

Developing a sustainable infection control program in health care

Anette Karlton, Assistant professor

The Jönköping Academy for Improvement of Healthcare and Welfare/
Industrial Engineering and Management, Jönköping University, Anette.Karlton@jth.hj.se

Anna Lahger, Master student

The Jönköping Academy for Improvement of Healthcare and Welfare/
School of Technology and Health, KTH Royal Institute of Technology, Lahger@kth.se

Introduction

The increasing threat of resistant bacteria has become a progressively more important issue and a major challenge to deal with in health care systems. In 1995 the Medical Society Reference Group for Antibiotics Questions (RAF) started a Strategic Program for rational use of antibiotics and reduced antibiotic resistance called Strama. In 2006 Strama received a commission from the government and a permanent financing and on July 2010 a national Strama council was formed as an advisory body to support the Swedish Institute for Communicable Disease Control in issues regarding 1) use of antibiotics and reduced antibiotic resistance and 2) efforts to promote cross-sectorial and locally established approach including relevant authorities, county councils, municipalities and nonprofit organizations.

In May 2011 a working group within Strama was formed in hospital A on behalf of The Director of Public Health and Healthcare in the county. The Urology Unit was chosen as a pilot department as urinary infections account for more than 30 percent of all hospital-acquired infections and contribute to the overuse of antibiotics. On behalf of The Director of Public Health and Healthcare in the county, the urology clinics at the three hospitals in the county during the past year merged into a common Urology Unit as a part of the process in gaining better control of infection spread when patients move between hospitals depending on the type of treatment that each hospital is specialized on. This merger involves in itself a number of major challenges.

Materials and methods

A process in the Strama work related to the Urology Unit at the County Council was followed during autumn 2011 and spring 2012 by interviewing project leaders, members of the Strama group, clinicians, attending meetings, studying documents and by observations.

Results and conclusions

The Strama group has been working at obtaining uniform working methods and procedures as it has been varying between physicians and clinics. They have also developed methods to inform about the latest treatment guidelines to assist clinicians to work properly.

A problem is the difficulty for clinicians to obtain feedback on their treatment results, since the current IT systems do not enable a convenient way to access measurement data over time, which also affects the motivation of staff documenting the measurements. The Strama team therefore work together with the IT unit at the hospital to develop a so-called E-portal to provide quick feedback on clinical measurement data and prescribing patterns for antibiotics.

During the spring 2012 Strama-responsible physicians and Department Care Developers from all clinics were invited to learning seminars. The aim was that each clinic would initiate mapping and improvement work at the clinical level of three important Strama areas: antibiotics, hospital acquired infections, epidemiology and resistance.

The work performed by the Strama-team is perceived as a great support at the surgical department where the urological patients are cared for after surgery. So the Strama work is now beginning to take off in the county but there are many challenges to be solved e.g. the implementation takes time due to cultural differences, between units and personnel, inefficient and incompatible information systems, organizational boundaries and lack of time for improvement work for clinicians.