

Reducing Healthcare-associated Infections: Collaboration the Only Solution to Problem

Netcare SA infection prevention coordinator, Best Care... Always collaborative task team member

Brian Duerden wrote in a 2009 Science Direct review: "Infection is different from all other medical specialties - it spreads! It creates a fascinating interplay of biology between microbial populations and human populations, all of it heavily influenced by human behaviour."

We know that microbes are hugely incestuous, notoriously indiscreet in their choice of host and know no boundaries. In order to find the key to reducing current high rates of healthcare-associated infections (HCAs), we need to examine not only microbial behaviour but also the behaviour of healthcare professionals, management, funders and consumers.

Advances in medical science have delivered increased life expectancy, better treatment for many life-threatening conditions, increasingly complex surgery and better management of chronic illnesses. Infection was considered to be a sometimes unavoidable but not insurmountable nuisance in that antibiotics used to be abundantly available and effective.

Change in mindset required

Duerden asserts that infection prevention had become the province of infection specialists rather than of mainstream medicine. Reducing the burden of HCAs (and the resultant overload on antibiotics) now requires a change in mindset from a system which created the delivery of specialist clinical care to one that establishes a safe environment for patient care and then delivers specialist clinical care within that safe environment.

Today, more than at any other period in medical history, infection prevention requires partnerships between doctors, carers, managers, governments and patients. It requires placing the ownership of the prevention of infection squarely on the shoulders of every person involved in health care.

Healthcare professionals are not well-known for collaboration. The Best Care... Always! campaign offers a real opportunity for involvement in a multi-level national effort to reduce HCAs to their 'irreducible minimum'.

This collective, focused initiative is based on care bundles which help healthcare professionals perform procedures properly

and consistently through sets of evidence-based interventions, with simple audit tools that aim to prevent infections related to invasive procedures.

The Best Care... Always! campaign interventions are not exclusive of other infection prevention measures and dovetail with acknowledged practices such as the 'Surviving Sepsis' and CDC Guidelines for the prevention of infection.

The success of the campaign requires:

- The integration of infection prevention into all healthcare management systems including research and education agendas;
- Management structures that go beyond merely addressing legislative and statutory requirements to provide frameworks for organisational change as well as the systems to support this change;
- Clear lines of accountability from the ward to the board;
- Clinician involvement in targets, since it is the doctors who share the goals and objectives of the carers, managers and funders in minimising the risk of HCAs;
- Narrowing the gaps between the infection prevention professionals, the risk takers who manage and fund health care and the professionals who provide health care;
- Consensus on the implementation of high-impact interventions which target those aspects of patient care that are amenable to modification; and
- The view that the prevention of infection is a pressing corporate and clinical priority.

The Best Care... Always! campaign challenges healthcare professionals to overcome perceived divisions between doctors and funders, carers and managers, public and private, and calls on them to unite in the common goal of improved patient safety.

References and sources

Duerden BI. Responsibility for managing healthcare-associated infections: where does the buck stop? *Journal of Hospital Infection*. Special Edition: Proceedings of the Lancet Conference on Healthcare-Associated Infections. 73:4, Dec 2009.

Capsules

Better morning-after pill available

A new type of morning-after pill is more effective than the most widely used drug at preventing pregnancies in women who had unprotected sex and also works longer, for up to five days. Levonorgestrel, the most widely used emergency contraceptive pill, is only effective if women take it within three days of having sex. International researchers compared it to the new drug, ulipristal acetate. Researchers tracked nearly 1700 women aged 16 to 36 years who received emergency contraception within three to five days of having unprotected sex. About half received Plan B (levonorgestrel) while the rest got ellaOne (ulipristal acetate). In the group that got Plan B, there were 22 pregnancies, and only 15 in the group that got ellaOne. The researchers found that women who took ellaOne within five days after sex almost halved their chances of becoming pregnant compared to women who took Plan B.

MMR-autism doc deemed unethical

The British doctor who suggesting the MMR vaccination was linked to autism acted unethically in carrying out his research, a medical regulator has ruled. Dr Andrew Wakefield's 1998 study, published in *The Lancet*, led to a slump in the number of children receiving the vaccination and triggered heated debate in medical circles. In a ruling, the General Medical Council in the UK attacked Wakefield for 'unethical' research methods and for showing a 'callous disregard' for the children as he carried out blood tests on them during his son's birthday party for £5 payments. Wakefield, who was working in London at the time of the research but is now based in the US, said he was 'extremely disappointed' by the ruling and added the accusations against him were 'unfounded and unjust'.

Top job for Dr Siva Pillay

Political parties have welcomed the appointment of health activist and former ANC MP, Dr Siva Pillay as the Eastern Cape's new superintendent-general of health. A former leader of the Uitenhage and Despatch Independent Practitioners Association and a board member of the Council for Medical Schemes, Dr Pillay brings with him a wealth of experience and expertise to bring some stability in the provincial health department that has been notorious for its lack of service delivery, dire resource shortages, corruption and underperforming health officials.

Hospital and SANBS sued for R27m

A KwaZulu-Natal Midlands man is claiming more than R27m from a Durban hospital and the SA National Blood Service (SANBS), alleging that he contracted HIV during a blood transfusion after a heart bypass operation in 2003. The man (who cannot be named) said he had undergone a heart bypass at Netcare St Augustine's Hospital on 20 September 2003 and had received a blood transfusion. Among other claims, the man alleged that the infection was caused by the unlawful and negligent conduct of both the SANBS and the hospital, as they failed to take adequate steps to ensure that no HIV-infected blood was made available for the blood transfusions. The SANBS and the hospital have denied the allegations.

New CEOs for Gauteng hospitals

Five state Gauteng hospitals have finally had CEOs appointed to stabilise and improve the quality of their services. The new chief executive officers are: Johanna More, Chris Hani-Baragwanath Hospital; Dr Tiego Selebao, Charlotte Maxeke Johannesburg Academic Hospital; Dr Lancelot Phalatsi, Kala-fong Hospital; Dr Lekopane Mogaladi, Far East Rand Hospital; and Dr Zolela Ngcwabe, Sebokeng Hospital. The CEOs will report back to the MEC every two months on improvements at their hospitals and the rate of mortality. Hospital cleanliness will also form part of their performance contracts. Health and Social Development MEC, Qedani Mahlangu, has said that the CEOs 'know that they cannot give me any excuses' regarding the expectations of their new positions.

Kids plugged in 24/7

The amount of time youngsters spend interacting with media has ballooned to proportions that exceed the average adult's full working week, according to a new study. Young people now devote an average of seven hours and 38 minutes to daily media use, according to Kaiser Family Foundation findings. The media use - including watching TV, playing video games and surfing the Internet - is increasing as more gadgets emerge to keep children more connected than ever.

Mkhize Quits HPCSA After Nine Years at the Helm

Nine years after he was appointed to head the Health Professions Council of SA (HPCSA), which superseded the SA Medical and Dental Council, Adv Boyce Mkhize has called it a day. As he was vacating his office to take up his new position as CEO of the Nuclear Energy Regulator, *Medical Chronicle* spoke to him about some of the crises and controversies that marked his leadership.



HPCSA registrar, Adv Boyce Mkhize

Until a new registrar is appointed, Marella O'Reilly, the HPCSA's current chief operating officer, will serve as acting registrar.

You are leaving at a crucial time in our healthcare history. How do you think your departure will affect the HPCSA?

The development of National Health Insurance will bring some daunting challenges. I would have liked to have been involved in these major changes, but I had to consider my career. I also feel that it is not beneficial for an organisation to have had the same person at the helm for this long.

You were always regarded as a Manto-man. With the Zuma government steering health care in a different direction, one cannot help but wonder if you were pushed out to make place for someone chosen by the new administration.

I was not pushed at all. It was a pure career decision. I can't dispute that I was close to the late Manto Tshabalala-Msimang. I had a good working relationship with her as I do with the current minister, which is expected of someone in my position. There is no way that this organisation can operate in isolation from the broader legal and political context. But I pride myself that at no stage during my tenure did the council pander to any politician.

Your support of the controversial Health Professions Amendment (HPA) Act, which allows the minister to have

the final say on the appointment of members to the boards, is well known. Why?

The constitution, as reflected in this legislation, seeks to create a balance that hasn't existed before. It is a view that is informed by the mandate of the HPCSA to protect the public and guide the profession. Not involving members of the public in processes aimed at protecting them against possible misconduct by medical professionals created suspicions that their interests were not taken care of.

The minister's delay in appointing the new board members is seen by some as an indication that he is not in favour of the legislation.

Since his appointment last year, the minister has been very busy. The eight months delay shouldn't be seen as an indication that he is not supportive of the legislation. During our last meeting at the end of 2009, he gave the assurance that the appointments would be announced within the next 2-3 months.

The past few years have seen a massive increase in the number of complaints against doctors. Are doctors becoming more negligent or is it a case of the public becoming more aware of their rights?

In the time I have been here, the HPCSA has made a major effort to make patients aware of their rights. I think this is the reason for the increase in complaints. I don't think doctors are becoming more negligent. Most of the complaints we uphold don't relate to medical negligence or incompetence, but to issues such as fraud, dishonesty and miscommunication. The negligence component is insignificant.

What are the HPCSA's responsibilities to guide the profession as far as doctors' rights are concerned?

Medical doctors must not be exploited but they will have to do more with less. This is a reality because there are limited resources. Nonetheless, government must improve facilities and thus doctors' working conditions. The current minister is very committed to this and programmes are being put in place to deal with these issues.