Healthcare Acquired Infections

Emerging Trends in Hospital Administration 9th & 10th May 2014



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What is healthcare acquired infection?

• An infection occurring in a patient in a hospital or other healthcare facility in whom the infection was not present or incubating at the time of admission.

 Includes infections acquired in the hospital but appearing after discharge

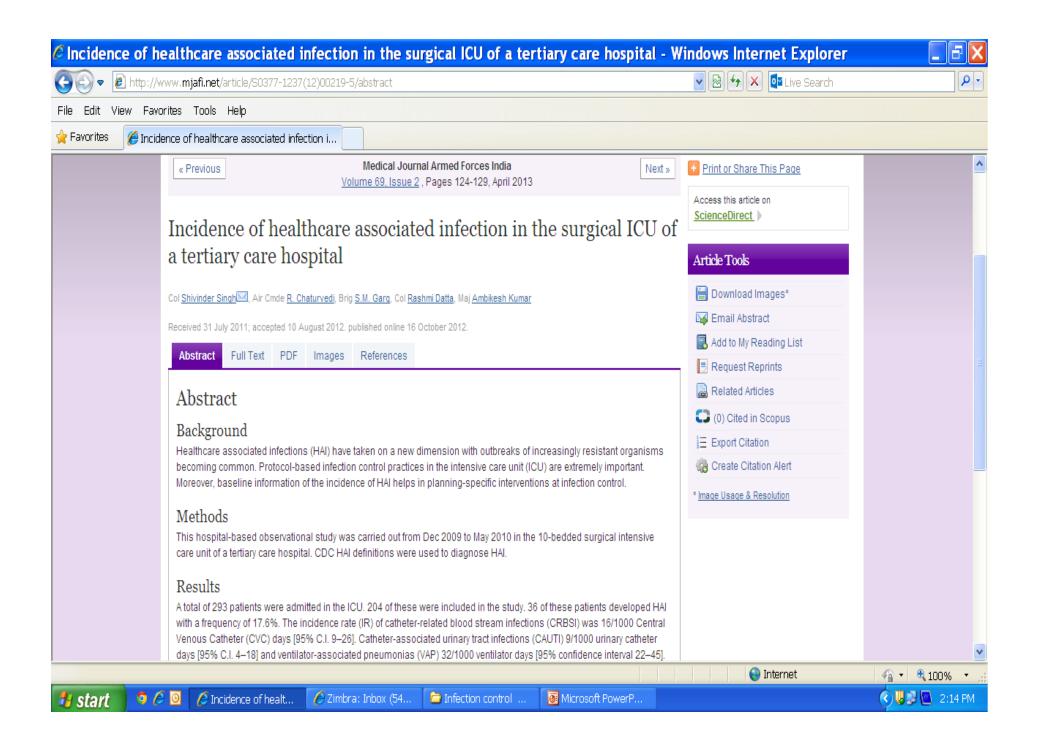
Occupational infections among staff of the facility

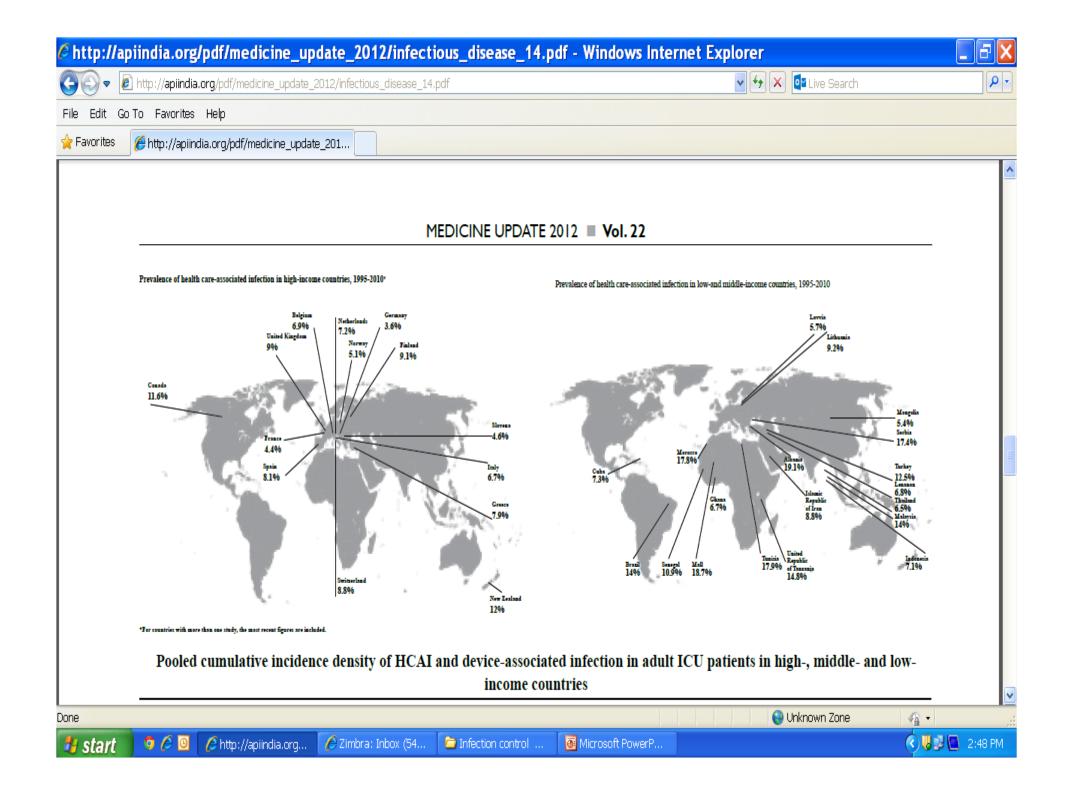
HAI

- Surgical Site Infection
- Ventilator Associated Pneumonia
- Infections associated with intravascular lines/ Central line Associated blood stream infections (CLA BSI)
- Urinary tract infections
- Methicillin-resistant Staphylococcus aureus (MRSA) infections
- Vancomycin -resistant enterococci (VRE) infections
- Clostridium difficile (C. difficile)

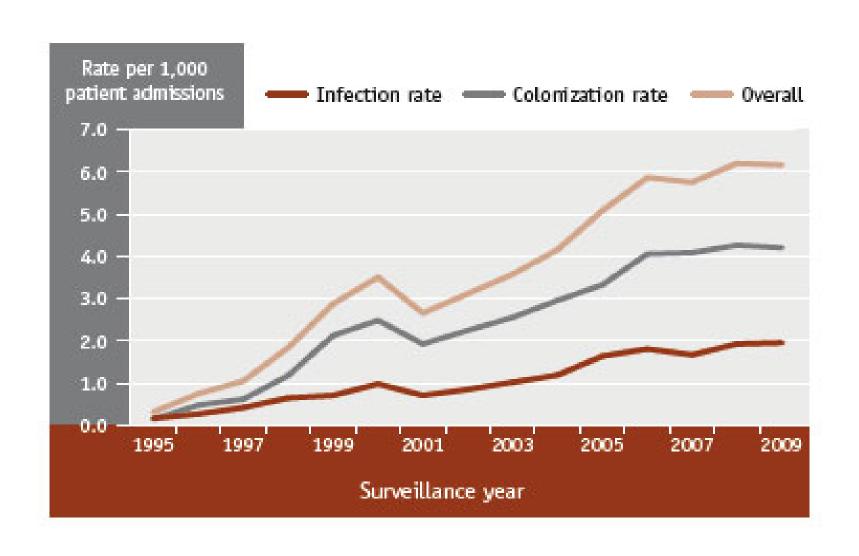
Incidence of HAI in India

- Surgical site infections 1.2 to 23.6 per 100 surgeries
- Bloodstream infections- 28%
- Ventilator-associated pneumonia- 21%
- Urinary tract infection (UTI)-15%
- 1.4 million people worldwide suffer from complications of infections acquired in the hospital
- Of every 100 hospitalized patients at any given time, 7 in developed and 10 in developing countries will acquire at least one health care-associated infection (WHO Report)





Healthcare-associated MRSA rates per 1,000 patient admissions from 1995 to 2009



Impact of health care-associated infections

- Inflicts additional suffering for the patient
- Extra financial burden for patients and their families
- Infections prolong hospital stays
- Creates long-term disability
- Increase resistance to antimicrobials
- Massive additional financial burden for health systems
- Causes unnecessary deaths.

What factors put patients at risk of infection in health-care settings?

 Prolonged and inappropriate use of invasive devices and antibiotics

High-risk and sophisticated procedures

Immuno -suppression and other severe underlying patient conditions

Insufficient application of standard and isolation precautions

Other determinants for HAI

- · Inadequate environmental hygienic conditions and waste disposal
- Poor infrastructure
- Insufficient equipment
- Understaffing
- Overcrowding, high levels of bed occupancy and increased transfer of patients
- Poor knowledge and application of basic infection control measures
- Lack of protocol
- Lack of knowledge of injection, infusion and blood transfusion safety
- · Absence of local and national guidelines and policies

Other determinants for HAI

- Poor / inappropriate institutional surveillance program
- Lack of access to safe water
- Absence of dedicated personnel for Infection control
- Absence of active HICC
- Absence of effective staff training
- No regulatory body to oversee or monitor quality of care

1. Effective HICC

 Set up the Infection Control Program with a multidisciplinary committee

Guide the processes

Continuously monitor the outcome

2 . Educating/ Training everyone about how infections occur and how to prevent them

Accountability

3 .Implement meticulous hand hygiene

 To be practiced by all HCW, patient relatives, visitors & patients

 Conducting audits on HH compliance and presenting the data to the management

Making HH facilities available & accessible

4. Judicious use of PPE

5. Limiting Visitors

6. Availability of isolation rooms and cohorting protocols

7. Using checklists to ensure best practices in infection prevention

Use of HAI prevention bundles

- 8. Cleaning equipment and environments
- Cleaning and Disinfection protocol
- Unambiguous guidelines on SUD
- Effective and scrupulous house keeping services

9. Effective Surveillance System

- Broad, Unit specific or infection targeted surveillance
- Use of automated electronic surveillance systems
- It must have high specificity, positive predictive value, accuracy and time-efficiency
- Monitors each patient as soon as they are admitted
- Generates of monthly rates of infections and help in monitoring these rates
- Scope of surveillance activities incorporates tracking and analyzing of infection risks, rates and trends

10. Standards and best practices

11. Effective engineering control

Management of air, pressure, humidity & water

12. Antimicrobial stewardship programs

- To preserve antibiotic as a valuable & precious resource and extend their helpful life.
- Ensure cost effective therapy
- To prevent and control antimicrobial resistant infections
- Promote the safe, effective, economic and rational use of antibiotics and, ultimately, to improve patient care.
- Usage of simple generic antibiotics as first line whenever possible and avoidance of broad spectrum antibiotics
- Minimize the emergence of bacterial resistance in the community for the future

13.Staff Health

Pre exposure prophylaxis

Post exposure prophylaxis

Provision of adequate resources

NABH Standards for HIC

- Well designed, Comprehensive & coordinated HIC Program
- Implementation of policies and procedures laid down in the HIC Manual
- 3. Organization performs surveillance activities periodically and regularly to capture and monitor HAI

NABH Standards for HIC

- The organization takes action to prevent and control HAI
- 5. The organization provides adequate and appropriate resources for prevention and control of HAI

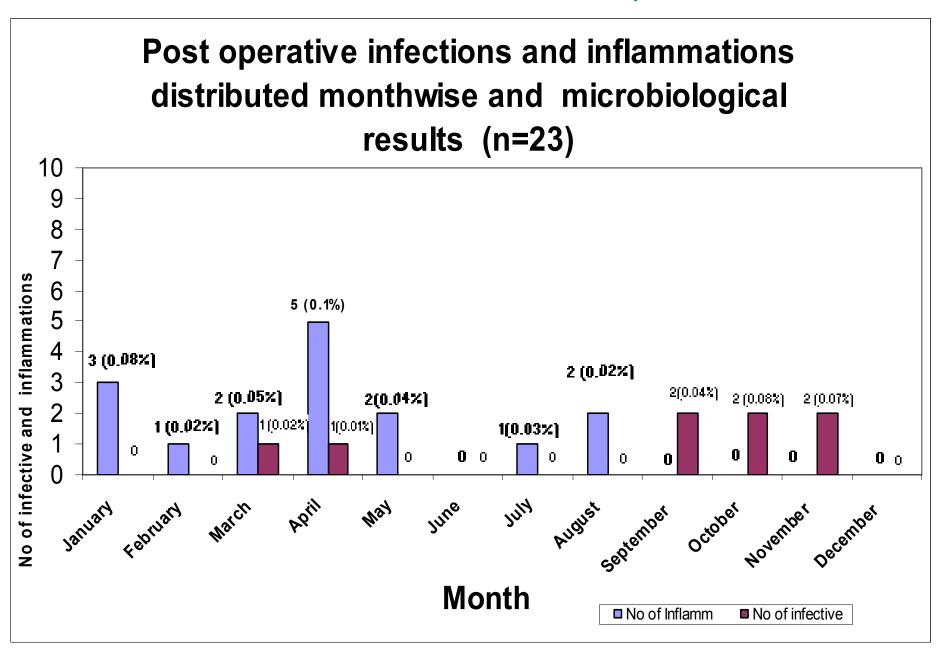
 The organization identifies and takes appropriate actions to control outbreaks of infection

NABH Standards for HIC

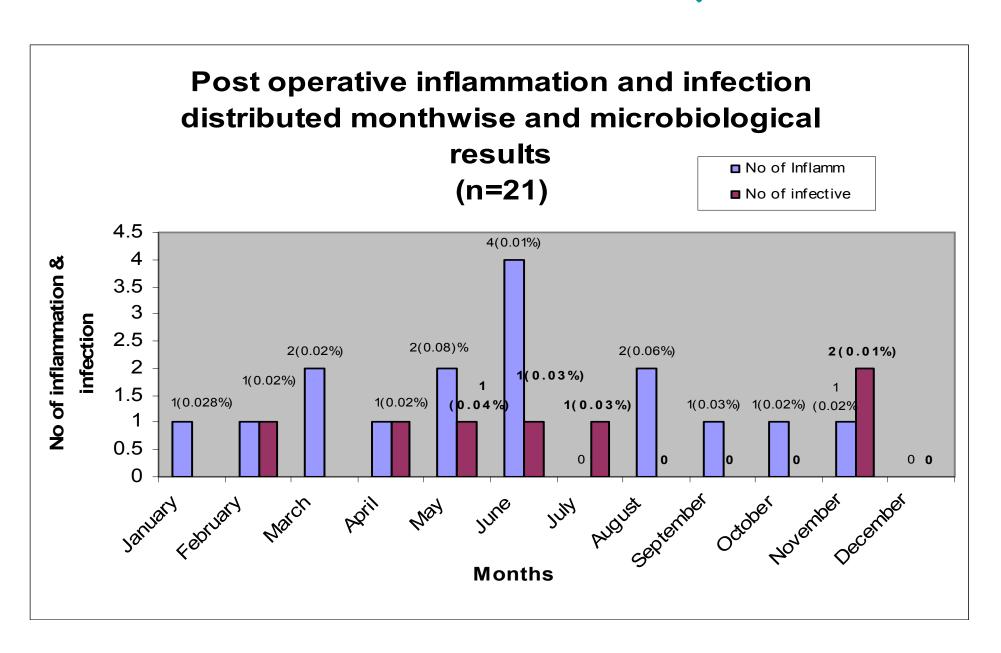
- 7. There are documented policies & procedures for sterilization activities in the Organization
- 8. Bio medical waste is handled in an appropriate & safe manner

9. The infection control training conducted to all staff appropriately and staff health is taken care.

SSI Rate at Sankara Nethralaya (2012)



SSI Rate at Sankara Nethralaya (2013)



Thank You!