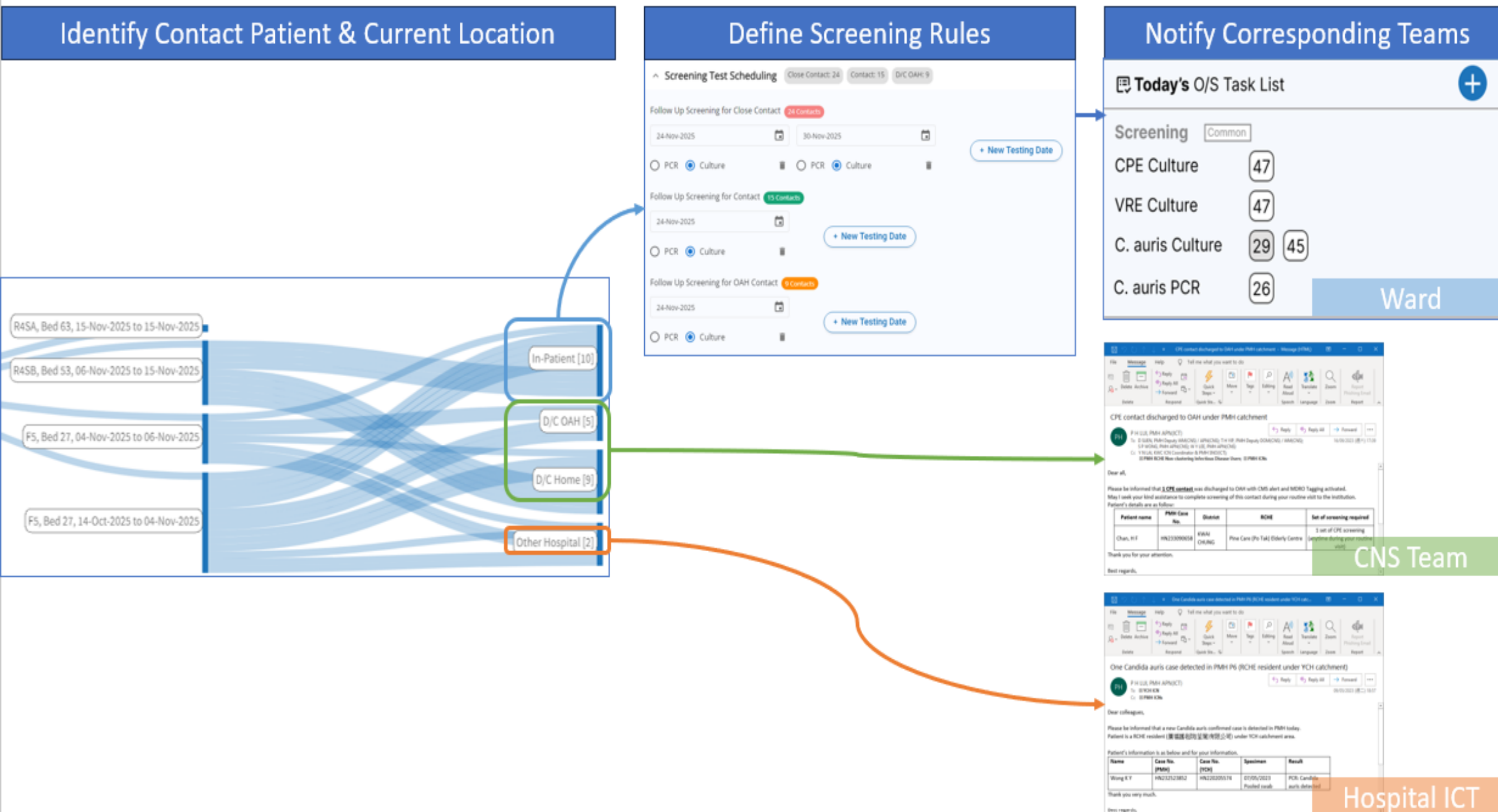
**MDRO screening scope is subject to change**

- Scope of screening for outbreak hospitals/ RCHE is narrowed since 2025 (according to CICO recommendations and ICO risk assessment):
- Previous scope: whole cluster/ hospital
  - Present scope: selected specialty/ ward in an outbreak hospital

# Way forward

## UAT in progress: Smart Contact Tracing

### Streamlining Follow-up & Communication Among ICTs, Wards & CNS Teams



### 1 platform for multiple purposes:

- Contact tracing (generate patient contact list)
- Auto-email template
- Auto-tagging in CMS corp alert

# Way forward

## Pending UAT: Cubicle View and Bathing List (in PCHOS)

The screenshot displays the PCHOS interface for ward F4. The main area shows a floor plan with cubicles (C, D, A, B) and corridors (Cor C, D, A, B). Cubicles 26, 27, 28, and 29 are highlighted with red boxes. A 'Patient Toilet' and 'A/C Plant Room' are also visible. On the right, a 'Task List' panel shows 'Today's O/S Task List' (No tasks available), 'Yesterday's O/S Task List' (RCHE Bath, RCHE: Check overset, Screening, CPE Culture), and a 'Cohort Alert' for 'Clean Case Placed with MRDO Patient' (25, 27, 28, 29). At the bottom, a 'Cohort Rules' section lists:

- A clean patient is placed in an MDRO cubicle
- A MDRO patient (contact/confirmed) is placed in a clean cubicle
- A MDRO patient (contact/confirmed) has been placed in a MDRO cubicle but with the wrong pathogen type

### Cubicle view:

Cohort Alert (cohort non-compliance)  
(e.g. CP case placed in clean cubicle)

### Bathing list:

Automation of Bathing Priority List

- Target patient group: Patients from RCHE
- Category (Priority from high to low):
  1. A&E Cultured
  2. Ward Cultured
  3. RCHE

# Acknowledgement

Every system user



**KWC Management Team**

**HO IT**

**KWC IT**

**KWC ICOs and ICTs**



## References

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The background is a light beige color with various decorative elements. In the top left, there are white and light green abstract shapes. In the top center, there are three concentric light green circles. In the top right, there is a large, light beige circle. In the middle left, there is a small orange flower icon. In the middle right, there is a small orange star icon. In the bottom left, there is a stylized map with purple lines, a location pin, and a dashed orange line. In the bottom center, there is a small orange flower icon. In the bottom right, there are white and light beige abstract shapes. 

**Q&A**

**Thank You So Much**