EDITORIAL

Hospital-acquired infections kill 16 million people a year worldwide. Many of these infections stem from poor hand hygiene, so Professor Didier Pittet has devoted himself to what can only be described as a crusade to improveatient safety in this area. Since 2005 he has been working with the World Health Organization (WHO) to run the “Clean Hands Save Lives” campaign that has now been implemented by 170 of the 194 UN member states.

This year Pittet spoke at various events including Latin America’s biggest infection control conference, the IX Congreso Panamericano de Infecciones Intraoperatorias – I Congress International de Infecciones Asociadas a Cuidados de la Salud. During his presentation he singled out a young doctor, Dr. Carmen Soria, who also has special ties to our company. Prof. Pittet praised her efforts to improve hand hygiene at Hospital Luis Vernaza in Ecuador. The Dutch infection control practitioner and consultant Gerrie van Kruippenber-Gordebeke went so far as to say that Carmen Soria is fighting the same fight as her on the Latin American continent and swiftly moved to crown her as the region’s “Bedpan Queen”!

We know how much Dr. Carmen Soria deserves this praise because we at Meiko worked with her on a project, too – in our case supplying her hospital with its first washer-disinfector for reprocessing care utensils. The conference is one of the most successful events of its kind in Latin America. Having attended it ourselves in the past, we know what a rich variety of topics it deals with. Multidrug-resistant bacteria, Clostridium difficile and gram-negative organisms feature heavily on the agenda here, too, posing key challenges to participants from the realms of hospital infection control and infectious diseases. Gerrie van Kruippenber-Gordebeke gave three presentations – and was swamped with questions after each one. As always, she was right to hammer home the argument that these pathogens occur in large quantities in human excreta. This issue is still woefully neglected. All we can do is keep trying to raise people’s perception of the importance of dealing with excreta hygienically, and to offer our support to Bedpan Queens and Bedpan Kings wherever they may be!

Very best regards, Markus Braun

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[1] Dr. Philippe Berthelot explains how epidemiological data is collected in France and discusses SF2H’s goals for the future, particularly in the field of nursing and care homes.

[2] Operating theatre shoes are not medical devices, but they are often treated as if they were. To find out why the Swiss Paraplegic Centre gave up using wipe disinfection and reprocessing in its central sterilization unit to clean theatre footwear, turn to page 2.

[3] Infection control in Latin America is an issue that is still handled very differently from one country to the next. Silvia Guerra is a realist – and she manages to put her finger on some very sore spots!


Questions & Answers

Question: Why are bacteria becoming increasingly resistant?

Answer: Bacteria develop resistance when they are exposed to antibiotics too frequently. This causes them to develop defence mechanisms against the drugs. One of the reasons for this situation is that doctors prescribe antibiotics too often, even when they are not necessary. Factory farming is another practice that has come in for criticism because antibiotics are added to animal feed to prevent illness and infection. And now German researchers have discovered yet another reason why bacteria develop resistance. “Resistance builds up when competing bacteria live together in large numbers and in confined spaces,” explains Dr. Daniel Lopez from the Research Center for Infectious Diseases at the University of Würzburg. The researchers experimented with non-resistant Staphylococcus aureus bacteria under biofilm-like conditions of limited space and nutrients. In this environment the bacteria began competing with each other and underwent a form of evolution. Individual bacteria were suddenly able to produce antibiotics through spontaneous mutations. And instead of surrendering to this antibiotic attack, other bacteria actually became resistant!

Any difficult situation can be seen as an opportunity

Philippe Berthelot works as an infection control practitioner at St Etienne University Hospital in France and is the president of the French Society for Hospital Hygiene (SF2H). We spoke to him about the quality of epidemiological data in his area of specialization and about the feasibility of achieving the ultimate goal of zero infections.

Philippe Berthelot: France has been conducting its five-yearly national survey on the prevalence of nosocomial infections (NIs) since 1996, and the most recent survey in 2012 covered 90 percent of occupied beds in French hospitals. The data collected so far provides a basis for estimating the scale of this problem and gives us some idea of how trends are evolving, obviously bearing in mind the limitations associated with this type of survey. There’s certainly been plenty of progress in regard to how the surveillance networks keep track of NIs, but we’re still stuck with the problem of whether the institutes that choose to take part voluntarily are actually sufficient to the task. So, how many NIs are reported in France? And if so, why?

Philippe Berthelot: We know how much Dr. Carmen Soria is fighting the same fight as her on the Latin American continent and swiftly moved to crown her as the region’s “Bedpan Queen”!

Dr. Philippe Berthelot

enabled us to compare France with other European countries and to estimate the global risk of nosocomial infections at about one in every 18 patients. The data from that survey yielded an estimated annual figure of 324,344* (confidence interval 95%: 194,130 – 487,897 NIs in France). Thanks to the monitoring data gathered on these cases by infection control teams, the epidemiology of highly antibiotic-resistant bacteria detected in healthcare settings is closely tracked by the French Institute for Public Health Surveillance for both individual cases and epidemics. Continued on page 4
Patients at the Swiss Paraplegic Centre (SPC) are protected from infections, but some have concerns about the practices used to prevent them. How can practitioners make sure they are providing effective infection control? The Swiss Paraplegic Centre (SPC) is a renowned facility, but it too has had its share of challenges. "We shouldn't be creating unnecessary complications for people's already heavy medical care loads," says infection control specialist Udo Hollerbach. "And returning to pick up a new pair is something that would be beneficial to everyone." The SPC has implemented a variety of measures to ensure that patients are well protected while in their facility. Whether it's top-to-toe hygiene protocols or the use of infection control devices, the SPC is dedicated to providing the best care possible. "Top-to-toe hygiene is an essential aspect of infection control," says Hollerbach. "Every patient should be treated as if they were a potential source of infection." The SPC's commitment to infection control is clear, as evidenced by the frequency of its audits and the diligence of its infection control team. Hollerbach and his team are constantly working to improve their methods and ensure that patients are safe and well protected. So, what's the secret to the SPC's success? "Simple things like good hygiene, proper cleaning, and proper equipment usage are key," says Hollerbach. "And it's important to remember that we're not just protecting the patient, we're protecting the staff as well." Hollerbach is proud of the SPC's commitment to infection control and the progress they have made. "We've come a long way," he says. "But there's always room for improvement." So, the next time you visit the SPC, remember to thank the infection control team for their hard work and dedication. They are a vital part of ensuring that patients receive the best possible care. "We're committed to providing the very best care possible," says Hollerbach. "And we won't stop until we've achieved that goal."
Perfect hygiene from top to toe

Wiping operating theatre footwear with disinfectant, carrying them to a central sterilisation unit for reprocessing, and returning to pick up a new pair is something that infection control practitioners like Vittoria La Rocca see as an unnecessary addition to people’s already heavy workloads. That’s why the theatre-changing rooms at the Swiss Paralimpic Centre have been equipped with special wash-disinfecter units from Meiko that are designed to quickly reprocess theatre footwear to ensure each and every pair is perfectly clean.

Infectious Diseases Branch and an infection control response team to deal with any incidents. Fortunately, however, incidents are rare. La Rocca’s commitment to infection control extends well beyond her work as a nurse. As being an active member of a group dedicated to infection control in hospital and ambulatory and patient care and general care-handling in the German Society of Hospital Hygiene (DGGH), she also gives talks at the theatres and hospital facilities and works as a lecturer at CURAVIA (the Swiss Association of Care Homes and Institutions) as well as at two schools run by the Swiss Institute for Rescue Operations (SIFER) and at the German Society of Hospital Infection Control. She explains one of the key lessons she has learned working as an infection control practitioner: “You need to have a good reputation at the institution you work for. It’s important that your colleagues trust and respect you and see you as a source of support rather than as some kind of hygiene police!”

La Rocca, who is Swiss but of Italian extraction, is passionate about infection control and says she could never work anywhere that didn’t offer the SPC’s superb standards of infection control. “We have so-called ‘link markers’ on every pair, plus the Centre’s operating theatre changing room. The bed sides of the medical devices industry, so the linen exactly what to look for:

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"Doctor, do you actually know..."

took a pioneering role when the Uruguayan health minister announced that infection control would become a top priority four years ago. The first step we took was in 2010 when we provided hospitals with the tools to conduct a manual on infection control issued by the Brazilian Health Surveillance Agency (ANVISA). But we realized that didn’t go far enough. We saw that our infection control assessments needed to be stricter, so the ministry published guidelines on how to conduct infection control assessments and developed an app for mobile devices which hospitals can use to check hygiene conditions, enter the results, and then identify the high-contact areas in the facility that are most urgently in need of cleaning. That data allows hospitals to train their cleaning personnel in a much more targeted way.

So where did the most resistance come from? Well, it was difficult to persuade the people responsible for infection control to accept responsibility. Properly reviewing and addressing this topic requires a lot of work, and some hospitals don’t even have anyone assigned as the head of a department of infection control and hygiene who could take on this task.

In tandem with the initiatives run by the ministry, I organized courses on a national level through two channels: firstly as part of the initiative popularly known as URU-HYGIENE and secondly in the form of workshops combining both practical and theoretical aspects for a network of hospitals in Uruguay (FEMI). That gave me an opportunity to travel across the whole country, and what I noticed was that the people responsible for cleaning and fighting against infections are genuinely keen to learn more about this topic, especially since so little information has been published on it.

In terms of resistance, very little of that came from the people charged with implementing the guidelines, apart from perhaps the resistance I encountered in relation to people being compensated fairly for what they do. That comes down to hospital administrators, and in many cases the pay they offer is less than optimal, essentially because they under estimate the importance of cleaning when it comes to preventing the spread of infections. The high prevalence of infections caused by Clostridium difficile, MRSA, vancomycin-resistant enterococci and Acinetobacter baumannii is an indication of the inadequacy of infection control measures in many countries.

Some people think cleaning a hospital is like cleaning your house – they don’t understand what’s so special about it. In a hospital setting it’s the busiest areas and the ability to monitor areas and track that mark the difference between acceptable performance and the kind of poor-quality cleaning that creates a significant risk of spreading hospital bacteria.

Overall the epidemiological data has become more comprehensible than ever. The last 20 years and France now has a fairly reliable global stock of data which enables us to objectively assess the prevalence of infections that are being implemented.

* Estimated number of patients who contracted a nosocomial infection in an emergency hospital unit on at least one occasion, EDCP PPS 2011–2012.

Question: What targets does the SF2H have for the year ahead?

Philippe Berthelot: SF2H’s mission is to help promote infection control in the care environment. To achieve this, our multi-disciplinary association, which comprises both medical and paramedical specialists, issues recommendations on good practices, creates slide presentations, training videos and vocational training programs, and encourages research efforts in the fields of NI prevention and infection risk management. Our work also focuses on reinforcing the nursing and care home sector as well as outpatient and home care. We regularly provide the latest update of the standard hygiene measures which form the critical hub in preventing and fighting against NIs as well as a review of some of the supplementary hygiene procedures. We now need to bring our recommendations fully up to date to reflect the incredibly rapid changes in scientific knowledge. We’re hoping to continue SF2H’s work by further developing the training tools we offer – such as healthcare sector simulations – and by enhancing people’s knowledge of psychosocial aspects and improving medical/economic assessments in the field of infection control. The inexorable spread of antibiotic resistance is also a major challenge. One of the goals of infection control measures is to curb this extremely worrying development, specifically by reducing the risk of these multi-drug-resistant and highly antibiotic-resistant bacteria spreading even further.

Question: Do you think goals such as the zero infection strategy pursued by your German colleagues are realistic?

Philippe Berthelot: Absolutely not, and I have to say I’m slightly surprised by this rather exaggerated optimism, which is echoed in the American work on cather infections, even though I freely admit that some remarkable progress is being made. Evidence has shown that a certain proportion of NIs, even endogenous infections, can be avoided by putting a series of infection control measures in place as safeguards, particularly at the most critical points in the care environment. We certainly need to be working towards reducing patients’ risk of infection in care settings, but slashing that figure to zero is impossible because patients are inevitably faced with ever-increasing risks, particularly due to higher life expectancy, comorbidities and the necessity of using invasive devices as part of the care process which can act as a gateway for infections.

What we can do, however, is to consider the “zero infections” goal as a desirable concept that reminds us how we should never trivialise any complications or simply ascribe them to fate. Any situation or setback that is analysed as part of the process can act as an opportunity to improve safety in the care environment.

Question: You and many other experts have stated in interviews that we are already well into the post-antibiotic era. What do you think is the best way to tackle this issue?

Philippe Berthelot: I don’t think I expressed myself in exactly those terms. I certainly stated that antibiotic policy didn’t go far enough. The declaration issued by WAAAR* has signed the charter and has created a body set up to find the best ways of monitoring this phenomenon. Infection control policy can play a key role, especially in regard to issues such as information and training, the spread and containment of these bacteria, support for vaccinations, and the issuing of guidelines on sensible antibiotic use.

We need to mobilise on a broad front because at the moment we have the Sword of Damocles hanging over our heads! One difficulty is that this problem stems from multiple factors which require a series of coordinated measures in both human and veterinary medicine. It also requires awareness-building on a political level, among the wider public, in the education system and in the research agenda. The challenge is frankly huge, but we can’t just bury our heads in the sand because nobody wants to return to the mortality rates of the pre-antibiotic era. The whole country and its key institutions are starting to mobilise, but unfortunately more in the sense of assessing the problem’s extent rather than actually taking concrete measures. We just have to hope that we can somehow reduce this resistance in the years ahead.

* World Alliance Against Antibiotic Resistance

Hygiene World

Continued from page 1

Every setback can be seen as an opportunity.

Bedpans are categorised as a medical device, so this method of storage is not exactly best practice...

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Silvia Guerra and her Dutch colleague Gertie van Knippenberg-Gorbeke are driven by the same principles when it comes to best practices for managing patient excreta. Photos: Daniela Bischler

CALENDAR

15–16 October 2014
10th Hospital Hygiene Congress, Villach, AT
21–22 October 2014
Fürth/Erlangen/Nuremberg
Hygiene Days, Fürth, DE
21–24 October 2014
IFAS, Zurich, CH
30–31 October 2014
FKT Anniversary Event, Hamburg, DE
3–7 November 2014
ICAN, Harare, ZW
12–15 November 2014
CONGRESSO NACIONAL DE ADMINISTRADOR DE SAÚDE, Fortaleza, BR
16–18 November 2014
HIS, Lyon, FR
24–26 November 2014
Freiburg Congress of Infectious Diseases and Hygiene, Freiburg, DE

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