Dear Editor,

Nosocomial or health care-associated infections have been acknowledged as one of the most frequent undesirable consequences in care delivery and a key public health concern as they result in morbidity, deaths, and impairment of the quality of life [1]. The available estimates indicate that close to 7% and 10% of patients acquire nosocomial infection in developed and developing nations respectively [2]. At the same time, these infections are responsible for huge caseloads on health systems and financial burden to the individual and families [1,2].

These infections results due to a combination of factors such as pertaining to the health system, methods of healthcare delivery, human behavior, extent of awareness, political commitment, and extent of financial support to the health sector [2]. Nevertheless, a major proportion of such infections can be prevented through the implementation of simple & standard infection prevention and control measures. [1]. Hand hygiene has been regarded as one of the primary measures for reducing the incidence of nosocomial infections, but the issue of compliance among health professionals needs to be addressed [1,3].

The real challenge for nations is to sustain the acquired gains and not be complacent about hand hygiene practices, as any new medical device opens up the potential chance for acquisition of infection, unless appropriate methods of disinfection are adopted [2,3]. Despite the existence of policies to encourage periodic training for the health workers, it has been extremely challenging to sustain long-term improvements, especially due to the resources required to promote hand hygiene improvement [1-4].

A ray of improvement has been observed in Chile, where acquisition of an infection during patient inpatient stay was a routine complication almost 3 decades back [5].

In-fact, it was even reported that 20% of the inpatients in some of the hospitals will acquire a life-threatening complication during their hospital stay, either due to inconsistent hand washing practices before and performing medical procedures or due to the use of non-sterile equipments [4,5]. However, realizing the need to respond to the problem, commonly acquired infections during surgeries was targeted, and a surveillance system was established to detect & report such infections [3,5].

Moreover, training sessions were conducted for the health staffs and standardized protocol was developed to perform different surgical & medical procedures [1,5]. The impact of such interventions was prompt and encouraging, as a significant decline in the incidence of post-surgical infections was reported [5]. The primary reason for such alarming results was due to the adopted multi-pronged approach, of which maintenance of hand hygiene played a crucial part [5]. Further, due to the better hand hygiene practices, the threat of antibiotic resistance in the nation is still not extensive, and it is a good indicator to stick to the same [5]. However, not much could have been achieved unless the higher officials from the management of the hospital are roped in and explained about the need for change in the behavior of health workers [2,3].

It is vital to understand that the acquired gains have not limited themselves to only number of infections averted or lives saved, but even financial [5]. In-fact, due to the shorter duration of hospital stay & reduced workload on hospitals, it has been estimated that despite investment in the infection prevention program, a significant amount of money has been saved [5].

To conclude, there is an immense need for the existence of an environment in healthcare facilities, which not only encourages health staff to practice good medicine, nursing and care, but even promote patient safety concerns.

References


