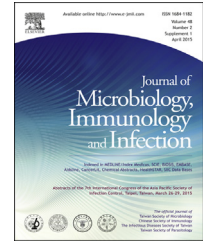




Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.e-jmii.com



PLENARY LECTURE

PL 1

FROM CARE BUNDLES TO MULTIMODAL INTERVENTION: INFECTION CONTROL AT HIS BEST

Didier Pittet, Professor. Infection Control Programme & World Health Organization (WHO) Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, Geneva, Switzerland; Lead Adviser, First Global Patient Safety Challenge, WHO Patient Safety, WHO Headquarters, Geneva, Switzerland



Healthcare-associated infection is a major, global issue for patient safety and its prevention was chosen by WHO Patient Safety as the theme of its First Global Patient Safety Challenge "Clean Care is Safer Care" launched in October 2005. Infection rates differ dramatically between countries with the greatest burden in developing nations. Although some differences can be explained by patient mix diversity, others suggest a wide variability of policies and practices in healthcare-associated infection prevention, such as differences in adoption and application of guidelines

and protocols, beliefs and attitudes among healthcare workers, staffing patterns, available resources, or barriers to implementing best practices. The infection control team must identify infection prevention and control practices which are unsafe and hazardous. Unsafe practices must be assessed for their severity, frequency, and likelihood of recurrence. Priority must be given to hazardous practices that have high adverse effects for patients. Once all information is available on the severity, frequency of occurrence, and cost of prevention, priorities for action and appropriate strategies can be developed. Effectiveness of these measures should be monitored by regular audits and/or outcome surveillance and the information must be fed back to front-line clinical staff, relevant managers, and key decision-makers. Improvement in infection control practices requires questioning basic beliefs, continuous assessment of the stage of behavioural change, interventions with an appropriate process of change, and supporting individual and group creativity. As an example, simulation-based training of catheter insertion allows easy adoption of evidence-based techniques. Learning and behaviour change comes from training in a safe and controlled environment, similar to the training of pilots in simulators. But 'prevention of healthcare infection: toward zero risk?' must take into account also benchmarking and public reporting in today's politicized healthcare climate. In several countries, public reporting of healthcare-associated infection is now mandatory. A net 'zero' may not be realistic, but it is suggested that most success in infection prevention comes from simply complying with practice recommendations, often available since many years. Hospitals must consider how they can implement practice change as failure to do may result in them being forced to do so by the public and by legislation in the future. Examples of implementation strategies varying from pure care bundles to the use of multimodal strategies will be discussed.

PL 2

ENVIRONMENTAL DISINFECTION OF HOSPITALS

Moi Lin Ling, Singapore General Hospital, Singapore



The potential for contaminated environmental surfaces to contribute to transmission of a pathogen depends on the following factors: ability of pathogens to remain viable for prolonged periods of time on variety of dry environmental surfaces; ability of pathogens to remain virulent after environmental exposure; frequency with which they contaminate surfaces commonly touched by patients and healthcare workers and whether or not levels of contamination are sufficiently high to result in transmission to patients. Overcrowding, understaffing and pressures to move more pa-

tients through the health care system can challenge completion of environmental cleaning. Unfortunately, despite regular cleaning and the practice of terminal clean following the discharge of a patient with a multi-drug resistant organism, the environment may still harbor organisms contributing to patients acquiring them. Outbreaks associated with inadequate environmental cleaning programs had been reported. New technologies may offer solutions in reducing risk of transmission to our patients. However, in resource limited countries, creative alternatives may be the more practical solution instead. Process redesign to ensure right practices are done consistently with the right cleaning products can help towards the creation of high reliability system in a busy hospital.

PL 3

CLEAN CARE IS SAFER CARE: SURGICAL SITE INFECTION

Joseph Solomkin, University of Cincinnati College of Medicine, United States



No abstract.