View of a medical director on infection control

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≈ 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 Hochegg, ≈ 15 Km apart)
Infection Control setup – on paper

- 1 Infection Control Physician
- 2 Infection Control Nurses

- 1 Occupational Medicine Physician
- 1 Pharmacist

Infection Control core team

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)

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)
Cases Norovirus: $n = 32$

(staff: $n = 8$)

(patients: $n = 24$)
Interaction of critical elements

- Clinical Microbiology Diagnostics
- Treatment of Infectious Diseases
- Infection Prevention & Control
Different Infection Control Strategies:

- Reactive
  - Surveillance
  - Tech. Hyg. irrelevant
  - Economics

- Proactive
  - Prevention 1st
  - Focus techn. Hygiene
  - Costs irrelevant
„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 yrs.

- 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

- Treatment of Infectious Diseases
- Clinical Microbiology Diagnostics
- Infection Prevention & Control
**Example: Switzerland – Infect-info**

![INFEKT webpage](image)

**Bacterium**

<table>
<thead>
<tr>
<th>Bacterium</th>
<th>Beta-Lactam</th>
<th>Ceftriaxone</th>
<th>Cefuroxime</th>
<th>Ceftazidime</th>
<th>Cefotaxime</th>
<th>Cefepime</th>
<th>Gentamicin</th>
<th>Imipenem</th>
<th>Meropenem</th>
<th>Piperacillin/Tazobactam</th>
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<th>Tobramycin</th>
<th>Teicoplanin</th>
<th>Vancomycin</th>
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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!