

# Examples of excellence in particular Member States:

#### **Role of hospital management**

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## Main questions for the manager

• Are HCAIs a main concern of the manager?

What should and can the manager do?

 What is being done in Maastricht / the Netherlands?





#### Hospitality in a hospital means: "Be welcome, it is safe here!"

#### Primum non nocere !

 It is the task of the management to house the guests in a safe place!





#### Recent prevalence studies of Nosocomial Infections in industrialized countries\*

	NI Prevalence (%)	Hospitals (N)	Patients (N)
EU MSs (15)	3.5 - 9.5	4271*	812801
Norway	6.8	53	11359
Switzerland	8.1	60	7540
Canada	10.5	25	5750
Mean/total	7.1	4409	837450

\* After ECDC, 2008







# Burden of Nosocomial Infections in the EU\*

- 4,500,000 NI in the EU p.a.
- 37,000 deaths caused directly by NI (Pneum., BS)
- NI contribute to 110,000 additional deaths
- NI cause 16 million extra hospital days
- Costs are €7 billion, not considering indirect costs (income loss, pain and suffering)
  \* ECDC, 2008





## The situation is worrying:

- Insufficient compliance with hand hygiene and other infection prevention and control practices
- Sub-optimal staff to patient ratios
- Incorrect use of indwelling devices by healthcare staff
- Inappropriate use of antimicrobial agents





### ...and the trend is worrying:

Increased bed occupancy

 Increased movements of patients within and between health care systems

Ageing patient population





#### What must the hospital manager do?

First of all take away the misconceptions about the control of NI:

"...NI are inevitable and their control is very expensive.."

"..the problem of antibiotic-resistant NI cannot be controlled to any meaningful degree, since AMR is a natural and inevitable consequence of antibiotic use"





#### How should the manager do this?

 Education of all health care workers to increase awareness of the risks of HCAI
Implementation of a meticulous hand hygiene / disinfection protocoll for all health care workers
Implementation of an antibiotic policy





### Education (1)

 About common causative agents, route of transmission and effective prevention

Ward specific problems

 Program must be set up with infection control physician, infection control nurse, care workers of the wards





#### **Education** (2)

- The education program must be repeated on a regular base
- Offer it actively to the staff; attendance should be mandatory
- Commitment of ward management and higher echelon is pivotal





# Hand hygiene programme Hand cleansing is the most effective control measure ( up to 40% less infections), but its practice is notably poor, especially among doctors!!

 Make this a hospital-wide priority, supported by medical and nursing directors and approval of the senior hospital management





### Implementation of an antibiotic policy protocol

 Every hospital should appoint a committee with representatives of prescribers and advisors

• with antibiotic policy as its sole responsibility





# Participate in regional, national and international networks

- Networks of hospital microbiologists, infection control nurses and public health infectionists
- For surveillance and (online) data gathering
- For improvement protocols
- Participation required by health authorities?!







**National level** 

(Eu)regional level

#### Local level

Infection prevention cie Çie antimicrobial agentș

MINC Interreg projects EurSafety

WIP (infection control) SWAB (antibiotic policy) PREZIES (NI surveillance )

EARSS, ESAC, HELICS, EU IBIS APUA (~SWAB) NNIS (~PREZIES)





Patientenverlegungen in der EUREGIO (Netzwerk der Zuverleger) Verlegungen von Patienten in deutschen EUREGIO-KH in 2005 (qualitativ) 75% Verlegungen innerhalb der EUREGIO

Känsk Teoberburger Land

Ludmillenstift Meppen

Degree Universitaetsklinikum Muenster 37.000 Clemenshospital 31.000 ukas-Krankenhaus Herz-Jesu-KH 23.000 St. Franziskushospital 17,000 Marienkrankenhaus - Nordhorn St. Antonius-Hospital 17.000 IOH. Maria-Hif St. Josef-Stift 16.000 +St Agnes-Hosp Alexianer Krankenhaus 15.000 Marienhospital - Emsdetten 14.000 Marienhospital • Emsd Gemeinn. Oekum. KHG Ibbenbueren Ev. KH. Johannisstift 14.000 14.000 Marien-Hospital - Borker lus Hospital KH. Maria-Hilf St. Marien-Hospital - Vreden 13.000 St. Marien-Krankenhaus - Ahaus 13.000 C 1 13.000 St. Vincenz-Hospital Coesfeld Westfaelsche Kl Franz-Hospital 12.000 11.000 GrafschafterKinkum CTN Ahlen St. Gerburgis-Hospital 11.000 Krankenhaus Maria-Frieden 10.000 10.000 Mathias-Spital skinkum Muenster St. Marienhospital - Luedinghausen 10.000 larien-Hospital Papenburg Maria-Josef-Hospital Greven 10.000 rienhospital Steinfurtsche Klinik fuer Psychiabie Westfaelische Klinik fuer Psychiatrie - Lengerich 10.000 Marienhospital Steinfurt 10.000 Vincenz-Hospital Raphaelsklinik 9.000 St. Marien-Hospital - Borken 9.000 Fachklink Hornheide Maria-Josef-Hospital Greven Lukas-Krankenhaus 8.000 Westfaelische Klinik fuer Psychiatrie 8.000 Jakobi-Krankenhaus St. Agnes-Hospital 8.000 8,000 Josephs-Hospital St. Gerburgis-Hospita Marienhospital - Oelde 6.000 er Krankenhaus St. Rochus-Hospital 5.000 St. Barbara Klinik Heesen 5.000 Stift Tilbeck Gemeinn.Oekum.KHG Ibbenbueren 5.000 Marienkrankenhaus - Nordhorn 5.000 EV. KHL Pius-Hospital 5.000 v. KH. Jole Josephs-Hospital Fachklinik Hornheide 4.000 ienhospital - Oelde Ev. KH Lengerich 4.000 GrafschafterKlinikum 4.000 Stift Tilbeck 3.000 St. Marienhospital - Luedinghausen Jakobi-Krankenhaus 3.000 1 Marien-Krankenhaus Nordhorn 2.000 ankenhaus Maria-Frieden Mettingen 2.000 Klinik Tecklenburger Land 2.000 St. Barbara Klinik Heesen Marien-Hospital Papenburg 1.000 1.000 Ludmillenstift Meppen 0.000 Herz-Diabetes Zentrum Bad Ovenhausen St. Rochus-Hospital Klinik Tecklenburger Land Data analysed with UCINET 6 A. Friedrich, 2008

MRSA-net unpublished data



