

Best Care...Always: Building Partnerships to Help Reduce HAIs

Healthcare-associated infections (HAIs) are exceptionally frustrating, especially for patients. These days, there is a great deal of evidence on how to prevent HAIs, much of which is presented in the form of lengthy evidence-based consensus guidelines.¹⁻³ It is difficult to implement all these practice guidelines consistently for every patient, at all time. This is where the 'bundle' approach appears to be the solution; but it is not a silver bullet.

A 'bundle' consists of a handful of evidence-based interventions proven to prevent/reduce the incidence of a particular HAI. The Best Care...Always! (BCA) initiative, launched in 2009 as a collaborative industry effort to improve patient safety and the quality of care, has adopted well-described bundles for preventing the following HAIs: catheter-associated urinary tract infections, central line-associated bloodstream infections, surgical site infections and ventilator-associated pneumonia.

There is ample evidence to suggest that bundles do work and can result in a dramatic reduction in HAIs.⁴⁻⁶ Bundles are an attractive simple way of translating evidence into practice; but many authors caution against seeing them as 'miracle initiatives'.⁷⁻⁹ Bundles work when actively implemented in a hospital with a dedicated focus on organisational change and a genuine commitment to developing a culture of patient safety.^{10, 11} Actively implementing bundles requires ongoing education of all

employees; measuring and analysing HAI rates; providing ongoing feedback to all role-players; and a real commitment from all to improve patient care.

Since the launch of BCA in 2009, it has been encouraging to note that over 147 hospitals have already opted to join the initiative. Each hospital has signed up to implement one or more of the campaign's infection prevention interventions/bundles. The 147 hospitals that have joined the campaign thus far are certainly not homogenous, but share a common desire to improve the quality of care rendered to all patients. BCA member hospitals collaborate and share ideas on how to actively implement these evidence-based interventions.

BCA is open to all hospitals and healthcare professionals wishing to participate. To join the campaign, the individual or institution has to be: a) willing to implement evidence-based interventions at a faster pace; b) prepared to share information, experiences and successes with others; and c) committed to measuring results as far as possible.

Measurement is important as it enables all participants to gauge their success and highlight areas that need extra attention. We are



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all working towards the same aim - to reduce healthcare-associated infection rates.

BCA has not been established to rate hospitals or develop an industry benchmark and the programme is in no way meant to be punitive. It is not intended to be prescriptive, but rather to serve as a vehicle for concerted improvement efforts. Patients require individualised management and care, but the basics at least should be carried out for every single patient, every single time. This is the essence of BCA.

All healthcare professionals are urged to join this collaborative community, with the sole aim of accelerating the implementation of evidence-based care and promoting clinical excellence for the benefit of patients. Forming strong partnerships between relevant healthcare role-players is fundamental to the realisation of this objective.

For further information, visit www.best-care.org.za or contact the chairperson, Dr Dena van den Bergh, on 082-451-2284.

References can be accessed on www.wilbury.co.za/fulltext/bestcare.pdf.

Previous author omitted

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