

# **View of a medical director on infection control**

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# Hospital Neunkirchen, Austria



≈ 400-bed Facility 70 Km south of Vienna

Departments for Medicine, Surgery, Orthopaedics, Anaesthesia and Intensive care,  
Psychiatry, Gynaecology & Obstetrics, Accidents & Emergency, Laboratory  
Medicine, Pathology (with Hospital Wiener Neustadt and Hospital Hohegg, ≈ 15 Km apart)

# Infection Control setup – on paper

■ 1 Infection Control Physician

■ 2 Infection Control Nurses



Infection Control core team

■ 1 Occupational Medicine Physician

■ 1 Pharmacist

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5 staff/ 400 beds ( dedicated for Infection control) =

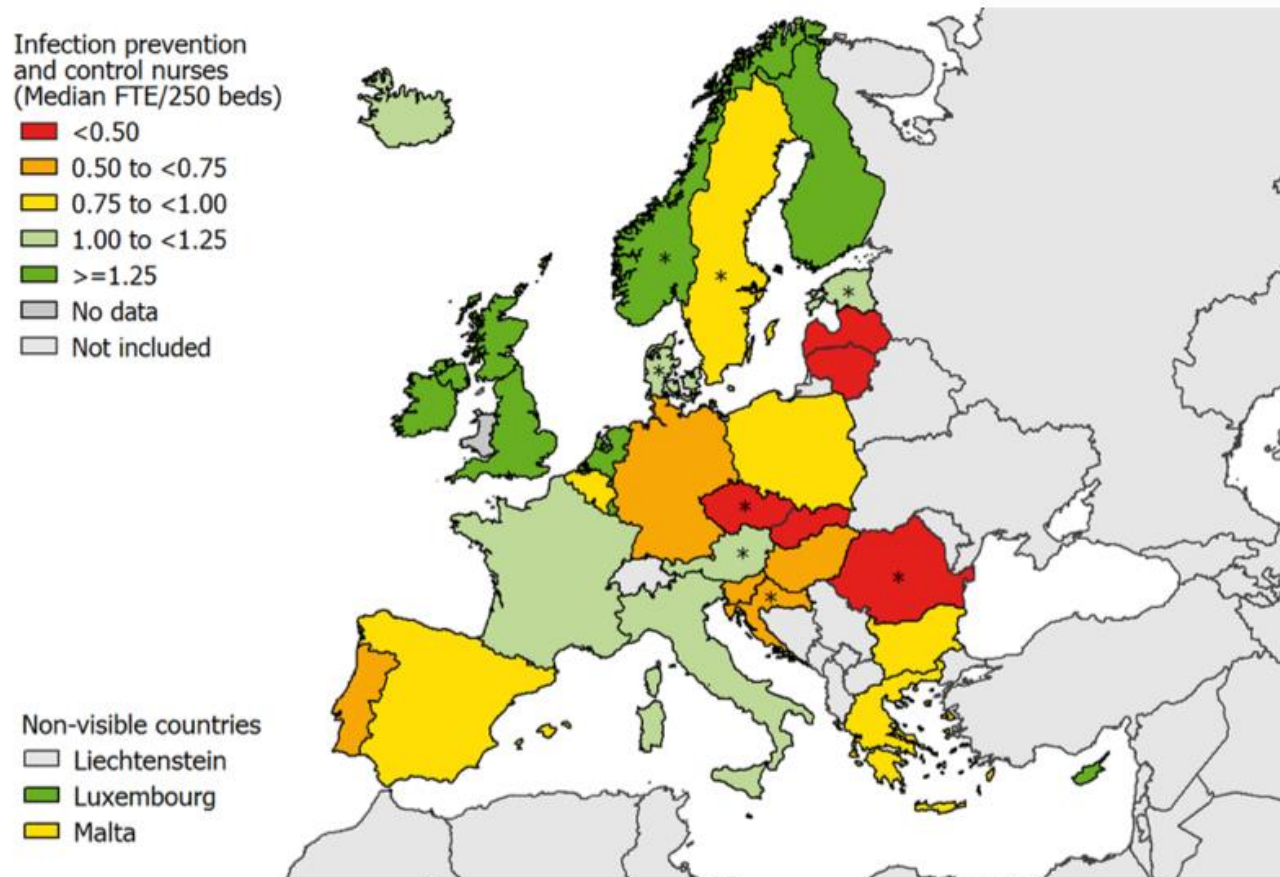
1.25 staff / 100 beds

3.13 staff / 250 beds

2.50 ICN / 250 beds

# Infection Control setup – on paper

## Infection control nurse staffing



# Infection Control setup – in practice

- 1 Infection Control Physician = 5 hs/ week (0.2 FTE)
  - 2 Infection Control Nurses = 20 + 15 hs/ week (0.88 FTE)
  - 1 Occupational Medicine Physician = 5 hs/ month (0.03 FTE)
  - 1 Pharmacist = 5 hs/ month (0.03 FTE)
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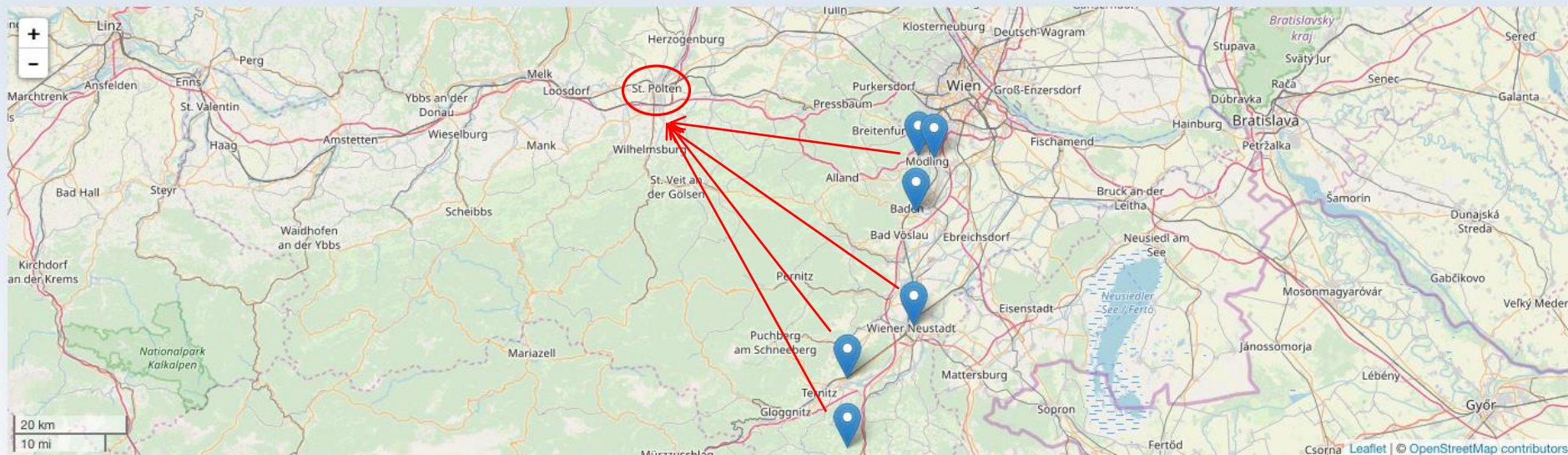
1.14 FTE/ 400 beds ( dedicated for Infection control) =      0.29 FTE/ 100 beds  
0.71 FTE / 250 beds  
**0.005 FTE ICN / 250 beds**

1 annual **Infection Control Committee Meeting** where the Medical Director is informed about the current status, on-going activities and upcoming activities. This meeting is moderated by an external expert, who is also responsible for sampling and validation.



# Local Healthcare Region

Surveillance (KISS)  
Validation Reports  
Environmental sampling reports  
(water/ surface/ air)



Alle NÖ Mitte Thermenregion Weinviertel Waldviertel Mostviertel

## Landeskrlinikum Baden

Waltersdorfer Straße 75  
2500 Baden bei Wien  
Tel.: 02252/9004-0  
E-Mail: [office\(at\)baden.lknoe.at](mailto:office(at)baden.lknoe.at)

## Landeskrlinikum Hochegg

Hochegger Straße 88  
2840 Grimmerstein  
Tel.: 02644/6300-0  
E-Mail: [office\(at\)hochegg.lknoe.at](mailto:office(at)hochegg.lknoe.at)

## Landeskrlinikum Mödling

Sr. M. Restituta-Gasse 12  
2340 Mödling  
Tel.: 02236/9004-0  
E-Mail: [office\(at\)moedling.lknoe.at](mailto:office(at)moedling.lknoe.at)

## Landeskrlinikum Mödling - Standort Hinterbrühl

Fürstenweg 8  
2371 Hinterbrühl  
Tel.: 02236/9004-7612  
E-Mail: [office\(at\)moedling.lknoe.at](mailto:office(at)moedling.lknoe.at)

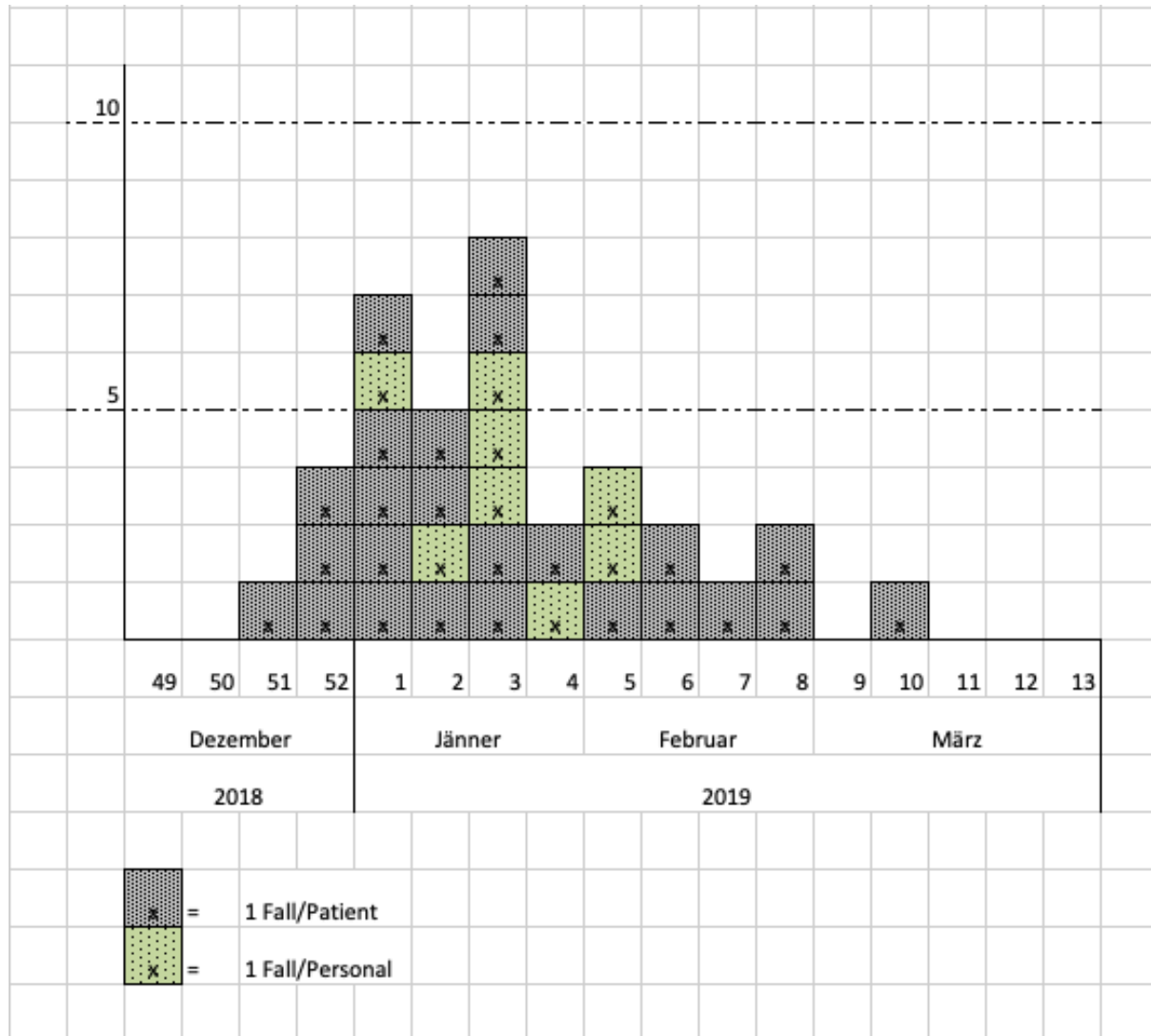
## Landeskrlinikum Neunkirchen

Peischinger Straße 19  
2620 Neunkirchen  
Tel.: 02635/9004-0  
E-Mail: [office\(at\)neunkirchen.lknoe.at](mailto:office(at)neunkirchen.lknoe.at)

## Landeskrlinikum Wr. Neustadt

Corvinusring 3-5  
2700 Wiener Neustadt  
Tel.: 02622/9004-0  
E-Mail: [office\(at\)wienerneustadt.lknoe.at](mailto:office(at)wienerneustadt.lknoe.at)

# 1 Patient with vomitus and diarrhoea at the E&A Department ...

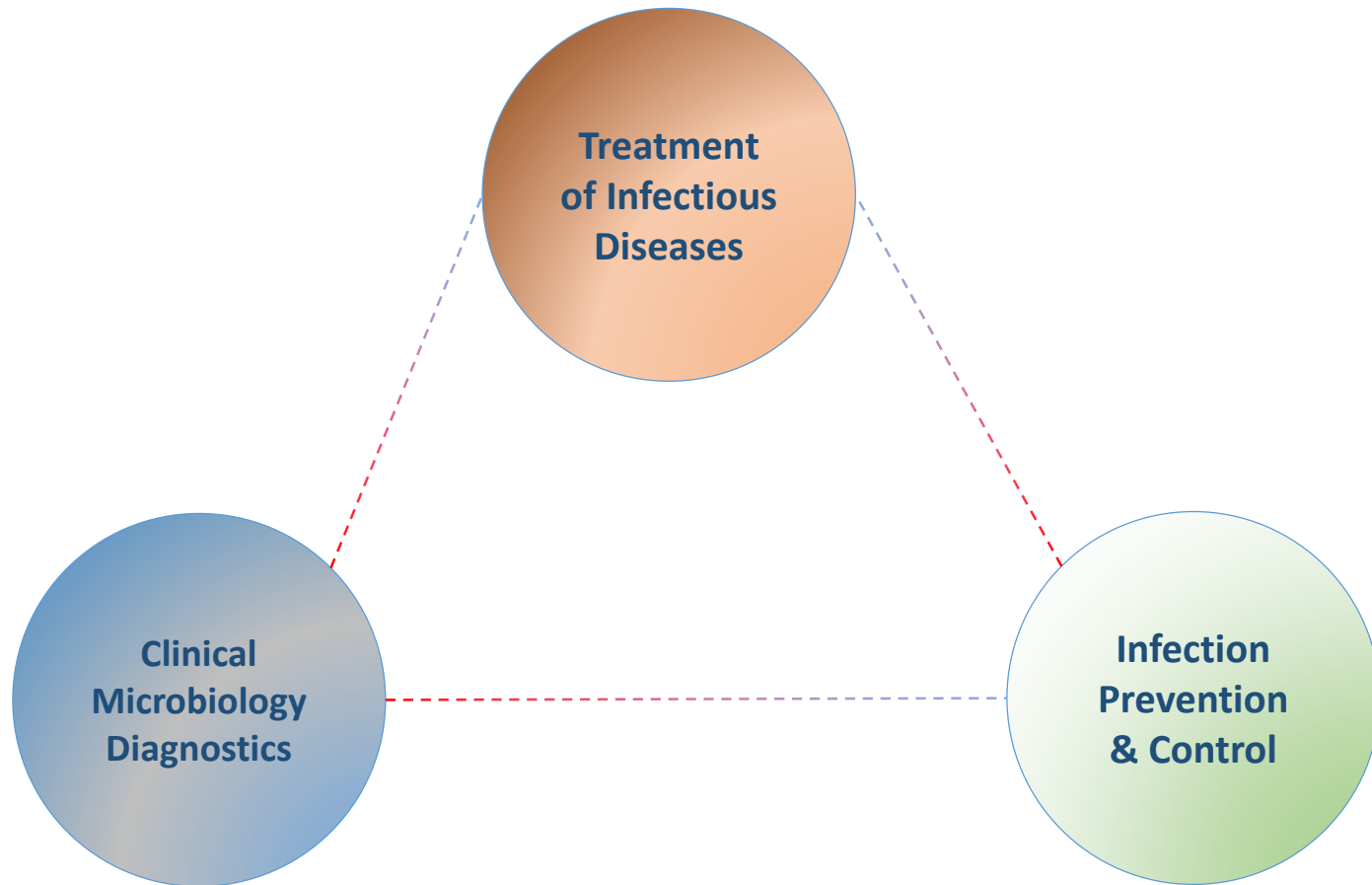


Cases Norovirus: n = 32

(staff: n = 8)

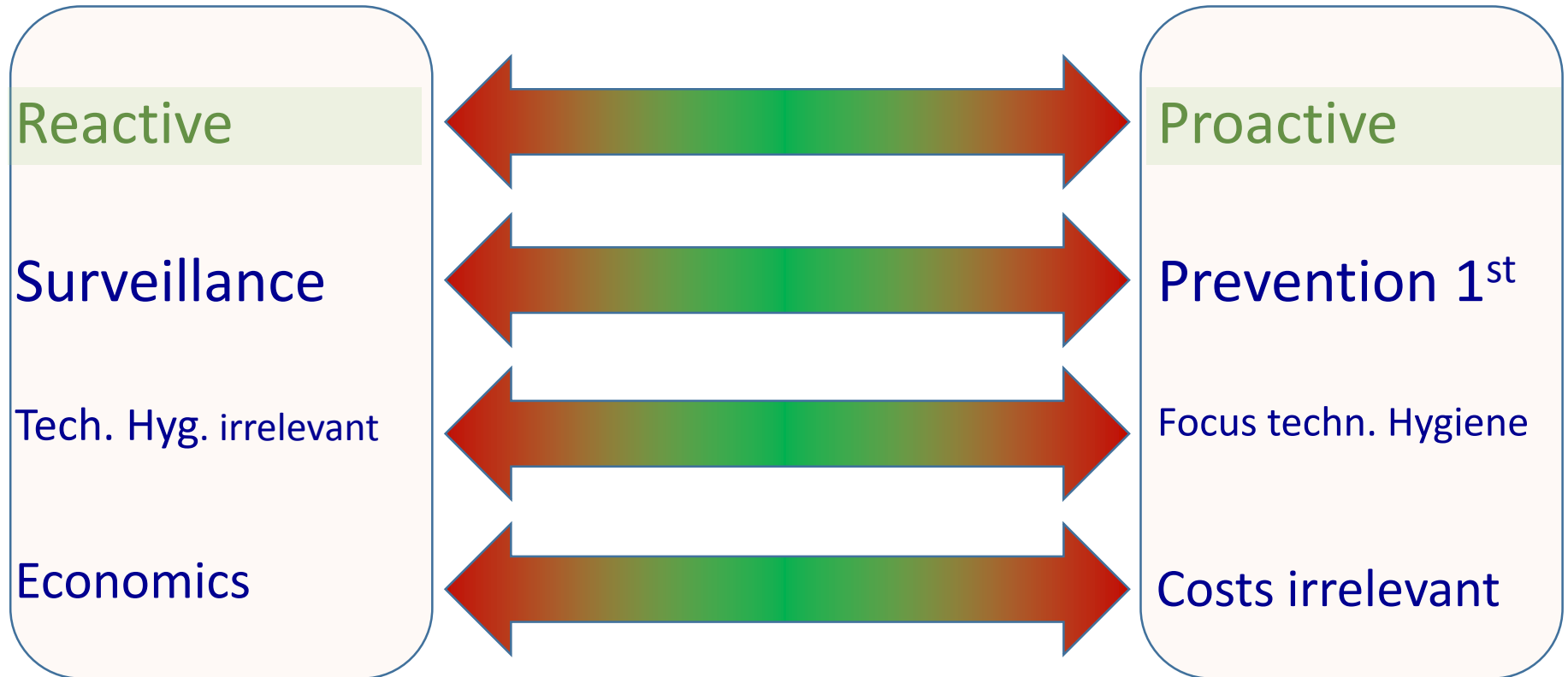
(patients: n = 24)

# Interaction of critical elements





## Different Infection Control Strategies:



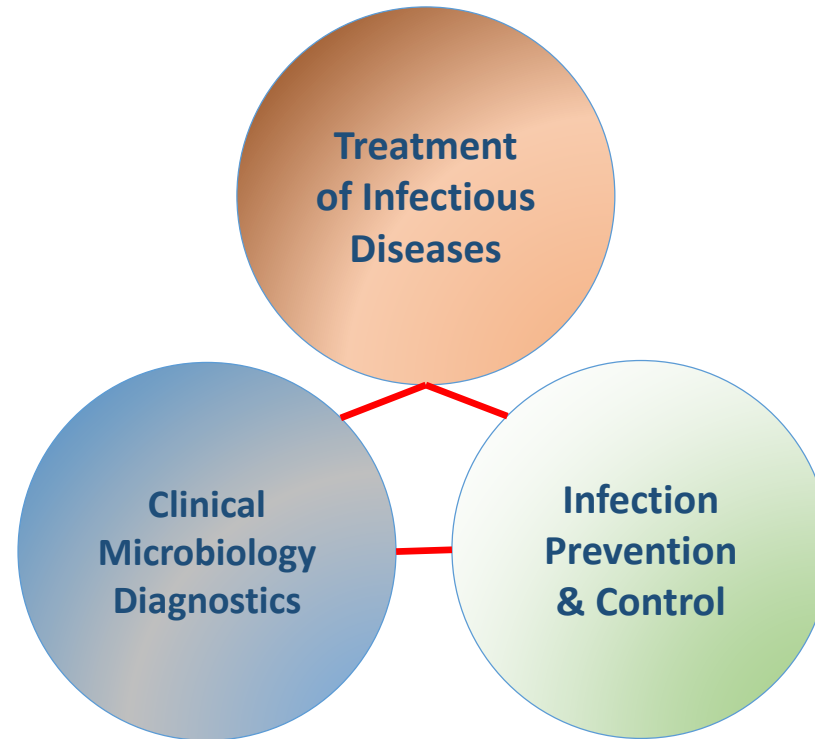
## **„Ideal world“ structure:**

- Implementation of a Department for Infectious Diseases and Hygiene
- Diagnostics, clinical microbiology, antibiotic stewardship and IPC in one Department (Diagnostics/ Prevention/ Treatment)
- 1 FTE ICP, 2 FTE ICNs, 8 laboratory technicians, 2 FTE Infectious Diseases Consultants; Liaison with pharmacy.
- For a 400-beds hospital

## „Real world“ structure:

- Formation of an Infectious Diseases Team in 3 Hospitals
- Improving technical setup and work routine of microbiological laboratory at Department for Pathology
  - Additional collaboration with an external centre over next 2 ys.
- Fostering communication with ICTs and formulating clear objectives (setup and access to local epidemiological data)
- Gathering 5 medical doctors with training or strong interest in infectious diseases.
- Monthly team meeting. Abx treatment strategies based on own microbiological data. Streamlining infection control strategies in 3 hospitals. Fostering communication between Diagnostics/ Prevention/ Treatment.

# Final goal





Gram **Gram+** X

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## Region

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Switzerland

### Central West

Switzerland

## East Switzerland

Switzerland, Geneva

Area

North East

Switzerland

North West

Switzerland

## South Switzerland

West Switzerland

Age Group

☐ <15

□ 15-44


□ 45-64

☐  $\geq 65$ 

### Hospital status

☐ Inpatient☐ Outpatient

Sample Size  $N \geq 20$

0   $\geq 1000$

Susceptibility  $\geq 0\%$ 

0%  100%

	Amoxicillin	Penicillin G	Flucloxacillin	Amoxicillin/Clavulanate	Piperacillin/Tazobactam	Cefazolin	Cefuroxime	Cefotaxime	Ceftazidime	Ceftriaxone	Cefepime	Ertapenem	Imipenem	Meropenem	Aztreonam	Ciprofloxacin	Levofloxacin	Moxifloxacin	Norfloxacin	Ofloxacin	Gentamicin	Tobramycin	Azithromycin	Clarithromycin	Erythromycin	Clindamycin	Telcoplanin	Vancomycin	Linezolid	Doxycycline	Minocycline	Tigecycline	Fusidic Acid	Cotrimazole	Fosfomycin	Daptomycin	Nitrofurantoin	Metronidazole	Colistin	Rifampicin		
	Penicillina	Peni	Beta-lacta	1G Ce	2G C	3G Cephalospori	4G C	Carbapenem						Mon	Fluoroquinolone											Aminoglyc	Macrolide	Linc	Glycopepti	Oxaz	Tetracycline	Stero	Antif	Epox	Lipo	Nitro	Nitro	Polim	Rifa			
	Beta-lactam															Quinolone										Aminoglyc		Macrolide		Linc	Glycopepti	Oxaz	Tetracycline		Stero	Antif	Epox	Lipo	Nitro	Nitro	Polim	Rifa
Actinomyces sp.	98	91		100	100	0					100			100	100	39	42	50			6	0			88	82	100	100		100			88					0	0	100		
Enterococcus faecalis	100	99	0	100	99	0	0	100	50	2	100	20	100	99		82	94	95	75	100	7	2	0	0	1	0	100	100	100	27	100	100	0	1	98	100	100				60	
Enterococcus faecium	26	23		25	17	0	0		100	4	100	50	14	33		25	29	30	13		4	0	0	0	0	2	96	94	100	72		100	0	1	80	95	45	0			20	
Propionibacterium acnes	100	100		100	100					100		100	100	100		98	99	94		100					98		100	100	100	100	100								3		99	
Staphylococcus aureus	29	23	92	92	90	91	92		62	93	89	100	92	91	0	92	94	94	91	94	97	95	84	83	84	87	100	100	100	96	99	100	95	98	99	98	100		0		99	
Staphylococcus saprophyticus	10	3	76	75	100	100	71		100	61	100		92	100		100	99	95	100	100	100	100	100	49	54	84	100	100	100	93	100	100	12	98	0	100	100				99	
Staphylococcus sp. coagulase-negative	16	14	54	55	56	54	56	53	40	58	51	0	56	56		64	65	64	62	78	71	63	54	53	52	65	93	100	100	64	100	99	55	75	71	97	99	0			96	
Streptococcus agalactiae	100	100	100	100	100	100	100	100	100	100	100	100	100	100		5	95	97	3		8	100	67	72	71	77	100	100	100	15	13	100		99	100	100	98			68		
Streptococcus bovis	100	98		100	100	100	100		99	100		100	100		0	84		0		50			100	100	71	66	100	100	100	22		68				87				100		
Streptococcus dysgalactiae	100	100	100	100	100	100	100	97	99	100		100			20	97	100	20	100	0			88	76	78	83	100	100	100	75	79	100		100	100		100				95	
Streptococcus pneumoniae	98	87	82	99	100	95	97	98	99	100		100	92		22	99	99	67	31	0	0		89	79	82	87	100	100	100	84	75	100	0	89			100				100	
Streptococcus pyogenes	100	100	100	100	100	100	100	98	100	100		100	100		10	95	98	0	100	0			81	90	90	93	100	100	100	80	93	100		96			100				93	
Streptococcus viridans	87	82	67	87	82	96	94	93	93	87	50	100	92		0	95	94	0	0	3	0	67	78	62	91	100	100	100	76		100	0	83	100	100	91		0	0		0	



# Conclusion

- Infection Control on paper does not work
- If no problems are reported, it does not mean that there are no problems.
- Infection Control requires dedicated and exclusive resources. Part-time infection control will not work.
- We have to bring diagnostics/ prevention and treatment of infectious diseases together again.

Thank you for your attention!



**Österreichische Gesellschaft  
für Krankenhaushygiene**

for Hospital Infection Control

Österreichische Gesellschaft