

The silent menace

DAVID POWER SPEAKS TO DR. TERESA GRAHAM, CHAIRPERSON OF THE STOP INFECTION NOW CAMPAIGN (SIN) ABOUT THEIR CAMPAIGN TO DEAL WITH THE DEADLY SUPERBUGS OF MRSA AND C.DIFF

DEADLY Clostridium difficile (C. diff) superbug is now rampant in Irish hospitals, even more so than Methicillin-resistant Staphylococcus aureus (MRSA).

MRSA and C. diff. are the leading cause of hospital acquired infections, according to new figures released by the Health Protection Surveillance Centre.

Dr. Teresa Graham, chairperson of the Stop Infection Now campaign (SIN), estimated that up to 800 people a year are dying from hospital acquired infections in Ireland.

“Proper hand-washing is the only way to tackle C. Diff and MRSA and some places have adequate facilities and others do not, but there’s no reason why this should be the case.

“What breaks my heart is that people know what needs to be done, but some people aren’t doing it,” said Dr. Graham.

Giving an example of where one hospital toilet was being shared between eight patients, who were all infected with superbugs, Dr. Graham said, “If the person next door had C. diff, there’s the possibility that they will pass that on to the patient that has MRSA, and the patient with MRSA could be passing that on to the patient with C, diff.”

A new code needs to be developed for the collection and registering of MRSA and C. diff deaths and certainly the circumstances around these deaths can be blurred as a person may have been admitted to hospital with different illnesses and contracted the superbugs after hospital admission.

An MRSA blood stream infection is the only type of MRSA infection that is recognised by the HSE. MRSA lung, bone and wound infections are not recognised and without its recognition or a code collector of deaths, it’s impossible to know just how many people have actually died from these superbug infections in Irish hospitals.

C. diff was mentioned on 3,807 death certificates in 2005 and 69 per cent in 2004. MRSA was a factor in 1,629 deaths, a rise of 39 per cent. In total, the number killed each year has more than doubled since 2001.

“Places like the Netherlands, Denmark, Norway and Sweden decided to react and do something about it and Norway set up a ‘search and destroy’ policy to stop infection getting out of control.

“They screened people going in to hospitals, they created isolation rooms, reduced the use of antibiotics and invested a lot of money. They now have one of the best infection control

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systems in Europe. As a result, of their decision to tackle the problem, Norway now has the lowest infection rates in Europe,” continued Dr. Graham.

Recommendations were made back in 1995 on hand hygiene, infection control nursing, infection control committees, and proper use of antibiotics, isolation rooms and proper screening and Dr. Graham believes that these recommendations are not being implemented.

“Waterford Regional Hospital is one of the worst hospitals in the country with regards reports that we are getting and I feel that one of the worst issues that SIN faces, that goes for both MRSA and C. Diff, is that the doctors get very defensive.

“When superbugs are contracted, they often don’t even tell the patients, and if the family insists on the doctors admitting that the patient has MRSA or C. Diff, they sometimes say “oh you brought it in with you and it didn’t happen here”, meaning that the doctors get very defensive.

“Ideally, I would like to see the population of this country march on the department of health and take it apart piece by piece and build it from the bottom up because it is not working. It’s not working for patients with infections and it’s not working for cancer patients,”

So what is the aim of SIN? “The aim of SIN is to inform people from the time they walk into a hospital, they know what questions to ask and you are armed with the information, so that doctors can’t say ‘oh don’t worry it’s everywhere’ and you can say ‘yes it is but not to the same extent that it is here’.

“You can ask to see the hand hygiene policy and you can ask, ‘have you an infection control committee?’ ‘Where is your infection control nurse?’ ‘Can I talk to a numerologist?’

“You know what is supposed to be there and they cannot put you off and if you do get a hospital acquired infection you can ask, what is this infection? Where is it? What is the implication for me and my health? What sort of treatment are you giving me?” outlined Dr. Graham.

Dr. Graham estimates that there are up to 800 deaths every year from hospital acquired infections and certainly believes people need to become more involved demand a better health service as these infections are completely preventable.

“I have given up on this Minister (Mary Harney) as you may as well be banging you head off a brick wall because she has a set ideology and one of them is private health care,” said Graham.

“A dirty hospital is the hospital manager’s fault and the association between superbugs and dirty hospital already exists in circumstances where a proportion of patients develop infection following admission to hospital.

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“There is a very low take up of hand hygiene in this country, it is at best around 65% and hand hygiene costs nothing. The water and the anti-bacterial gels are already there and are not being used enough. Staff, patients and visitors should all have good hand hygiene.

“Staff should wash their hands between each patient but the most shocking thing about all this is that the nurses and doctors know all of this. However, there’s nobody making sure that they have proper hygiene.

“There is no sanction for their actions, nobody losses their jobs for people dying or miss conduct and negligence, so what is the incentive for people to do the right thing?” concluded Dr. Teresa Graham.

However, the reality of gathering sufficient evidence to mount a successful claim of negligence by a patient or their families, who have suffered serious injury, or even death, as a result of, or contributed by, a superbug infection, can be extremely difficult.

It is essential, therefore, that staff receive comprehensive training in respect of the hospital’s protocols, and that they are followed.

In its defence of an action, a hospital must be able to demonstrate that it has a roust standard procedure in place which are rigorously followed and one of the key steps that hospitals can take in this regard is to put in place policies and protocols on how to deal with MRSA, C. diff and other hospital acquired infections, to ensure that these policies are adhered to rigorously.

SIN is currently registering as a charity and at the moment there are plans to bring an expert from New Zealand to do research on the social and psychological effects of hospital acquired infections and up the pressure and keep getting the stories out there to keep informing the public on the state of our hospitals.

However, when the Waterford News & Star contacted the HSE, spokesperson Fiachra Ó Céilleachair had this in relation to Mrs. Graham's allegations.

“A new National Surveillance System has been established by the Health Service Executive to collect data and provide information on a quarterly basis to monitor Health Care Associated Infections (HCAIs) in our health system.”

In defence of Dr. Graham’s allegation that WRH is one of the worst hospitals in the country for hospital acquired infection Mr. Ó Céilleachair says,

“There was no increased prevalence of MRSA at any stage in WRH during 2008 and there were no declared outbreaks. The Health Information and Quality Authority (HIQA) is an independent authority, with broad ranging functions and powers, reporting to the Minister for Health & Children. HIQA Hygiene Standards are very comprehensive and broad ranging. In total there are 20 standards divided into 56 criteria which describe how a hospital can

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demonstrate how the standard is being met or not. Furthermore, to ensure that there is a continued focus on the important areas relating to the delivery of high quality and safe hygiene services, 15 Core Criteria are identified within the standards to help hospitals prioritise these areas of particular significance.

HIQA Hygiene audits are independent and the audit visits to hospitals are unannounced. Both HIQA reports reflect the ratings WRH received in the 2008 audit - overall WRH was among the top 3 hospitals and serves to evidence the huge commitment to hygiene services given across the organisation by all staff from a combined Corporate Management and Service Delivery perspective. WRH received an overall award rating of good in 2008 up from fair in the 2007 Audit.”

Mr. Ó Céilleachair believes that the figures released in 2008 are very positive for WRH and demonstrate substantial and significant improvements in performance over the 2007 audit. He continues by stating that, “64.28% increase in the number of A’s (WRH scored 36 A in 2008 v 12 A in 2007), 33.9% increase in the number of B (WRH scored 19 B in 2008 v 29 in 2007), WRH reduced the number of C’s scored by 14 to 1 (1 C in 2008 v 15 C in 2007) equating to a 93% reduction at C rating. (An A Rating evidences Exceptional Compliance to the standard: B Rating evidences Extensive Compliance: C Rating evidences Broad Compliance.

The HIQA audit validates that WRH not only has implemented the recommendations referred to, which are dealt with in the standards, but has also received the acknowledgement for its commitment to continuous improvement.”