

wound closure and improved team work among members of the operative team.

Conclusion: The Surgical Safety Checklists do enhance the communication among surgical team if the process is carried out faithfully. Swabs and instrument count remains the most important process before patient leaving Operating Theatre.

SYMPOSIUM 17 (SP 17)

HOSPITAL ACCREDITATION PROGRAM

SP 17-1

WHONET – TRACKING MICROBES FOR PATIENT SAFETY

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Results generated by routine clinical microbiology laboratories are used to support clinical care decisions and the formulation of local antimicrobial therapy guidelines. Yet these richly detailed data are underutilized for monitoring, understanding, and responding to the evolution and local and regional movements of evolving microbial pathogens. We have developed the WHONET software to aid local staff, national authorities, and research in the capture and use of data generated by the clinical laboratories. Two priority areas of focus are the use of data for:

- Recognizing distinct microbial subpopulations, especially those of evolutionary and public health significance utilizing routine phenotypic data generated in routine work including antimicrobial resistance and biochemical phenotypes. We are currently exploring the use of MALDI-TOF signal spectra for this same purpose; and
- Tracking in real-time the temporal and geographic dissemination of these subpopulations in a healthcare facility, country, and worldwide. We have explored the use of configurable isolate filters and statistical algorithms, especially the SaTScan-supported Space-Time Permutation Model, to provide alerts to pre-designated local and national responders.

We have applied these analysis algorithms to: the national monitoring of community pathogens (for example outbreaks of shigellosis in Argentina), the local detection of outbreaks of healthcare-associated infections in individual facilities (including 45 U.S. facilities), and the transmission of resistance pathogens among facilities of healthcare network (a U.S. network of ten facilities in geographic proximity).

The desktop version of WHONET is primarily used around the world. We are now piloting a web-based version to increase the value of WHONET to all clinical staff in a facility, national authorities, researchers, and the general public.

SP 17-2

ANTIBIOTIC STEWARDSHIP AND HOSPITAL ACCREDITATION

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Antibiotic stewardship (AS) refers to a combined set of activities and policies to improve the rational use of antibiotics in healthcare settings. Elements of an AS policy include a stable and restrictive list of antibiotics that can be used, standard treatment guidelines, audit and feedback of antibiotic prescriptions, surveillance of antibiotic use and resistance, and education at all levels. The combined goals of AS are: improving patient outcomes, containment of antibiotic resistance and increased cost-effectiveness of patient care. Several Northern European countries (e.g. Netherlands, Sweden) have proven that AS can keep antibiotic resistance at relatively low levels. But also countries already experiencing an antibiotic resistance problem can be successful with a targeted national approach. These programs require time and patience to set up. A stepwise approach to implementing AS according to local priorities may be the best way forward for many settings, particularly in low and middle income countries.

There are numerous barriers to implement AS programs in most countries. It can be challenging to create a good AS team with the right expertise and time to contribute. Most healthcare workers see AS as an additional burden to their already heavy workload, while it should be regarded as standard of

care. It would benefit the patient and public health if antibiotic stewardship is considered to be standard of care in all healthcare settings. Active AS teams should be present in any hospital seeking hospital accreditation to improve rational use of antibiotics and patient safety.

Abstract modified from: Laxminarayan R, et al. Antibiotic resistance-the need for global solutions. *Lancet Infect Dis.* 2013 Dec;13(12):1057-98. [http://dx.doi.org/10.1016/S1473-3099\(1370318-9\)](http://dx.doi.org/10.1016/S1473-3099(1370318-9)).

SP 17-3

INFECTION CONTROL ACCREDITATION PROGRAM

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At the time of the deadline for the abstracts the talk and idea's weren't really thought off. Most certainly, the Dutch Infection Control Accreditation Program will be presented, that is a cooperation of the professional societies; The Dutch Society of Clinical Microbiology (NVvMM, mainly MDs) and the Dutch Society of Infection Control Practitioners (VHIG).

In addition a quick-scan list will be presented on what seems to be the basic requirements for a well-functioning infection control unit.

SYMPOSIUM 18 (SP 18)

INFECTION AND INFECTION CONTROL IN LONG TERM CARE FACILITIES

SP 18-1

INFECTION CONTROL IN LONG TERM CARE FACILITY IN SINGAPORE

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The aging population in Singapore is rapidly increasing. Greater attention to manpower development for ILTC is expected, to meet growing demands and expectations from Singaporeans for higher standards of care. Agency for Integrated Care (AIC) was formed as an independent corporate entity under MOH Holdings (MOHH) in 2009 to look into the enhancement and integration of Long-Term Care sector.

Residential ILTC facilities are community hospitals, chronic sick hospitals and nursing home for the elderly. These facilities are all managed by the private sector, including Voluntary Welfare Organisations (VWOs). To enhance skills and professionalism across ILTC workforce, AIC extend training support for short courses in infection control. This is a one day course for registered nurses, enrolled nurses and nursing aides from ILTC institutions.

Another source of support for ILTC is the guideline for Intermediate Long Term care Facilities developed by the Infection Control Association (Singapore). This guideline is meant to assist health care providers to develop an effective infection control program with infection control policies that is applicable to their respective intermediate long term care setting, community care setting, sheltered home, behavioural health facilities, rehabilitation centres, and home care setting. The aim is to prevent and control healthcare associated infections. The contents include Transmission of Infection and Precautions, Multidrug Resistant Organisms, Infectious Diseases, Infectious Disease Outbreak, Cleaning and Disinfection, Waste Management, Kitchen, Laundry Management, Staff Welfare and components of an Infection Control Program in ILTC.

SP 18-2

INFECTION CONTROL IN JAPANESE LONG TERM CARE FACILITIES

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Our country is facing an unexampled aging society in recent years.

In 2014, 24.1% of total population in Japan was elderly people. Moreover, it is estimated that over 65 years old people will be one third of the population in 2035.

Healthy and safety aging is the important issue among the Japanese society. The present "Long Term Care insurance" in Japan was introduced in 2000, and it has tried to divide the systems of health, medical and welfare services to be independent, so as to provide a variety of services which clients would receive by their health status and other conditions.

Elderly persons exposed to the risk of infectious disease by aging, such as pneumonia, UTI, and the outbreaks of influenza and gastroenteritis are always scaring not only the other elderly but the caregivers.