Voices of CHICA
March 2007 Edition

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March 8, 2007

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Agenda

Board Update - Karen Hope
2007 Conference Update - Dr. Elizabeth Henderson
Education Update - Dr. Elizabeth Henderson
CJIC – Pat Piaskowski
Community Health Care Interest Group – Gwen Brown
Infection Control in Kosovo – Dr. Lul Raka
National Institute for Public Health of Kosova

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CHICA Board Update

Karen Hope
2007 President

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2007 Conference Update

Dr. Elizabeth Henderson
2007 Scientific Program Co-Chair

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DEADLINE:
Call for Abstracts
March 12, 2007

Changing Evolving Improving

Conference web site:
www.chica.org/conf_registration.html

CHICA - CANADA
2007 National Education Conference
Shaw Conference Centre / Edmonton, Alberta / June 9–14, 2007

Education Update

Dr. Elizabeth Henderson
Director of Education

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Canadian Journal of Infection Control Update

Pat Piaskowski
CJIC Editor

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Community Health Care Interest Group

Gwen Brown
Chair

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GENESIS OF INTEREST GROUP

- Original discussion during a meeting of Ottawa Region Chapter meeting
- February 2006 was original discussion point (resulting from call for reps for other interest groups)

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WHY A COMMUNITY INTEREST GROUP?

Sense that community posed some special challenges:

- 'rooms without borders'
- independent practitioners
- translation of institutional practices into the home
- lack of research in community
- client compliance
- role of family/friends
- home environments

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FIRST STEPS

- Two volunteers stepped forward to lead formation of new interest group
- Delay in formation when one member changed roles and employers
- Email dialogue with CHICA President-Elect re formation of new group

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STEPS TO DATE

- Terms of Reference have been drafted
- Group link posted on CHICA website
- Establishing local interest

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NEXT STEPS

- Expected change of Chair
- Solicit national interest
- Participation in annual CHICA Conference
- Initiating dialogue with membership → areas of interest, sharing of best practice, improvement opportunities, gaps, visioning……

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Dr. Dick Zoutman

To Introduce Dr. Lul Raka

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Infection Control in Kosova

Lul Raka, M.D. M.S.

Medical Microbiologist, National Institute for Public Health of Kosova, Assistant Professor of Medical Microbiology, Prishtina University

President, National Committee for Prevention and Control of Nosocomial Infections in Kosova, Ministry of Health, Kosova Government, Prishtina, Kosova

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OUTLINE

- Introduction- Kosova profile
- Health care system and challenges
- Infection control
  - Past
  - Present
  - Future

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Introduction

- South-East Europe- 10.887 km^2
- Population of 2.1 million / 91% albanians
- Religions: Muslim, Catholic and Orthodox
- Currently under the protectorate of the United Nations
- The long-term political status of Kosova – to be resolved next 2-3 months in UN or elsewhere
- Turbulent history in recent years...culminated in war, (continues to have an impact on the healthcare system)

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Kosova profile

- Youngest population in Europe - mean age 24.6
- 52% are aged under 19 years
- Women of childbearing age - 56%
- Unemployment rate 60-70%
- 50.3% live in the poverty line; 12% - in extreme

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- Main economic activity- agriculture 30% of gross domestic product
- Average albanian family 6.5 members
- GDP/ per person- 658€
- 70% of goods imported- export 3%

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Health care system

- Former Yugoslavia- a socialist healthcare system.
- The past two decades, a downturn in the economy → decreased funding of the health sector → deterioration of the infrastructure, lower salaries → low quality of care.

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Transition

- After the war, the healthcare system underwent transition from old to more modern concepts of healthcare management
- New challenge for both healthcare staff and the population

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- The public health system is financed by the Kosova consolidated budget, of which health takes only 9.5%. (Customs)
- 35 USD per capita/ one year
- No health insurance system established
- Without economic development, this budget is not likely to grow rapidly in the near future.

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- Medical services available:
  - public and private.
- The public health service:
  - primary medicine (family medicine)
  - secondary (6 regional hospitals with an average of 561 beds) and
  - tertiary - University Clinical Centre of Kosova with 2344 beds.
- Bed occupancy averages around 75% with a length of stay of about 12.5 days.

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Main health challenges

- Communicable diseases - outbreaks of bacterial meningitis, TB, CCHF, viral meningo-encephalitis, food-borne, enteric diseases, TB
- Water and sanitation
- Infant mortality rates (23.7 per 1000 births) and neonatal mortality rates (29 per 1000 live births)
- 40% of in-hospital mortality is among infants

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Antimicrobial resistance

- Last decade-antimicrobials without prescription
- The quality and potency of antibiotics - often suspect (problems in importation, registration and distribution).
- Standardisation of susceptibility testing in lab
- No written antibiotic policy guidelines at governmental level and within the hospitals.

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Infection control

- Infection control is in its infancy compared with infection control programmes in EU (that have been in place for 30-40 years), and neighbouring countries- 5-10 years ahead in the structural and executive organization of infection control.

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Past

- Infection control activities were limited to passive monitoring activities, and actions were only initiated as a response to late stages of outbreaks.
- UCCK and some regional hospitals infection control committees existed solely on paper
- There were no baseline endemic infection rates established

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First steps

- The first steps for new perceptions of infection control came through Canadian Public Health Association.
- Initial education and training were established within the UCCK, through an exchange programme with an IC team from Kingston, Canada (D.Zoutman).
- Unfortunately, support poorly absorbed and implemented by stakeholders at the governmental level and hospital leaders, who changed frequently.

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Surveys

- The first survey in this field was on bacteraemia amongst paediatric patients in Kosova(2002)
- crude mortality rate of 31% amongst newborns

Raka L et al. Nosocomial bacteraemia among paediatric patients in Kosova. Clin Microbiol Infect 2003;9:192

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Prevalence study in UCCK – December 2003

- Prevalence rate of 17.4%.
- Bacteraemia - 62%
- Highest amongst neonates in ICU (77.8%).
- Two-thirds of the isolates were Gram-negative bacilli.

Raka L, Zoutman D, Mulliqi Gj., et al. Prevalence of nosocomial infections in the high risk units at the University Clinical Center of Kosova . Infect Control Hosp Epidemiol 2006;27:421-423.

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Turning point - Media and HAI

- Pseudomonas outbreaks in ICU, dialysis, VAP
- MRSA outbreak in ICU- december 2005
- No soap, no paper towels, understaffed
- Reuse of suction catheters
- Report- close the ward!- PM and others
- Politics(negative selection), pressure, "persona non grata"
- Provoked debate in media, newspaper, HCW

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Current government initiatives

- May 2006:
  Ministry of Health established National Committee for Prevention and Control of Nosocomial Infections as executive body to combat this modern challenge of health care

(proposals: october 2003 and february 2004- D.Zoutman & L.Raka)

- No financial resources

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Challenges for infection control

- Lack of financial support
- Lack of political commitment
- Inadequate numbers of trained personnel
- Overcrowded wards, and
- Poor management
- Insufficient equipment and supplies.

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NCPCNI- activities 2006

- CDC definitions in albanian
- Terms of reference
- Hand hygiene recommendations
- Immunization of health care workers with hepatitis B vaccine and influenza...pending
- Cooperation with KGH, IFIC(Infection control-basic concepts and training), APIC- donation and HIS
- WHO- (World aliance for patient safety)- Signed pledge
- .....

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...Tomorrow

- CANADA
- CHICA
- ...to be continued.....
- **H E L P U S ...**
  To transform our vision into reality!

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Knowledge, attitude and practices of HCW

- 350 respondents- 4 hospitals : 39% doctors and 61% nurses
- Only 16.8 % knew the complete definition of nosocomial infection.
- 47% thought disinfection is the process of complete destruction of all forms of microbial life.
- Collection of blood samples: ¼ withdraw immediately after skin disinfection and 47% five seconds later.
- Sixty percent of HCW were vaccinated against hepatitis B.
- Fifty-seven percent of HCW reported that they had suffered a needlestick injury and 26% of them didn't report them to authorities.

L. Raka, D. Zoutman et al. **Knowledge, attitudes and practices of health care workers in Kosova hospitals regarding nosocomial infections (***16th ECCMID, Nice, France 1-4 April, 2006*).

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Prevalence of NI in adult ICUs September 2006

- 68.7% had nosocomial infections
- VAP- 80% of patients
- BSI- 43.7%
- UTI 28.5%

G. Spahija, L. Raka et al. ***Prevalenca e infeksioneve spitalore në tri njësitë e Kujdesit Intenziv të QKUK-së****. Simpoziumi i tretë i SHKKI dhe ISC "Infeksionet e rënda, Prishtinë, 17 nëntor 2006*

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SSI

- HELICS- protocol
- Prospective study january- june 2006
- Incidence rate- 12%

L. Raka et al. Surgical site infections in abdominal surgical ward at Kosova teaching hospital (submitted to *American Journal for Infection Control)*

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Top priority- sterilisation Audit - June 2006, UCCK

- 50 areas of sterilization (mainly surgery)
- Dry heat oven in 43 sites.
- Six sites didn't report any method of monitoring the quality of sterilization process.
- Instrument preparation-household cleansers 75.1% of cases

L. Raka et al. Sterilization practices at the University Clinical Centre of Kosova – time for action , *6th Conference of Hospital Infection Society, Amsterdam, 15-18 October 2006*

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Collaborative projects

- **Genotyping of nosocomial bacterial strains from ICU (** Center for Clinical and Molecular Microbiology, University Hospital Center, Zagreb, Croatia**)**
- INNIC Project. INTERNATIONAL NOSOCOMIAL INFECTION CONTROL CONSORTIUM. **Prospective, multi-center study evaluating costs, risk factors, and rates of nosocomial infections in Intensive Care Units** (Leader Researcher: V.Rosenthal, Argentina)
- **Molecular typing of Pseudomonas aeruginosa strains in Kosova** (in collaboration with Laboratory of Health-Care Associated Infection, Health Protection Agency, Centre for Infections, London,UK)
- To expand in the future

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Future.... long way ahead

- Central sterilization services and quality control
- Education of healthcare workers
- Immunization of HCW against hepatitis B and influenza
- Legislation of infection control
- Strategies, guidelines and policies on specific infection control issues
- Optimistic as always.

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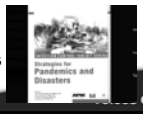
Products Available from CHICA-Canada
www.chica.org/products.html

- Infection Control Audit Toolkit
- 30th Anniversary Designer Wear
- ARO Video
- ESBL Toolkit
- Enhanced Teleclass Recordings on CD

- "Just Wash 'Em"

- Strategies for Pandemics and Disasters



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